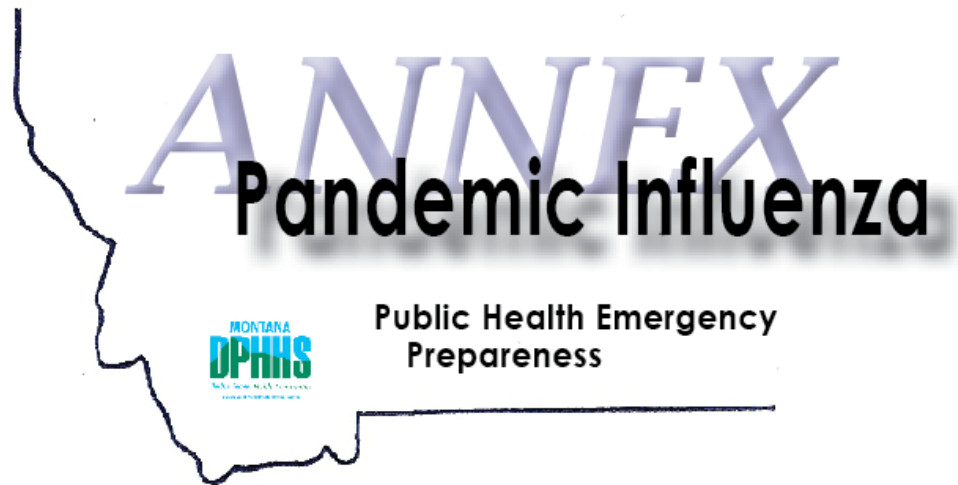


Montana Department of Public Health &
Human Services



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Record of Change

Date	Description of Change	Initials
2/27/14	Minor edits	LWF
2/7/17	Revisions made by Karl Milhon to update.	LWF

Record of Distribution

Upon approval of this plan, the Public Health Emergency Preparedness Section will make an electronic copy available. To provide comments and suggestions for future revisions, email hsphep@mt.gov or call 406-444-0919.

Date	Receiving Partner Agency/Organization

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The Department of Public Health and Human Services schedules a regular review of all Department Emergency Operations Plans, Supporting Annexes, Standard Operating Procedures, and other guidance documents used to respond to public health emergencies.

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Section I: Purpose, Scope, and Assumptions

Purpose

This Annex is intended to address the Montana Department of Public Health and Human Services' (DPHHS) approach to the unique challenges caused by pandemic influenza. While the potential impact of an influenza pandemic is far-reaching and substantial, the effects can be minimized through careful planning and preparation. The primary goals of this plan include:

1. Limiting the spread of illness through disease control measures
2. Preventing influenza morbidity and mortality
3. Supporting healthcare providers through performance of influenza diagnostic testing
4. Maintaining essential healthcare and community services

Scope

This annex is specific to managing a coordinated response to an influenza pandemic affecting the people of Montana. It supports the overall DPHHS Emergency Operations Plan. DPHHS will continue to encourage development and maintenance of state, local, and tribal plans and standard operating procedures (SOPs) that support pandemic influenza response activities. Other DPHHS support and incident-specific annexes will augment this plan and support pandemic response activities.

Situation

Influenza virus has the potential to cause widespread sickness and death in all age groups in Montana. The World Health Organization (WHO) tracks the world-wide spread of pandemics in phases, which occur at irregular intervals, in part because the influenza virus can change sporadically into new subtypes to which populations have little or no immunity. Influenza pandemics occurred in 1918, 1957, 1968, and 2009. Influenza viruses' ability to spread from person-to-person varies significantly, and cause morbidity and mortality. For instance, during the 1918 pandemic, an estimated 500,000 deaths occurred in the United States; yet during the 2009 pandemic, the novel H1N1 virus spread rapidly from person to person, but resulted in relatively low case-fatality rates. In comparison, the H5N1 virus circulating in Southeast Asia from 1997 to present causes very high case-fatality rates, but is not easily spread person-to-person. The unpredictable characteristics of pandemic influenza underscore the need to have a flexible preparedness plans to adapt to many different pandemic influenza scenarios. The impact of an influenza pandemic in Montana is unpredictable and could have serious effects on the health and well-being of Montana residents.

Influenza pandemics differ from other emergencies considered in public health planning because

- Pandemics typically last much longer than other public health emergencies and can include waves of activity separated by 3 to 12 months
- The entire state can be affected compared with a single and isolated incident scene
- The simultaneous occurrence of outbreaks throughout the state can prevent transfers in both human and material resources that usually occur in response to other disasters

Assumptions

The following indicate the events and impacts most likely to occur during an influenza pandemic.

1. Disease Identification & Emergence

A novel influenza virus strain will likely emerge in a country other than the United States.

- There will be little time between the emergence of a pandemic influenza strain and the onset of outbreaks in the United States, including Montana
- Susceptibility to the pandemic influenza strain will be universal
- Attack rates might reach up to 40%
- WHO will declare pandemics and measure progression through phases; WHO will notify the U.S. Centers for Disease Control and Prevention (CDC) and other national health agencies of the pandemic phase changes; these changes will likely guide response activities
- Outbreaks will occur simultaneously throughout the United States and Montana, limiting mutual aid of human and material resources

2. Health and Safety Infrastructure

Federal and state declarations of emergency might change legal and regulatory aspects of providing public health services during a pandemic.

- Localities must be prepared to rely on their own response resources
- Availability of healthcare workers and first responders could be limited as a result of illness, thereby further straining the healthcare system
- The public health response will be prolonged, and will likely impact the ability of public health authorities to respond to other public health issues
- The availability of effective, preventive, and therapeutic measures might be delayed, limited, or nonexistent
- Liability protection for vaccine manufacturers and persons who administer influenza vaccine might be available

3. Healthcare Settings

Substantial disruptions of critical public and private infrastructure, first responder systems, and social services might occur because of high absenteeism.

- Healthcare workers might not be able to provide essential care to all patients
- Hospital beds, medical equipment, emergency responders, and healthcare staff might be limited; during a major pandemic, hospitals might become overwhelmed
- As death rates increase, funeral businesses might be unable to meet the demand for processing the deceased from homes and healthcare institutions

4. Social/Economic Infrastructure

Because of widespread illness and death, disruptions in sectors that provide essential community services might result because of shortages of personnel.

- Implementation of social distancing measures, such as isolating the sick and reducing the number of public gatherings, might help slow the spread of influenza early in the pandemic
- Well persons will be impacted by the need to care for sick family members or care for children absent from school or child care

Section II: Concept of Operations

An emergency response to a pandemic influenza scenario is similar to a response to any communicable disease outbreak. It is likely, therefore, that DPHHS will implement the Communicable Disease Epidemiology Annex in concert with this document to guide disease investigation and response.

In addition, the priorities in an influenza pandemic response will include:

- Management and coordination of response activities
- Communication with the public
- Laboratory testing
- Disease surveillance
- Vaccine and medication distribution
- Disease control
- Mass fatality management

Partial or full implementation of other emergency response plans, annexes, and guides will be implemented as necessary in support of the above priorities.

Operations to coordinate the many response aspects of a pandemic influenza situation will be conducted under the Incident Command System as according to the National Incident Management System.

Section III: Roles & Responsibilities

An effective response to an influenza pandemic will require a coordinated response by public health officials, emergency management authorities, and other emergency response entities at the local, state, and federal levels of government.

DPHHS

Incident Command Advisory Group (ICAG)

- Recommend course of actions for Incident Management
- Recommend priority groups and allocation for influenza vaccine

Immunization Section (IZ)

- Coordinate the distribution of influenza vaccines
- Provide guidance to local health departments related to safe transport and storage of vaccine
- Promote and provide guidance to local health departments on vaccine priority groups
- Monitor local vaccine levels and uptake
- Recall vaccine as needed
- Maintain the Vaccine Adverse Event Reporting System (VAERS)
- Assist local health departments to promote vaccine availability and administration locations
- Ensure the Immunization Registry is operational and support local health departments as necessary
- Utilize data management systems needed to implement components of the plan

Communicable Disease Epidemiology (CDEpi) section

- Implement all or part of the Communicable Disease Epidemiology Annex and other planning document and strategies as needed
- Provide guidance and education to all local and tribal health agencies
- Conduct surveillance of influenza-related morbidity and mortality
- Report to the ICAG the number of persons in vaccination priority groups
- Provide disease control recommendations, including non-pharmaceutical interventions, to all response partners
- Assist local and tribal health agencies with implementing their own plans

Montana Public Health Laboratory (MTPHL)

- Perform laboratory testing of clinical specimens
- Advise ICAG, command staff, and appropriate partners in the Laboratory Response Network (LRN) regarding samples and testing issues

Public Health Emergency Preparedness (PHEP) section

- Activate and support the Department Operations Center to manage and coordinate pandemic response efforts
- As requested, support agency response and coordination efforts conducted programs in the Communicable Disease Control and Prevention Bureau and the Laboratory Services Bureau
- Provide the necessary annexes, standard operating procedures, and guides as necessary to respond to pandemic influenza
- Implement all or part the Public Health Crisis and Emergency Risk Communications Annex
- Implement all or part of the Medical Supplies Management Annex, which includes activating warehouse resources to distribute antimicrobials and ancillary supplies to local health departments and healthcare partners
- Coordinate and support response operations by partners and stakeholders including state hospitals, institutions, academies, and correctional facilities
- Working with other DPHHS units, utilize the Health Alert Network (HAN) to communicate with state and local partners
- Provide situational awareness by communicating with the Office of Public Instruction, Indian Health Services, Tribal Clinics, Montana Disaster Emergency Services, the Department of Administration, Veterans Affairs, and other agencies as needed
- Maintain Personal Protective Equipment (PPE) agreements with vendors that can be utilized for healthcare facilities
- Distribute guidelines and recommendations to healthcare and long-term care facilities related to PPE usage and visitor restrictions
- Coordinate with hospitals to facilitate timely and appropriate use of HAvBED, a real-time hospital bed tracking system that addresses inpatient surges during disasters

Local/Tribal Roles

- Administer or coordinate the administration of influenza vaccine
- Activate appropriate portions of local emergency operations plans
- Track vaccine administration and vaccine levels
- Identify and coordinate with public and private sector partners needed for effective response
- Work with DPHHS in notifying identified priority groups within the community for pharmaceutical and non-pharmaceutical measures
- Assure the security and proper handling of influenza vaccine, medical equipment, and supplies during storage and delivery
- Conduct surveillance, reporting, and investigative activities as outlined by the Administrative Rules of Montana (ARM) and DPHHS guidance
- Conduct and coordinate public information messages and other risk communication activities with DPHHS

Federal Roles

- Disease surveillance and epidemiologic investigation in the United States and internationally

- Develop and distribute diagnostic laboratory tests and reagents to the state’s LRN partners
- Develop vaccines targeted toward the pandemic influenza strain
- Determine populations at highest risk for morbidity and mortality, and recommend strategies for vaccination and antiviral use
- Assess measures to decrease transmission (travel restrictions, isolation and quarantine, social distancing) and use medical and public health communications to issue recommendations as appropriate
- Deploy federally purchased vaccine, antiviral agents, medical equipment, and other supplies through the strategic national stockpile
- Evaluate the efficacy of response measures
- Deploy United States Public Health Service response personnel and Epidemic Intelligence Service officers when requested and available

Section IV: Maintenance

PHEP formally reviews all components of the DPHHS EOP, including this annex, on a five-year cycle. This cycle allows DPHHS to update and review internal directives and external rules and regulations for information that could impact emergency preparedness planning and response. A preparedness planning review group, convened by PHEP, conducts this assessment to determine if it meets all essential factors identified in applicable State and Federal guidelines. The group offers advice and suggestions on appropriate emergency planning and construction of the document. The DPHHS CDEpi section will perform periodic appraisals between formal reviews to determine whether the annex accurately reflects current response capabilities of the agency.

The assessment will

- Evaluate relevant procedures, equipment, systems, and training
- Verify or validate roles and responsibilities
- Ensure compatibility and coordination with related emergency preparedness documents

Minor corrections, edits, updates, or adjustments in this document do not need vetting by a review group. Changes are tracked in a versioning method and in the Record of Change log.

Exercises

This annex or any of its components could be exercised separately or in conjunction with other exercises. Exercises will be used under simulated, but realistic, conditions to validate policies and procedures for responding to specific emergency situations and to identify deficiencies that need to be corrected. Personnel participating in these exercises should be those who will make policy decisions or perform the operational procedures during an actual event (i.e. critical personnel). Exercises are conducted under no-fault pretenses.