

# **Local Government Non-Medical Pandemic Influenza (Flu) Plan Template**



**August 2009**

## Instructions:

This document is a template of a local non-medical pandemic influenza annex which serves as a part of your local Emergency Operations Plan (EOP). This template is not intended to be a “boiler plate” document. It is intended to be used as a tool in the planning process, which should include all stake holders within the community and outside agencies and organizations. It suggests an overall format and examples of items that may or may not be applicable to your community. These items should be reviewed, and then expanded, deleted or modified as necessary to fit the needs of your community. Please customize the template by using appropriate logos or seals. Do not forget to replace city/county with your community. Items in blue serve as directions or information and should be removed from the final plan product.

## **Pandemic Influenza (Flu) Annex**

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### **Coordinating Agency**

County/City Department of Emergency Management

County/City Department of Health

### **Cooperating Agencies**

#### Government Agencies:

County/ City Social Services

County/City Law Enforcement

#### Private Industry:

Local Hospitals

Local Clinics

## **Purpose**

This annex serves to provide information and guidelines to local government officials and public service authorities for the potential outbreak of influenza resulting in a pandemic. These guidelines are intended to provide non-medical direction to local officials and/or emergency managers during the planning and implementation phases of a pandemic influenza emergency, while remaining general enough to allow for flexibility at the local level. The local government should look to the local health department for direction on medical interventions. Coordination between the local government and the health department are paramount in mitigating the effects of a pandemic.

Pandemic planning requires that people and entities not accustomed to responding to health crises understand the actions and priorities required to prepare for, respond to, and recover from these potential risks. With that said, this annex is designed to establish strategies and/or measures that may contain and control influenza outbreaks; limit the number of illnesses and deaths, and minimize social disruption and economic losses.

## **Situation**

### **Pandemic Influenza (Flu)**

Pandemics are different from seasonal outbreaks or “epidemics” of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already exist among people. They occur from time to time and in most cases can be treated through vaccinations and/or medicines.

An epidemic is an outbreak of a disease similar to a seasonal flu. The difference between the two is that an epidemic outbreak may affect a limited area, such as a city, county, and/or state. A pandemic can extend beyond the borders of several or more countries. As noted, a pandemic may also be regional or localized if it involves more cases than a simple epidemic.

Influenza is a highly contagious viral disease that can spread from the coughing and sneezing of an infected individual or by picking up the virus from a contaminated surface, such as a door knob, a person’s hand, etc. Signs and symptoms of influenza illness may include fever, muscle aches, headache, malaise, coughing, sore throat, and runny nose. Children may show signs of the infection through ear infections, nausea and vomiting.

More information regarding influenza can be found in Tab 2 of this plan annex.

### **Event Phases**

The Virginia Department of Health (VDH) is continuously monitoring the types, frequency, and character of outbreaks that are occurring in the international community, in coordination with its federal partners.

The World Health Organization (WHO) has developed and refined Pandemic Influenza Phases, which are illustrated on Figure 1. These phases are intended to characterize the progression of transmission that may be experienced during the course of an event.

Sustained human-to-human transmission, Phase 6, will trigger the implementation of plans and mobilization of resources in an attempt to contain and mitigate the effects of the event on the world community.

The federal government developed stages associated with the WHO Global Pandemic Phases to facilitate federal agency planning process. Virginia will use the framework of the United States Government (USG) stages as they relate to the planning and coordination of response initiatives between the levels of government. It is important to understand, however, that the Federal government may not necessarily declare a USG stage concurrent with a WHO Phase, unless there is compelling need to do so. A WHO Phase declaration does not automatically result in a USG Phase declaration.

Figure 1

**WORLD HEALTH ORGANIZATION (WHO) GLOBAL PANDEMIC PHASES AND THE STAGES FOR FEDERAL AND STATE GOVERNMENT RESPONSE**

WHO PHASES	FEDERAL AND VIRGINIA GOVERNMENT RESPONSE STAGES
<b>INTER-PANDEMIC PHASE</b>	
1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0 New domestic animal outbreak in at-risk country
2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	
<b>PANDEMIC ALERT PHASE</b>	
3. Human infection(s) with a new subtype but no human-to-human spread or, at most, rare instances of spread to a close contact.	0 New domestic animal outbreak in at-risk country
4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	1 Suspected human outbreak overseas
5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk.)	2 Confirmed human outbreak overseas
<b>PANDEMIC PHASE</b>	
6. Pandemic Phase: increased and sustained transmission in general population.	3 Widespread human outbreaks in multiple locations overseas. Declaration of Emergency will be considered. 4 First human case in North America 5 Spread throughout the United States 6 Recovery and preparation for subsequent waves.

**Assumptions**

- A. Pre-event planning is critical to ensure a prompt and effective response to a pandemic influenza, as its spread will be rapid, reoccurring (in multiple waves), and difficult to stop once it begins.
- B. A pandemic disease outbreak may precipitate infection rates exceeding 25 percent in an affected population, with projected mortality rates in excess of normal seasonal flu activity.

- C. Workforce absenteeism may rise as high as 40 percent at the height of a given pandemic wave, significantly affecting critical services, infrastructure, supply chain pipelines, etc.
- D. All operations and services within the public and private sector will be compromised in varying degrees throughout the response and recovery phases; however, proper planning and adequate resources may sustain essential operations/services and mitigate the effects of the event across all sectors (e.g., government, education, health, commerce and trade, critical infrastructure, etc.)
- E. Due to the universal susceptibility of the public to an influenza virus and the anticipated pervasive impact on all segments of society, the majority of the medical and non-medical consequences of the event will be addressed by the public and private sectors in the context of the existing emergency management framework, supporting infrastructure, available resources, and associated supply chains with marginal support from new or external parties.
- F. Although technical assistance and support will be available through the federal government prior to, during, and following the event period, it will be limited in contrast to other natural and man-made events that impact a specific geographic area in a more defined, shorter, and nonrecurring timeframe.
- G. A comprehensive and integrated strategy will require the involvement of all levels of government, the private sector, non-governmental organizations (NGO's), and citizens.
- H. At the state level, the Commonwealth of Virginia Emergency Operations Plan (COVEOP), which is in compliance with the National Response Framework (NRF) and the National Incident Management System (NIMS), provides the framework to coordinate response and recovery operations and associated support to address the consequences of a pandemic disease outbreak.
- I. Pan Flu planning is inherent in continuity of operations and business planning initiatives in the public and private sectors. It focuses on implementing strategies and tools required to adapt to an environment where there is a reduced capacity to sustain essential operations, services, resource support, and critical infrastructure due to increased illness and death rates.
- J. The Commonwealth has secured a large inventory of antiviral drugs so as to be able to treat a significant portion of the affected population; these antivirals will be released once evidence suggests normal commercial supplies are inadequate or are reasonably expected to be depleted. There will be a significant and sustained increase in demand for medical services during each wave that will overwhelm the healthcare system and compromise the overall standard of care provided.
- K. Vaccines will be in limited quantities when made available, necessitating the need to develop and implement a distribution plan. VDH has developed a Pandemic Vaccine Distribution and Administration Plan for this purpose.

- L. Local and regional health infrastructure and associated resources will be quickly committed to providing the necessary treatment and supporting strategies to effectively respond to a potentially developing or actual event.
- M. Non-pharmaceutical interventions such as social distancing, if applied in a timely manner, **will play a significant role** in mitigating the impacts of the disease at the local and state level.
- O. Of those who become ill with influenza, 50% may seek outpatient care. Ill persons should call ahead to their health care providers for guidance rather than presenting at provider treatment locations to avoid exposing other persons seeking medical care but who do not have influenza.

**\*Special Note on Continuity of Operations Plans, Pandemic Flu Annex**

Through guidance from the Office of Commonwealth Preparedness (OCP) continuity planning program, VDEM created a Pandemic Influenza Annex to its pre-existing continuity of operations (COOP) plan guidance. This annex can be used by state agencies, institutions of higher education or local governments. This can be found at <http://www.vaemergency.com/library/coop/panflu/index.cfm>

**Citizen Preparedness**

The Virginia Department of Emergency Management (VDEM) website includes links to the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control (CDC) to provide the necessary information and guidance to citizens regarding what they need to do to be prepared in the event of a pandemic influenza. The website also provides information on a variety of programs that citizens can become a part of to support community preparedness and response activities. Some of these include: the Community Emergency Response Team (CERT), Neighborhood Watch Program, Public Safety Volunteers in Virginia, Medical Reserve Corps (MRC), Fire Corps, and Volunteers in Police Service.

**Concept of Operations**

**Community Mitigation Strategies**

[City/County](#) Emergency Management, in coordination with the [Name](#) Health District will determine the need to implement any of these initiatives. More information on Community Strategy and further explanation can be found in Tab 3 of this plan annex.

## External Affairs/Public Information

Dissemination and sharing of timely and accurate information with all stakeholders and the public will be one of the most important facets of the pandemic response. Advising the public on actions they can take to minimize their risk of exposure or actions to take if they have been exposed, will reduce the spread of the pandemic and may also serve to reduce panic and unnecessary demands on vital services. Clear, concise, consistent and timely Public information is essential to a successful response effort. To this end, VDH may activate a Public Health Information Center (Call Center) and important information will be posted on the agency website. If necessary and the need exists, VDEM may choose to open the Public Information Center. [Jurisdictions should also consider staffing Call Centers in the event a high demand for local information is anticipated.](#)

[City/ County](#) will coordinate the sharing of information among decision makers along with other agencies vital to mitigating the hazard, more specifically, all agencies listed under the “Responsibilities” as appropriate. This effort will follow the already established processes of information sharing as outlined in the External Affairs/Public Information section of the [City/County](#) Emergency Operations Plan.

## Declaration of State of Emergency

### [City/County](#)

All of the current authorities granted to [City/County](#) remain constant as described by the Code of Virginia in Title 44 §146.21. A declaration of a local emergency shall activate the [City/County](#) Emergency Operations Plan. A further explanation of these authorities can be found in Tab 1 “Legal Authorities” of this plan annex.

### Commonwealth of Virginia

In order to mobilize the necessary resources to respond to an influenza pandemic, the Governor will declare a State of Emergency through the issuance of an Executive Order. The projected impact of an influenza pandemic on local and state government will necessitate a request for federal assistance. A State of Emergency will be considered when the State response stage reaches #3, or as determined by the Governor in consultation with the State Health Commissioner. While unlikely, an Executive Order could be issued or an existing order amended to mandate the closure of public and private facilities such as, but not limited to, schools and institutions of higher education. A further explanation of these authorities can be found in Tab 1 of this plan annex.

## Public Health Authorities

The State Health Commissioner and the Board of Health have the authority under the Code of Virginia to take the necessary actions to protect the public health. Under Virginia law and the Department of Health, the Health Commissioner and his/her local designee, the District Health Director, as quoted “shall take measures as may be necessary to prevent the spread of the disease

or occurrence of additional cases” and to protect the public’s health. These authorities are listed in Tab 1 of this plan annex.

### **Virginia Department of Health**

The Virginia Department of Health (VDH) will be the lead agency with regard to addressing all health and medical issues and needs related to the influenza pandemic and providing the necessary guidance to responders, government agencies, businesses, and citizens throughout the Commonwealth. VDH developed a pandemic influenza plan in 2002 and will continue to make revisions, as necessary, to reflect the most current guidance provided by HHS. The VDH Pandemic Influenza Plan and the Pandemic Influenza Annex to the Commonwealth of Virginia’s Emergency Operations Plan, which focuses on the non-health sectors, represent the Commonwealth’s overall plan to respond and recover from a pandemic influenza outbreak.

Sources of medical and non-medical stockpiles include:

- Virginia’s purchase of an antiviral stockpile (maintained by a contract vendor responsible for storage and emergency distribution)
- Virginia’s receipt and storage of antivirals and federal medical supplies during the Spring of 2009.
- Metropolitan Medical Response System (MMRS) caches in Virginia’s three (3) MMRS areas (Northern Virginia, Richmond and Hampton Roads), hospital supplies provided through Health Resources and Services
- Administration/Assistant Secretary for Preparedness and Response (HRSA/ASPR) grants,
- Supplies purchased by the Health Districts and stored onsite for immediate response purposes
- The Commonwealth of Virginia Strategic National Stockpile (SNS) Plan for federal stockpile assets

Virginia may also request federal assets through the use of the FEMA Action Request Form process as described in the SNS Plan.

Just-in-time purchasing arrangements exist through VDH’s pre-approved vendor list as well as pre-scripted VEOC equipment and supply lists, available for activation in the event of a declared emergency. Virginia’s primary SNS Remote Storage Sites (RSS) site, a state-owned facility, will be made available for storage and redistribution of received just-in-time supplies, among other warehousing options.

### **Coordination of Response Operations**

An influenza pandemic will require a comprehensive, coordinated, and sustained response over an extended period of time lasting 18-24 months. Local response operations may be coordinated from the [City/County](#) Emergency Operations Center, if appropriate. All requests for local or state resources from any entity must be submitted to the [City/County](#) Emergency Operations Center which will then follow the proper process of submission to the Virginia Emergency Operations Center. However, efforts to accomplish this using telecommunications/telework practices to



minimize mass gatherings of responders and maximize social distancing should be implemented to help reduce infection.

The **City/County** Office of Emergency Management and the **City/County** Health Department are the primary agencies responsible for assisting the locality and coordinating with the Virginia Emergency Operation Center (VEOC) in the event of a Pandemic Influenza Outbreak. The **City/ County** EOC will facilitate and request resources, assistance, and points of contact(s) in response to immediate vaccine shortages, medical supplies, and equipment. It is also the responsibility of the **City/County** EOC to implement the locality emergency plans and mutual aid agreements.

In addition, the health department will coordinate the county/city wide public health and emergency medical response and will activate its Health Department Operations Center (or equivalent) and request the activation of the **county/city** –wide Emergency Operation Center (EOC) when a unified response is necessary.

The VEOC will assist the affected jurisdiction(s) and maintain overall direction and control over statewide emergency operations. When the locality has exhausted their resources, the local emergency manager will contact the VEOC for assistance. WebEOC and/or written requests can be faxed to the VEOC. VEOC will then coordinate to fulfill pandemic influenza related requests (i.e. vaccinations, medical supplies and equipment, etc.).

## **Responsibilities**

### **City/County Government**

- Prepare agency specific Continuity of Operations Plans (COOPs) that address the unique consequences of a pandemic.
- Identify and list emergency contact information for the Point of Contact and the lines of succession for all agencies that will respond to the pandemic. Include this information in local emergency plans.
- Describe the procedures for rotating employee shifts during the emergency event.
- Determine the steps that will be taken to preserve continuity of critical government functions.

### **City/County Office of Emergency Management**

- **City/County** shall develop and maintain emergency pandemic influenza response plans to include mutual aid agreements for resources in neighboring jurisdictions.
- Identify the leading agency that will be in charge of all pandemic influenza health related issues and the supporting agencies. Create a flowchart identifying lines of authority and communication.
- Identify potential local partnerships with community and private industries for resources.
- Identify critical government functions, services, or operations that address critical health, safety, and welfare needs of the public that must be maintained; and plan accordingly to maintain those critical functions.

- List and explain the communication strategy and devices for both internal and external sources, to communicate information to government officials, county agencies, the public, public health partners, other jurisdictions, and authorities.
- Describe local training and education the locality will provide for incidents regarding a pandemic.
- Create and maintain an Incident Command Structure (ICS) and comply with the National Incident Management System (NIMS).
- Local government will have the primary responsibility of ensuring that adequate medical and/or resource supplies within their jurisdiction during an emergency have been received.
- Describe how the public will be notified to stay at home, receive medicine, and/or advisories, if necessary.
- Identify staging areas for vaccine, medicine, food, fuel, water and security, if necessary.
- Pre-identify and list potential long –term shelters.
- Describe the steps the locality will implement to contain and control the disease outbreak.

### **City/County Health Department**

- Clearly state the responsibilities and roles for the jurisdictions health department, local health provider and partners, and local response agencies during all phases of a pandemic.
- Describe the response, coordination, and decision making structure for the pandemic that incorporates the combined social/health services and local response agencies within the locality.
- Define preparedness activities that should be taken into account before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe training and education the health department will provide for incidents regarding a pandemic.
- Identify critical functions, services, or operations that address critical health, safety, and welfare needs of the public that must be maintained.
- List and explain the communication strategy and devices for both internal and external sources, to communicate information to the local Emergency Operation Center, county agencies, the public, public health partners, other jurisdictions, and authorities.
- Develop and disseminate recommendations on the use of influenza diagnostic tests, antiviral drugs, and vaccines during a pandemic.
- Describe how the public will be notified to stay at home, receive medicine, and/or advisories, if necessary.
- Identify the position/ person who is the point of contact at the local Emergency Operation Center (EOC) of an impending pandemic.
- Identify and describe the steps that will be taken by the health department to activate the plan and notify support agencies.
- Identify the position or person responsible for collecting and providing situation reports to the local EOC as related issues of influenza challenges continue.
- Describe the procedures for obtaining, storing and distributing vaccinations and/or medicine(s).
- Work with partner organizations to discuss and resolve clinical issues related to pandemic influenza response.

## City/County Schools

The responsibilities and authorities with regard to emergency management issues and specifically school closure decisions (both prior to and during a declared state of emergency) rest at the local level. School closure and emergency management issues for post-secondary schools (including state funded) are decided by the administration of the particular institution. However, due to the impacts that school closure will have on the community in an influenza pandemic, it is important for the local government to be more engaged in monitoring the following:

- Level of absenteeism of students, faculty, and staff.
- Impacts absenteeism is having on operations
- Strategies that are being considered or employed to sustain operations
- Resource and supply chain issues that need to be addressed.

The decision to close schools will necessitate consideration of other actions related to other types of facilities, activities, and functions that bring people together, particularly in closed environments. The decision to close schools will need to be made in coordination with a variety of community partners, and implemented in conjunction with other actions that will complement and reinforce the desired objective of social distancing. To accomplish this, the school system must have a representative in a strong and continuous link to, the local emergency operations center to provide the necessary guidance, technical assistance, and support in regard to response operations, public information, and policy issues.

It is important to understand school closure is an extreme measure with serious social and community ramifications. Localities should maintain awareness, through the Department of Health, on federal school closure guidance developed by the Centers for Disease Control and Prevention in coordination with the Department of Education.

The rates of absenteeism and operational impacts being experienced by the school system will be reported to the local emergency operations center by the school system, as well as to the state agency that typically interfaces with the system/institution reporting.

City/ County schools will request assistance through the local emergency operations center, like in any other disaster event. If the request exceeds the capability of local government, the request will be forwarded to the VEOC for consideration.

The Virginia DOE has updated the Pandemic Influenza Plan Guidelines for Virginia Public Schools. The plan is available on the Virginia DOE Web site at the following address: <http://www.doe.virginia.gov/VDOE/studentsrvcs/>. The guidance document includes specific considerations during each phase of a pandemic regarding expected local school division actions; DOE activities; access control; surveillance, screening, and triage; infection control and precautions; communication and education; social distancing; and school closure strategies.

## Colleges/Universities (Insert Name)

\*If there are any institutions of higher education in the local jurisdiction they should be listed by name here.

Colleges and universities present unique challenges in terms of pre-pandemic planning because many aspects of student life and activity encompass factors that are common to both the child school environment (e.g., classroom/dormitory density) and the adult sphere (e.g., commuting longer distances for university attendance and participating in activities and behaviors associated with an older student population).

It is important for the local government to be more engaged in monitoring the following:

- Level of absenteeism of students, faculty, and staff. Administrators should coordinate with the college/university clinic to monitor and report the number of students presenting with flu-like symptoms. It is important for the school to distinguish absenteeism due to flu and routine absences from class.
- Impacts absenteeism is having on operations
- Strategies that are being considered or employed to sustain operations
- Resource and supply chain issues that need to be addressed.

(Insert name of colleges/universities) will request assistance through the local emergency operations center, like in any other disaster event. If the request exceeds the capability of local government, the request will be forwarded to the VEOC for consideration.

(Insert name of colleges/universities) should identify a liaison to the City/County Emergency Management Organization. Frequent communication should occur. In addition to regular sharing of information and message coordination, decisions of either party should be shared with the other before implementation.

Colleges and Universities should consider implementing various community mitigation strategies at the college/university level as described in Tab 3 “Community Mitigation Strategy.” Contemplation of implementation of these strategies should be done in consultation with the City/County Health Department and City/County Emergency Management.

## City/County Emergency Medical Services

As the nation’s health care “safety net,” EMS will be faced with higher demands for services while experiencing problems similar to the rest of the nation – increased employee absenteeism, disruption of supply chains and increased rates of illness and death. EMS is only one component of a coordinated system response.

If predictions about the surge of patients and the concomitant increase in absenteeism among EMS personnel become a reality, EMS providers’ regular day-to-day practices may need to be modified during pandemic influenza. OEMS field representatives will continue to disseminate

important information to localities and squads including emerging protocols before and during an influenza pandemic.

Virginia OEMS will support local EMS providers in establishing procedures to, if necessary, legally deviate from established treatment procedures during response to pandemic influenza to support mitigation of and response to such patients. EMS providers should look to Virginia OEMS for final guidance on protocols and for any changes in protocols that may occur.

Additional Standards of Care Considerations:

- EMS medical directors should play a lead role in pandemic influenza planning efforts in collaboration with public health officers.
- EMS medical directors should have knowledge and experience with the clinical and operational aspects of the EMS System.
- Local EMS medical director oversight, including credentialing of additional EMS personnel skills, modification of treatment protocols should be consistent with State laws, rules and policies.

#### **City/County Law Enforcement Agencies**

- Providing security for the transportation and/or storage of vaccine, antivirals, and other medical supplies, if such support is requested.
- Enforcing orders of quarantine and isolation, in the unlikely event these are implemented (atypical for a pandemic, but more realistic for an isolated disease outbreak)
- Preventing and responding to civil disturbances associated with the pandemic
- Assisting law enforcement agencies unable to provide essential law enforcement services due to high rates of absenteeism.

#### **Local Hospitals/Clinics**

- Determine the steps that will be taken to preserve continuity of critical healthcare functions
- Collaborate closely with the Health Department on the availability of prophylactic and treatment supply items (e.g., antivirals, vaccines and ancillary supplies), the most recent guidance available, etc.
- Register with the Health Department as vaccination locations/vaccine reception sites to help assure a controlled supply ordering, delivery and documentation capability

#### **City/County Department of Social Services**

The Department of Social Services (DSS) oversees many programs that provide benefits and services to eligible applicants. Persons adversely affected in a pandemic may apply and, if eligible, receive direct financial aid from Food Stamps, Medical Assistance, Energy Assistance, Temporary Assistance for Needy Families, Auxiliary Grants, and General Relief. Each program is governed by federal and/or state law/regulations that define the parameters for eligibility.

Policies governing the eligibility for these programs and services already exist in program manuals. In the event of a pandemic, the provision of benefits and services will continue to the extent possible. DSS, through its regional and home offices will continue to provide program supervision, secure program waivers, and resolve conflicts relative to program operations. Information regarding these programs, eligible applicants, and how to apply will be disseminated through DSS's Public Information Officer in coordination with the [City/County](#) Public Information Officer.

### **Finance/Administration**

[City/County](#) will follow the established procedures for procurement and record keeping as outlined in the [City/County](#) Emergency Operations Plan and individual [City/County](#) department's standard operating procedures.

**Tab 1**

**Legal Authorities**

**Local Powers**

**Declaration of a local emergency (§44-146.21)** The Director or Emergency Management may declare a local emergency with the consent of the governing body. These powers are already listed and detailed in the [City/County](#) Emergency Operations Plan.

**State Powers**

**Powers and duties of the Governor (§44-146.17)**

In addition to all authorities vested in the Governor of Virginia during a declared emergency or disaster, specifically:

Such executive orders declaring a state of emergency may address exceptional circumstances that exist relating to an order of quarantine or an order of isolation concerning a communicable disease of public health threat that is issued by the State Health Commissioner for an affected area of the Commonwealth pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of Chapter 2 of Title 32.1.

**Reporting of Disease (§32.1-35; §32.1-36; §32.1-37)**

Requires reporting of selected diseases to the Board of Health by physicians practicing in Virginia and others, such as laboratory directors, or persons in charge of any medical care facility, school or summer camp.

**Investigation of Disease (§32.1-39)**

Authorizes the Board of Health to provide for surveillance and investigation of preventable diseases and epidemics, including contact tracing.

**Authority to Examine Records (§32.1-40; §32.1-48.015)**

Authorizes the Commissioner or his designee to examine medical records in the course of investigation, research, or studies, including individuals subject to an order of isolation or quarantine.

**Emergency Orders and Regulations (§32.1-13; §32.1-42; §32.1-20)**

Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to public life and health.

Authorizes the Commissioner to act with full authority of the Board of Health when it is not in session.

**Disease Control Measures (§32.1-43; §32.1-47; §32.1-48)**

Authorizes the Commissioner to require quarantine, isolation, immunization, decontamination, and/or treatment of any individual or group of individuals when the Commissioner determines these measures are necessary to control the spread of any disease of public health importance.

Permits the Commissioner to require immediate immunization of all persons in the event of an epidemic; permits the exclusion from public or private schools of children not immunized for a vaccine-preventable disease in the event of an epidemic.

**Isolated or Quarantined Persons (§32.1-44)**

Permits any isolated or quarantined person to choose their own treatment, whenever practicable and in the best interest of the health and safety of the isolated or quarantined person and the public.

However, conditions of any order of isolation or quarantine remain in effect until the person or persons subject to an order of quarantine or order of isolation shall no longer constitute a threat to other persons.

**Isolation or Quarantine of Persons with Communicable Disease of Public Health (§32.1-48.05 through §32.1-48.017)**

Defines a communicable disease of public health threat as a communicable disease of public health significance coinciding with exceptional circumstances.

Authorizes the Commissioner to issue orders of isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable disease of public health threat. Outlines conditions necessary for invoking orders, process for seeking *ex parte* court review in the circuit court of residence, and appeal process.

Authorizes the Commissioner, during a state of emergency, to define an affected area (s) wherein individuals are subject to an order of isolation and/or quarantine. Authorizes the Commissioner, in concert with the Governor, during a state of emergency to require the use of any public or private property to implement any order of quarantine or order of isolation. Outlines accommodations for occupants of property not subject to the order(s) and compensation.

**Administration and dispensing of necessary drugs and devices during a declared disaster or state of emergency (§ 32.1-42.1)**

Gives the Commissioner of Health the ability to allow non-physician and non-pharmacy staff to dispense drugs in limited circumstances.



The Commissioner, pursuant to § 54.1-3408, may authorize persons who are not authorized by law to administer or dispense drugs or devices to administer or dispense all necessary drugs or devices in accordance with protocols established by the Commissioner when (i) the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control and supervision of the Commissioner. For purposes of this section, "administer," "device," "dispense," and "drug" shall have the same meaning as provided in § 54.1-3401. The Commissioner shall develop protocols, in consultation with the Department of Health Professions, that address the required training of such persons and procedures for such persons to use in administering or dispensing drugs or devices.

- **Immunity from Liability (§ 32.1-48.016)**

Any person, including a person who serves in a Medical Reserve Corps (MRC) unit or on a Community Emergency Response Team (CERT), who, in good faith and in the performance of his duties, acts in compliance with this article and the Board of Health's regulations shall not be liable for any civil damages for any act or omission resulting from such actions unless such act or omission was the result of gross negligence or willful misconduct.

**Immunity for public and private employees who are complying with the statute, rule, regulation, or executive order (§44-146.23(A))**

Neither the Commonwealth, nor any political subdivision thereof, nor federal agencies, nor other public or private agencies, nor, except in cases of willful misconduct, public or private employees, nor representatives of any of them, engaged in any emergency services activities, while complying with or attempting to comply with this chapter or any rule, regulation, or executive order promulgated pursuant to the provisions of this chapter, shall be liable for the death of, or any injury to, persons or damage to property as a result of such activities.

- **Vaccination Authorities**

There is no Virginia statute that gives the Commissioner or any other public official the explicit authority to mandate the use of drugs to protect the public health. There are two Virginia statutes that discuss ordering “treatment” for certain individuals or groups of individuals. The first statute concerning mandatory treatment, Va. Code Ann. § 32.1-43, gives the State Health Commissioner the broad authority to require “...quarantine, isolation, immunization, decontamination, or *treatment* of any individual or group of individuals when he determines any such measure to be necessary to control the spread of any disease of public health importance.” There is one additional statute that can be used to mandate treatment, but it will be of limited value in a Pandemic Influenza scenario. Va. Code Ann. § 32.1-48.02(C) gives the

State Health Commissioner the authority to order outpatient treatment at a local or district health department for persons who (i) are infected with a “communicable disease of public health significance caused by an airborne microorganism . . . that causes serious disease and can result in death,” (ii) have “refused or failed to adhere to treatment, despite counseling,” and (iii) are “engaging in conduct that places uninfected persons at risk of contracting such disease.” This statute, which pre-dates the 2004 amendments to the isolation and quarantine laws, applies primarily to tuberculosis. Invocation of the Commissioner’s powers under this statute requires the Commissioner to follow cumbersome procedures that are heavily loaded on the front-end with due process protections.

- **Vaccinator Statutes, Protocols and Training Plan (§54.1-3401)**

**Definitions.**

"Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by (i) a practitioner or by his authorized agent and under his direction or (ii) the patient or research subject at the direction and in the presence of the practitioner.

**Professional use by practitioners (§54.1-3408)**

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 of this title shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, (i) by licensed pharmacists, (ii) by registered nurses, or (iii) licensed practical nurses under the immediate and direct supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist or nurse when the prescriber is not physically present.

O. In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or

dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control and supervision of the State Health Commissioner.

Tab 2

**INFLUENZA FACT SHEET**

**Note:** Up-to-date information on influenza, as well as guidance, Q&A's and public information material is readily accessible using the CDC website at <http://www.cdc.gov>.

**What is influenza?**

Influenza is commonly referred to as "the flu." It is a viral infection of the lungs. There are two main types of influenza virus, A and B. Each type includes many different strains that tend to change each year.

**When does influenza occur?**

Influenza occurs most often in the late fall and winter months.

**Who gets influenza? How is it spread?**

Anyone can get influenza, but it is most serious in the elderly, in people with chronic illnesses (such as lung disease, heart disease, cancer, or diabetes) or those with weak immune systems. Influenza spreads very easily, usually through contact with droplets from the nose and throat of an infected person during coughing and sneezing.

**How soon after exposure do symptoms appear? What are the symptoms of influenza?**

Symptoms usually appear 1 to 3 days after exposure. Influenza symptoms can include a sudden onset of headache, fever, chills, cough, sore throat and body aches. Diarrhea and vomiting are not common. Although most people are ill for less than a week, some people have complications and may need to be hospitalized.

**How is influenza diagnosed and treated?**

Some laboratory tests are available to diagnose influenza; however, doctors usually diagnose influenza from the person's symptoms. Rest, liquids and over-the-counter medicine (e.g., acetaminophen [Tylenol]) are the usual treatments. Some prescription drugs may prevent or reduce the severity of influenza. Aspirin should not be given to children with influenza because of the possibility of causing a complication called Reye syndrome.

**How long can a person spread influenza?**

The contagious period varies, but probably begins the day before symptoms appear and extends for a week.

**Does past infection with influenza make a person immune?**

Generally, no. Influenza viruses change frequently, so people who have been infected or given a flu shot in previous years may become infected with a new strain. Therefore, people need to be vaccinated (with either a shot or a nasal-spray vaccine) against influenza every year.

**What are other steps that can be taken to prevent the spread of flu?**

Good health habits can help prevent the flu. These include covering your mouth and nose with a tissue when coughing or sneezing, washing your hands often to help protect yourself from germs, avoiding touching your eyes, nose or mouth, staying home from work, school, and errands when

you are sick, and avoiding close contact with people who are sick. Antiviral medications may also be used to prevent or treat the flu – talk to your healthcare provider for more information.

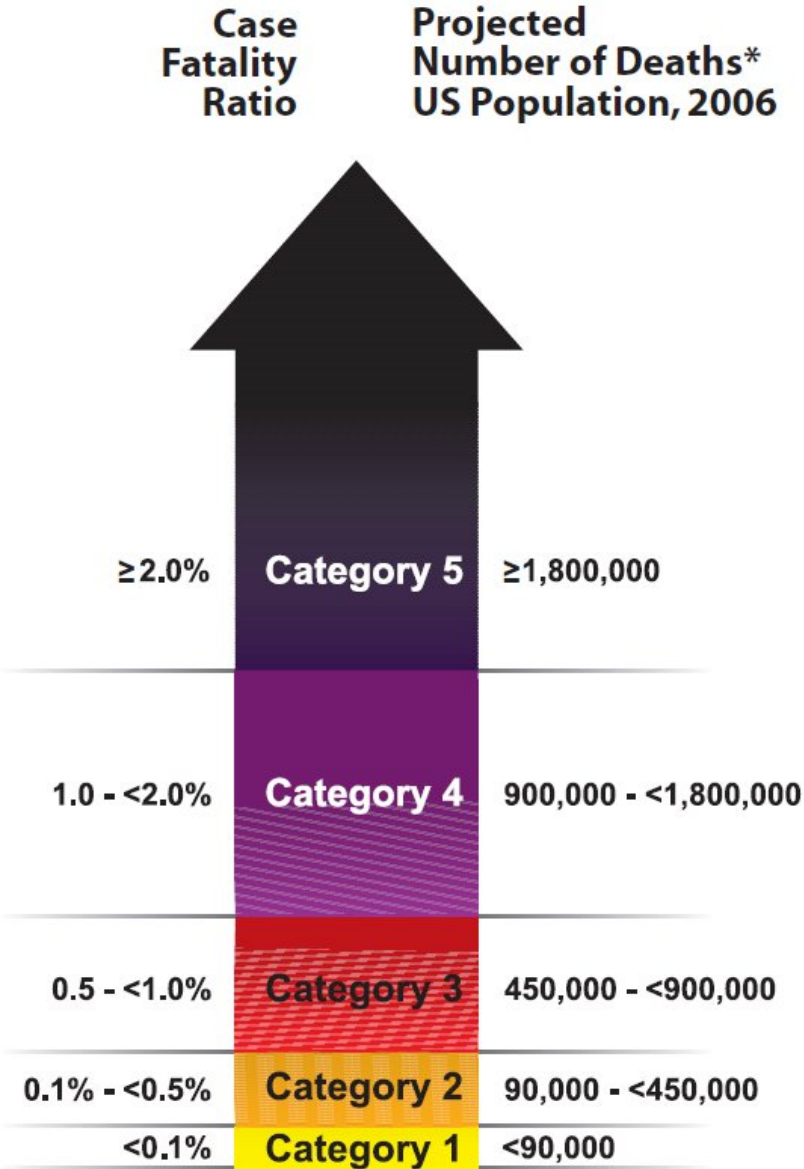
## Tab 3

**Community Mitigation Strategy**

HHS and CDC developed interim planning guidance with regard to the application and timing of non-pharmaceutical interventions for states and local governments in February 2007. This guidance supports the development and implementation of a community's overall mitigation strategy that includes both pharmaceutical and non-pharmaceutical measures, in the context of a Pandemic Severity Index. The Pandemic Severity Index (PSI) provides a framework that integrates the types of partially effective non-pharmaceutical interventions with suggested implementation and duration times in an attempt to maximize the overall benefit to the community, while minimizing the potential cascading consequences of implementing recommended interventions.

The PSI uses a case fatality ratio as the critical factor in categorizing the severity of a pandemic. This tool will serve as a guide in discussions with schools, colleges and universities, and other community sectors and support the timely development and implementation of an effective local, regional, and state strategy in the context of an estimated level of severity.

The guidance recognizes that the connectedness of communities goes beyond spatial proximity to include ease, speed, and volume of travel between geopolitical jurisdictions. To balance the relationship of connectedness and optimal timing, the guidance proposes that the geopolitical trigger be defined as the cluster of cases occurring within a U. S. state or proximate epidemiological region which spans beyond a state's boundary. The Community Strategy for Pandemic Influenza Mitigation can be found at the following website:  
<http://www.pandemicflu.gov/plan/community/commitigation.html>.



\*Assumes 30% Illness Rate and Unmitigated Pandemic Without Interventions

**SUMMARY OF THE COMMUNITY MITIGATION STRATEGY  
BY PANDEMIC SEVERITY INDEX**

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b> <b>Voluntary isolation</b> of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	<b>Recommend†§</b>	<b>Recommend†§</b>	<b>Recommend†§</b>
<b>Voluntary quarantine</b> of household members in homes with ill persons¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	<b>Generally not recommended</b>	<b>Consider**</b>	<b>Recommend**</b>
<b>School</b> <b>Child social distancing</b> -dismissal of students from schools and school based activities, and closure of child care programs  -reduce out-of-school social contacts and community mixing	<b>Generally not recommended</b>  <b>Generally not recommended</b>	<b>Consider:</b> ≤4 weeks††  <b>Consider:</b> ≤4 weeks††	<b>Recommend:</b> ≤12 weeks§§  <b>Recommend:</b> ≤12 weeks§§
<b>Workplace / Community</b> <b>Adult social distancing</b> -decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)  -increase distance between persons (e.g., reduce density in public transit, workplace)  -modify postpone, or cancel selected public gatherings to promote social distance (e.g., postpone indoor stadium events, theatre performances)  -modify work place schedules and practices (e.g., telework, staggered shifts)	<b>Generally not recommended</b>  <b>Generally not recommended</b>  <b>Generally not recommended</b>  <b>Generally not recommended</b>	<b>Consider</b>  <b>Consider</b>  <b>Consider</b>  <b>Consider</b>	<b>Recommend</b>  <b>Recommend</b>  <b>Recommend</b>  <b>Recommend</b>

\*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at <http://www.pandemicflu.gov/>.

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available.

§Many sick individuals who are not critically ill may be managed safely at home  
The contribution made by contact with asymptomatically infected individuals to disease



transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

\*\*To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

The above interventions that comprise the pandemic mitigation strategy include the following:

1. Isolation and treatment (as appropriate) with influenza antiviral medication of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or healthcare setting, depending on the severity of an individual's illness and/or the current capacity of the healthcare infrastructure.
2. Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place
3. Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
4. Use of social distancing measures to reduce contact between adults in the community and the workplace in order to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services (e.g., cancellation of large public gatherings; alteration of workplace environments and schedules; and implementation of remote access/telecommute strategies. Enable institution of workplace leave policies that align incentives and facilitate adherence with the non-pharmaceutical interventions (NPIs) noted in the community mitigation strategy.

The Severity Index categories are defined as follows:

- Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.
- Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.
- Recommended = Generally recommended as an important component of the planning strategy.

**TRIGGERS FOR IMPLEMENTATION OF MITIGATION STRATEGY BY PANDEMIC SEVERITY INDEX AND U.S. GOVERNMENT STAGES**

Pandemic Severity Index	WHO Phase 6, U.S. Government stage 3*	WHO Phase 6, U.S. Government Stage 4† and First human case in the United States	WHO Phase 6, U.S. Government Stage 5§ and First laboratory confirmed cluster in state or region¶
1	Alert	Standby	Activate
2 and 3	Alert	Standby	Activate
4 and 5	Standby**	Standby/Activate††	Activate

Alert: Notification of critical systems and personnel of their impending activation.

Standby: Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.

Activate: Implementation of the community mitigation strategy.

\*Widespread human outbreaks in multiple locations overseas.

†First human case in North America.

§Spread throughout the United States.

¶¶Recommendations for regional planning acknowledge the tight linkages that may exist between cities and metropolitan areas that are not encompassed within state boundaries.

\*\*Standby applies. However, Alert actions for Category 4 and 5 should occur during WHO Phase 5, which corresponds to U.S. Government Stage 2.

††Standby/Activate Standby applies unless the laboratory-confirmed case cluster and community transmission occurs within a given jurisdiction, in which case that jurisdiction should proceed directly to Activate community interventions defined in the above table.

-END-