Attachment 4

PAGE COUNTY PANDEMIC INFLUENZA RESPONSE PLAN

Executive Summary

An influenza pandemic has the potential to cause more death and illness than possibly any other public health threat. A pandemic, or a global epidemic, can occur when a new strain of virus emerges, either through mutation or genetic re-assortment, to which most or all of the world's human population has had no previous exposure and thus has no immunity. The emergence and recent spread of the highly pathogenic avian influenza strain H5N1 in bird populations throughout many parts of the world is of great concern. The potential for the emergence of a new variant strain of this virus, which could be easily transmitted person-to-person triggered the World Health Organization to urgently prompt organizations worldwide to initiate preparedness planning efforts should a pandemic occur. Although the timing, nature and severity of the next pandemic cannot be predicted, a planned and coordinated response is critical to minimizing the public health impact, as well as the social and economic disruption to our everyday lives. The unique characteristics of a pandemic the capability to affect many locations at once, the extended length of such an event, the possibility of multiple waves will strain local, state, and federal resources. It is unlikely that there will be sufficient personnel, equipment, and supplies to respond adequately to multiple areas of the country for a sustained period of time. The impact of a pandemic will be pervasive and unlike any emergency our society has faced in modern times.

The Page County Department of Emergency Management's planning initiatives were undertaken in concert with the emergency planning efforts of the Virginia Department of Health, Page Memorial Hospital, United States Department of Health and Human Services, and the World Health Organization. The plan will address the activities to guide Page County agencies to identify and maintain critical government and public services during a pandemic. The Page County Pandemic Influenza Response Plan is one of a variety of tools the county is using in its planning and response efforts. The Page County Influenza Response Plan will encompass a detailed summary of Page County's public health response as well as its plans for the continuation of critical government services during a pandemic. It describes a coordinated local strategy to prepare for, and respond to influenza pandemic and supplements Page County's Emergency Operations Plan as well as state and federal pandemic influenza response plans. The Page County Influenza Response Plan is intended to be a

synthesized guide for responding agencies, an overview to provide information to the public on the County's preparedness, and a tool to assist the public in their own planning and preparedness.

The Plan includes 6 sections and a list of resources as follows:

Sections 1 through 3 provide background information. In these sections, information regarding the differences between influenza and avian influenza is provided. The elements required for a pandemic to occur are reviewed and pandemic influenza is distinguished from seasonal influenza. The six phases of pandemic influenza as defined by the World Health Organization are summarized. Planning assumptions, guiding principles and key preparedness strategies are summarized. Finally, official authorities and a summary of applicable public health statutes are summarized.

Section 4 outlines the communication strategies and provides information on key messages, audiences, message development, and message dissemination in a pandemic.

Section 5 provides a broad listing of primary public health, communication and emergency management actions to be carried out during the six phases of an influenza pandemic described by the World Health Organization. It additionally provides information on Post-Pandemic Recovery and outlines processes for determining the end of the pandemic and for conducting an after-action assessment of the County's response.

Section 6 describes the planning and preparation Page County is undertaking to minimize disruption to critical governmental functions. Specifically, it outlines critical issues Page County Government is addressing at countywide and agency levels to protect the workforce during an outbreak and to ensure maintenance of critical government services in the event a pandemic occurs. A checklist that was developed for and distributed to agencies to guide them in their pandemic influenza planning is included. Regional governmental partnerships, business and not-for-profit, and community relationships are described. Resources including a list of published and electronic references, a listing of abbreviations and a glossary of terms are provided at the end of the document.

It should be noted the available information regarding best practices for preparedness in a pandemic changes frequently, as more becomes known. As such, it is critical to recognize this is a dynamic plan document which will be updated as appropriate to reflect current information, guidelines, and best practices regarding pandemic influenza preparedness and response.

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1. BACKGROUND

Influenza pandemics are a significant threat to public health as they have the potential to cause a great amount of illness and death, striking not only vulnerable populations but the young and healthy as well. Influenza pandemics, or worldwide epidemics, are regular events that have been occurring throughout history with varying degrees of impact. In the 20th century, three epidemics occurred: the 1918 Spanish Flu epidemic that resulted in more than 500,000 deaths in the United States, and over 20 million deaths worldwide; the 1957 Asian Flu epidemic; and the 1968 Hong Kong Flu epidemic. The emergence and spread of the highly pathogenic avian H5N1 influenza strain in other parts of the world has led many scientists and public health experts to believe another influenza epidemic is imminent.

A. Influenza

Influenza is a highly contagious viral disease spread through direct contact or the inhalation of the virus in dispersed droplets from the coughing and sneezing of an infected individual. Signs and symptoms of uncomplicated influenza illness include fever, muscle aches, headache, malaise, nonproductive cough, sore throat and runny nose. Children often exhibit ear infections, nausea and vomiting as well. Illness typically resolves after several days. The incubation period, the time from exposure to onset of symptoms, is one to four days, with an average of two days. Adults are typically infectious from the day before symptoms begin until five days after onset of illness. Children and immuncompromised persons are infectious for longer periods. Influenza can exacerbate underlying medical conditions, particularly pulmonary or cardiac disease and can lead to secondary bacterial or viral pneumonia. The risk for complications, hospitalization and deaths from influenza is higher among older adults (65 years and older), young children and those persons with certain underlying health conditions.

B. Avian Influenza

Avian influenza refers to the influenza A viruses that circulate among birds. Wild birds, in particular certain species of waterfowl and shorebirds, are considered the natural reservoir for influenza A. Usually, avian influenza viruses exist in birds without causing significant illness or disease. These viruses can infect many different animals and they typically do not cause illness in humans. However, there have been documented cases where viruses do cross over from birds, particularly domesticated poultry, and infect humans. There is concern that, through a process of re-assortment, avian viruses can mix with human influenza viruses and result in a new, or novel, virus strain. Avian viruses played a role in the last three influenza pandemics, and it is now known the virus responsible for the 1918 pandemic originated in birds. In 1997, the H5N1 influenza virus emerged in chickens in Hong Kong and has shown the ability to infect multiple species, including long-range migratory birds, chickens, pigs, cats and humans. Most of these cases are believed to be caused by exposure to infected poultry flocks. There has been, to date, no sustained human-to-human transmission.

C. Seasonal Influenza v. Pandemic Influenza

Seasonal influenza refers to the yearly influenza epidemics that occur in temperate regions, from December to March, which are caused by strains currently circulating worldwide. These viruses are spread widely among humans, are constantly changing, and cause a relatively mild respiratory illness among healthy people. These influenza viruses do, however, result in an average of 36,000 deaths per year in the United States, mainly in older persons, children, and persons with underlying health conditions. Vaccination against influenza is the primary method of prevention of seasonal flu. A vaccine specific to the currently circulating strain is developed each year and is the most effective means of reducing the effects of seasonal influenza. Immunity develops from either having been infected with influenza or receiving the vaccine. Anti-viral drugs are also available for prophylaxis and treatment of seasonal influenza A infection. The extent these countermeasures will be available and effective against a new virus strain in a pandemic is unknown.

Pandemic influenza can occur when a new and highly contagious strain of influenza virus emerges that has the ability to infect humans and be passed easily from person-to-person. Because most or all of the world's population has not been exposed to the new virus strain, little or no immunity exists, and the rate of illness increases significantly over the expected level. The current concern for a pandemic arises from the widespread outbreak of H5N1 avian influenza in birds and the growing number of human cases.

2. PHASES OF PANDEMIC INFLUENZA

The World Health Organization (WHO) has defined phases of pandemic

influenza that "address the public health risks of influenza infection in animals, link phase changes directly with changes in public health response, and focus on early events during a 'pandemic alert' period when rapid coordinated global and national actions might help to contain or delay the spread of a new human influenza strain." This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement. The Page County Pandemic Influenza Response Plan utilizes this classification system to structure response activities. The six phases are outlined in the chart on the following page. These six phases are used throughout the document to summarize the County's overall response as well as specifics of the Public Health response during each of the phases. Therefore, the chart is color coded, as diagrammed below, to assist the reader in reviewing the various tables that summarize the activities within the document.

Inter-pandemic Period
Phases 1 & 2

Pandemic Alert Period
Phase 3

Pandemic Alert Period (cont'd)
Phases 4 & 5

Pandemic Period
Phase 6

Reprinted from: http://www.paho.org/English/DD/PIN/ptoday08_sep05.htm

WHO Pandemic Phases and Planning Goals

PHASES	OVERARCHING PUBLIC HEALTH GOALS
Inter-pandemic Period	
Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.	

Phase 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. Strengthen influenza pandemic preparedness at the global, regional, national, and sub national levels. Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.

Pandemic Alert Period

Phase 3 – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.

Phase 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.

Phase 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). Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development. Maximize efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement pandemic response measures.

Pandemic Period

Phase 6. Pandemic: increased and sustained transmission in the general population. Minimize the impact of the pandemic by implementing response measures including social distancing.

Section 2 - AUTHORITIES AND LEGISLATION

Section Outline

1. **Background**
2. **Authorities**
3. **Public Health Statutes**

1. BACKGROUND

Planning, preparedness and response to the phases of a pandemic occur at all levels. Coordination, communication and cooperation from the top down and bottom up among the levels are critical. Towards achieving this, it is important to understand and clearly define roles and responsibilities at each level including global/worldwide; federal; state; regional; local and even down to the individual/family level. These are discussed in Section 3: Planning Context.

Equally critical in emergency preparedness and response is an understanding of the decision making and authority that occurs within certain defined scope and parameters. Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, State Board of Health, State Health Commissioner, Page County Board of Supervisors, County Administrator, Emergency Services Coordinator, Page Memorial CEO, the executive heads of the towns, Page County School Administrator, and the Local Health Director each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increased social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination among appointed and elected leaders and the County Health agencies to ensure decisions and response actions are clear and consistent. Further, several sections within the Code of Virginia give the State Board of Health and the State Health Commissioner the authority to perform certain acts to protect the health of the public. Section 2 summarizes these authorities and the public health statutes applicable in a pandemic.

2. AUTHORITIES

Governor of the Commonwealth of Virginia

The Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace. The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities he or she believes should be prohibited in order to maintain life and health.

Virginia State Board of Health

The State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases. Health officials, law enforcement officials, and all other officers of the state or any county, city or town shall enforce all rules adopted by the State Board of Health.

The State Health Commissioner

The State Health Commissioner shall enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health. The State Health Commissioner also shall investigate outbreaks and epidemics of disease and advises the Page Memorial Hospital about measures to prevent and control outbreaks. The State Health Commissioner shall enforce public health laws, rules, regulations, and orders in local matters when there is an emergency.

Page County Board of Supervisors

The Page County Board of Supervisors shall supervise all matters pertaining to the preservation of the life and health of the community, its residents and visitors. The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations. The Board of Supervisors has a role in communicating with the public. Board members are the public face of government and help ease public concern and give guidance on how to respond during an emergency event.

Page County Administrator

In the event of an emergency the County Administrator, or in his absence, the acting County Administrator, or designee shall serve as the Emergency Services Director and direct emergency operations. In the absence of both the County Administrator and the acting County Administrator the Chairman of the Board of Supervisors shall act as the Emergency Services Director. The Emergency Services Director has full authority to organize and direct emergency operations through regularly constituted government structure, and use equipment, supplies and facilities of existing departments, offices and agencies of the county to the maximum extent practical. If circumstances dictate, the Emergency Services Director or the Page County Board of Supervisors may declare a local emergency when in their judgment the threat or actual occurrence of an emergency or disaster is, or threatens to be, of sufficient severity and magnitude to warrant coordinated local government actions.

Page County Emergency Services Coordinator

The Coordinator of Emergency Services will carry out identified tasks; including, coordinating the activity of all other public and private agencies engaged in emergency management activities. In order to carry out appropriate emergency plans and procedures and better ensure public health, safety and public welfare the Coordinator of Emergency Services will activate and manage the County Emergency Operations Center (EOC). Page County government has adopted the National Incident Management System (NIMS) in order to manage and coordinate emergency operations. In addition, the County has adopted a comprehensive Emergency Operations Plan (EOP) that identifies roles and responsibilities of county agencies, emergency responders, partner organizations, volunteers and others engaged in emergency management activities. The Coordinator of Emergency Services is responsible for updating this plan as mandated. The Director or Coordinator of Emergency Services will implement emergency plans and take appropriate emergency actions required to manage both declared and undeclared emergency events that threaten public safety within Page County. As necessary, the Coordinator of Emergency Services will liaison with state and federal authorities and nearby political subdivisions as necessary to ensure the most effective disaster preparedness

and response capabilities and will activate mutual aid agreements or reciprocal assistance in the case of a disaster too great to be dealt with unassisted.

3. Public Health Statutes

The public health statutes and applicable authorities that may be exercised during pandemic influenza are listed below.

Code of Virginia Statute and Corresponding Authority Statute Authority
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 those in charge of a medical care facility.

Immunity from liability for reporting is provided in §32.1-38.

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. §32.1-41 requires that the anonymity of each patient and practitioner be preserved.

Emergency Orders and Regulations

§ 32.1-13; § 32.1-20, § 32.1-42
Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to 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, vaccination,

decontamination, or treatment of any individual when he determines it necessary to control the spread of any disease of public health importance.

Permits the Commissioner to require immediate vaccination 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.

Isolation 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 isolation or quarantine shall no longer constitute a threat to other persons.

Quarantine or Isolation of Persons with Communicable Diseases of Public Health Threat

§ 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 isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable disease of public health threat. Outlines requirements for issuing the orders, the 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, acting with the Governor, during a state of emergency, to require the use of public or private property or facilities to implement isolation or quarantine orders. Requires accommodations for occupants of property not subject to the order(s) and compensation.
The Code of Virginia is available on-line, in a searchable format, at http://legis.state.va.us/Laws/CodeofVa.htm.

Section 3 - PLANNING CONTEXT
Section Outline

1. Background

2. Planning Assumptions
3. Guiding Principles for Planning
4. Roles and Responsibilities
5. Key Pandemic Preparedness Strategies

1. BACKGROUND

The criticality of planning in minimizing the impact of a pandemic is emphasized in the following graphic was adapted from U.S. Department of Health and Human Services conference materials:

- Adapted from HHS
- Impact of Planning

By definition, it is impossible for a pandemic to have no impact on a community. The goal is to minimize the impact. Attention to planning results in better preparedness which, in turn, enhances the county's ability to minimize such impact. Therefore, the purpose of the Pandemic Influenza Response Plan is to provide a guide for Page County Government on how to respond before, during and after an influenza pandemic. Specifically, the Pandemic Influenza Response Plan provides guidance to the Page Memorial and its regional partners, regarding surveillance and rapid detection, response and mitigation, and recovery from an influenza pandemic. It reflects and is an annex to the Page County Emergency Operations Plan (EOP) and provides guidance to county agencies and the community on maintaining critical services during such an event. The Pandemic Influenza Response Plan follows U.S. Department of Health and Human Services guidance for developing pandemic influenza response plans and is intended as a companion to the Virginia Department of Health Emergency Operations Plan, Influenza Attachment. The Page County Pandemic Influenza Response plan will be implemented in coordination with the Page County Emergency Operations Plan and other County agency-specific preparedness plans and activities, including the Page Memorial Hospital's Emergency Operations Plan, as well as other community, state and federal partners. Individual county agencies may develop their own agency-specific continuity of operation plans (COOPs) which will supplement the Pandemic Influenza Response Plan. The Pandemic Influenza Response Plan will be reviewed and updated as necessary to ensure information contained within the document is consistent with current knowledge and changing infrastructure.

A. Response Plan Goals

The Response Plan has five main goals:

1. Contain and control disease outbreak.

2. Limit the number of illnesses and deaths.
3. Preserve continuity of critical government functions.
4. Minimize social disruption.
5. Minimize economic losses.

B. Objectives

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the response, coordination, and decision making structure that incorporates the Page Memorial Hospital, the health care system in Page County, other local response agencies, and state and federal agencies during a pandemic.
- Describe public health interventions in a pandemic response and the timing of such interventions.
- Serve as a guide for local health care system partners, response agencies, and businesses in the development of pandemic influenza response plans.
- Provide technical support and information on which preparedness and response actions are based.
- Determine the communication strategy, for both internal and external sources, to communicate information to County agencies, the public, public health partners, other jurisdictions, and authorities during a pandemic that are critical to an effective emergency response.
- Identify critical governmental functions, services, or operations that address critical health, safety, and welfare needs of the public that must be maintained.
- Prepare agency specific Continuity of Operations Plans (COOPs) that address the unique consequences of a pandemic.

2. PLANNING ASSUMPTIONS

Since a pandemic influenza outbreak will be caused by a novel, or new, influenza strain, the specific biological characteristics of the virus cannot be known with any certainty prior to its emergence. These assumptions are based on what has been learned from previous influenza outbreaks and what is currently known about seasonal influenza viruses.

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The typical incubation period (interval between infection and onset of symptoms) for seasonal influenza is an average of two days. The specific incubation period for a novel virus is unknown but may approach 7-10 days.

- Risk groups for severe and fatal infection are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Virus transmission can occur from up to one day before the onset of illness through acute illness.
- On average, infected persons will transmit infection to approximately two other people.
- Of those who become ill with influenza, 50% will seek outpatient medical care.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus.
- In an affected community, it is estimated a pandemic outbreak will last 6 to 8 weeks and at least two waves are likely. Based on extrapolation from past pandemics in the United States, the Centers for Disease Control and Prevention (CDC) estimates up to 90 million people in the U.S. may become ill during a pandemic influenza, 45 million people may require outpatient care; about 1 million (moderate scenario) to 10,000,000 (severe scenario) people may require hospitalization and between 200,000 (moderate scenario) and 2,000,000 (severe scenario) people may die. Based on these national estimates, the impact of pandemic influenza in Page County for an eight week wave is illustrated on the following chart:

Deaths

The Centers for Disease Control and Prevention has developed FluAid, a model for predicting estimates of the impact of outpatient visits, hospitalizations, and deaths due to pandemic influenza at the population level. Attack rates reflect the percentages of the population with a case of influenza causing some measurable impact (e.g. lost work time, visit to a doctor). The Virginia Department of Health used the same methodology to estimate the impact at the state level which is outlined in the state plan. These projections are subject to several limitations:

- Population estimates do not include people currently residing in group domiciles such as college dormitories and jails;
- These numbers represent an estimate of the impact that would occur during an eight week period which is the estimated activity period for pandemic influenza in a particular community. Additional waves, which are expected over the estimated 18-month period that a pandemic will last, will increase the burden;
- The range of attack rates used includes the range of attack rates in past

pandemics; however, exact attack rates cannot be predicted; and
- During an actual pandemic, hospitalization rates, death rates, and the percentage of the population at high-risk for influenza complications could vary significantly from the rates and percentages used to develop these projections.

3. GUIDING PRINCIPLES FOR PLANNING

- There may or may not be prior warning of a coming pandemic based on reliable reports from the Centers for Disease Control and Prevention and t he World Health Organization.
- A pandemic influenza strain could emerge in Page County, or in neighboring jurisdictions.
- Unlike other emergency events, a pandemic has the ability to affect many localities simultaneously. Page County must be prepared to meet its own needs as resources from other jurisdictions, as well as state and federal aid, will most likely be limited.
- Supplies of antiviral medications will be limited.
- A vaccine effective against the circulating pandemic influenza virus may not be available for four to six months following identification of the pandemic virus strain.
- The Page County Pandemic Influenza Response Plan utilizes the Page County Emergency Operations Plan, Lord Fairfax Health District Flu Plan, and other preparedness operations already in place.
- The Virginia Department of Health, Division of Immunization, in collaboration with the Page Memorial Hospital will allocate and facilitate distribution of vaccine based on projected need for priority groups in Page County.
- Absenteeism, due to illness, the need to care for ill family members, and fear of infection, may reach 40% during the peak of a community outbreak.
- Disruption of county infrastructure including transportation, commerce, utilities, and public safety will likely occur.
- Individual preparedness and self-care is critical to mitigate the effects of a pandemic.

4. ROLES AND RESPONSIBILITIES

Global Level Roles and Responsibilities

World Health Organization (WHO)

- Monitor global pandemic conditions and provide information updates.
- Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.
- Declare global pandemic phase and adjust phases based on current outbreak conditions.

Federal Level Roles and Responsibilities

U.S. Department of Health and Human Services (HHS)

- Provide overall guidance on pandemic influenza planning within the United States.
- Coordinate the national response to an influenza pandemic.
- Provide guidance and tools to promote pandemic preparedness planning and coordination for states and local jurisdictions.
- Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.
- Determine and communicate the pandemic phase for the U.S. based on the global pandemic phase (established by WHO) and the extent of disease spread throughout the country.

Centers for Disease Control and Prevention (CDC)

- Conduct national and international disease surveillance.
- Serve as a liaison to the WHO.
- Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.
- Develop, evaluate, and modify disease control and prevention strategies.
- Support vaccination programs; monitor vaccine safety.
- Investigate pandemic outbreaks; define the epidemiology of the disease.
- Monitor the nation-wide impact of a pandemic. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.
- Coordinate the implementation of international – U.S. travel restrictions.

State Level Roles and Responsibilities

Virginia Department of Health (VDH)

- Coordinate statewide pandemic planning and preparedness efforts.
- Coordinate statewide surveillance activities.
- Operate a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing.
- Coordinate submission of pandemic epidemiological data to CDC and dissemination of statewide data and situation updates to local health jurisdictions.
- Coordinate development and implementation of disease containment strategies across multiple counties and regions within the state.
- Request federal assistance to support the local health and medical response, including antiviral medicines and vaccines from the Strategic National Stockpile, when local and state resources are exceeded.
- Educate and inform the public on the course of the pandemic and preventive measures.

Local Level Roles and Responsibilities

Page Memorial Hospital (PMH)

In conjunction with other County agencies:

- Facilitate countywide pandemic planning and preparedness efforts through their hospital's EOP.
- Coordinate the community's emergency public health response through Emergency Support Function 8 (Health and Medical Services), and the County's Emergency Operations Plan.
- Educate the public, health care system partners, response partners, businesses, community-based organizations and elected leaders about influenza pandemics, expected impacts and consequences, and preventive measures.
- Conduct countywide surveillance to track the spread of the human disease and its impact on the community.
- Support State-level efforts at influenza surveillance in animals in Page County and monitor surveillance data.
- Identify and declare diseases of public health significance, and communicate such declarations to health system partners.
- Coordinate planning for, and implementation of, disease containment strategies and authorities.
- Provide ongoing technical support to the health care system including current surveillance guidelines, recommendations for clinical case management, infection control measures and laboratory testing.
- Support the health care system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents.
- Support the development and management of local antiviral medication stockpiles.
- Develop and implement protocols for the use of limited supplies of influenza vaccine and antiviral medicines consistent with national guidelines and in consultation with VDH.
- Direct distribution and administration of vaccine, including mass vaccination efforts with VDH.
- Provide effective communications to the public, the media, elected officials, health care providers, business and community leaders throughout the pandemic.

Local Hospitals, Clinics, Providers and other Health System Partners

- Participate in efforts to maximize the health care system's ability to provide medical care during a pandemic. Specific steps include:
  - Identify and prioritize response issues affecting the county-wide health system during a pandemic.

- Develop mechanisms to efficiently share information and resources among health system partners, and to communicate with VDH and Office of Emergency Management, as appropriate.
- Coordinate with the VDH regarding policy level decisions on the operations of the local health system.
- Disseminate relevant communications from VDH to staff and other healthcare professionals in a timely manner.
- Assure health care professionals receive relevant communications from the VDH in a timely manner.

- Hospitals and other health care facilities will develop pandemic response plans consistent with the health care planning guidance contained in the U.S. Department of Health and Human Services Pandemic Influenza Plan. Health care facility pandemic response plans will address medical surge capacity to sustain health care delivery capabilities when routine systems are overwhelmed.
- Health care facilities and health care providers will participate in local influenza surveillance activities.
- Hospitals will develop infection control plans to triage and isolate infectious patients and protect staff from disease exposure.

Office of Emergency Services

- Manages the Page County Emergency Operations Center (EOC). During an emergency event the EOC will be activated to coordinate county, state, federal, private sector and volunteer resources. The Coordinator of Emergency Services manages the EOC and directs emergency operations under the authority of the County Administrator or his designee.
- Disseminates public emergency notification and warning to county employees, residents, emergency responders, volunteers, private sector partners and neighboring jurisdictions.
- Develops and maintains the County comprehensive Emergency Operations Plan (EOP). OEM provides emergency management planning for the entire county. The EOP guides strategic organizational behavior before, during and following a significant emergency.
- Conducts training and exercises to test emergency plans and procedures. OEM works with county and partner agencies to develop emergency exercises to validate plans such as the Pandemic Influenza Response Plan. OEM establishes and trains personnel to ensure they are prepared to carry out identified roles and responsibilities.
- Coordinates volunteer management and recruitment. OEM works with volunteers, faith-based communities, community organizations,

Citizen Corps Council, CERT, and other groups to identify, recruit and manage volunteers. These volunteers may be called upon to assist with emergency and recovery operations.

- Conducts preparedness education and public outreach programs. OEM designs, develops and conducts public emergency management outreach programs to increase awareness, emergency preparedness and homeland security. We provide training and information on family and business disaster emergency planning.
- Coordinates Special Needs Planning for Page County. OEM works with identified county agencies to ensure persons with special medical needs are adequately cared for during emergency events. This includes (but is not limited to) pre-event registration, transportation and emergency sheltering.
- Enhance protective actions for County Employees. OEM and/or PMH provides training and information to county employees on emergency protection actions. In addition, OEM provides emergency information to county employees and agencies through the Mass Notification System.

Schools, Private, & Public

- Educating the employees, students and parents on the importance of personal hygiene. For example covering the mouth when sneezing or coughing. Provide hand-washing programs on the proper way to wash your hands.
- The school will have the responsibility to report any increase of absenteeism of students to the VA Department of Health and the school administration.
- Administration will make the decision to postpone or cancel field trips, sporting events, or activities that involve the students traveling out of the school, including other students coming into a Page County facility.
- Increase the use of daily sanitation through out the entire school and buses.
- Will have the responsibility to made the determination to postpone or cancel school openings.

Individuals and Families

Following is a summary of activities that are important for individuals and families to be aware of in their preparation for a possible pandemic.

- Receive yearly vaccination of seasonal influenza vaccine. This vaccine may not provide protection against a novel strain of the influenza virus but will provide some level of protection against circulating strains.
- Receive the pneumoccocal vaccine if indicated. This vaccine will provide protection against a common complication of influenza: bacterial pneumonia.

- ❖ Take precautions to prevent the spread of infection: wash hands, practice good respiratory hygiene, and stay home if ill.
- ❖ Develop a family emergency plan, including stockpiling provisions in the event that household members are asked to isolate themselves at home.
- ❖ Become familiar with County Emergency Response plans in the event of a pandemic, especially how information will be communicated to the public.
- ❖ Talk with your employer about continuation of operations plans, teleworking and alternate scheduling before a pandemic occurs.
- ❖ Arrange for childcare options should schools be closed.
- ❖ Follow public health guidance during a pandemic event that may include limitation of travel, avoidance of public places, and staying home if ill.

Section 4 - COMMUNICATIONS

Section Outline

1. Background
2. Key Communication Activities
3. Key Messages
4. Target Audiences
5. Message Development
6. Message Dissemination

1. BACKGROUND

Pandemic influenza will affect the entire world at the same time. Response will therefore not be limited to any one country, state, region or local jurisdiction. While the federal government is responsible for nationwide coordination of the pandemic influenza response, the Virginia Department of Health (VDH) will be responsible for coordination of the pandemic influenza response within and among jurisdictions in Page County at the local level. Coordinated communications among these localities therefore is a critical component as the local response is implemented. Communications during an influenza pandemic will follow the communications structure already established in the Page County Emergency Operations Plan. The primary communications goal during a pandemic will be to ensure the timely, accurate, and consistent flow of information to health professionals and the general public. Information will be provided on vaccine management, antiviral medication use for treatment and chemoprophylaxis, influenza surveillance, infection control, and treatment and care of patients. The Pandemic Influenza Communications and Notifications Plan for pandemic influenza will follow the communications structure already established in the county's Emergency Operations Plan. This section summarizes the key communication activities, audiences and methods of dissemination.

2. KEY COMMUNICATION ACTIVITIES

- ❖ Identification of spokespersons that will be responsible for addressing

pandemic influenza related media concerns.

- Distribution of timely and appropriate influenza bulletins to health care providers and community partners.
- Dissemination of information about vaccine availability and distribution plans to community partners.
- Dissemination of the influenza vaccine information sheet to clinic patients and area health care providers.
- Communication of information about groups at high-risk for complications from influenza to health care providers and community partners.

3. KEY MESSAGES

Key pandemic influenza communications to the general public will involve all of the following but are not limited to:

- education about pandemic influenza
- how to prepare for pandemic influenza and any emergency that might require an extended stay at home
- how to stop the spread of the disease
- how to care for sick family members
- whether to go to work/school/social functions
- what isolation and quarantine means (voluntary vs. mandatory)
- how quarantine orders will be delivered/how they can be appealed
- education on masks
- whether antiviral medications and/or vaccines are available
- what to do in the absence of antiviral medications or vaccines
- antiviral and/or vaccine distribution priority groups
- how/where to get antiviral medications and/or vaccines if prioritization category is met
- resumption of regular activities as the pandemic event resolves

4. TARGET AUDIENCES

- General public (individuals/residents)
- Schools and parents
- Physicians and health care providers
- Business community
- Faith based and non-profit community
- Non-English speaking populations
- Senior citizens
- Special needs populations (disability populations/special medical and social needs)

5. MESSAGE DEVELOPMENT

General communication messages will be provided federally by the

Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) and statewide by the Virginia Department of Health (VDH). Specific messages relevant to Page County and partner jurisdictions will be based on local communications needs, general public inquiries and the current situation.

6. MESSAGE DISSEMINATION

A variety of tools and methods will be utilized to disseminate information to the various audiences. These include but are not limited to, web sites, mailings to residents and homeowner's associations, e-mails, newsletters, and television. The method of dissemination will be determined according to the nature of the communication and the intended audience.

Section 5 - PANDEMIC INFLUENZA RESPONSE AND RECOVERY

Section Outline

1. Response Summary
2. Public Health Response Activities
3. Post Pandemic Recovery

1. RESPONSE SUMMARY

The Pandemic Influenza Response Summary is a broad listing of primary public health, communication, and emergency management actions to be carried out, during the six phases of an influenza pandemic, by the Page Memorial Hospital and its public health partners, the Office of Emergency Services, other county agencies, operations and community partners. The actions in each phase build upon the response in the prior phase, and most activities, once begun, will be continued or scaled up in subsequent phases.

PAGE COUNTY
Pandemic Influenza Response Summary
PHASES 1 and 2: Inter-pandemic Period
No new influenza subtype infection in humans

PUBLIC HEALTH
Conduct baseline surveillance during influenza season
Train and educate public health staff and volunteers on outbreak and emergency response

COMMUNICATIONS
Monitor worldwide status of potential outbreaks and circulate health and emergency information as needed.
Provide information as appropriate to county workforce on outbreak and emergency response.

EMERGENCY MANAGEMENT

Monitor and circulate health and intelligence reports and emergency information through official sources
Work with the Virginia Department of Emergency Management to provide proactive information as appropriate
Management to provide proactive information as appropriate

PAGE COUNTY

Pandemic Influenza Response Summary
PHASE 3: Pandemic Alert Period
Human infection with a new subtype but human-to-human transmission is rare or absent

PUBLIC HEALTH

- Maintain baseline surveillance mechanisms for detecting novel influenza virus in humans
- Investigate and monitor suspected cases and contacts
- Implement disease control measures as appropriate, including isolation and quarantine
- Determine priority groups for vaccination and antiviral medication
- Communicate updated information to community healthcare providers, public and media
- Prepare healthcare facilities for increased patient load and demand for resources
- Facilitate development of protocols for transporting patients and bodies for first responder community
- Develop plan for fatality management
- Ensure establishment of legal provisions necessary to carry out public health recommendations
- Implement travel-related control measures, in collaboration with neighboring jurisdictions
- Support state and local veterinary surveillance efforts to monitor avian influenza in animal populations
- Identify facilities for alternate treatment sites
- Assist county Human Services agencies and their partners in assessing readiness

COMMUNICATIONS

- Identify primary county spokespersons
- Increase internal communications among pandemic flu planners (county staff and non-county individuals) by compiling all contact information for all planners
- Develop and deliver public information messages to answer current-phase public FAQs regarding county planning; what is pandemic flu vs. avian flu

vs. seasonal flu; public concern about geese/chickens, etc.; what can people do to prepare, etc.
- ❖ Develop public information messages to answer anticipated subsequent-phase public FAQs regarding what to do; self care in the home, etc.

PAGE COUNTY
Pandemic Influenza Response Summary
PHASE 3: Pandemic Alert Period, Continued

Human infection with a new subtype but human-to-human transmission is rare or absent.

- ❖ Create general public education materials to deliver the current phase messages (news releases; newsletter articles; Channel 15 programming)
- ❖ Create audience specific education materials to deliver targeted messages (i.e., physician community; ethnic/foreign language communities)
- ❖ Plan and promote community education events/forums, such as Page County or Town meetings
- ❖ Complete a Page County Pandemic Influenza communications plan that augments the Page County Emergency Communications plan
- ❖ Determine feasibility of alternative/ non electronic ways of communicating with people who do not use the Internet or may not have access to cable television

EMERGENCY MANAGEMENT

- ❖ Begin briefings for county senior management team, county administration, Board of Supervisors, emergency responders, etc.
- ❖ Assist agencies with the development of agency specific plans to ensure continuation of critical government and public services
- ❖ Announce current phase level to staff and provide education to staff
- ❖ Maintain up-to-date knowledge on current national and state advisories and recommendations, such as travel advisories

PHASES 4 and 5: Pandemic Alert Period

Localized clusters of human-to-human spread

PUBLIC HEALTH

- ❖ Enhance surveillance mechanisms to detect novel influenza virus
- ❖ Investigate and monitor suspected cases and contacts
- ❖ Maintain close collaboration with Virginia Department of Health
- ❖ Implement isolation and quarantine measures as necessary
- ❖ Implement protocols for influenza case and outbreak management
- ❖ Use antiviral medications for treatment of early cases and targeted prophylaxis

PAGE COUNTY
Pandemic Influenza Response Summary
PHASES 4 and 5: Pandemic Alert Period, Continued

- Localized clusters of human-to-human spread
- Implement travel restrictions and other travel-related containment measures as necessary
- Provide guidance on infection control measures
- Provide guidance on self care at home
- Distribute vaccine, if available, and antiviral medications for localized containment

COMMUNICATIONS

- Messaging stays the same, but with enhanced risk communications principles.
- Continue and/or enhance public information with additional news releases; Web site updates; videos, etc.

EMERGENCY MANAGEMENT

- Promptly inform staff of phase-level changes
- Conduct (or participate in) teleconferences/video conferences that includes federal, state and local health officials; state and county officials; emergency management and response chiefs, public affairs personnel, etc.
- Alert agencies to re-familiarize themselves with the County's Emergency Operations Plan and to review their agency specific plans to ensure they are up-to-date Identify resources necessary to implement the county's Emergency Operation Plan, COOP and County Pandemic Influenza Plans
- Activate the Emergency Operations Center (EOC), at the appropriate level, to begin incident management activities
- Identify federal, state and county resources necessary to implement public protective actions
- Work with external groups such as business, contractors, and vendors in order to manage available resources
- Activate the county's Emergency Operation Plan and County Pandemic Influenza Plans

PAGE COUNTY
Pandemic Influenza Response Summary
PHASES 4 and 5: Pandemic Alert Period, Continued

- Localized clusters of human-to-human spread
- Establish/activate a Joint Information Center and Emergency Information Line to assist and provide timely information to our employees, residents, partners and others
- Monitor hospital bed space and other resource availability

- In conjunction with PMH and VDH prepare to update training for available volunteers
- In conjunction with Department of Human Resources implement COOP for Page County Government, including employment re-assignment planning

PHASE 6: Pandemic Period
Sustained transmission in the general population

PUBLIC HEALTH

- Monitor virus spread within the community
- Maintain use of enhanced surveillance measures
- Provide guidance on disease control to community partners
- Scale back individual case management practices
- Recommend implementation of social distancing measures
- Monitor vaccine use, distribution, safety and effectiveness
- Monitor antiviral medication use, distribution, safety and effectiveness
- Monitor for drug resistance
- Begin implementation of and provide guidance on fatality management program

(detailed in Attachment 2)

PAGE COUNTY
Pandemic Influenza Response Summary
PHASE 6: Pandemic Period, Continued
Sustained transmission in the general population

COMMUNICATIONS
Prior to availability of vaccine

- Page County Emergency Communications plan goes into effect at the point Phase 6 begins anywhere in the world. Joint Information Center at initial onset of pandemic.
- County plan includes Web site updates; ongoing/updated media conferences/news releases
- Distribute specific messages related to the actual flu strain identified as causing the pandemic. This will be based on federal/state guidelines/messages
- Additional messages would involve what to do if sick; also, if/when facilities/public events, etc., are going to be cancelled/closed, etc.
- Establish public health hotline and county emergency hotlines to handle the volume of public inquiries
- Recovered volunteers enlisted to distribute materials/handouts door to door with instructions on what to do; self care at home if sick; what to do if asked to be in isolation and/or quarantine; strict observance of hygiene measures (hand washing/covering coughs/sneezes)

- Channel 15 will be the primary source of televised public information
- Pre-education on vaccine prioritization groups, if and when vaccine becomes available.
- Communications addressing mental health (scared public/grieving public, etc) will become increasingly important

At the point vaccine becomes available

- Messages shift to educate priority groups for vaccine distribution and county plan for distributing
- Work closely with media to instruct people to know how/where/when/whether to get vaccine

Public Safety Agencies (Fire and Rescue Department, Police Department, Sheriff's Office) play an integral role in county operations during a pandemic. Due to stresses placed upon the health care system and other critical functions, calls for emergency medical assistance are anticipated to be higher than normal and civil disturbances and breakdowns in public order may occur. Likewise, the local 9-1-1 emergency call center may be overburdened with calls for assistance, including requests to transport influenza victims and local law enforcement agencies may be called upon to enforce movement restrictions or quarantines, thereby diverting resources from traditional law enforcement duties. Through the establishment of joint response protocols, linkages among the key components of public health, emergency management, fire and rescue, law enforcement and through county guidance, joint training, and the use of exercises all public safety agencies have a better understanding of their respective roles and applicable governing legal authorities so they can coordinate their efforts in the event of a pandemic outbreak.

PAGE COUNTY
Pandemic Influenza Response Summary
PHASE 6: Pandemic Period, Continued
Sustained transmission in the general population

EMERGENCY MANAGEMENT

- Continue daily conference calls and briefings with groups identified earlier
- Continue to coordinate with the Virginia Department of Emergency Management to provide proactive information to our employees, residents, partners, businesses, etc.
- Maintain the Emergency Operations Center (EOC), at the appropriate level, to coordinate incident management activities
- Implement all elements of the county Emergency Operations Plan, Pandemic Influenza Plan, COOP and others; as appropriate
- Close or reduce non-critical county services and re-deploy available county resources as appropriate

- Activate and assign volunteers as necessary to implement public protective actions
- Increase security at identified facilities/locations; including but not limited to police and fire stations, government centers, emergency communication center, Emergency Operations Center, critical infrastructure, identified businesses, etc.
- Implement and support public health/safety directives from CDC, state/local health directors, president, governor, county officials, etc.
- Initiate recovery planning activities

2. PUBLIC HEALTH RESPONSE ACTIVITIES

Page County will adopt Page Memorials EOP and the State of Virginia's Pandemic Influenza Plan when adopted. The public health response is key in managing a pandemic, therefore, to augment the previous summary, additional detail is provided on the public health activities to be undertaken in each of the six phases of a pandemic. The following is a summary of these activities as they relate specifically to:

- surveillance and epidemiology
- community disease control and prevention
- vaccine and antiviral medication distribution
- health care surge capacity
- meeting basic needs for those in isolation and quarantine

This section concludes with information regarding post-pandemic recovery activities.

A. Surveillance and Epidemiology

Objective
Healthcare Surge Capacity
Pandemic Influenza Response Activities
PHASE 6: Pandemic Period
Sustained transmission in the general population

- PMH/VDH will provide guidance on infection control measures for working in health care and non-health care alternative settings.
- PMH/VDH will work with health care facilities and the Office of Emergency Management to implement surge capacity plans.

Under the direction of the PMH/VDH, Office of Emergency Management will request resources from the Strategic National Stockpile or other sources as available to meet the health care or critical needs within the community. The PMH/VDH will monitor or provide guidance for monitoring alternative quarantine facilities for influenza.

E. Meeting Basic Needs for Those in Isolation and Quarantine

Objective

Code of Virginia

According to Va. Code Ann. § 32.1-48.05, basic needs include but are not limited to food, water, and health care, e.g., medications, therapies, testing, and durable medical equipment. "The site of any quarantine or isolation shall be, to the extent practicable, safely and hygienically maintained with adequate food, clothing, health care, and other basic needs made available to the persons who are subject to any order of quarantine or isolation," Va. Code Ann. § 32.1-48.07.

Definition of Basic Needs

Basic needs have been divided into first tier and second tier services. First tier services will be prioritized by social workers and second tier will be provided as soon as possible. First tier services are food, over-the-counter medications, basic supplies, and prescriptions. Second tier services are financial assistance for rent, mortgages, utilities, mental health services, assistance with clothing and bedding, and in-home activities. Assistance with childcare may be first tier depending upon the circumstances of the family. Critical infrastructure services, such as water, electric and gas, are assumed to be available and not addressed in this section.

3. POST-PANDEMIC RECOVERY

Recovery consists of measures and actions taken to repair and restore communities after an emergency. Recovery may also include some mitigative actions. Typically recovery focuses on the physical and psychosocial effects that arise as a result of an emergency; however, in a pandemic event the primary impact will be on people not infrastructure and will therefore need to be heavily structured to deal with the psychosocial aspects. Whether county government will be responsible for reconstruction of infrastructure or the provision of personal support services, the one common element will be the people affected by the event. A number of resources are available to help individuals to adjust after an emergency experience including family and friends, Critical Incident Stress Management (CISM) Professionals and Programs, health care professionals, wellness programs, grief counselors, clergy, employee and family assistance programs, and volunteer agencies (e.g., Red Cross).

- Recovery from an influenza pandemic will begin when it is determined by the County Administrator adequate supplies, resources and response system capacity exist to manage ongoing activities without continued assistance from pandemic response systems.
- In consultation with county officials, the PMH/VDH will recommend specific actions to be taken to return the health care system and government functions to pre-event status.
- PMH/VDH will assess the impact of the pandemic on the

community's health as measured by morbidity and mortality and report findings to all response partners.

- ❖ VDH staff will support partners in Page County government and the health care and business communities in assessing the economic impact of the pandemic.
- ❖ The Office of Emergency Management will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Plan.

Section 6 – CONTINUATION OF CRITICAL GOVERNMENT SERVICES

Section Outline

1. Background
2. Countywide Level
3. Agency Level
4. Private Sector Planning

1. BACKGROUND

In a pandemic, equally important as the public health and emergency response is the county's ability to continue to provide critical functions and services throughout the event. The county's Continuity of Operations Plan (COOP) process is primarily responsible for ensuring this in any emergency. Therefore, agency specific planning related to a pandemic response is embedded in this process. However, due to the unique nature of a pandemic there are specific operational and policy considerations that must be addressed to ensure this continuity during a pandemic. With the possibility that up to 40% of the workforce could be absent for a prolonged period due to illness, caring for ill family members, or self-imposed quarantining, planning to minimize disruption to these critical functions, while taking appropriate steps to protect the workforce from the pandemic is vital. To that end, county agencies attended a half day workshop to educate them on pandemic influenza and to provide guidance on agency planning specific to a pandemic. As a result of this and ongoing work, planning has occurred at the countywide level for broad policy and decision-making responsibilities, sustainability of critical systems and benefits, communications, and overall emergency preparedness. Planning also has occurred at the agency level to enable continuity of critical services and operations during the pandemic.

The goals of this planning include the following:

- ❖ minimize the disruption of critical governmental functions.
- ❖ protect the workforce during an outbreak.
- ❖ maintain business continuity in the event a pandemic occurs.

This section provides specific information on the planning done at the county

wide and agency level to achieve the above goals. It includes tools developed and distributed to agencies for their pandemic influenza planning. Finally, it concludes with information on private sector planning as the private sector is an essential partner in serving the public.

2. COUNTYWIDE LEVEL

To the extent practicable, systems that sustain critical county functions will not be disrupted. As an example, minimal disruption to the payroll system will ensure the workforce's financial security is sustained during the pandemic. Maintaining critical benefits, such as health insurance, life insurance, and employees' assistance, will enable the workforce to obtain accurate, timely help and information during a pandemic. When a pandemic is imminent, Page County will activate its Emergency Operations Center (EOC) to prepare and execute actions that will ensure a continuity of government and better ensure emergency protective actions are carried out in a timely manner. The Office of Emergency Services (OEM) will serve as the lead in continuity of government planning and preparedness for the pandemic, as well as the lead for executing the appropriate county response during the pandemic. Page County will utilize the National Incident Management System (NIMS), a comprehensive protocol covering how incident command is implemented for all parts of the community, departments within county government, as well as segments in the private sector. Departments that support direct services and operations in areas such as human resources, risk management and safety, purchasing, information technology, and financial management have assessed current policies to ensure mechanisms exist to ensure continuity of services and operations during the pandemic. Having policies and established protocol that set guidance in advance and allow flexibility in the event of a pandemic enables agencies to be able to address issues in a manner that minimizes disruption of critical services. Pandemic Influenza planning team members met with leadership from each of the above agency/functions to address this need. Consequently a series of critical issues were identified and leadership and staff in the agencies are actively engaged in the refinement and adaptation of such policies to support county work in the event of a pandemic. The following pages provide a summary of the issues being addressed.

Human Resources

Emergency authority

- Board authorization for emergency declaration permitting the County Administrator to suspend/revise personnel regulations and policies in accordance with approved procedures.
- Employee work assignments and schedules – authority granted to permit the detailing of employees across departments, regardless of job class or pay grade to ensure continuity of critical services.

- Employee use of sick leave – flexibility provided for use of sick leave, transferred leave and advance sick leave to meet emergency needs. Health, dental and life insurance benefits – coordination with vendors for flexibility in claims administration and authorization of services to support employees as needed during the emergency.
- Hiring/promotion of employees – flexibility provided to streamline hiring and promotional processes to support continuity of critical services during emergency.
- Overtime approval requirements – flexibility provided to support departments while maintaining adequate control to ensure compliance with federal and state regulations.
- Time and attendance recording – alternative methods for reporting time worked and leave taken.
- Employee Assistance Program – individual and family support mechanisms with alternate support options may be provided.
- Telework policy/procedures - maximum flexibility of use to reduce risk of transmission of flu virus within the workplace.
- Communication with employees – coordination of consistent messages regarding changes to personnel policies/procedures and to reassure employees that payroll and benefits will not be interrupted during the emergency.
- Administrative leave – potential for use of administrative leave if reassignment of staff is not feasible, with appropriate approval, to ensure no loss in pay.

Information Technology

- Teleworking technical capabilities – Evaluation of the technological infrastructure enhancements or policies of usage needed to accommodate an increase in teleworking needs during the pandemic.
- Alternate communication methods (wireless, cell phones, pagers, etc.) – Evaluation of alternate communication methods available in the event one or more communication devices are inoperable.
- System redundancy – Evaluation of critical system redundancy for continuous operation during a pandemic.

Risk Management

- Workers exposure to influenza on the job – Policies for the risks associated with employee exposure to influenza while performing work duties.
- Workers' Compensation – Guidelines for the determination of employee eligibility for Workers' Compensation if virus is contracted while performing work duties.

- Protection of first line employees or first responders – Provision of personal protective equipment (PPE) to be required for public health care staff and emergency first responders.
- Health and Safety Protocols – Establishment of overall health and safety protocols for county agencies.
- Vaccination of first line/first responders – Training and education regarding risks associated with vaccinating public health care staff and emergency first responders.
- "Return to Work" processes – Policies for employees who have had or been exposed to the influenza virus returning to the workplace.
- County facilities and workplaces – Programs to ensure safe and healthful workplaces following employee outbreaks, such as cleaning and testing.
- Insurance and Self-Insurance Programs – Insurance coverage to protect the county from fiscal impact as a result of a pandemic event.

Purchasing and Supply Management

- Emergency purchasing – In the event of a declared emergency special purchasing action may take place outside normal procedures.
- Agency awareness of purchasing requirements during an emergency – Agency notification and awareness training as required ensuring agencies understand the procurement process during a pandemic. Accomplished through training and agency meetings.
- "Bulk" purchasing of basic supplies – Assessment of the most feasible means of purchasing basic supplies, i.e. water, hand sanitizers, etc., for essential personnel.
- Developing of "sister city" agreements with logistics and procurement personnel in similar municipalities well outside the immediate geographic region to provide sourcing and materiel support.
- Stockpiling capabilities – Establishment of processes and locations for stockpiling of essential supplies and equipment to perform essential work and support essential personnel. Requires determination by all agencies to determine supplies and personnel necessary to maintain critical operations under each agency COOP.
- Formalizing supply agreements with major vendors and retailers – Establishment of supply agreements with major retailers and vendors to ensure delivery of supplies in the event of a pandemic. Additionally, utilizing existing suppliers for global sourcing of supplies not readily available in the US.

Management and Budget

- Emergency budget allocations – Providing necessary funding for emergency usage during a pandemic.

- Budget Monitoring- Providing methodology, system tools and other assistance so agencies can quickly review budget status prior to making resource decisions during event.
- Budget Development- Providing for expedited budget processing (annual, quarterly) to assist agencies with limited staff availability in securing funds necessary to complete their mission and respond to emergency.

3. AGENCY LEVEL

To ensure the continuation of critical government functions and services agency Continuity of Operations Plans (COOPs) include:

- Identification of critical functions and positions.
- Identification of key staff for emergency response planning and implementation.
- Internal and external communication strategies.
- Assessment of service and operation methods.
- Identification of line s of succession for agency management.
- Identification of critical files, records and databases.
- Plans for testing the COOP in a non-emergency.

In addition to the above, agency planning for a pandemic also includes:

- Assessment of personal protection and supplies needed for employees.
- Potential to assist employees with mental health, morale or other family support.
- Arrangements to address logistics such as food, lodging etc.
- Assessment of agency policies to ensure they are compatible with circumstances of a pandemic.

There are internal county services and operations that must continue to protect the health, safety, and welfare of the public and community during a pandemic. Agencies primarily are responsible for maintaining these critical services and operations during the pandemic. Goals of agency specific planning related to a pandemic include:

- Ensuring the continuous performance of critical functions/ operations during an outbreak.
- Maintaining the integrity of critical facilities, equipment, systems, records, and other assets.
- Reducing or mitigating disruptions to operations.
- Reducing illness or loss of life.
- Establishing lines of succession and delegations of authority.
- Identifying personnel needed to perform the agencies' critical functions.
- Identifying means of communication with the agency and with other departments, jurisdictions, and the public.
- Achieving a timely and orderly recovery after the pandemic.

Below are specifics related to the planning for each of the above as they relate

to a pandemic.

Identify Critical Functions and Positions

In the event of a pandemic, county services and operations may be severely hampered. As a result, there is a need to determine what services and operations *must* continue. Critical functions are those services or operations that cannot discontinue. They address critical health, safety, and welfare needs of the public. Examples of critical functions are police, fire and rescue, electricity, and treatment of wastewater. Critical positions will be those positions that directly relate to the delivery of these types of services or operations. In order to assess personal protective equipment and basic supply needs, critical positions will be categorized by types of duties, such as teleworker/no contact, frontline/face-to-face contact with public, work confined to office/contact with coworkers only, etc.

Identify Key Staff for Pandemic Influenza Plan Implementation

Agency key staff members will include those in the lines of succession and who are responsible for the development, maintenance and implementation of the agency's Pandemic Influenza Plan. Notification must be made to all agency staff regarding the identification of key staff in their agency.

Determine Agency Communication Strategy (Internal and External)

During a pandemic, communications to the workforce are critical to effective emergency response. Agency specific communication plans are necessary to ensure employees have basic information on the pandemic, are kept up to date on how the pandemic may be affecting their work, and how communication on the pandemic will occur in their work area. The communication plan addresses issues such as increased teleworking needs, teleconferencing, and alternate methods of communication.

Assess Service and Operations Methods

During a pandemic, normal ways of doing business may be disrupted; however, critical services and operations will need to continue. Agencies must assess how routine services and operations are provided for and what adjustments would be made during a pandemic. Examples include conducting business via telephone versus face-to-face contact, ensuring information technology system integrity and avoiding system overload as a result of increased number of teleworkers, and acquiring support from volunteers, retirees, and private service providers.

Identify Lines of Succession for Agency Management

No one is immune for being exposed to the influenza virus in the event of a pandemic. As a result, a written line of succession for key leaders, managers and critical employees and how authority will be delegated or transitioned will be

established at the appropriate levels in every agency. Successors will be asked to assume increased levels of authority in the event of absences of those preceded in the line of succession. Successors' knowledge, skills, and abilities (KSA's) must be assessed against the KSA's required for the respective roles and responsibilities in order to identify training and personal development required.

Assess Personal Protection and Basic Supplies for Employees

In a pandemic, precautions need to be made to protect essential employees from exposure to the influenza virus. Provisions to meet basic needs, such as water supplies, also must be planned. Agencies must determine in consultation with Page Memorial Hospital what personal protection and basic supplies need to be provided to employees based on the duties they will be performing during the pandemic. Personal protection may include items such as personal hygiene/sanitation products, face masks, and eye protection. Agencies also need to assess training/awareness needs to ensure employees understand how to protect themselves from contracting influenza.

Assess Potential Needs to Assist Employees with Mental Health, Morale or other Family Support

Assess potential needs to assist employees with mental health, morale or other family support.

Identify Critical Files/Records or Databases

For continuity of critical functions during the pandemic, employees may need to access certain records, files or databases. Agencies must determine what critical systems and records are required to operate critical functions during the pandemic. Options, such as taking "non-critical" systems off line or uploading information to a central location, need to be assessed to determine ways to ensure the integrity and accessibility of critical systems. Agencies also must determine how critical personnel will be able to access this information if access by normal methods, such as being unable to go to the office location, is disrupted

Assess Agency Policies for Compatibility with Circumstances Unique to a Pandemic

Many agencies have agency-specific policies that interpret county policy for specific work areas. In the event of a pandemic, flexibility to react to changing conditions is essential for continuation of critical functions. As a result, agencies are assessing agency-specific policies to ensure they are conducive to protocol introduced during a pandemic as well as compatible to any changes to county policy to respond to a pandemic.

Logistical Needs, i.e. Meals, Lodging, etc.

Similar to snowstorms, essential employees may need to be onsite for extended periods of time during a pandemic. Departments need to assess in consultation with the County Administrator how they will be provide lodging, food, and other necessities to essential employees being required to remain at the workplace.

Develop a Schedule/Plan to Test the Agency COOP and Refine as Necessary

When a plan has been completed, agencies must test the plan to ensure it is viable and will provide the necessary foundation to guide emergency response during the pandemic. Agencies are to test plans continually and refine them as required.

Planning Checklist for Page County Agencies

It is assumed that agencies will facilitate discussions and conduct planning exercises that will focus upon scenarios in which the entire globe would be faced with a pandemic event that places extreme demands upon the country's standard operational norms.

A checklist is merely a planning tool and is intended to help agencies address related topics of preparedness. While we may or may not face a pandemic near term, experts seem to agree when we do face a pandemic such as one that could stem from H5N1, as much as 25-40% of our workforce might be absent caring for loved ones, or from illness themselves. We have all dealt with localized incidents that paralyze our daily functions for a few days during a snow storm. But, it is wise to plan beyond those instances, and be prepared to address challenges that have sustained global impact outside of our control. You know your business, but when planning, consider how reduction of your service affects others, and how the reduction of those who serve you impacts your ability to do business. In this instance when considering critical services it is asked you think in terms well outside of your traditional planning and consider systems will be taxed and technology will be overwhelmed if, or when we face such a challenge.

Responsibility & Status Core Issues
Critical Functions & Positions

When addressing critical services keep in mind we are planning for an escalating loss of personnel with longer durations than our standard emergency. Value might be derived from looking at this similar to budget planning when identifying/prioritizing lines of business and identifying vulnerabilities.
Inventory & prioritize the following:

- Critical services [Without these services, critical components of the county would not function. Example, Department of Public Works must provide services to the entire county. What impact will occur without the service?]

- Non-critical services [Important, but are not deemed critical to sustain county services. Example, Recycling centers being open.] What impact will occur without the service?

Appropriate Authorities

Assign key staff with the authority to develop, maintain, and act upon influenza pandemic preparedness and response plan. Determine who will serve as your agency pandemic influenza liaison (should be critical thinker, facilitator and have an overall knowledge of agency). Appropriate authorities will determine the potential impact of a pandemic on your Department/Division's usual activities and services. Plan for situations likely to result in an increase, decrease or alteration of services you deliver. Determine the potential impact of a pandemic on outside resources or services your department/division depends on to deliver services.

Communication Strategy

You should begin involving and educating your employees at all levels about influenza pandemic preparedness. The county has and will continue to provide additional resources to assist with educating your employees. Determine how you will communicate with your employees and critical staff on a scheduled basis during a pandemic.

- Who needs to be notified or included in communications?
- How will communications occur?
- What will be the frequency of communication (pre-scheduled to minimize capacity demands)?
- How will you carry out pulse checks regarding: staffing, service demands, morale, etc?

Determine the number of critical staff that would need access to teleconference or video conference equipment. This will assist the Information Technology (IT) in their efforts to address systems capacity.

Service and Operations Methods

Consider during a pandemic, systems will likely be taxed and prioritization must occur to sustain services. Service Methodology Determine how you will assess service demands. Examples: Projected number of on-line users at peak times, projected number of facility visitors during a pandemic. Consider how select services may be offered through non-traditional means. Example: Police expanding the types or incidents permitted to be reported by phone *vs.* in-person. Determine how you will take services off-line or reinstate them. Example: During an ice storm, police might modify their accident reporting policy to ensure the highest priority events are addressed. A designated officer then reinstates normal reporting procedures based on call volume and staffing. Identify telework options.

- List who are critical users (remember this is trying to ensure critical services are sustained).
- Determine how you will manage usage to avoid system overload.
- Determine how many employees currently have on-line or remote access capacity.
- Determine how many employees truly need on-line or remote access capacity (mode of access?).
- What would occur if IT only offers select services to prioritized groups at scheduled times?
- List what services can be supported by volunteers, retirees, private service providers
- How would this occur?
- What training is required?
- Identify what policies/laws would need to be modified to accommodate required change in service methodology.

In some instances purchasing is required to hold public forums associated with bids. Would a business change require code amendments?
Review the most critical functions that may value by implementing some type of quarantine at work in the most critical periods. Example: Are there some functions so critical it may be wise to house the employee and or their family either at or near the workplace?

Lines of Succession

Establish a written line of succession for key leaders, managers and essential employees.

- Determine how authority will be delegated or transitioned.

Identify and train essential staff (including full-time, part-time, retirees, and unpaid or other volunteer staff).

- Outline what the organizational structure will be during an emergency. The outline should identify key contacts with multiple backups, roles and responsibilities, and who is to report to whom (NIMS model).
- Determine what skill sets or knowledge is needed to sustain critical services.
- Evaluate and list positions with skill sets that can be shared or cross-trained and what positions could be reallocated to like functions elsewhere in the agency or county.

Critical Files/Records or Databases

Keep in mind a pandemic is global and system access must be prioritized to minimize systems overload:

- Determine what the critical systems are that need to be running to support critical services/functions.

- List and prioritize what systems could be taken off-line to maximize capacity.
- Determine how employees could access vital files, records, databases needed to support critical services/functions: removable drives, Citrix, phone, hard copy records, On-Line, etc.

Agency Policy Considerations

- Department of Human Resources (HR) is working on leave and compensation-related matters to assist in guiding policy in these areas (TBD).
- Assess agency policies for compatibility with circumstances unique to a pandemic. In the event of a pandemic, flexibility to react to changing conditions is critical for continuation of critical functions. As a result, agencies must assess agency-specific policies to ensure they are conducive to protocol introduced during a pandemic as well as compatible to any changes to county policy to respond to a pandemic.
- Evaluate and resolve policy conflict to ensure recommended responses are capable of implementation. (For example, Board of Supervisor's meetings via video conference from remote sites would require code change. What impact does postponement of performance evaluations have?

Personal Protection and Basic Supplies for your Employees

Determine what number of employees will be performing under critical-service conditions that would have unavoidable face-to-face contact requiring personal protective equipment (PPE).

- Face mask
- Eye protection
- Hand cleaner
- Surface cleaner

You should evaluate what are the most critical supplies that might not be available from suppliers.

Family support

While the county has services to offer to your employees for mental health etc it is wise to evaluate additional options of caring for one another to ensure morale and other family support during the most critical times.

- Evaluate the depth of services currently utilized.
- Consider what your division or department can do to assist family to either ensure sick family members do not come to work, and healthy members are able to feel confident their family is cared for so they are willing to come to work.

Logistics

Based on your outcome of the previous questions, your agency's logistics needs can be better addressed. While it may not be feasible or necessary to stockpile supplies for all hazards, it is prudent to strategically obtain supplies needed do sustain critical services. This is an understandably difficult task. However if you are able to quantify these needs it may assist the county in possible submissions as large-scale orders (stock goals regarding: meals, protective equipment and office surface cleaning supplies). Some agencies may need to address lodging options as well.

Testing

Determine how your agency will test your pandemic influenza planning (for example, can a tabletop exercise test the plan sufficiently?).
Determine the frequency of testing.

4. PRIVATE SECTOR PLANNING

Private businesses provide critical and essential infrastructure services to the county such as power, water, food, and telecommunications. The county has been and will continue to be a resource for information exchange among these businesses via meetings, business summits and electronic updates. These information exchanges are geared toward assisting organizations in the development and implementation of their COOPs. These organizations are full partners with the county and are working cooperatively to assure the government and public are served at the highest level possible. Other partners in the provision of critical services are non-profit and faith based organizations. These organizations augment the county's provision of services to those residents who otherwise would have difficulty in receiving them. For example, these organizations provide staffing for child care centers, transportation, meals and groceries. County agencies will continue to provide information, education, and support to facilitate linking critical services such as public health care and related social services with affected recipient communities. This is to include information regarding public and community health, human and social services, health services administration, group counseling, health education, group advocacy, cross-cultural and multilingual communication, and applicable laws and policies.

COMMUNICATIONS PLAN

During Phase 3, efforts will focus on identifying and learning about target audiences and raising awareness and knowledge of pandemic influenza. The need to inform and educate the public, health-care professionals, policy makers and others about the threat of a pandemic must be balanced against the possibility a pandemic may not occur and may or may not be severe.

1. Assumptions

- A novel influenza virus has been identified in humans, but is not

efficiently transmitted from person-to-person.

- Federal health agencies (such as the CDC) are working with world health organizations to closely monitor the novel virus strain, and keep state agencies, as well as the general public, informed through official government channels (such as Web sites, bulletins, etc).
- The CDC, as well as the Virginia Department of Health, is developing key messages and collateral materials (such as fact sheets, etc.) that Page County can use to disseminate among the general public.
- The Page County Pandemic Influenza Response Plan is coordinated and was developed in conjunction with regional, state and federal plans.
- The media is currently reporting on avian influenza which is prompting many questions from residents and organizations.

2. Key Communication Goals

Internal (Jurisdictions and Partner Organizations)

- Enhance communications and information sharing among Page County and partner organizations via face-to-face opportunities and electronically.
- Build and maintain contact lists of communicators and local pandemic influenza planners.
- Identify communications needs (messages, etc.) specific to Page County and partner jurisdictions.

COMMUNICATION STRATEGIES
PANDEMIC ALERT PERIOD, PHASE 3

External

- Educate residents about local planning efforts.
- Encourage residents to prepare themselves and their families for pandemic influenza.
- Encourage and increase better hygiene habits among residents to help prevent the spread of viruses.
- Identify target audience groups, and develop and deliver communications to those audiences.
- Encourage planning efforts among private sector entities.

3. FAQ Bank

A centralized frequently asked questions (FAQs) bank will be established so all agencies have a resource available to answer questions. The Page County Public Information Officer (PIO) will keep and maintain the question bank, and work with appropriate agencies to develop responses to ensure consistency. The development of answers to FAQs will be coordinated among appropriate agencies. FAQs and official county answers (approved by appropriate county and/or agency leaders) will be posted to Page County's Webpage

1. Key Messages

- Page County is planning for the event of pandemic influenza.
- Planning is not just a government issue. Every resident must take an individual responsibility to prepare themselves and their families for pandemic influenza.
- There are actions individuals can take: stay informed, make a family plan, prepare emergency kits, and sign up for your local alert / notification system.
- Practice good hygiene habits such as hand washing, covering coughs and sneezes with a tissue or sleeve to prevent the spread of germs.

Additional key messages will be developed that relate specifically to the particular strain of influenza as well as to specific target audiences, for example, senior citizens, or physicians.

2. Message Dissemination

A. Web Site

The primary official county Webpage for all messages related to pandemic influenza is Page County's Webpage. The official U.S. Government Web site, www.pandemicflu.gov is also a reliable source of pandemic influenza information. Note that the county's Web page should contain links to all other pertinent agency Web sites, including links to the Web sites of , the Virginia Department of Health, the Centers for Disease Control and Prevention, and the U.S. Health and Human Services. The Web page will feature a question and answer section, a streaming videos, PowerPoint presentations, and planning checklists.

▪ Web Site Content Approval Process

Content needs are assessed by the IT Department and can be based on user feedback, FAQs from residents, current County initiatives and board directives. The communications PIO serves as coordinator of this section of the Webpage, and will work closely with PMH/VDH staff to ensure accuracy of pandemic influenza content. PMH, the County's PIO, and Health Department staff will ensure messages are consistent and do not contradict state and federal messages as posted on www.vdh.virginia.gov. and www.pandemicflu.gov. Content will be based on frequently asked questions of jurisdictions.

Communicating with the General Public

Phase 3

Follows the Page County Web content policy which includes a message approval process from appropriate agencies.

▪ Links to Page County Pandemic Influenza Web Page

Other County agencies and the Board of Supervisors' public Web pages will provide links to the County Pandemic Influenza Web page. Partner jurisdictions will also link to this Web page.

The Town of Luray, Stanley, and Shenandoah will post messages to their Web site.

B. Special Events/Venues
Special events can include town meetings, e.g., a coordinated town meeting among partner jurisdictions, summits, speaking engagements, kiosks, and exhibits at fairs.

C. Phone Scripts
The Page County Office Emergency of Management's Mass Notification System is capable of setting up a message board with information. This script will be updated as information is added or changed.

D. Collateral Materials/Handouts
- www.pandemicflu.gov (checklists for individuals).
- Information contained on Virginia Department of Health Web site: www.vdh.virginia.gov.

E. Media
Television/Broadcast Productions-
News Releases -News releases will be issued by the Page County PIO on a regular basis with planning updates.

Radio PSAs/Scripts- Radio pubic service announcements will be developed by the PMH/Health Department and the PIO.

Interviews/Editorial Board Visits - All interviews will be scheduled and coordinated by the PMH/VDH and the PIO.

Media Inquiries -Media inquiries will be handled as they are during normal day-to-day government operations. Medically-specific inquiries will be directed to PMH. County planning and related issues will be handled by the PIO. Previously identified spokespersons will be used for any media interviews.

1. Key Messages
- ❖ Page County is planning for the event of pandemic influenza and the business community is an integral part of the planning process.
- ❖ Pandemic influenza will affect private sector entities and all planning efforts must include community businesses and industry.
- ❖ Businesses will play an integral role in educating employees.
- ❖ Businesses must understand sick leave policies and plan for continuity of operations in worst-case scenarios (i.e., 40 percent of work force out sick).

2. Message Dissemination

Means of disseminating information to the business community and private sector include the following:

A. Direct Mailings to Business Community

The PIO will work with the Treasurer, local chambers of commerce, and the Economic Development to identify businesses in Page County. As materials and messages are developed during the various phases, the mailing list can be used to disseminate information to the businesses as appropriate.

B. Special Events

A Business Summit may be conducted to convene community business leaders to share best practices and provide them with information and resources to facilitate the development of their own continuity of operations and preparedness plans.

COMMUNICATION STRATEGIES
PANDEMIC ALERT PERIOD, PHASE 4

1. Background

When the World Health Organization declares Phase 5, Page County will also move into Phase 5. The audiences and communications as outlined in Phases 3 and 4 would continue. Messages would increase in frequency. There would be a greater urgency for targeted groups such as first responders, physician community to prepare for a pandemic. Any additional communications to be developed specific to Phase 5 would be "reactive," that is, communications would be based on what is actually going on (where the small clusters are located in the world; what is the virus being identified in the small clusters, etc.). Following is information regarding modifications and/or additions to the communication strategies used in Phase 3 and 4 to provide the audiences with Phase 5 information.

2. Assumptions

- Same assumptions as in Phase 3, except:
- The novel virus strain is becoming increasingly more efficient at spreading from human-to-human.
- Phase 6, the declaration of a pandemic, could occur soon.

3. Key Communication Goals

- Same as Phase 3, with the following added considerations:
- There will be a greater emphasis on the need to prepare for key target audiences.
- Messages on the county's public Web site, Infoweb, and phone scripts will be kept current and reflect the actual situation going on

in the world.

- Individuals will be strongly encouraged to have a family emergency plan in place (for example, care for their children if they fall ill).
- Educate the general public about self care in the home if they or a family member falls ill.
- Provide education on disease containment measures that could be employed in Phase 6 (such as isolation and quarantine; snow days).

COMMUNICATION STRATEGIES
PANDEMIC ALERT PERIOD, PHASE 5
4. Message Dissemination

- Collateral Materials/Handouts:
- Guide to self care in the home.
- Fact Sheet on Isolation and Quarantine.
- Fact sheet on disease surveillance methods.

Additional materials will be developed by the Health Department and the PIO based on the current situation, county messages, target audience, and other relevant factors.

1. Background

When the World Health Organization declares Phase 6, this means that there is an influenza pandemic and Page County must deliver emergency messages to its identified target audiences. Page County's Emergency Communications Plan will go into effect at the initial declaration of pandemic anywhere in the world.

2. Assumptions

- Local clusters of a novel influenza virus have been identified in humans somewhere in the world and spread among humans has become efficient.
- Human cases may appear in Page County within a two week to 1 month timeframe.
- There may not be an effective antiviral medication that works against the pandemic influenza strain.
- There will be no vaccine available to residents for at least four to six months, given current vaccine manufacturing capabilities.
- Media will focus on the limited supply of antiviral medication and vaccine and will call on local government officials to explain what is being done about it.
- Dissemination and sharing of timely and accurate information among state and local public health and government officials, medical care providers, the media and the general public will be one of the most important facets of the pandemic response.
- Different types of information will have to be communicated, often to different audiences.

- Basic messages will change over the duration of the pandemic as the disease circumstances, vaccine availability and other variables evolve.
- There will be widespread circulation of conflicting information, misinformation and rumors.
- Communication must be coordinated among all relevant agencies to ensure consistent messages to the general public.
- There will be a great demand for accurate and timely information regarding:
- Circulation of a pandemic strain.
- Disease complications and mortality.

COMMUNICATIONS STRATEGIES
PANDEMIC ALERT PERIOD, PHASE 6
Strategies During Initial 6 to 8 months (without vaccine)

- Disease control efforts, including availability and use of vaccines, antiviral drugs and other preventive and treatment measures.
- Where to get influenza vaccine.
- "Do's and Don'ts" for the general public.
- Maintenance of essential community services.
- Demand for information by healthcare providers will be so great that existing methods for educating healthcare providers will have to be expanded.
- Certain groups will be hard to reach, including people whose primary language is not English, people who are homeless, and people with hearing and visual disabilities.
- There will be an increased demand for information regarding what vaccine and/or drug a person can take and/or stockpile.
- There will be an increased demand for information regarding what to do when someone dies.
- Science based risk communication messages should be used to calm fears and give directions on what to do.

3. Key Communication Goals

- Employ risk communication principles.
- Regional collaboration remains critical.
- Provide education to the general population to help contain the spread of disease.
- Provide education to the general population this will not be "business as usual" and could last more than a year.

4. Key Messages

- A pandemic has been declared somewhere in the world.
- Page County may experience localized illness and death soon.
- Isolation and quarantine measures might go into effect initially and

everyone's cooperation is necessary to help prevent the spread of the pandemic influenza virus.

- There is no vaccine at this time, and there may not be one available for four to six months.
- Pandemic influenza usually occurs in waves, and could last up to 1 ½ years.
- Practice good hygiene habits (hand washing, covering coughs and sneezes with a tissue or sleeve) to prevent the spread of germs.
- This will not be "business as usual" but will return to normal.

Other key messages that will relate specifically to the particular pandemic influenza virus strain as well as to specific target audiences (e.g., senior citizens, physicians) will be developed based on Page County emergency response plans for Pandemic Period Phase 6.

5. Message Dissemination

Means of message dissemination will be the same as in Phases 3-5, however, Health Fairs/exhibits and speaking engagements will no longer be used.

Strategies Once Vaccine is Developed and Available in Limited Quantities

Key Messages

- The vaccine prioritization and distribution plan for Page County will be clearly communicated among all target audiences.
- Increased education about the vaccine, its availability and self care in the home will be provided.
- Education about antiviral medication, dependent on what pandemic influenza strain is actually circulating and whether an antiviral medication exists and/or is available, will be provided.

Message Dissemination

Means of message dissemination will be the same as in Phases 3-5, however, Health Fairs/exhibits and speaking engagements will no longer be used.

A. Collateral Materials/Handouts

www.pandemicflu.gov.
ww.vdh.state.va.us/PandemicFlu.

FATALITY MANAGEMENT PLAN

1. INTRODUCTION

A. Objective

To determine a fatality management plan to address the additional deaths expected during a pandemic due to influenza, over and above the number of fatalities from "all causes" expected during the pandemic period.

B. Assumptions

- Within any locality, the total number of fatalities (including influenza and all other causes) occurring during a six to eight week pandemic wave is estimated to be similar to that which typically occurs over six months in the inter-pandemic period.
- The location of bodies will not be restricted to a geographical or jurisdictional area with a percentage (50-75%) of the deaths occurring outside of a hospital or medical treatment facility.
- Most human remains will be intact and will allow for traditional identification means (visualization by witnesses and/or fingerprinting). Some will be found in a decomposed state and will require further investigation.
- There is no need for extreme urgency in managing the human remain processing, as the human remains from the event should not pose additional health risks to the community.
- It is more important to ensure accurate and complete death investigations and identification of the dead than it is to quickly end the response.
- The time to complete fatality management of a pandemic influenza event may exceed six months to a year.

D. General Considerations

- Since it is expected most fatal influenza cases will seek medical services prior to death, hospitals, nursing homes and other institutions (including non-traditional sites) must plan for more rapid processing of corpses. Access to the required supplies (e.g., body bags) and documents for efficient corpse management during a pandemic will need to be part of the institutions' individual plans.
- In the event local funeral directors are unable to handle the increased numbers of corpses and funerals, the County will work with local funeral directors to plan for alternate arrangements (i.e., holding areas). In order to deal with the increase in fatalities, it may be necessary to establish temporary morgues.
- Planning should also include a review of death documentation requirements and regulatory requirements that may affect the timely management of corpses.
- All homicides, accidents, suicides, violent and sudden and unexpected or suspicious deaths are required to be reported as usual to the local Medical Examiner.

2. DOCUMENTING FATALITY

A. Pronouncement of Death

There is no statutory requirement in Virginia for an official pronouncement of death procedure when someone dies. However, the Code of

Virginia does specify who may pronounce death if a pronouncement procedure is carried out. Otherwise, the presumption is any resident can identify someone who is clearly dead. Therefore, persons who are clearly dead need not be transported to a hospital, further overwhelming an already stressed medical care system and generating an unnecessary charge for families. If there are a large number of deaths occurring out of the healthcare facilities, that are attended by private physicians, they may be held at a designated holding facility that can be cooled until the bodies are picked up by funeral homes and the attending physician is notified to sign the death certificate.

B. Certification of Death

Pronouncement of death and certification of death are different functions. Certification of death is the actual signing of a death certificate stating the cause of death and may only be performed by a physician licensed in Virginia or a designee. Death certificates are, by Code, to be signed and given to the funeral director within 24 hours after death. For a healthcare facility death, in the absence of an attending physician, Va. Code Ann. §32.1-263C authorizes an associate physician, the chief medical officer of an institution or a pathologist who performed an autopsy on a decedent to sign the death certificate. In the event there are multiple deaths occurring over a short interval, a healthcare facility may wish to designate a single physician, familiar with the patients' records, as responsible for expeditiously signing death certificates. If the decedent never had a physician, the Medical Examiner will assume jurisdiction over the death.

C. Filing the Certificate of Death

In Virginia, the Va. Code Ann. § 32.1-263 directs funeral directors to file the certificate with the registrar of vital records (a component of the health department) within three days and prior to final disposition of the body or removal of the remains from the Commonwealth. Arrangement will be developed between PMH and funeral directors to expedite the filing of a large number of death certificates.

D. Identification of the Decedents

Personal identification of a decedent is an important function for the completion of death certificates and to return a body to the appropriate next of kin. Identification efforts are best carried out locally where the decedent is known. To secure proper identification of patients; ALL who interface with decedents are encouraged to record official personal identification information for patients who enter their systems and to maintain this information in the patient's police report and/or medical record. If a deceased patient entered the system without official photo identification, and the identity is never established, healthcare facilities should report this person to the police department. There is a possibility the deceased has been reported missing by a family member who can

visually identify the decedent. There is no standard missing persons reporting protocol for Virginia (except for children) and the Page County Sheriff's Office will have its own procedures.
If after an investigation by both police and the healthcare facility, identification of a hospitalized decedent remains unclear, requiring a complete forensic examination, the police may notify the ME for assistance.

3. REMAINS

A. Handling Remains

As a rule, human remains pose no significant threat to the community or those who handle them provided universal precautions are observed. The standard procedure is to inform persons handling the body and funeral homes if a patient died of the pandemic event or any other infectious disease as defined by the Board of Health (HIPAA regulations paragraph § 164.512 Section G and Va. Code Ann. § 32.1-37.1). All personnel who handle pandemic related remains should utilize the recommendations of the World Health Organization for personal protective equipment when exposed to infectious agents including the H5N1 virus which include:

- Disposable, long-sleeved, cuffed gown (waterproof if possibly exposed to body fluids).
- Single-layer non-sterile ambidextrous gloves which cover the cuffs of the long sleeve gown.
- Surgical mask (a particulate respiratory type if handling the body immediately after death).
- Surgical cap and face shield if splashing of body fluids is anticipated.
- Waterproof shoe covers if required.
- Proper hand washing is always recommended when handling remains.
- Full recommendations are found on the WHO web page: http://www.who.int/csr/disease/avian_influenza/guidelines/infectioncontrol1/en/index.html/

B. Postmortem Care of Remains

Human remains should be placed in fully sealed impermeable human remains pouches prior to removal. The body and pouch should be clearly tagged with the individual decedent's identifiers such as name, date of birth, SSN, location of origination, medical record number etc. Complete labeling reduces the number of times mortuary staff needs to open pouches to confirm the contents.

C. Managing Personal Effects

Hospitals should continue their standard procedures for inventorying the personal effects of patients to document and receipt them in such a way as to ensure patient ownership, complete accountability and enable retrievability. If the personal effects accompany the remains in the human remains pouches, ensure the funeral director and family are made aware of this so effects may be

safely retrieved before cremation or final disposition. Funeral directors and others should sign a receipt for the items as well as the body.

D. Storage Considerations

Additional temporary cold storage facilities may be required during a pandemic, for the storage of corpses prior to their transfer to funeral homes. The ideal temperature for storing and preserving human remains is between 34-37°F. Increasing capacity may be accomplished by contracting with a refrigerated truck company. Other sites will be identified, in cooperation with hospitals and adjacent jurisdictions that are suitable for holding facilities. Examples are warehouses, hangers, and empty public buildings that lend themselves to cooling and proper security. Funeral homes will be surveyed in the Pandemic Alert Period (Phase 3) to determine their space and capacity to store remains. A review of all facilities available in the county will be undertaken, including those owned by religious organizations as some religious groups maintain facilities including small morgues, crematoria and other facilities.

E. Transport of Remains

The anticipated workload for the funeral homes will be extensive and additional resources may be required with both drivers, and vehicles. Arrangements with private ambulance companies may assist in this surge planning.

F. Final Disposition of Remains

It is anticipated local funeral homes may be overwhelmed with decedents and also may be facing staff shortages at all levels of the organization (administrative staff, embalmers, gravediggers, etc.). Therefore remains may need to be held until capacity for disposition ramps up. If public gatherings are discouraged, funerals may need to be delayed also causing bodies to be held at holding facilities for extended periods of time. Funeral directors may need to explore alternatives such as video-conferences to allow for funerals to occur with relatives of the decedents having the ability to mourn but at a non-public venue.

4. FUNERAL HOMES AND CREMATORIUMS

Individual funeral homes will be encouraged to make specific plans during the Inter-pandemic Period (Phases 1 and 2) regarding the need for additional human resources during a pandemic situation. For example, volunteers from local service clubs or churches may be able to take on tasks such as digging graves, under the direction of current staff. Crematoriums will also need to look at the surge capacity within their facilities. Most crematoriums can handle about one body every four hours and could probably run 24 hours to cope with increased demand. Cremations have fewer resource requirements than burials and, where acceptable, this may be an expedient and efficient way of managing large numbers of corpses during a pandemic.

A. Supply Management

It is not recommended funeral directors order excessive amounts of supplies such as embalming fluids, body bags, etc., but they have enough on hand in a rotating inventory to handle the first wave of the pandemic (enough for six months of normal operation). Fluids can be stored for years, but other supplies may have a limited shelf life. Cremations generally require fewer supplies since embalming is not required.

B. Infection Control

Although special infection control measures are not required for the handling of persons who died from influenza, funeral homes should take special precautions with deaths from influenza and train staff in the routine infection control practices. Visitations could be a concern in terms of influenza transmission amongst attendees. The Health Director may place restrictions on the type and size of public gatherings if this seems necessary to reduce the spread of disease. This may apply to funerals and religious services. Families requesting cremation of their deceased relative are much less likely to request a visitation, thus reducing the risk of spreading influenza through public gatherings.

C. Social/Religious Considerations

A number of religious and ethnic groups have specific directives about how bodies are managed after death, and such needs will be considered as a part of pandemic planning. The wishes of the family will provide guidance; however, if no family is available local religious or ethnic communities will be contacted for information and guidance. As a result of these special requirements, some religious groups maintain facilities such as small morgues, crematoria, and other facilities, which are generally operated by volunteers. Religious leaders will be involved in planning for funeral management, bereavement counseling, and communications, particularly in ethnic communities with large numbers of people who do not speak the official languages.

APPENDIX A: REFERENCES AND WEB RESOURCES

Avian Influenza (H5N1) and Pandemic Influenza What Every Virginia Healthcare Professional Should Know, Epidemiology Bulletin, VDH, Nov 2005, Vol 105, No. 11.
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U.S. Department of Health and Human Services Pandemic Influenza Plan, November 2005.
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Virginia Department of Health, Isolation and Quarantine Guide for Communicable Diseases of Public Health Threat; Version 1/4/06.
www.cdc.gov/flu/avian
www.pandemicflu.gov
www.vdh.state.va.us/PandemicFlu

APPENDIX B: ABBREVIATIONS

CBP Customs and Border Protection
CDC Centers for Disease Control and Prevention
CD Communicable Disease
CDC DQ CDC Division of Global Migration and Quarantine
CEAN Community Emergency Alert Network
CSB Community Services Board
CSP Coordinated Services Planning
DCLS Division of Consolidated Laboratory Services
DFS Department of Family Services, Page County
EMS Emergency Medical Services
EOC Emergency Operations Center
ESSENCE Electronic Surveillance System for Early Notification Community-Based Epidemics
FDA Food and Drug Administration
HAN Health Alert Network
HDSIMS Health Department School Illness Monitoring System
HPAI Highly Pathogenic avian influenza viruses
HHS Health and Human Services, Department of
HIPAA Health Insurance Portability and Accountability Act
ILI Influenza-like Illness
IND Investigational New Drug
LHD Local Health Department
LPAI Low pathogenic avian influenza viruses
MRC Medical Reserve Corps
NEDSS National Electronic Disease Surveillance System
OEM Office of Emergency Services
OEMS Office of Emergency Medical Services
OPA Office of Public Affairs
PIO Public Information Officer
POD Point of distribution
PPE Personal Protective Equipment
VDEM Virginia Department of Emergency Management
VDH Virginia Department of Health
VDH DSI Virginia Department of Health, Division of Surveillance and Investigation
WHO World Health Organization

APPENDIX C: DEFINITION OF TERMS

Adverse event An undesirable or unwanted consequence of a preventative, diagnostic, or therapeutic procedure.
Affected area Any part or whole of a community which has been identified as where individuals reside, or may be located, who are known, or suspected, to have been exposed to, or infected with a communicable disease of public health threat.
Antiviral medication Drug(s) that are used to prevent or treat a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell. Drugs with activity against seasonal influenza viruses include the neuraminidase inhibitors, oseltamivir and zanamivir and the adamanatanes, amantadine and rimantadine
Asymptomatic Without signs or symptoms of disease. May still have infection.
Case definition Specifications of the characteristics that describe a case of disease (e.g. person, place, time, symptoms, signs). These are specific to each disease and can be specific to each situation; can vary according to knowledge of the disease and change over the course of an investigation.
Case A person who has been diagnosed as having a particular disease or condition.
Confirmed A case that is classified as confirmed for reporting purposes, usually by laboratory testing data or other testing results (e.g. X-ray). The elements of classification will vary from disease to disease.
Probable A case that meets the clinical criteria but has not been confirmed by laboratory or other means. The elements of classification will vary from disease to disease.
Suspected A person who has known contact with an infectious agent or is experiencing symptoms of the disease under investigation. The elements of classification will vary from disease to disease.
Contact A person who is known to have been in association with an infected person such as to have had an opportunity of acquiring the infection.
Contact tracing The process by which an infected person or health department employee notifies others they may have been exposed to an infected person in a manner known to transmit the infectious agent in question.
Cordon sanitaire The border around an area that contains persons with a communicable disease to restrict travel in or out of the area and thereby prevent the spread of the communicable disease.
Drift One process in which influenza virus undergoes mutation. The amount of change can be subtle or dramatic, but eventually as drift occurs, a new

variant strain will become dominant. This process allows influenza viruses to change and re-infect people repeatedly through their lifetime and is the reason influenza virus strains in vaccine must be updated each year. See shift.

Essential needs Basic human needs for sustenance including but not limited to food, water, healthcare, (e.g., over-the-counter and prescription medications, mental health services), shelter/housing, clothing and essential supplies.

Epi investigation An inquiry into the incidence, prevalence, extent, source, mode of transmission, causation of, and other information pertinent to a disease occurrence.

Exposure Proximity or contact with a source of disease agent in such a way that effective transmission of the agent or harmful effects of the agent may occur.

H5N1 virus strain Classification of the strain of avian influenza A currently circulating among the world's poultry population and has caused disease in humans. The H refers to a specific hemagglutinin protein and the N refers to a specific neuraminidase protein on the virus surface. There are at least 16 known subtypes of H and 9 subtypes of N in wild aquatic birds.

HPAI Highly Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. HPAI is extremely infectious among humans. See Pathogenic, LPAI.

Hemagglutinin An important surface structure protein of the influenza virus that is an essential gene for the spread of the virus throughout the respiratory tract. This enables the virus to attach itself to a cell in the respiratory system and penetrate it. Referred to as the "H" in influenza viruses. See neuraminidase.

Immunization A procedure that increases the protective response of an individual's immune system to specified pathogens.

Incubation period The interval from exposure to an infectious organism and the onset of symptoms. For pandemic influenza, it is estimated to range from two to ten days.

Infection The entry and multiplication or persistence of an organism, such as the influenza virus, in the body of an individual.

Inapparent An infection without recognizable signs or symptoms but identifiable by laboratory means. Also called sub-clinical.

Clinically apparent An infection with recognizable signs or symptoms, such as fever, cough or runny nose.

LPAI Low Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. Most avian flu strains are classified as LPAI and typically cause little or no clinical signs in infected birds. However, some LPAI virus strains are capable of mutating under field conditions into HPAI viruses. See Pathogenic, HPAI.

Mutation Any alteration in a gene from its natural state.

Novel influenza virus strain A new strain of influenza A that has not previously infected humans, but has undergone genetic mutation or reassortment, and has developed the ability to cause illness in humans.

Neuraminidase An important surface structure protein of the influenza virus that is an essential enzyme for the spread of the virus throughout the respiratory tract. It enables the virus to escape the host cell and infect new cells. Referred to as the "N" in influenza viruses. See hemagglutinin.
Outbreak The occurrence of more cases of a disease than expected.
Pathogenic Causing disease or capable of doing so.
Pandemic Worldwide epidemic
Period of communicability The time during which an infectious agent may be transferred, directly or indirectly, from an infected person to another person.
Personal protective equipment Equipment used to prevent an individual from inhaling, or coming into contact with an infectious agent. Includes gowns, gloves, masks, face shields, goggles, and personal respirators.
Prophylaxis A medical procedure or practice that prevents or protects against a disease or condition (e.g., vaccines, antibiotics, drugs).
Quarantine The physical separation, including confinement or restriction of movement, of individuals who are present within an affected area or who are known, or reasonably suspected, to have been exposed to a communicable disease of public health threat and who do not yet show symptoms or signs of infection. Purpose is to prevent or limit the transmission of the communicable disease of public health threat to unexposed and uninfected individuals.
Complete The full-time confinement or restriction of movement or actions of an individual who has been, or may reasonably be suspected to have been, exposed to a communicable disease of public health threat but does not have signs or symptoms of infection.
Modified A selective, partial limitation of freedom of movement or actions of an individual who has been, or is suspected to have been, exposed to a communicable disease of public health threat but does not have signs or symptoms of infection. Includes limiting movement to the home, work and/or one or more other locations, the prohibition or restriction from using public or mass transportation.
Respiratory hygiene Personal practices or habits to decrease the transmission of diseases spread through respiratory secretions or airborne droplets or particles. Includes covering the mouth when coughing or sneezing, disposing of tissues, avoiding coughing or sneezing into hands, and washing hands or using hand-sanitizers.
Seasonal Flu A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu.
Self-care The care of oneself or family without professional healthcare provider assistance or oversight. This may include monitoring and treating for fever, treating for other symptoms with over-the-counter medications, and determining when to seek medical care.
Self-shielding Self-imposed exclusion from activities or locations by infected persons (e.g., by staying home from work or school).

Shift The process in which the existing H (hemagglutinin) protein and N (neuraminidase) protein are replaced by significantly different H and N proteins. This can result in new variant strain of virus.
Snow days Days on which offices, schools, transportation systems, etc., are closed or cancelled, as if there were a major snowstorm.
Strain A group of organisms within a species or variety.
Surveillance, Influenza The on-going systematic collection, analysis, and interpretation of disease activity and trend data for quickly detecting the introduction of a novel virus strain into Page County and for quickly detecting outbreaks in order to facilitate early public health intervention.

Passive Reporting of all influenza cases to the local health department by all physicians, persons in charge of medical care facilities, and directors of laboratories as required by the Code of Virginia, Regulations for Disease Reporting and Control.
Sentinel A system that collects information from a limited sample of hospital, clinic, and/or private laboratories.
Enhanced Additional surveillance activities that may be implemented or scaled up to heighten ability to detect disease.
Susceptible individual A person or animal that is vulnerable to or potentially able to contract a disease or condition.
Transmission The mechanisms by which an infectious agent is spread to humans.
Droplet Transmission through inhalation of large respiratory droplets that are dispersed during coughing, sneezing or talking. Transmission of influenza requires close contact (three feet or less) between source and recipient persons.
Contact Transmission through direct contact with respiratory droplets.
Airborne Transmission through inhalation of aerosolized small respiratory droplets. It is believed influenza is not transmitted in this manner.
Vaccine A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease causing organism. The antigen in the preparation can be whole disease causing organisms (killed or weakened) or parts of these organisms.
Virulent Highly lethal; causing severe illness or death.
Virus Simple submicroscopic parasites of plants, animals, and bacteria that often cause disease and consist essentially of a core of RNA or DNA surrounded by a protein coat. Viruses are typically not considered living organisms because they are unable to replicate without a host cell.
Veterinary surveillance Surveillance for a particular disease or condition among birds and other animal populations.
Waterfowl Birds that swim and live near water, including ducks, geese, and swans.
Zoonoses Diseases that are transferable from animals to huma.