

Net EOP Table of Contents

Biological

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JOHNSON COUNTY, KANSAS EMERGENCY OPERATIONS PLAN

Incident Annex - Biological

Preface

Coordinating Agency:	Johnson County Health Department (JCHD)
Cooperating Agencies:	Johnson County Med-Act Children's Mercy South Menorah Medical Center Olathe Medical Center Overland Park Regional Medical Center Saint Luke's South Shawnee Mission Medical Center Johnson County Emergency Management & Homeland Security Mental Health Johnson County Environmental KDHE (Kansas Dept. of Health & Environment) Local Funeral Directors County Coroner Johnson County Sheriff's Office Johnson County Board of County Commissioners

Johnson County Health Department (JCHD) and community partners must be prepared to rapidly identify and respond to a wide range of situations that threaten the health of the public. Infectious and communicable diseases, which could be intentional or naturally occurring, place community residents at risk. In Kansas these diseases are required to be reported and tracked and are listed in **Attachment 1**. The U.S. Centers for Disease Control and Prevention (CDC) and its partners have developed a list of critical agents that might be used in biological terrorism (located at <http://www.bt.cdc.gov/agent>). The highest priority agents (category A) are organisms that are believed to pose an immediate risk to national security.

Introduction

A. Purpose

The purpose of the Biological Incident Annex (BIA) is to describe the actions, roles, and responsibilities associated with a coordinated response to a disease outbreak of known or unknown origin (e.g. smallpox, pandemic influenza and/or other naturally occurring or intentional disease outbreaks) that would require assistance from outside entities. Actions described within this document may be implemented with or without a declared emergency. Specific information relating to the implementation of this annex can be found in Standard Operating Guides (SOGs) that are maintained by the primary and support agencies.

B. Scope

Plans and SOGs that are developed for a coordinated response in the event of a public health emergency are scalable to the magnitude and severity of the incident and available resources.

In the event that critical resources are insufficient to meet all the needs for all populations in Kansas, the Kansas Department of Health and Environment (KDHE) will make recommendations for allocation of resources based on recommendations from the Centers for Disease Control and Prevention (CDC), Health and Human Services (HHS) and the Department of Homeland Security (DHS).

Activities conducted by the Johnson County health department in response to a public health emergency (i.e. biological terrorism event, pandemic influenza, emerging infectious disease, or a novel pathogen outbreak) may require numerous activities within the scope of the core public health functions, assessment, policy development and assurance. Roles and responsibilities related to these activities are detailed in section IV.

Situation

A. For general situational information, see the **Basic Plan**.

B. **Public Health and Emergency Management Authorities**

Governor

- Declare state of disaster emergency (K.S.A. 48-924)

Chair of the Board of County Commissioners

- Local disaster emergency (K.S.A. 48-932)
- Other commission members (K.S.A. 48-932)
- Activates the response and recovery (K.S.A. 48-932)

The Board of County Commissioners (Local Board of Health)

- Maintain supervision over cases of infectious (K.S.A. 65-119)
- Communicate to the Secretary of KDHE (K.S.A. 65-119)
- Prohibit public gatherings (K.S.A. 65-119)

General Public

- Duty to act and manage their affairs during disaster (K.S.A. 48-933)
- Providing personal service, property (K.S.A. 48-933)

Secretary of the Department of Health and Environment

- Exercises general supervision over the health of residents of the state (K.S.A. 65-101)
- Shall investigate outbreaks and epidemics of disease (K.S.A. 65-101)
- May quarantine any area whenever the local health officer neglects to properly isolate and quarantine persons afflicted with or exposed to infectious or contagious diseases (K.S.A. 65-126)

- Has the authority to issue orders requiring persons to seek appropriate and necessary evaluation and treatment, or to be quarantined or isolated (K.S.A. 65-129b)
- May order any law enforcement officer to assist the secretary in enforcing these orders K.S.A. 65-129b)

Local Health Officer

- Serves in an advisory capacity (K.S.A. 65-202)
- Investigate infectious, contagious or communicable disease (K.S.A. 65-202)
- Prevent the spread of the disease (K.S.A. 65-119)
- Has the same powers and responsibilities (K.S.A. 65-129b)
 - Local Board of Health
 - Secretary of the Department of Health and Environment

C. Acronyms

BEDP	Bureau of Epidemiology and Disease Prevention
CDC	Centers for Disease Control and Prevention
DMORT	Disaster Mortuary Operations Team
EOC	Emergency OperationsCenter
ESF	Emergency Support Function
HAN	Health Alert Network
ICS	Incident Command System
JIC	Joint InformationCenter
KDHE	Kansas Department of Health and Environment
LRN	Laboratory Response Network
PHIX	Public Health Information Exchange
PPE	Personal Protective Equipment
SNS	Strategic National Stockpile
WHO	World Health Organization

- For addtional terms and acronyms, see the Basic Plan.

Planning Assumptions and Considerations

A. Any biological incident, communicable or otherwise:

- Has the potential to infect large numbers of residents and presents a public health emergency.
- May have a delayed onset with observable symptoms emerging beyond the infectious period.

B. A biological incident annex at the local level:

- Incorporates ongoing surveillance.
- References a well-defined and coordinated communication and response plan.
- Is based on collaboration among leadership and community partners.
- Works in concert with state and federal agencies.
- Relies on local resources.
- Addresses prevention and therapeutic measures (vaccine and antiviral agents) for healthcare providers, other first responders and personnel who maintain critical public services.

Roles and Responsibilities

A. Johnson County **Health Officer** will:

- Participate in the planning process
- Issue quarantine orders, if warranted
- Review state health recommendations and modify, if appropriate
- Serve in an advisory capacity to the Local Board of Health. Cite County Charter Resolution
- Be responsible for the investigation each case of acute infectious, contagious or communicable disease. K.S.A. 65-202.
- Use all known measures to prevent the spread of the disease. K.S.A. 65-202.
- Have the same powers and responsibilities as the Local Board of Health under K.S.A. 65-119, and the Secretary of the Department of Health and Environment under K.S.A. 65-129b

B. Johnson County **Health Department** will:

Leadership Functions

- Establish, coordinate and maintain a Health and Medical task force (planning committee) to ensure a multi-disciplinary approach to planning for and responding to incidents requiring a major medical or public health response. Membership includes representation from:
 - Johnson County Health Department
 - Children's Mercy South
 - Menorah Medical Center
 - Olathe Medical Center
 - Overland Park Regional Medical Center
 - Saint Luke's South
 - Shawnee Mission Medical Center
 - Johnson County Med-Act
 - Johnson County Emergency Management
 - Veterinary Community
 - County Coroner
 - Johnson County Mental Health
- Activate and coordinate volunteer resources
- Provide leadership and direction in responding to a health emergency to regional leaders and elected officials as is consistent with the authority of the Local Health Officer.
- Activate the public health emergency response and begin the notification process (See SOG's for calling trees)

- and contact information).
- Prioritize public health services

Epidemiology/Surveillance Functions

- Establish human and environmental surveillance systems and provide epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism, and outbreaks of food borne illness.
- Develop appropriate prevention strategies.
- Will submit the proper specimens to referral laboratories, and certified health department personnel will pack and ship hazardous specimens and ensure chain of custody, as needed.
- Assist Kansas Department of Health and Environment (KDHE) in determining the source of the outbreak
- Recommend and initiate disease containment measures.
- Report notifiable diseases and outbreaks to KDHE (1-877-427-7317).

Protective Functions

- Ensure health department employees are trained and knowledgeable about Personal Protective Equipment.
- Set up and manage mass dispensing (or vaccination) clinics as necessary (See Mass Dispensing SOG).
- Support evacuation plans throughout the county in coordination with the disaster agencies and ESF-6 Human Service agencies.
- Identify and protect the population(s) at risk.
- Coordinate with and provide technical assistance to organizations that provide services and support to vulnerable populations on an ongoing basis in their planning and response activities.
- Support Johnson County Community Mental Health and other disaster agencies in meeting regional mental health services in an emergency or disaster.
- Contact law enforcement if disease outbreak is suspected of being an intentional act.
- Coordinate and direct:
 - Social distancing and other control measures required by an outbreak of disease
 - Mass dispensing/vaccination operations during public health emergencies.

Communication Functions

- Provide public information and education and update community partners as emergencies occur.

C. **Med-ACT Medical Services** (EMS) will:

- Provide patient transport for symptomatic citizens
- Assist with the care of patients in a congregate care facility.
- Assist with triage of patients in various settings.
- Respond to emergency medical incidents in the field.
- Provide initial patient assessment, treatment triage and transport of ill or injured patients.
- Utilize Agency SOGs to prioritize treatment and transport of patients from an incident involving multiple patients.

D. Johnson County **Emergency Management** will:

- Manage EOC Operations.
- Provide logistics support.
- Coordinate mutual aid resources.

- Ensure plans and procedures are updated and exercised.

E. Johnson County **Law Enforcement** will:

- Assist health department with investigations, as needed.
- Coordinate law enforcement support for:
 - Mass dispensing/Vaccination clinics
 - Treatment facilities

F. Johnson County **Mental Health** providers will:

- Coordinate psychosocial support services provided to the responders, volunteers and community members
- Work with community-based organizations and nongovernmental organizations to determine the types of psychological and social support services and training courses available in their jurisdictions.
- Identify gaps, such as culturally competent and multilingual providers, that might affect disaster services.
- Establish links to health and medical entities for purposes of assisting in screening potential victims for mental disorders and psychogenic symptomatology, functional impairment, substance abuse, etc.
- Prepare educational and training materials on psychosocial issues for distribution to workers during a public health emergency.

G. **Board of County Commissioners (Local Board of Health):**

- Has the duty to exercise and maintain supervision over cases of infectious or contagious diseases, to see that all cases are properly cared for, and that requirements for isolation and quarantine are met. K.S.A. 65-119.
- Must communicate all information regarding the cases to the secretary of the department of health and environment. K.S.A. 65-119.
- Is authorized to prohibit public gatherings when necessary for the control of infectious or contagious diseases. K.S.A. 65-119.
- Declares local state of emergency, when appropriate.
- Ensures county resources are made available for a response to a health emergency
- Clinic workers
- Data entry assistance for patient information forms
- Security personnel
- County facilities

H. **State Laboratory** and the **LRN**

- The Kansas Division of Health and Environmental Laboratories (KDHEL) maintain Kansas' involvement in national influenza surveillance coordinated by the CDC.
- The Bureau of Epidemiology and Disease Prevention (BEDP) and KDHEL assume primary responsibility for implementing virologic, morbidity, and mortality surveillance components in Kansas and compliance with future recommendations for surveillance enhancement.
- If efficient person-to-person transmission of a novel virus is confirmed, KDHEL and the Laboratory Response Network (LRN) have plans in place to test substantially more specimens than usual. CDC will provide guidance to assist with triage of specimens for testing and selecting isolates to send to CDC.

Concept of Operations

Johnson County may experience public health emergencies requiring response by regional health and medical organizations as the result of naturally occurring incidents, accidents or intentional acts. An effective and efficient

response to an event requires coordination among health, medical services and partner agencies.

A. **Command and Control**

The command and control of a public health emergency will be dependent on the nature of the emergency. Factors such as duration, nature, severity, and impact of the event on local resources will affect the structure of the command and control system utilized in response.

The Johnson County Health Department Continuity of Operations (COOP) SOG provides policy and guidance for personnel to ensure that critical operations are continued in the event of an emergency or disaster.

1. **Direction and Control**

- The Incident Command System (ICS) will be used in all situations that require the activation of this annex.
- The Johnson County Health Department and Disease Containment Division Director will serve as the Incident Commander (IC).
- Unified Command will be utilized
- Health and Medical resources will be coordinated through the Johnson County Emergency Operations Center.

2. See **Continuity of Government** for information on lines of succession and COOP planning.

B. **Levels of Activation**

Johnson County Health Department utilizes activation levels that mirror the levels used at the Kansas Department of Health and Environment. A description of these levels can be found in **Attachment 2**.

C. **Special Considerations**

Bioterrorism (Category A and B Agents)

Within this annex, bioterrorism (BT) is defined as the intentional or threatened use of viruses, bacteria, fungi, or toxins from living organisms to produce death or disease in humans, animals, or plants and to disseminate terror among the population resulting in a public health emergency. Special considerations are described in **Attachment 3**.

Smallpox

The deliberate release of smallpox as an epidemic disease is now regarded as a possibility. Smallpox is classified as a Category A agent by the CDC, and these agents are believed to pose the greatest potential threat for adverse public health impact. Special considerations are described in **Attachment 4**.

Pandemic Influenza

Currently, it is impossible to predict an influenza pandemic. There may be between one and six months from

the identification of a novel influenza virus to the time that widespread outbreaks begin to occur. Because multiple and prolonged outbreaks may occur simultaneously, the allocation and distribution of human and material resources will likely be affected. Special considerations are described in **Attachment 5**.

- The World Health Organization (WHO) and the CDC have defined phases of a pandemic in order to facilitate coordinated plans which are described in Attachment 5.
- Phase determination in the United States will be the responsibility of the WHO and the CDC.

Suspicious Substances

Because there is no definitive/reliable field test for biological agents, all potential bioterrorism samples are transported to the KDHE Laboratory for testing. A major component of this process is to maintain the chain of custody. The following actions will occur if a substance is suspect:

- The local threat assessment team will determine if a credible threat exists
- The local health department or other agency will call the Epi Hotline
- The Epi on call will re-evaluate the local threat assessment
- If the threat is deemed credible the sample will require transport to the KDHE lab.
- A staff member from the local health department (certified in packing and shipping hazardous substances) will package the specimen.
- The Epi on call will notify KDHE lab of the incoming sample and arrange for immediate transportation if necessary.

D. Standard Operating Guides (SOGs)

- The information provided in this annex is provided to identify the roles, responsibilities and legal authorities necessary for an effective response to a disease outbreak or act of bioterrorism.
- County agencies are responsible for maintaining SOGs that describe the implementation of actions. These SOGs include specific checklists, forms, and Job Action Sheets for all roles identified in the local Incident Command System (ICS).
- Johnson County Health Department is required to develop and maintain SOG's for internal use only. These include:
 - Mass Dispensing
 - Risk Communications
 - Tactical Communication
 - Surveillance
 - Community Disease Containment
 - Public Health Continuity of Operations

E. Information Systems

- A contagious disease outbreak will require a systematic approach to collecting, analyzing and reporting data. Those applications listed below are currently available. Detailed information regarding these systems can be found in the Tactical Communication SOG maintained at the health department.
- Public Health Information eXchange (PHIX) is the system that fulfills the partner communications and alerting function of the Kansas Health Alert Network (HAN). PHIX provides a secure Web-based communication system designed to facilitate the rapid exchange of information between KDHE and public health partners throughout the state. Authorized users can access PHIX at <https://phix.kdhe.state.ks.us>.
- Surveillance Systems (HAWK) (if used in County) is an integrated electronic disease surveillance system. HAWK accepts records for reportable diseases and non reportable diseases of public health importance in the state or in selected counties.
- KSWebIZ is the Kansas Immunization Registry, a web-based centralized birth to death database that

maintains statewide immunization records obtained through informed consent that are complete, accurate, portable, and secure. This system is also used to track countermeasures (antibiotics and immunizations) and adverse events during a public health emergency.

- WebEOC is a statewide emergency management communications system to manage information and resource requests during EOC activations (actual or exercise). It can be used for reporting and tracking health data during an emergency incident. The electronic screens used to collect this data are based on forms that are also available in paper format if the Internet based system is unavailable.
- EMSystems is a web based communications tool that is utilized by Children's Mercy South, Menorah Medical Center, Olathe Medical Center, Overland Park Regional Medical Center, Saint Luke's South, Shawnee Mission Medical Center. This system allows the facilities to share bed availability and diversion status to other users statewide.

F. Notifications

- Notifications to various entities will be made in accordance with the applicable Standard Operating Guide. Reportable diseases are reported to the KDHE Epidemiology Hotline (877-427-7317).
- The local Health Alert Network (HAN), an Internet based program used to communicate health and emergency messages, is utilized to share critical, time sensitive information with physicians, hospitals, first responders, state health authorities, and other stakeholders.
- The community-wide communications system (i.e. Blastfax, email, etc.) will serve as the notifications system in Johnson County.

G. Special Populations

- Various populations with special needs live within Johnson County; therefore their needs must be identified and addressed. The special needs groups in Johnson County consist of any vulnerable populations or groups at higher risk. The following groups have been identified in Johnson County:
 - Senior citizens (long-term care facilities, housing for elders, gathering places)
 - Children (day care centers, schools)
 - Disabled with a physical or mental impairment (walking, seeing, hearing, speaking, breathing, learning, working, homebound)
 - Self-governed properties (Native American reservations, military installations)
 - Disenfranchised groups (cultural, ethnic or minorities)
 - Faith-based groups (may have specific beliefs regarding illness, treatment, quarantine, or death)
 - Low literacy groups
 - Non-english speaking groups
 - Health care providers (hospital employees, healthcare workers, first responders, laboratory technicians)
 - Inmates (local jails, state and federal prisons)
- Public and private agencies that currently serve special populations should have a contingency plan on site detailing those essential services that would be provided despite a biological incident and how the services would be continued.
- Considerations for each of the special populations identified in Johnson County are addressed within the SOGs including:
 - Mass Dispensing
 - Risk Communications
 - Tactical Communication
 - Surveillance
 - Community Disease Containment
 - Public Health Continuity of Operations
- Liaisons for each special need agency/group are identified, notified during public health emergencies. Contact information for the liaisons is maintained at Johnson County Health Department and liaisons would be contacted to share information in the event of a public health emergency.

Incident Management Actions

See **Basic Plan -- Incident Management Actions**.

Continuity of Government

A. Line of Succession

- In the event that the Disease containment Division Director is unable to serve as the Incident Commander, the Disease Containment Program Manager will assume the IC position.
- If the Disease Containment Program Manager is unavailable, the Public Health Emergency Coordinator will serve as the IC.

B. The Johnson County **COOP SOG** will address, at a minimum:

- Line of succession for the agency.
- Identification of mission, essential services and priorities that must remain operational during a public health emergency and those services that may be suspended.
- Procedures for the reassignment of employees to support public health functions essential during a public health emergency.
- Redundancy of critical communication and information systems.
- Physical relocation of critical functions.
- Participation in ongoing planning efforts to assess skills needed during public health emergencies and identify staff training needs to fill critical positions.

C. For more information, see the **Basic Plan -- Continuity of Government**.

Administration and Support

A. Support

- Assistance will be requested through the logistics function of the Johnson County EOC.
- Johnson County Health Department maintains an inventory of supplies and equipment that would be needed in the event of a public health emergency.

B. Agreements

- Johnson County Health Department is a member of the Northeast Kansas Public Health Region as well as a member of the Kansas City Metropolitan Medical Response System. In the event of a localized emergency, assets (human and equipment) from the region may be requested.
- Johnson County Health Department maintains facility agreements for potential clinic operations.

C. Status Reports

- The Johnson County Health Department will provide status report information for each operational period identified by the incident commander.
- The format of the status reports is provided by the Kansas Division of Emergency Management and/or KDHE. Data collected includes, but is not limited to:
 - Number of cases (confirmed, probable, suspect)
 - Number of deaths
 - Quarantine status
 - Laboratory Status
 - Resources needed
 - Resources on hand
 - Facility information (power, sanitation)
 - Communications status

D. Expenditures and Recordkeeping

- All expenditures related to the response will be documented. Documentation is required for POTENTIAL reimbursement.

E. After Action Review (AAR)

- Once the emergency has been contained, an After Action Review will be conducted with all personnel who responded. Questions that should be asked include:
 - Did we follow the plans and operating guides?
 - What worked well?
 - What could we have done better?

F. Corrective Action Plan (CAP)

- Upon completion of the AAR. A corrective action plan will be developed. The plan will include:
 - Elements that need to be addressed (improved)
 - Person responsible for addressing the element
 - Timeline for completion

The CAP will be checked periodically to ensure that improvements are completed and documented.

Appendices to the Annex

Attachment 1: KDHE Reportable disease regulation (changes each year, must be updated)

Attachment 2: Kansas Department of Health and Environment Activation Levels

Attachment 3: Special Considerations for Bioterrorism Category A and B Agents (under development)

Attachment 4: Special Considerations for Smallpox (under development)

Attachment 5: Special Considerations for Pandemic Influenza

ATTACHMENT 1

2006 REPORTABLE DISEASES IN KANSAS for health care providers, hospitals, and laboratories

(K.S.A. 65-118, 65-128, 65-6001 through 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18)

Bold -- Telephone report within four hours of suspect or confirmed cases to KDHE toll free at 1-877-427-7317.

① **Isolates must be sent to:** Division of Health and Environmental Laboratories
 Forbes Field, Building #740, Topeka, KS66620-0001
 Phone: (785) 296-1636

DISEASES REQUIRING SPECIAL ATTENTION

<p>Anthrax ' Botulism ' Cholera ' Measles (rubeola) ' Meningitis, bacterial ' Meningococcemia ① ' Mumps ' Pertussis (whooping cough) ' Plague ' Poliomyelitis ' Q Fever ' Rabies, human and animal '</p>	<p>Rubella, including congenital rubella syndrome ' Severe Acute Respiratory Syndrome (SARS) ① ' Smallpox ' Tuberculosis, active disease ① ' Viral hemorrhagic fever ' Escherichia coli O157:H7 (and other enterohemorrhagic, enteropathogenic and enteroinvasive <i>E. coli</i>) ① Salmonellosis, including typhoid fever ① Shigellosis ① Streptococcal invasive disease, Group A <i>Streptococcus</i> or <i>Streptococcus pneumoniae</i> ①</p>
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<p>Acquired Immune Deficiency Syndrome (AIDS) Amebiasis Anthrax ' Botulism ' Brucellosis Campylobacter infections Chancroid <i>Chlamydia trachomatis</i> genital infection Cholera ' Cryptosporidiosis Cyclospora infection Diphtheria Ehrlichiosis Encephalitis, infectious (includes West Nile virus)</p>	<p>Measles (rubeola) ' Meningitis, arboviral (includes West Nile virus) Meningitis, bacterial ' Meningococcemia ① ' Mumps ' Pertussis (whooping cough) ' Plague ' Poliomyelitis ' Psittacosis Q Fever ' Rabies, human and animal ' Rocky Mountain Spotted Fever Rubella, including congenital rubella syndrome ' Salmonellosis, including typhoid fever ① Severe Acute Respiratory Syndrome</p>
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Escherichia coli O157:H7 (and other enterohemorrhagic, enteropathogenic and enteroinvasive *E. coli*) ⓘ

Giardiasis

Gonorrhea

Haemophilus influenzae, invasive disease

Hantavirus Pulmonary Syndrome

Hemolytic uremic syndrome, postdiarrheal

Hepatitis, viral (acute and chronic)

Hepatitis B during pregnancy

Human Immunodeficiency Virus (HIV)

(includes Viral Load Tests)

Legionellosis

Leprosy (Hansen disease)

Listeriosis

Lyme disease

Malaria

(SARS) ⓘ '

Shigellosis ⓘ

Smallpox '

Streptococcal invasive disease, Group A

Streptococcus or *Streptococcus pneumoniae*

ⓘ

Syphilis, including congenital syphilis

Tetanus

Toxic shock syndrome, streptococcal and

staphylococcal

Trichinosis

Tuberculosis, active disease ⓘ '

Tuberculosis, latent infection

Tularemia

Varicella (chickenpox)

Viral hemorrhagic fever '

Yellow fever

Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, and suspect acts of terrorism should be reported within 4 hours by telephone to the Epidemiology Hotline: 1-877-427-7317

In addition, laboratories must report:

- Viral load results of reportable diseases
- ALL blood lead levels, as of 12/2002 (KCLPPP/ABLES)
- CD4+ T-lymphocyte count < 500/ µl or CD4+ T-lymphocytes <29% of total lymphocytes

Mail or fax reports to your local health department or to:

Bureau of Epidemiology & Disease Prevention - Disease Surveillance

1000 SW Jackson, Suite 210

Topeka, KS 66612 -1274

Fax: 1-877-427-7318 (toll free)

**ATTACHMENT 2
KDHE ACTIVATION LEVELS**

Incident Activation Levels	Departmental Operations Center (DOC) Activation Level Activities
1	EOC is maintained in a state of readiness but is not activated. The KDHE Epidemiologist on call is notified of reportable diseases or unusual events. Contact is made via the 24/7 EPI Hotline (1-877-427-7317)
2	This is a minimal degree of DOC Activation. Passive surveillance indicates that an unusual event has occurred and further case ascertainment is needed. Active surveillance is initiated at the State and/or Local levels. Decision makers are able to mobilize internal resources to identify and contain diseases. PHIX notifications sent to appropriate health departments and sentinel sites. State and local health department staff conduct epidemiological investigations. Law enforcement may be notified if the event has potential law enforcement implications.
3	This is an extended degree of DOC activation. Operation hours of the DOC will be specified by the DOC Incident Commander and may include Saturday and Sunday. Limited outside resources would be needed and the Incident Commander is able to mobilize internal resources to identify, contain, or mitigate disease. The Health Department PIO is responsible for all public information for the event. The Public information phone bank may be activated.
4	This is a maximal degree of DOC activation. Operation hours of the DOC will be 24 hours daily, to include weekends. A level 4 activation would also include activation of the County Emergency Operation Center (EOC). The Biological Incident Annex is activated and appropriate agencies are notified. The County Commission may issue a proclamation declaring a state of disaster emergency. State resources may be requested (e.g. SNS, National Guard). The Joint Information Center is staffed and operational.

ATTACHMENT 3

SPECIAL CONSIDERATIONS FOR BIOTERRORISM CATEGORY A AND B AGENTS

(UNDER DEVELOPMENT)

The U.S. public health system and primary healthcare providers must be prepared to address various biological agents, including pathogens that are rarely seen in the United States. High-priority agents include organisms that

pose a risk to national security because they:

- Can be easily disseminated or transmitted from person to person;
- Result in high mortality rates and have the potential for major public health impact;
- Might cause public panic and social disruption; and
- Require special action for public health preparedness.

Category A

- **Anthrax** (*Bacillus anthracis*)
- **Botulism** (*Clostridium botulinum* toxin)
- **Plague** (*Yersinia pestis*)
- **Smallpox** (variola major)
- **Tularemia** (*Francisella tularensis*)
- **Viral hemorrhagic fevers** (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])

Category B Diseases/Agents

Second highest priority agents include those that

- Are moderately easy to disseminate;
- Result in moderate morbidity rates and low mortality rates; and
- Require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance.
 - **Brucellosis** (*Brucella* species)
 - Epsilon toxin of *Clostridium perfringens*
 - **Food safety threats** (e.g., *Salmonella* species, *Escherichia coli* O157:H7, *Shigella*)
 - Glanders (*Burkholderia mallei*)
 - Melioidosis (*Burkholderia pseudomallei*)
 - Psittacosis (*Chlamydia psittaci*)
 - **Q fever** (*Coxiella burnetii*)
 - **Ricin toxin** from *Ricinus communis* (castor beans)
 - Staphylococcal enterotoxin B
 - Typhus fever (*Rickettsia prowazekii*)
 - Viral encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis])

Centers for Disease Control and Prevention -- Bioterrorism Agents/Diseases

ATTACHMENT 4 SPECIAL CONSIDERATIONS FOR SMALLPOX

- UNDER DEVELOPMENT -

ATTACHMENT 5 SPECIAL CONSIDERATIONS FOR PANDEMIC INFLUENZA

Pandemic influenza is a unique public health emergency. No one knows when the next influenza pandemic will occur. However, when it does occur it will be with little warning. If a novel virus capable of efficient human transmission is initially identified outside the U.S., experts believe that it will take one to six months for widespread outbreaks to begin to occur locally. Outbreaks are expected to occur simultaneously throughout much of the nation, preventing effective reallocation of human and material resources.

An influenza pandemic will occur in multiple waves. The effect of the initial wave on individual communities will be relatively prolonged (as long as six to eight weeks) when compared to the minutes-to-hours observed in most natural disasters. Due to the prolonged nature of a pandemic influenza event, the World Health Organization (WHO) and the CDC have defined phases of a pandemic in order to facilitate coordinated plans.

The noted charts are provided as part of this attachment from the **National Strategy for Pandemic Influenza Implementation Plan** (May 2006). The first chart defines the WHO phases. The second chart defines the stages of the Federal Government Response as they correlate to the WHO phases:

- *WHO Global Preparedness Phases and the Stages for Federal Government Response (Attachment 5A)*
- *Stages of Federal Government Response (Attachment 5B)*

A. Local Planning Considerations

Preparedness activities for a pandemic influenza are essentially the same as for other public health emergencies arising from contagious disease outbreaks. Items of particular importance are:

- Prioritization for the allocation of resources (vaccine, antivirals, supplies, and equipment)
- Congregate care of the acutely ill population
- Continuity of Operations planning for agencies and organizations that provide essential services in the community
- Designation of command strategies to provide direction from authorities regarding uses of personal protection equipment and social distancing measures (refer to **Disease Containment Standard Operating Guideline**).
- Effective communication to minimize confusion, disorder and community unrest (refer to **Risk Communication Standard Operating Guideline**).

Individuals must also be encouraged to take steps now to prepare for a pandemic. Such actions include: Developing a family preparedness plan (<http://www.pandemicflu.gov/plan/tab3.html>). The **National Strategy for Pandemic Influenza Implementation Plan** also provides guidance for individuals, families and community response actions. This information is noted in the chart titled:

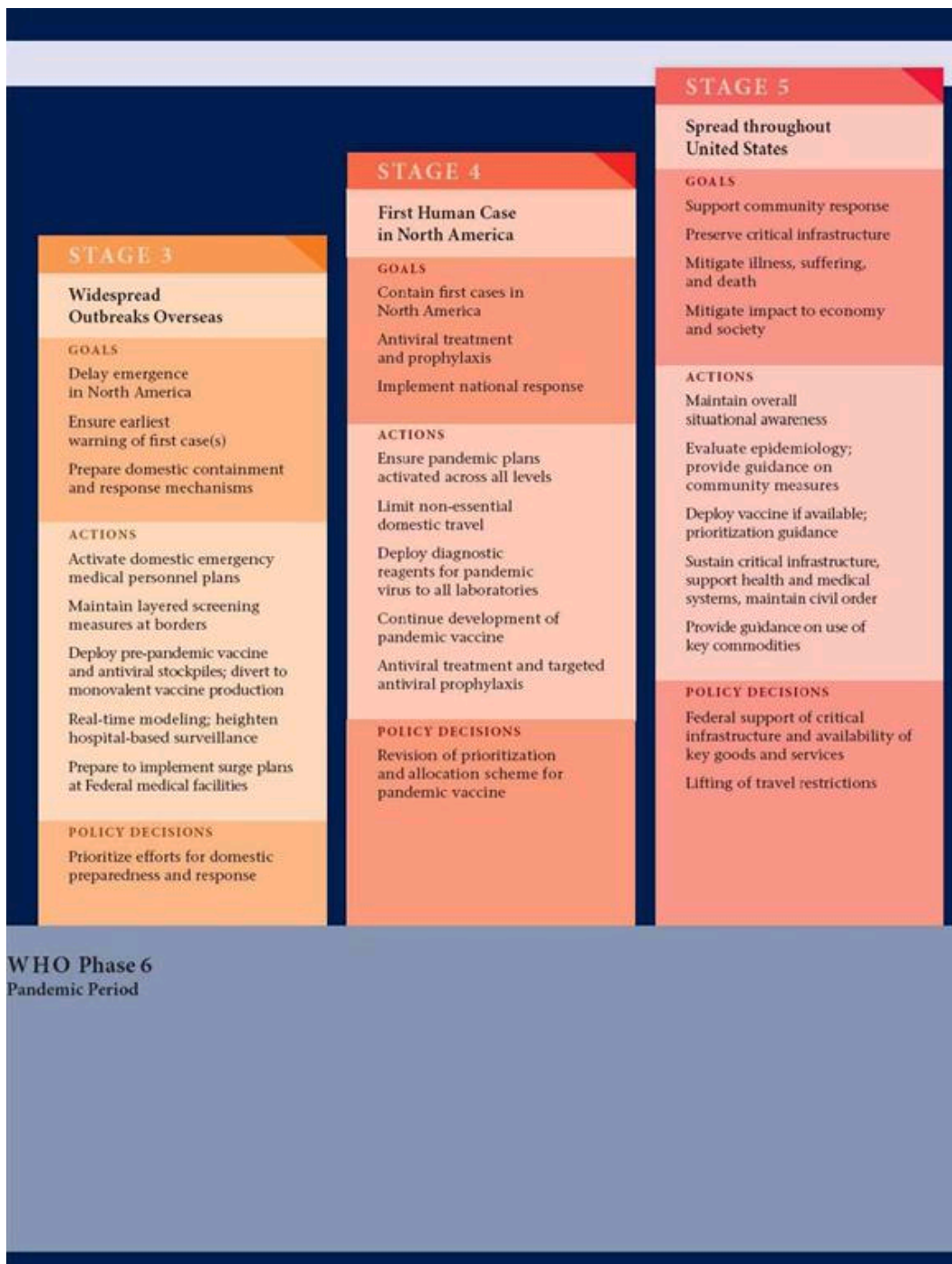
- Individual, Family and Community Response to Pandemic Influenza (**Attachment 5C**)

ATTACHMENT 5A WHO GLOBAL PREPAREDNESS PHASES AND THE STAGES FOR FEDERAL GOVERNMENT RESPONSE

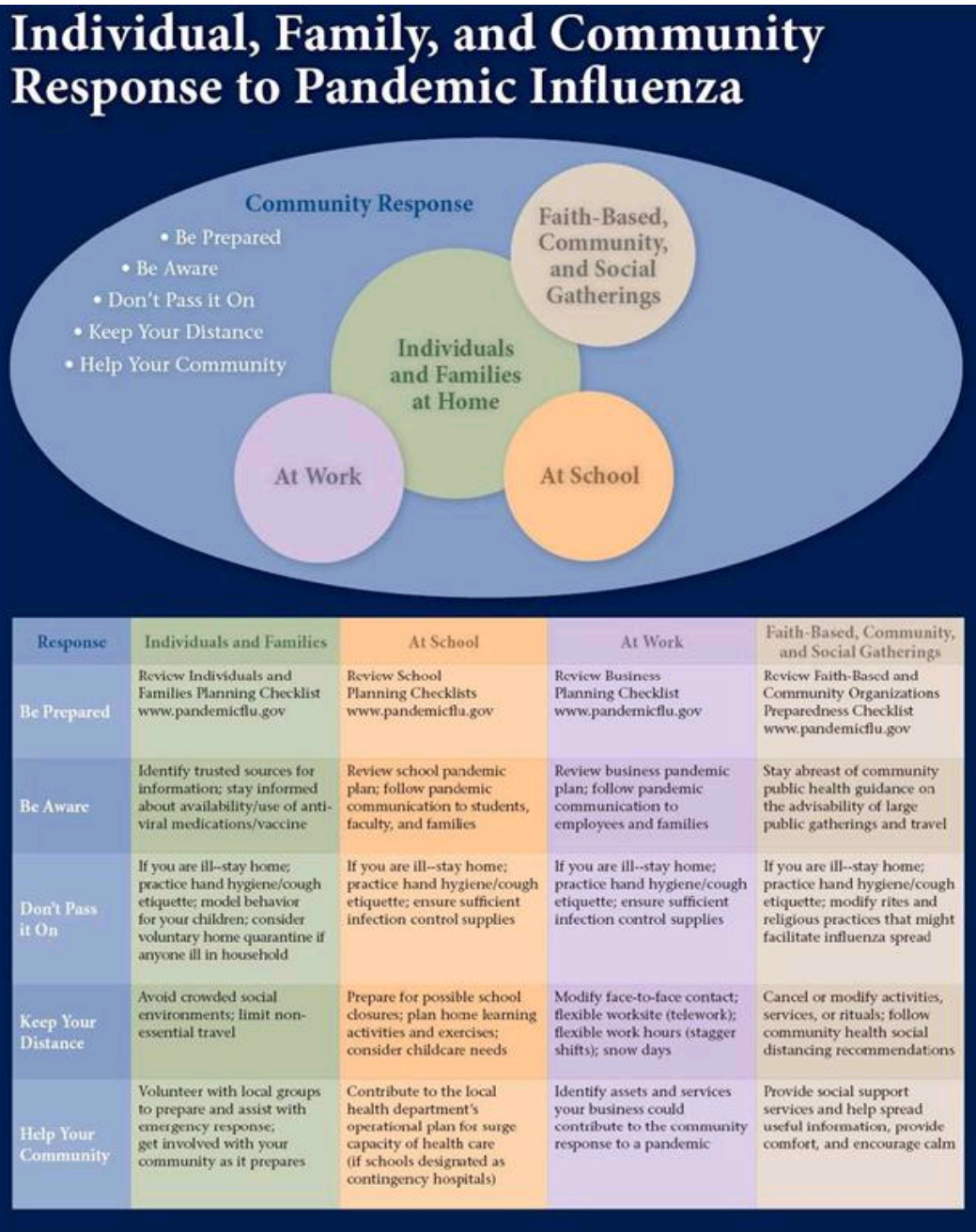
PANDEMIC INFLUENZA			
WHO Global Pandemic Phases and the Stages for Federal Government Response			
WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
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.	2	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
PANDEMIC PERIOD			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

**ATTACHMENT 5B
STAGES FOR FEDERAL GOVERNMENT RESPONSE**





**ATTACHMENT 5C
INDIVIDUAL, FAMILY AND COMMUNITY RESPONSE TO PANDEMIC INFLUENZA**



EM's Only

Content