



KENTON COUNTY EOP – INCIDENT SPECIFIC PLAN

PANDEMIC INFLUENZA PLAN

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PURPOSE

This emergency response plan is a supporting document to the Kenton County Emergency Operations Plan and has been created to provide structure and guidance to the public safety agencies and local government in the event of an influenza outbreak. This plan specifically addresses influenza, direction and control; medical surveillance and healthcare and emergency response. This plan has been drafted to reflect the roles and responsibilities of local government as delineated by the Northern Kentucky Health Department's (NKHD) *Pandemic Influenza Preparedness Plan –December 2008*.

STATUTORY REQUIREMENTS

Chapter 39 of the Kentucky Revised Statutes requires the development of a local Emergency Operations Plan (EOP) for each county within the Commonwealth. KRS 39 further identifies the local emergency management agency as the local government authority responsible for the development of specific plans to address threats to public safety and health vulnerabilities within the community. This plan has been developed to fulfill these statutory requirements.

If the Governor declares a statewide or regional public health emergency, the KY Commissioner of Public Health may order the NKHD to implement all or a portion of their Emergency Operations Plan. The following are applicable statutes pertaining to pandemic influenza:

KRS 214.010 mandates reporting of designated diseases. Section 5, 902 KAR 2:020, entitled, **Outbreaks or Unusual Public Health Occurrences**, requires physicians, providers and hospitals to immediately report via telephone an unexpected pattern of cases, suspected cases, or deaths which may indicate a newly-recognized infectious agent, an outbreak, epidemic, related public health hazard or an act of bioterrorism.

KRS 39A. 100(1) states: (1) In the event of the occurrence or threatened or impending occurrence of any of the situations or events contemplated by KRS 39A.010 (et seq.), the Governor may declare, in writing, that a state of emergency exists. Conditions enumerated in KRS 30A.010 include “threats to public Safety and health”.

KRS 214.020: Cabinet to adopt regulations and take other action to prevent spread of disease. When the Cabinet for Health Services believes that there is a probability that any infectious or contagious disease will invade this state, it shall take such action and adopt and enforce such rules and regulations as it deems efficient in preventing the introduction or spread of such infectious or contagious disease or diseases within the state, and to accomplish these objectives shall establish and strictly maintain quarantine and isolation at such places as it deems proper.

902 KAR 2:050 Control Procedures; Application. (Relates to: KRS 211.180.) 214.020 Statutory Authority: KRS 195.040, 211.090 Necessity, Function, and Conformity:



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KRS 211.180 mandates the Cabinet for Human Resources to implement a statewide program for the detection, prevention and control of communicable diseases. This regulation insures the application of control procedures necessary to prevent transmission of communicable diseases after the sources of infection are identified.

MISSION

The mission of this plan is to establish the framework and guidance to detect the earliest cases of pandemic influenza disease, to minimize illness and morbidity, and to decrease social disruption and economic loss. The priorities are to assure the continuation and delivery of essential public health services while providing assistance to meet emergency needs of the affected population. Resources of local government within Kenton County will provide support to the NKHD to identify, treat and attempt to contain the spread of a virus.

The three primary response priorities for local government include:

- Plan for the rapid distribution of antiviral, antibiotics, vaccines, and other supplies at Points Of Distribution Sites (PODS) that would be geographically dispersed in the county. (See Points of Distribution SOG for further details)
- Utilize public safety personnel to assist NKHD personnel in conducting epidemiological investigations to rapidly assist in determining the disease organism and the population at risk.
- Provide timely information to the public and medical professionals for their protection. Local government must also be prepared to assist NKHD in taking other public health measures to protect life.

SITUATIONS AND ASSUMPTIONS

A severe influenza pandemic represents one of the greatest potential threats to the public's health. The effect of an influenza pandemic on individual communities may be relatively prolonged – weeks to months – when compared to the minutes to hours time frame typically observed in most other natural disasters.

In an affected community, a pandemic outbreak will last about 6 to 8 weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and to contribute to seasonal influenza.

Emergence of a human influenza virus with pandemic potential presents a formidable response challenge. If such a strain emerged in one or a few isolated communities abroad or within the U.S. and was detected quickly, containment of the outbreak(s) could be very difficult but feasible, thereby significantly retarding the spread of disease to other communities. Containment attempts would require stringent infection-control measures such as bans on large public gatherings, isolation of symptomatic individuals, prophylaxis of the entire community with antiviral drugs, and various forms of movement restrictions – possibly even including quarantine.



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The resources required for such vigorous containment would almost certainly exceed those available in the affected communities. Thus, if a containment attempt is to have a chance of succeeding, the response must employ the assets of multiple partners in a well coordinated way. For isolated outbreaks outside the U.S., this means effective multinational cooperation in executing containment protocols designed and exercised well in advance. For isolated outbreaks within the U.S., this would require effective integration of the response assets of local, state, and federal governments and those of the private sector.

Estimated Impact of a Future Influenza Pandemic in Kentucky*

- Deaths: 3,000 – 7,000
- Hospitalizations: 9,200 – 21,400
- Outpatient visits: 455,000 – 1.06 million

* Model assumes attack rates of 15-35 % and is based on the 1968 pandemic, and a US population of 290 million persons. (Meltzer M, et al. *Emerging Infectious Diseases* 1999; pages 659-671)

The typical incubation period (the time between acquiring the infection until becoming ill) for influenza averages 2 days. We assume this would be the same for a novel strain that is transmitted between people by respiratory secretions.

As the pandemic develops, the World Health Organization (WHO) may notify the Centers for Disease Control and Prevention (CDC) and other national health agencies of progress of the pandemic from one stage to the next. CDC may communicate with KDPH and the NKHD via the Health Alert Network and EPIX.

Planning and strategies to control pandemic influenza is based upon the World Health Organization's (WHO) Phases of a Pandemic listed below:

Phased Public Health Goals – Interpandemic Period

Phase 1 – No new influenza virus subtypes in humans. A subtype that has caused human infection may be present in animals. Risk of human infection is considered low.

STRATEGY: Strengthen influenza pandemic preparedness. Closely monitor human and animal surveillance data.

Phase 2 – No new influenza virus subtypes in humans. However, circulating animal influenza virus subtype poses substantial risk of human disease.

STRATEGY: Minimize the risk of transmission of animal influenza virus to humans; detect and report such transmission rapidly if it occurs.

Phase 3 – Human infection(s) with a new subtype, no human-to-human spread or rare instances of spread.

STRATEGY: Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.



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Phase 4 – Small cluster(s) with limited human-to-human transmission. Spread highly localized.

STRATEGY: Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.

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).

STRATEGY: Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.

Phase 6 – Pandemic: increased and sustained transmission in general population.

STRATEGY: Implement response measures including social distances to minimize pandemic impacts.

DIRECTION AND CONTROL

Local government officials will provide command and control of all County assets through an activated Emergency Operations Center (EOC) to support the public health mission. The EOC will coordinate elements of law enforcement, fire services, emergency medical services, public information, coroner and public works in support of the NKHD pandemic influenza plan.

The District Director (or designee) and staff of the NKHD shall coordinate their operations with local government officials through the Emergency Management Director in the event of pandemic influenza and any other matters pertaining to emergency management activities in Kenton County. All local response activities will be coordinated with St. Elizabeth Healthcare, the Kentucky Department for Public Health, and other key response partners.

Depending on the local situation, the Kenton County Judge/Executive and the Mayors of the Cities in Kenton County may declare that a state of emergency exists.

The NKHD will establish an incident command structure in accordance with NIMS and operate from the NKHD Operations Center (HDOC). The NKHD will have designated representatives at the Kenton County EOC who will liaison between the KDPH, the HDOC and local officials at the EOC.

CONCEPT OF OPERATIONS

It is imperative that local government officials know the roles of federal and state agencies in response to pandemic influenza.

Major Roles of US Department For Health and Human Services (DHHS)

1. Conducting outbreak investigations, as requested by states.
2. Conducting epidemiologic and laboratory-based studies (“special studies”).



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3. Providing ongoing information from the national influenza surveillance system on the pandemic's impact on health and the healthcare system.
4. Expanding supply of antiviral drugs by stimulating increased U.S. based production capacity.
5. Expanding U.S.-based production capacity for pandemic vaccine and working with manufacturers to ensure that pandemic vaccine is produced at full capacity.
6. Distributing public stocks of antiviral drugs and other medical supplies from the Strategic National Stockpile to the states.
7. Distributing public stocks of vaccines, when they become available.
8. Providing guidance on community containment strategies, including travel restrictions, school closings, and quarantine.
9. Communicating with the public via the news media.
10. Monitoring the pandemic response.

Major Roles of the Kentucky Department of Public Health (KDPH)

1. Responsible for implementation of the Kentucky Pandemic Influenza Preparedness Plan. The Commissioner of Public Health will have primary authority for implementation of the pandemic response plan.
2. Enhancing disease surveillance to ensure early detection of the first cases in the state.
3. Coordinating antiviral drugs and vaccines.
4. Providing guidance on clinical management and infection control.
5. Providing guidance on disease transmission using a range of containment strategies.
6. Provide ongoing communication with the public.
7. Coordinate with partners to provide psychological and social support services to emergency field workers and other responders.

Major Roles of the Northern Kentucky Health Department

1. The District Director will advise the County Judge Executive and other local government officials on pandemic influenza issues.
2. The District Director will meet with response team members as often as needed to guide the implementation of the pandemic influenza response. Specific responsibilities of the District Director include:
 - a. Conduct briefings on a regular basis to NKHD staff.



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- b. Oversee the Operations Section and monitor the state's daily response to situation.
 - c. Oversee the Planning, Logistics, and Finance/Administration Sections.
 - d. Develop recommendations on health issues related to pandemic influenza and inform the Communications Group.
3. The District Director will oversee all section chiefs. The following section chiefs will be assigned to coordinate activities:
- a. Planning Section – Major responsibilities include:
 - (1) Gathering, analyzing and disseminating intelligence and information.
 - (2) Managing the planning process.
 - (3) Compiling the Incident Action Plan.
 - (4) Developing a written Action Plan/Situation Status if necessary.
 - (5) Tracking daily activities.
 - (6) Tracking and receiving updates from the Regional Epidemiologists and keeping the State DOC informed of the pandemic response.
 - (7) Working closely with the District Director to be sure that information is shared effectively and results in efficient planning process.
 - b. Operations Section – Major responsibilities include:
 - (1) Developing and implementing strategies and tactics to carry out the incident objectives.
 - (2) Organizing, assigning and supervising resources.
 - (3) Working closely with the Regional Epidemiologist to be sure that information is shared effectively and results in efficient planning process.
 - (4) With guidance from the Public Information Officer (PIO), ensure that public messages are communicated.
 - c. Logistics Section – Major responsibilities include:
 - (1) Provide support, resources and all other services needed to meet the operational objectives.
 - (2) Obtaining, maintaining, and accounting for essential personnel, equipment, and supplies.
 - (3) Working closely with the District Director of Health to be sure that information is shared effectively and results in an efficient process.
 - d. Finance/Administration Section – Major responsibilities include:
 - (1) Monitor the assigned responsibilities of staff.
 - (2) Provide administrative support during the pandemic response.



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- (3) Coordinate program support during the pandemic response.
 - (4) Assess the availability of personnel to assist in the pandemic response.
 - (5) Decide if use of alternate facilities during the influenza pandemic will benefit the pandemic influenza response, and to arrange for additional facilities to be used for the pandemic response as needed.
4. In consultation with the Kenton County Homeland Security Emergency Management Director, help determine the need for activation and closure (if activated) of the County Emergency Operations Center (EOC).

Major Roles of the Kenton County Emergency Operations Center

1. The Kenton County Homeland Security Emergency Management (HSEM) Director will advise the County Judge Executive and other local government officials on pandemic influenza Issues.
2. The HSEM Director will meet with emergency operations center staff as often as needed to guide the implementation of the pandemic influenza response. Specific responsibilities of the HSEM Director include:
 - a. Conduct briefings on a regular basis to EOC staff.
 - b. Oversee the Operations Section and monitor the state's daily response to situation.
 - c. Oversee the Planning, Logistics, and Finance/Administration Sections.
 - d. Develop recommendations on health issues related to pandemic influenza and inform the Communications Group.
3. The HSEM Director or designee will oversee all section chiefs. The following section chiefs will be assigned to coordinate activities:
 - a. Planning Section – Major responsibilities include:
 - (1) Gathering, analyzing and disseminating intelligence and information.
 - (2) Managing the planning process.
 - (3) Compiling the Incident Action Plan.
 - (4) Developing a written Action Plan/Situation Status if necessary.
 - (5) Tracking daily activities.
 - (6) Tracking and receiving updates from the local resources and keeping the NKHD DOC informed of the pandemic response.
 - (7) Working closely with the NKHD DOC to be sure that information is shared effectively and results in an efficient planning process.
 - b. Operations Section – Major responsibilities include:



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- (1) Developing and implementing strategies and tactics to carry out the incident objectives.
 - (2) Organizing, assigning and supervising resources.
 - (3) With guidance from the Public Information Officer (PIO), ensure that public messages are communicated.
- c. Logistics Section – Major responsibilities include:
- (1) Provide support, resources and all other services needed to meet the operational objectives.
 - (2) Obtaining, maintaining, and accounting for essential personnel, equipment, and supplies
 - (3) Working closely with the NKHD DOC to be sure that information is shared effectively and results in an efficient process.
- d. Finance/Administration Section – Major responsibilities include:
- (1) Monitor the assigned responsibilities of staff.
 - (2) Provide administrative support during the pandemic response.
 - (3) Coordinate program support during the pandemic response.
 - (4) Assess the availability of personnel available to assist in the pandemic response.
 - (5) Decide if use of alternate facilities during the influenza pandemic will benefit the pandemic influenza response, and to arrange for additional facilities to use for the pandemic response as needed.