Office of Emergency Management
Monroe County, New York

Responding to Pandemic Influenza

A Hazard-Specific Appendix to the

Monroe County Comprehensive Emergency Management Plan

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TABLE OF CONTENTS

RESPONDING TO PANDEMIC INFLUENZA

Revision Log

Date	Description of Revision	Date Revised	Date Distributed
7.2.08	Date Approved by the County Executive		
4-30-09	Housekeeping	4.27.09	4.27.09 County Web
8-19-13	Made consistent with Revised MCDPH Pandemic Influenza Procedures	8-19-13	

Foreword

In March of 2006, the New York State Department of Health distributed Pandemic planning guidance to county health departments as a resource to assist the Monroe County Department of Public Health (MCDPH) in preparing for a Pandemic. The MCDPH prepared a Pandemic Influenza Procedure in 2007, and revised it in 2013. While this procedure is beneficial, it is focused on Department operations including surveillance and epidemiological investigation, medical countermeasures dispensing, non-pharmaceutical interventions, and information sharing.

This Appendix, *Responding to Pandemic Influenza,* establishes County policy to address mitigation, readiness, response and recovery associated with the threat of Pandemic Influenza. It recognizes the impact on public health systems, public safety, the coordination of resources among multiple local governments and state and federal agencies, and the community-wide impact associated with widespread outbreaks of influenza.

This "policy" document and the Department's "operational" plan are consistent with planning at the State level and with the County's approach to emergency planning. This document incorporates references to federal (Centers for Disease Control), and state (NYS Department of Health) policy, regulation, and planning guidance. This Plan is an Appendix to the *Monroe County Comprehensive Emergency Management Plan* to interface its activity with the community's Public Safety infrastructure.

Although there may be multiple emergency plans engaged in a community response to the threat of a pandemic, this Appendix establishes County policy in one document as a ready-reference for the community.

INTRODUCTION

Although remarkable advances have been made in science and medicine during the past century, the United States faces a burden of annual influenza outbreaks that result in flu-associated deaths ranging from a low of 3,000 to a high of about 49,000. In addition to this human toll, influenza is annually responsible for a total cost of over $10 billion in the United States[1].

A pandemic influenza outbreak could dwarf this impact and has the potential to cause more death and illness than any other public health threat[2]. A pandemic is defined by the US Department of Health and Human Services as a "worldwide outbreak of human disease in numbers clearly in excess of normal"[3]. Pandemics in 1918, 1957 and 1968, respectively, killed approximately 40 million, 2 million and 1 million persons worldwide. If a pandemic influenza virus with similar virulence to the 1918 strain emerged today, it is estimated that without intervention, 1.9 million Americans could die and almost 10 million could be hospitalized over the course of the pandemic, which may evolve over a year or more.

Monroe County Officials recognize the threat a pandemic influenza outbreak could have on the County's population, critical infrastructure, economy, and way of life. The *Monroe County Department of Public Health Pandemic Influenza Plan* is an operations protocol based on guidance from the New York State Department of Health. Together with this Appendix, the community has a multi-agency strategy in mitigation, readiness, response and recovery.

AUTHORITY

Authority to develop this Appendix and implement specific response action is contained in New York State Laws and regulations, including:

NYS Executive Law, Article 2-B.
NYS Public Health Law: 1303, 2100 (1), 2100 (2) (b), 370 (1)
NYS Code Rules and Regulations, Title 10: 2.25(d), 2.29, 2.33

Several State Laws and Regulations empower the State Health Commissioner or the county health department to implement special powers necessary to protect public health. Additional health-related State regulations are referenced in the *New York State Department of Health Pandemic Influenza Plan*.

This Appendix will be revised, as necessary, to incorporate changes in laws, regulations and policies, and to reflect experience gained from its use.

[1] *National Strategy for Pandemic Influenza*, Homeland Security Council; November, 2005.
[2] U.S. Department of Health and Human Services *Plan for Pandemic Influenza*; December, 2005.
[3] U.S. Department of Health and Human Services *PandemicFlu.Gov*; April, 2007.

MISSION

To establish methods and procedures designed to protect the health, safety, and welfare of the community during the threat of pandemic influenza, and to provide effective and coordinated means for this activity.

PURPOSE

The purpose of this Appendix is to formulate a comprehensive approach to the threat of pandemic influenza. This plan has been developed and coordinated with the cooperation of multiple local government officials, County and State agencies, representatives from nonprofits, the health-care industry, business and industry, schools, and First Responders. The plan recognizes "Home Rule Authority," and respects the jurisdictional autonomy of each individual agency. It does not obligate any agency or local government to a financial commitment. It provides additional resources through the Emergency Management chain-of-command. This chain-of-command ensures interoperability with the State. In turn, the State plan identifies mechanisms to coordinate with local response and defines interoperability with federal response, including the U.S. Department of Health and Human Services *Plan for Pandemic Influenza,* via the National Response Framework.

SITUATION

Pandemics happen when a novel influenza virus emerges, infects, and can be efficiently transmitted between humans. Animals (most often birds or swine) are the most likely reservoir and vector for these emerging viruses. Some of these pandemic-causing viruses remain in circulation and are responsible for the majority of influenza cases each year[4].

The current pandemic threat is constantly changing and the latest information can be found on the flu.gov website.

One feature of a novel virus can be its ability to infect a wide range of hosts, including animals and humans. There is often a concern that a widespread animal virus may acquire the capability to transmit efficiently through genetic mutation or exchange of genetic material with a human influenza virus. The widespread nature of flu viruses in animals, coupled with the likelihood of mutations over time, raises concern that a virus will become transmissible between humans, with potentially catastrophic consequences. Consider that:

- A pandemic influenza outbreak is likely to come in waves or phases, each lasting weeks or months.

- The unique characteristics and events of a pandemic influenza outbreak will strain local, state, and federal resources.

- It is unlikely that there will be sufficient personnel, equipment, and supplies to adequately respond, thus overwhelming our health and medical capabilities.

[4] Source: U.S. Centers for Disease Control.

- A pandemic may threaten all services due to illness and the absence of personnel from the workplace for a period of time.

This warrants a planning strategy that extends beyond the health and medical sector to include sustaining critical infrastructure, private-sector activities, the movement of goods and services, and economic and security considerations.

Pandemic influenza outbreaks can be characterized by phases and severity. The World Health Organization (WHO) and the U.S. Federal government have outlined phases and response stages as outlined in Table 1. This table has been utilized by the U.S. Department of Health and Human Services in the development of the federal plan and by the State of New York in developing the *Pandemic Influenza Annex* to the New York State Comprehensive Emergency Management Plan and the New York State Department of Health (NYSDOH) *Pandemic Influenza Plan.* The goal of the table is to assist public health officials and health care providers in preparing for and responding rapidly and effectively to an influenza pandemic, consistent with national guidance[5]. Each of these plans identifies response actions relative to a "phase" and/or response stage of the pandemic.

[5] U.S. Department of Homeland Security *Plan for Pandemic Influenza Preparedness, Response, and Recovery, Guide for Critical Infrastructure and Key Resources; September, 2006.*

Table 1 WHO Pandemic Phases and Gov't Response Stages

World Health Organization Pandemic Phases		Federal Government Response Stages	
Inter-Pandemic Period			
1	No new influenza virus subtypes in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or 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 clusters(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 is 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

Mitigation and recovery is an important part of every emergency response plan. Mitigation and recovery actions should be focused on continuing public health activities including communication with the public on issues such as when public gatherings can resume, and continuing disease surveillance for possible outbreaks of infection.

ASSUMPTIONS

In February, 2007, the Centers for Disease Control published a document entitled "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States." As per that document, "The guidance introduces, for the first time, a Pandemic Severity Index in which the case fatality ratio (the proportion of deaths among clinically ill persons) serves as the critical driver for categorizing the severity of a pandemic. The severity index is designed to enable better prediction of the impact of a pandemic and to provide local decision-makers with recommendations that are matched to the severity of future influenza pandemics." The severity index is illustrated in Table 2.

	Pandemic Severity Index				
Characteristics	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1 - <0.5	0.5 - <1.0	1.0 - <2.0	≥ 2.0
Excess Death Rate (per 100,000)	<30	30 - <150	150 - <300	300 - <600	≥600
Illness Rate (percentage of the population)	20 - 40	20 - 40	20 - 40	20 - 40	20 - 40
Potential Number of Deaths (based on 2006 U.S. population)	<90,000	90,000-<450,000	450,000-<900,000	900,000-<1.8 million	≥1.8 million
20th Century U.S. Experience	Seasonal Influenza (Illness rate 5-20%)	1957, 1968 Pandemic	None	None	1918 Pandemic

Table 2: Pandemic Severity Index by Epidemiologic Characteristics. Retrieved from website managed by the US Department of Heath and Human services http://www.pandemicflu.gov/plan/community/commitigation.html#XVI

The severity of a pandemic will be based on the virulence of the flu virus that presents itself. While the virulence of the flu virus cannot be predicted, several scenarios may be considered based on historical pandemics.

Table 3 identifies the potential number of indexed cases, deaths, and healthcare utilizations in the U.S. with moderate (category 2-3) and severe (category 5) pandemics in the U.S.

Characteristic	*Moderate (1958 / 68 - like)*	*Severe (1918 – like)*
Illness	90 Million (30%)	90 Million (30%)
Outpatient Medical Care	45 Million (50%)	45 Million (50%)
Hospitalization	865,000	9,900,000
ICU Care	128,750	1,485,000
Mechanical Ventilation	64,875	742,000
Deaths	209,000	1,903,000

Table 3. Number of Episodes of Illness, Healthcare Utilization, and Death Associated with Moderate and Severe Pandemic Influenza Scenarios. These estimates based on extrapolation from past pandemics in the United States. Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics- *Source: U.S Department of Health and Human Services*.

It is clear that a severe pandemic will have far-reaching effects on the County population as well as a variety of critical infrastructure sectors[6], especially the public health and healthcare sectors. This is especially true when noting that the medical conditions of citizens that existed in previous pandemics are different than those of the twenty-first century (for example HIV, cancer, and patients undergoing chemotherapy). The potential severity of such an event, and its impact on the society as a whole, is high.

The following assumptions apply to a severe influenza pandemic outbreak:

- Susceptibility to the pandemic influenza subtype will be universal. The clinical disease attack rate will be 30% in the overall population. Illness rates will be different based on age groups.

- 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. Estimates differ about 10-fold between more and less severe scenarios.

- Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but seasonality of a pandemic cannot be predicted with certainty. The CDC (Interim Pre-Pandemic Planning Guidance, 2007) suggests that communities be prepared to maintain a response for up to 12 weeks in a Category 4 or 5 pandemic.

- The public healthcare system itself will likely be overwhelmed. This may have a cascading effect on those seeking medical attention for other (non-pandemic) illnesses and diseases.

- Workforce absenteeism in a severe pandemic is expected to be 25-35% of the workforce.

[6] *National Strategy for Pandemic Influenza Implementation Plan*; May, 2006.

- The MCDPH has authority and responsibility for public health preparedness and response at the local level. The New York State Department of Health (NYSDOH) provides leadership, support, and coordination of this effort, including during a multi-jurisdictional emergency. Although pandemic influenza may affect multiple jurisdictions simultaneously, all jurisdictional responsibilities are maintained. The State may provide additional support to leadership at the local level, without usurping the authority of the MCDPH.

- NYSDOH and/or the MCDPH may implement protective actions/non-pharmaceutical interventions that will likely be viewed unfavorably by the general public. This may include recommending the closing of schools; restricting travel; suspending mass gatherings; and imposing isolation and or imposing quarantine measures.

- The typical incubation period (interval between infection and onset of symptoms) for influenza is ,on average, 2 days with a range of 1-4 days and an onset of viral shedding (and presumably of infectiousness) prior to the onset of symptoms. (Interim Pre-Pandemic Planning Guidance, 2007)

- Non-medical containment measures will be the principal means of disease control until adequate supplies of vaccine and/or antiviral medications are available.

- Response actions will need to be swift and decisive, necessitating the use of a variety of County and State statues and authorities to effectively respond to and recover from the pandemic.

- Vaccination and antiviral treatment (medical countermeasure dispensing) will likely be the most effective medical strategies for reducing pandemic influenza morbidity and mortality. However, effective vaccines or antiviral medication may not be available or may be in limited supply at the time of the initial outbreak. The County will coordinate the use of vaccines and/or antiviral medications based on their availability and the recommendations from federal and state governments recognizing that those at highest risk will likely get the vaccines and/or antiviral medications first.

- Activities identified in any given pandemic phase cannot be assumed to be completed during that phase. Activities begun in one phase may continue into subsequent phases or reoccur as additional waves of the pandemic become evident.

- Government at all levels will likely be overwhelmed in a pandemic. This may have an adverse effect on the ability of the State to acquire support from Emergency Management Assistance Compact (EMAC) partners or acquire adequate Federal support under the National Response Plan. County resources fully support response to the threat of Pandemic Influenza.

- The Public Health Services Act may be used by the Federal government to implement quarantine or isolation measures upon the State and the general population.

- Hospitals may start looking at alternate care site (ACS) locations to care for the influx of influenza-affected patients.

ORGANIZATION

This Appendix recognizes the role of the Monroe County Department of Public Health (MCDPH), and speaks to all County resources that may respond to an incident. This Appendix also builds upon the process and structure of the Monroe County Comprehensive Emergency Management Plan.

Additional County plans and procedures may be utilized to support the implementation of this Appendix. References to them may include, but are not limited to: *MCDPH Pandemic Influenza Procedures,* pharmaceutical assets from the *Monroe County Strategic National Stockpile Plan,* the Point of Dispensing (POD) Operations Manual (POM *Policies and Protocols for Isolation and Quarantine,* the *Public Health Emergency Preparedness and Response Plan* and in the event that a potential novel strain of a flu virus is evident in animals in the County, the *Monroe County, Responding to the Threat of Foot & Mouth Disease* Appendix.

CONCEPT OF OPERATIONS

A. Preparedness

Preparedness involves actions designed to save lives and to minimize the spread of communicable diseases such as pandemic flu.

Awareness and Surveillance:

1. The U.S. Department of Health and Human Services (HHS) conducts extensive disease surveillance and monitoring through the U. S. Centers for Disease Control (CDC). Disease surveillance data collection includes state-level information regarding outpatients, mortality, hospital patient diseases, and virologic surveillance.

2. In the United States, surveillance for avian influenza is conducted by states, the poultry industry, and the U.S. Department of Agriculture's Animal and Plant Health Inspection Service (APHIS).

3. The New York State Department of Health utilizes several disease surveillance networks that actively collect and analyze information to determine an outbreak of a disease, including a pandemic. The Monroe County Department of Public Health is actively involved in disease surveillance in the County.

4. The New York State Department of Environmental Conservation conducts bird disease surveillance for wild (free-ranging) birds. Other agency representatives are also involved in this surveillance program.

5. In coordination with the New York State Department of Health, the MCDPH will continue to promote pandemic awareness through the Monroe County Public Health Preparedness Task Force (PHP Task Force).

Planning and Training:

1. State-Level planning includes a Pandemic Annex to the State CEMP that outlines state support and outlines state agency response roles for pandemic flu.

2. Monroe County utilizes planning guidance from both NYS Department of Health and the NYS Division of Homeland Security and Emergency Services (DHSES).

3. The *Monroe County Department of Public Health Pandemic Influenza Procedures* identifies methods the County uses to promote pandemic flu training for public health staff and its partners in public safety, healthcare, and business.

4. The County provides epidemiological assistance and infection control consultation for the prevention and control of communicable diseases, including pandemic influenza, in facilities not regulated by NYSDOH and in community settings.

    a. The Association for Professionals in Infection Control (APIC) has developed infection control guidelines for 12 audiences including: hospitals; nursing homes; home health care; homes; workplaces; physician offices and clinics; colleges; adult and group homes; daycares; correctional facilities; K-12 schools and EMS.

    b. The University of Rochester Medical Center (URMC) Center for Community Health obtains absentee rates and symptoms from the City of Rochester School District for consideration in understanding annual influenza outbreaks.

    c. The County Department of Public Health Disease Control Unit is prepared to monitor geographical areas in bordering regions, states, provinces, and counties. A prevalence of pandemic influenza cases in those areas would trigger the initiation of more strict infection control measures in Monroe County.

5. The County has participated in several Strategic National Stockpile exercises, which have served as training and planning components in preparing for a pandemic.

6. The local Regional Emergency Medical Advisory Committee (REMAC) and the Monroe County Emergency Medical Services together with individual Ambulance Corps have developed special triage procedures through 911, identified and implemented Personal Protective Equipment (PPE) stockpile needs, and developed plans to immunize and use antiviral medications to protect emergency workers.

7. The *Monroe County Strategic National Stockpile Plan* identifies protocols to operate a Receive, Stage and Store Site (RSS) to distribute pharmaceuticals, medical supplies and equipment received from state and federal stockpiles in support of a pandemic influenza response. This strategy also includes the Civil Preparedness Initiative designed to provide vaccinations, and possibly antiviral medications to municipal "Point of Dispensing (POD)" clinics and to the special needs community in times of emergencies. The County can also utilize its Medical Reserve Corps to support or augment public

health and healthcare personnel in administering vaccine or distributing antiviral medications.

8. Hospitals in New York State are assessing surge capacities and mortuary issues that will provide valuable information for Monroe County.

9. An addendum to the Mass Fatality Plan is being prepared by the Monroe County Medical Examiner's Office in conjunction with the Genesee Valley Funeral Directors Association, appropriate public health staff, and emergency preparedness staff.

10. Guidance issued by the New York State Health Department identifies workforce support mechanisms to ensure disaster mental health services are made available during a pandemic. These activities will be coordinated locally through the Monroe County Office of Mental Health.

11. The County encourages the development of Continuity of Operations Plans, and is engaged with its own departments, utilities, local government, emergency service/First Responder agencies, residential institutions, business and industry, clinical labs, home healthcare, homeless shelters, correctional facilities, and agencies that provide for the aging or migrant workers. Planning, including the possibility for priority vaccination of these population groups, is ongoing.

B. Emergency Response

All County resources are available to the community in response to the threat of pandemic influenza. Although County departments retain responsibility to deliver their key critical services, they will be engaged in supporting our community emergency response.

Response begins when there is a real threat or a perceived threat. This section identifies an anticipated chain of events.

1. Initial notification of pandemic flu cases (in non-humans) may be communicated via federal or State agricultural agencies. This information will be quickly disseminated throughout the State of New York via agricultural and cooperative extension agencies.

2. If avian influenza is discovered in the County (in non-humans), response actions will commence using procedures identified in the Appendix for *Responding to the Threat of Foot & Mouth Disease.* Surveillance in the public health sector will be elevated to identify potential cases of the virus in humans. Preparations to receive state and federal assets will occur.

3. Initial notification of a potential case of human pandemic influenza in Monroe County will likely come from practitioners, laboratories, or from hospital emergency departments. This information will be communicated through a variety of formal information and reporting mechanisms that exist within the health and hospital networks, overseen by the State Department of Health.

4. Samples for testing and surveillance taken by the provider will be sent to a local or State laboratory for analysis and confirmation.

5. Upon receipt of a confirmation by NYSDOH or CDC that a potential pandemic has started or is imminent, notifications will be made to the Monroe County Department of Public Health via the mechanisms managed by the State Department of Health. The County Department of Public Health will notify the Monroe County Office of Emergency Management.

6. Upon receipt, the Monroe County Emergency Preparedness Administrator will consult with the County Department of Public Health and other County agencies to determine the County response. Response considerations include the demographics and implications of the potential event, the anticipated response issues, consequences specific to the disease, Strategic National Stockpile requests, and if effective response can be achieved through routine delivery of services or if the response warrants an activation of the County Emergency Operations Center (EOC).

7. If the EOC is activated, the County Emergency Preparedness Administrator will staff the facility to assemble key decision makers, establish command and control, and to collect and transmit information to protect the community.

8. The Director of Public Health or designee will collaborate with State and local officials to advise and recommend emergency declarations to the County Executive.

9. The County may implement a variety of protective actions that may include: imposing isolation of the ill and quarantine of exposed-well persons, distributing medications, commencing Receive, Stage and Store (RSS) site operations, implementing mobility restrictions and controls, and responding to human needs.

10. The County Executive may declare a State of Emergency and promulgate emergency orders to assist in the overall management of the incident. Monroe County will use WebEOC as their critical incident management software.

11. A Public Information Officer will be designated to communicate information to the public and to key partners. Public awareness and risk communications will be vital in successfully implementing a cohesive and coordinated response. The Joint Information Center (JIC) will be the primary source of releases to the public to provide factual information on the status of activities, clinical signs and symptoms of pandemic influenza, and what the general public can do to protect themselves.

12. If County resources are overwhelmed, the County Emergency Preparedness Administrator will utilize the Emergency Management chain-of-command and request state assistance. The Governor has the authority to declare a State Disaster Emergency, directing any and all State agencies to provide assistance under the coordination of the Division of Homeland Security and Emergency Services (DHSES) on behalf of the State Disaster Preparedness Commission.

13. State assistance is supplemental to local response. Support may include public health and emergency medical services, mortuary services, implementing traditional and/or non-traditional Points of Dispensing (PODs) for vaccine, operating a Receive, Stage and Store (RSS) site, providing security for some non-residential quarantine and isolation locations, providing Human Resources and requesting/supporting operations of the Strategic National Stockpile (SNS).

14. The County will coordinate local response with New York State, and incorporate the deployment of State assets for local use through the *Monroe County Incident Management System* which incorporates the National Incident Management System (NIMS).

15. The State requests and coordinates federal assets for emergency response. The Department of Homeland Security (DHS) implements the National Response Framework (NRF) and Federal Emergency Support Functions (ESFs). ESF #8 is the Health and Medical function.

C. Recovery

Recovery involves direction from the County Executive to restore the community to normal conditions. The nature of a pandemic is such that the event will not likely conclude within a set period of time. Unlike other disasters, a pandemic will likely come in waves, causing resurgence in the response until immunity is developed or vaccine has been widely distributed. While the period between waves may be difficult to identify or predict, recovery begins while the pandemic is still in progress, and continues during the periods between waves as well as with the conclusion of the event.

Demobilization of the Response:

The Inter-Pandemic Period is a component of the phase table that is initiated when the notification is received from the County Department of Public Health that a pandemic is subsiding or is between waves. This will be based on disease surveillance from the County and State Department of Health surveillance networks, including federal counterparts. As the pandemic subsides and the County EOC demobilizes, several actions or activities may occur including:

- Relaxing quarantine and isolation measures, rescinding the State of Emergency and/or Emergency Orders, relaxing traffic and access control points.

- Demobilizing Incident Command System (ICS) field components that may have been deployed to coordinate the response.

- Assessing the effectiveness of the response and adjustments, as needed, in anticipating the next wave.

- Assessing resources and authorities that may be needed for subsequent waves.

- Estimating the overall pandemic impact, including mortality, severe morbidity, financial impacts, and disaster recovery mechanisms to support the general public.

- Continuing virologic surveillance to detect further pandemic waves.

- Assessing vaccine coverage, and the efficiency of distribution and administration.

- Assessing vaccine and antiviral efficacy.

- Continuing to administer vaccine to persons not previously protected.

- Incorporating mental health messages to facilitate recovery with continuance of self-care messages.

- Demobilizing and/or reconstituting selected facilities that may be used as mass care centers, triage and treatment centers and PODs.

- Coordinate to replenish stockpiles of pharmaceuticals, medical supplies and equipment as required.

- Communicating with the State, healthcare providers, the media, and the public about any subsequent pandemic waves.

- Assessing the effectiveness of this Appendix which may include a formal after-action report of pandemic-related activities.

Funding and Compensation:

Whenever the Governor finds that the event is of such severity and magnitude that State resources will be overwhelmed, the Governor can request a Presidential Disaster Declaration and request federal assistance.

The State Comprehensive Emergency Management Plan outlines disaster relief funding and programs that would be applicable for an incident of this type. Included are provisions for Public Assistance (PA), to aid government response operations, and Individual Assistance (IA), to provide recovery assistance for individuals and their families. County personnel will implement disaster recovery mechanisms and coordinate the local process with State and Federal programs.

The County may need to be proactive in reenergizing the local economy. Post-emergency, a variety of mechanisms may support the economy and the consumer, e.g. Small Business Administration loans and programs. Additional support may be available at the County or local level, such as:

- Monitoring excessive pricing practices to prevent “price-gouging”
- Providing additional assistance to small business with grants and loan programs

- Providing Unemployment Insurance Benefits and personnel services, including job counseling, through the NYS Department of Labor
- Abating penalties and extending tax due dates through municipal assessor's discretionary powers as appropriate for the emergency
- Providing advice on tax law provisions for losses related to the disaster.

If the agricultural industry is adversely impacted by the emergency, New York State statutes contain provisions for indemnity.

Continual Mental Health and Workforce Support Services

Mental Health services may be active for an extended period of time. Following demobilization, the Monroe County Office of Mental Health will serve as the point of contact in providing mental health services. Support to provide mental health counseling and workforce resiliency will be available to all agencies and the general public. Mental Health support should be maintained, continuously disseminated throughout public information campaigns, and coordinated through the County Office of Mental Health.

Disease Surveillance

Disease surveillance in the post-pandemic phase will be conducted in local, state and federal public health care settings. In the State, ongoing virologic surveillance will be carefully coordinated by the State Department of Health to optimize available resources and surveillance methodologies. The County Department of Public Health will utilize its surveillance systems. Surveillance is the key to quickly identifying potential waves of the pandemic, and to allow resumption of the response posture.

Public Awareness

JIC operations should continue throughout the recovery process. Following the demobilization of the JIC, the State Department of Health will be the single point of contact for all pandemic inquiries at the State level. The County Department of Public Health will serve as the single point of contact for all pandemic inquiries at the County level. Information may include fact sheets on pandemic influenza, travel advisories, risk factors, and recommendations to reduce the risk of illness. Information and education materials may be disseminated through media outlets, public health networks, call centers, and web-based applications.

D. Direction and Control

As outlined in the *Monroe County Incident Management System*, the Incident Command System will be employed as the organizational framework for response to the threat of pandemic influenza. The County will utilize Unified Command and all of the NIMS components necessary to effectively manage the incident.

A Joint Information Center (JIC) will serve as the sole source of official information regarding all incident activities (federal, state, local). The County JIC will interface with the State to coordinate local input with the state-wide perspective. The Monroe County Public

Information Officer (PIO) and/or the Monroe County Director of Public Health will be represented at the JIC to speak on behalf of Monroe County.

New York State. The over-arching structure of State activity is outlined in the State Comprehensive Emergency Management Plan. Specific to a pandemic, the State will utilize Unified Command including a State Multi-Agency Coordination (MAC) Group, Area Command and other ICS components to implement several Functional Groups. Based on incident specifics, the State may utilize and deploy the State's Incident Management Team (IMT). The State EOC and the IMT will interoperate with Area Command and the Principal Federal Official (PFO) at the Joint Field Office (JFO). The State will be represented at the Joint Field Office to assist in the local/state/federal coordination of federal assets. The State will utilize ICS to effectively implement response and recovery operations.

Federal Government. The Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) may implement the National Response Framework, which provides a mechanism to organize, coordinate, and mobilize federal resources to augment State and local resources. Under the National Response Framework, DHS/FEMA may employ a variety of Emergency Support Functions (ESFs) to coordinate response and recovery activities. Federal response planning efforts have definitively pre-identified that Emergency Support Function (ESF) #8 – Health and Medical, will be activated. The State Public Health Group will be the lead in coordinating with ESF #8.

MISSION ASSIGNMENTS

This section reviews existing roles, responsibilities and capabilities of County agencies and community partners, and provides an overview of the State response. Actions listed in this Appendix are unique to this event.

A. The Monroe County Department of Public Health (MCDPH) and its Municipal Partners will likely have the largest set of tasks and responsibilities during a pandemic. Planning, response and recovery operations will be consistent with the *MCDPH Pandemic Influenza Procedures*. The functional areas of the *MCDPH Pandemic Influenza Procedures* response may include surveillance and epidemiological investigation, medical countermeasure dispensing, non-pharmaceutical interventions, , emergency public information and warning and information sharing. Actions may include:

    1. Managing and implementing response and recovery operations per the *MCDPH Pandemic Influenza Procedures*.

    2. Coordinating with the State Department of Health for treatment and prophylaxis recommendations, clinical guidelines, priority recipients, and case and contact management protocols. Information dissemination will be done in coordination with the County JIC and the EOC.

    3. Coordinating the use and distribution of antiviral medications and federally supplied vaccine with the State to ensure an adequate supply to priority geographic areas and recipients.

4. Coordinating provisions for special needs populations and the mobility impaired.

5. The Office of the Medical Examiner will coordinate fatality management activities in accordance with any draft or final Mass Fatality Incident Response Plan that includes a pandemic response appendix and any additional usable information from the January, 2011 New York State guidance titled "County Mass Fatality Annex With Emphasis on Pandemic Influenza Preparedness."

B. Emergency Medical Services

1. Coordinating the response of local EMS assets in support of jurisdictions that are overwhelmed or affected by the pandemic.

2. Assisting in the distribution of medications to homebound individuals as determined by the Monroe County Department of Public Health.

3. Coordinating local EMS assets serving mass care centers, adjunct medical facilities and shelter operations. Operations may include assisting in triage, treatment and transport of affected individuals to primary, secondary and tertiary facilities.

4. Coordinating statewide EMS assets if they are engaged in the County response.

5. The County EMS Coordinator will continuously monitor gaps between demand for EMS services and available resources and institute pre-identified special 911 triage procedures and/or alternate response and transport algorithms.

C. Office of Emergency Management (OEM) coordinates and manages Emergency Management functions for the County Executive, including:

1. Managing the EOC and implementing County response and recovery operations.

2. Coordinating the mission assignments and tasks of County response personnel.

3. Coordinating with the State response structure in the request, acquisition and distribution of state and/or federal assets.

4. Coordinating volunteers.

D. Department of Environmental Services (DES)

1. Responsible for the operation of the Receive, Stage, Store (RSS) Site

2. Coordinating with Department of Transportation (DOT), Greater Rochester International Airport (GRIA), and Department of Parks for supplemental personnel and equipment to support sustained RSS operations in accordance with Monroe County SNS procedures.

3. Being prepared to receive, process and deliver pharmaceuticals, medical supplies and equipment to designated distribution points throughout Monroe County

4. Delivering pharmaceuticals, medical supplies and equipment per EOC direction.

E. County Fire Coordinator

1. Coordinating the use of fire BLS services in support of the EMS Coordinator.

2. Coordinating county fire protection to support jurisdictions that are overwhelmed or affected by the pandemic.

3. Coordinating with the State in obtaining and utilizing fire assets and hazardous materials coverage.

F. Agriculture, MCC Agriculture & Life Sciences Institute, will serve as the local lead in coordinating with State and federal governments if the pandemic influenza virus is active in animal populations. This may include:

1. Serve as liaison with animal vector quarantine and eradication programs.

2. Facilitating procedural and diagnostic information to veterinarians practicing in Monroe County.

3. Providing information on local agricultural conditions, producers and resources, and providing advice regarding the limits of the infected area.

4. Assisting in the trace-forward or trace-back activities for an event of this type.

G. Sheriff, Law Enforcement

1. Implementing security measures at locations where medical assets are being distributed.

2. Coordinating support for local law enforcement agencies.

3. Coordinating traffic and access control points.

4. Supporting security at mass care centers, adjunct medical facilities, the Receive, Stage and Store (RSS) site, other primary pharmaceutical storage locations, in-transit shipments of pharmaceuticals, and at morgue sites.

5. Supporting security needs associated with transportation. Pandemic Influenza will not stop at borders. Travel restrictions for intrastate, interstate and international travel may be considered if deemed to be effective:

a. Intrastate**.** Travel restriction will be identified by the County Department of Public Health and/or the State Health Department. County law enforcement may initiate

traffic and access control points with other jurisdictions and the State. Resource support for travel restriction will be coordinated through the County EOC.

b. Interstate. Travel restriction will be identified by the State or federal government. As with intrastate coordination, interstate coordination may require local support to maintain the traffic and access control points. Coordination with Monroe County will be managed through the Sheriff.

c. International. Travel restriction may require local support to maintain boating or airline traffic and access control points. Coordination with Monroe County will be managed through the Sheriff.

H. Department of Human Services, American Red Cross

1. The County Department of Human Services and American Red Cross (ARC) will coordinate requests, acquisition and distribution of food (and water as necessary) to support the general population in areas where travel is restricted, or for people who are isolated or quarantined in their homes. This will be coordinated with law enforcement.

2. The Monroe County Office of Mental Health (with the Disaster Mental Health Team), ensures that mental health services (including grief support and special needs populations support) are available at the local level, and is responsible to coordinate State and federal mental health resources. The Monroe County Office of Mental Health has identified support concepts and training materials to educate local public health partners, local responders and the general public. The American Red Cross will assist in delivering disaster mental health services.

3. The County Office for the Aging will coordinate activities with Adult Protective Services and educate their constituents.

I. Health Care Plans Providers/Insurers will provide support for: mass vaccinations, training and information to members, pharmaceutical inventory management, and procedure modifications to expedite the delivery of healthcare, and call centers.

J. County Department of Transportation

1. Recommending traffic patterns associated with detours and traffic and access control points.

2. Providing support for soil excavation, transport and disposal.

3. Recommending transportation routes for efficient movement of resources.

K. Purchasing, Planning and Economic Development, Rochester Business Alliance

1. Expediting the procurement of commodities, services, labor and emergency purchases.

2. Developing Continuity of Operations Plans (COOP) with businesses to support critical needs during an emergency.

3. Utilizing guidance from the MDPH, disseminate information about infection control and social distancing to the business community.

L. Civil Service, Human Resources, Management and Budget

1. Identifying and disseminating guidance regarding County policies and contract provisions for employees to take leave from work for personal illness or to attend to their family.

2. Identifying contract staffing capabilities to support County staff.

3. Identifying measures to expedite the County process to canvass and hire employees (including temporary workers).

4. Facilitating and coordinating a process to recruit, classify and assign workers to meet essential needs.

M. Primary, Secondary Schools, BOCES, Colleges and Child Care Facilities

1. Utilizing guidance from the Monroe County Department of Public Health, disseminate information about infection control and social distancing to the school community.

2. Coordinating resources with County operations to support community needs.

3. Implementing health screening surge plans.

N. Residential Institutions, Home Health Services

1. Educating staff and clients about procedures and enforcement related to isolation and quarantine in residential settings, including the potential need to keep ill clients on-site.

2. Implementing APIC infection control guidelines.

3. Coordinating dissemination of vaccine and/or antiviral medications with the Monroe County Department of Public Health.

4. Implementing surge capacity plans and continuity of operations plans.

SPECIAL REQUIREMENTS

Upon completion and approval of this plan, it should be duplicated in sufficient quantity for response agencies. Participating agencies should request key departments and personnel to

familiarize themselves with this plan and their operational procedures. Accurate records and logs must be kept of all actions, purchases, and resource expenditures. All expenses must be accounted with receipts and written records.

The Office of Public Health Preparedness (OPHP) will serve as a focal point for revising this plan. All exercises should be coordinated with OPHP. Exercises of this plan will be considered and integrated, when possible, in the design and scheduling of other exercises.

The Monroe County Office of Emergency Management will coordinate and facilitate a debriefing of all incidents that prompt activation of the EOC.

SUMMARY

This plan is integrated as a hazard-specific appendix with the *Monroe County Comprehensive Emergency Management Plan*.

Attachments

Attachment 1: List of References

Attachment 2: Glossary and List of Acronyms

Attachment 1:

List of References and Legal Authorities Used in Plan Development

1. The New York State Department of Health *Pandemic Influenza Plan:* February 2006.

2. *Local Health Department Pandemic Influenza Plan Annex Template,* New York State Department of Health; March, 2006.

3. U.S. Department of Health and Human Services *Plan for Pandemic Influenza;* December, 2005.

4. *National Strategy for Pandemic Influenza*; November, 2005.

5. *National Strategy for Pandemic Influenza - Implementation Plan*; May, 2006.

6. *National Response Plan*; December, 2004.

7. *Homeland Security Presidential Directive (HSPD) # 5* – Management of Domestic Incidents; February, 2003.

8. *Homeland Security Presidential Directive (HSPD) #21* – Public Health and Medical Preparedness.

9. *State and Local Planning Checklist,* U. S. Centers for Disease Control; December, 2005.

10. World Health Organization (WHO) *Global Influenza Preparedness Plan*; May, 2005.

11. World Health Organization (WHO) *Review of Latest Evidence on Risks to Human Health Through Potential Transmission of Avian Influenza through Water and Sewage*; March, 2006.

12. *Monroe County Strategic National Stockpile Procedures*, Monroe County Department of Public Health: August, 2011.

13. U. S. Department of Homeland Security; *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources*: September, 2006.

14. Monroe County Department of Public Health; *Pandemic Influenza Procedures*; June, 2013

15. *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States*, U. S. Centers for Disease Control; February, 2007.

Legal Authorities:
NYS Executive Law, Article 2B: Section 23 and 24.
NYS Public Health Law: 1303, 2100 (1), 2100 (2) (b), 370 (1).

NYCRR, Title 10: 2.25(d), 2.29, 2.33.

Attachment 2:

Glossary and List of Acronyms

Glossary:

Antiviral medications: Medications presumed to be effective against potential pandemic influenza virus strains. These antiviral medications include the neuraminidase inhibitors oseltamivir (Tamiflu®) and zanamivir (Relenza®).

Civil Preparedness Initiative: A working partnership between Monroe County and all municipalities and the City of Rochester to share responsibilities in preparation for and in response to a large-scale public health emergency requiring the operation of municipal points of dispensing.

Containment: Contain an outbreak to the affected region(s) and limit of spread of the pandemic through aggressive attempts to contain via isolation, quarantine or social distancing.

Continuity of operations: Refers to the capability to ensure the performance of essential functions during any emergency or situation that may disrupt normal operations.

Countermeasures: Refers to pre-pandemic and pandemic influenza vaccine and antiviral medications.

Epidemic: A pronounced clustering of cases of disease within a short period of time; more generally, a disease whose frequency of occurrence is in excess of the expected frequency in a population during a given time interval.

Essential functions: Functions that are absolutely necessary to keep a business operating during an influenza pandemic, and critical to survival and recovery.

Isolation: Separation of infected individuals from those who are not infected.

Pandemic: A worldwide epidemic when a new or novel strain of influenza virus emerges in which humans have little or no immunity, and develops the ability to infect and be passed between humans.

Pandemic vaccine: Vaccine for specific influenza virus strain that has evolved the capacity for sustained and efficient human-to-human transmission. This vaccine can only be developed once the pandemic strain emerges.

Points of Dispensing (PODs): Locations or facilities where state and/or local authorities will be distributing vaccine or anti-viral medications, if available. These type of facilities are considered

"traditional PODs". Non-traditional PODs would be a means to distribute vaccine or antivirals while maintaining social distancing, such as "drive through" centers where occupants of a vehicle do not exit the vehicle but receive the required medication.

Post-exposure prophylaxis: The use of antiviral medications in individuals exposed to others with influenza to prevent disease transmission.

Prophylaxis: The prevention of a disease or of a process that can lead to disease. With respect to pandemic influenza this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.

Quarantine: Separation of individuals who have been exposed to an infection but are not yet ill from others who have not been exposed to the transmissible infection.

Social distancing: Infection control strategies that reduce the duration and/or intimacy of social contacts and thereby limit the transmission of influenza. There are two basic categories of intervention: transmission interventions, such as the use of facemasks, may reduce the likelihood of casual social contacts resulting in disease transmission; contact interventions, such as closing schools or canceling large gatherings, eliminate or reduce the likelihood of contact with infected individuals.

Strategic National Stockpile: A national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous-administration and airway-maintenance supplies, and medical or surgical material for use in a declared biological or chemical terrorism incident or other major public health emergency.

Surge capacity: Refers to the ability to expand provision of services beyond normal capacity to meet transient increases in demand. Surge capacity within a medical context denotes the ability of health care or laboratory facilities to provide care or services above their usual capacity, or to expand manufacturing capacity of essential medical materiel (e.g., vaccine) to meet increased demand.

Treatment course (antiviral medications): The course of antiviral medication prescribed as treatment (not prophylaxis) for a person infected with an agent susceptible to the antiviral medication.

Treatment course (vaccine): The course of vaccine required to induce protective immunity against the target of the vaccine.

Virulence: Virulence refers to the disease-evoking severity of influenza.

Wave: The period during which an outbreak or epidemic occurs either within a community or aggregated across a larger geographical area. The disease wave includes the time during which disease occurrence increases rapidly, peaks, and declines back toward baseline.

List of Acronyms:

ACS	Alternate Care Sites
APIC	Association for Professionals in Infection Control
APHIS	Animal and Plant Health Inspection Service
ARC	American Red Cross
BLS	Basic Life Support
BOCES	Board of Cooperative Educational Services
CDC	U.S. Centers for Disease Control
CEMP	Comprehensive Emergency Management Plan
COOP	Continuity of Operations Planning
CPI	Civil Preparedness Initiative
DES	Department of Environmental Services
DHS	Department Of Homeland Security
DHSES	Department of Homeland Security and Emergency Services
DMAT	Disaster Medical Assistance Teams
DOT	Department of Transportation
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF#8	Emergency Support Function (Health and Medical)
FEMA	Federal Emergency Management Agency
GRIA	Greater Rochester International Airport
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HSPD#5	Homeland Security Presidential Directive-5; NIMS
HSPD#21	Homeland Security Presidential Directive-21
IA	Individual Assistance
ICS	Incident Command System
IMT	Incident Management Team
JIC	Joint Information Center
JFO	Joint Field Office
MAC	Multi-Agency Coordination
MCC	Monroe Community College
MCDPH	Monroe County Department of Public Health
NIMS	National Incident Management System
NRF	National Response Framework
NYS	New York State
NYSDOH	New York State Department of Health
OEM	Monroe County Office of Emergency Management
OPHP	Office of Public Health Preparedness
PA	Public Assistance
PFO	Principal Federal Official
PHP	Public Health Preparedness
PIO	Public Information Officer
POD	Point of Dispensing

POM	Point of Dispensing Operations Manual
PPE	Personal Protection Equipment
RBA	Rochester Business Alliance
REMAC	Rochester Emergency Medical Advisory Council
RSS	Receive, Stage and Store Site
SNS	Strategic National Stockpile
URMC	University of Rochester Medical Center
WHO	World Health Organization