

**Waukesha County
Public Health Division**

**Pandemic Influenza
Preparedness
and
Response Plan**

(public version)

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Pandemic Influenza Preparedness and Response Plan**

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Waukesha County Public Health Division
PANDEMIC INFLUENZA PREPAREDNESS
and
RESPONSE PLAN

INTRODUCTION

Waukesha County is an urban county in Southeastern Wisconsin with a population of approximately 361,000 residents (2000 census). The county consists of 26 municipalities and is home to several major corporations and businesses (12,000 employers, employing more than 218,000 workers)

The potential impact of a pandemic influenza outbreak in Waukesha County was estimated by utilizing FluAid 2.0, software created by CDC. FluAid provides a range of estimates of impact in terms of deaths, hospitalizations, and 788 outpatient visits due to pandemic influenza. The numbers in the following table assume a 25% attack rate, which means 25% of population will become ill.

Table 1. Population Affected by Pandemic Influenza with 25% Attack Rate

	United States	Wisconsin	Waukesha County
Population *	~ 300 million	~ 5.6 million	379,220
Clinically Ill	89 million	1.9 million	94,805
Outpatients	18-45 million	1 million	50,574
Hospitalizations	300-800 thousand	22,000	9,301
Deaths	88-300 thousand	8,000	2,111

* 2006 Population Estimates
 (Outpatient, Hospitalizations and Deaths estimates based on impact of a severe (1918-like) influenza pandemic)

Waukesha County Public Health Division (WCPHD) is responsible for the coordination of pandemic influenza response in Waukesha County. WCPHD works closely with governmental and non-governmental agencies to meet the public health needs of all county residents and visitors. In collaboration with its partners, WCPHD is prepared to respond to public health emergencies such as pandemic influenza. The following provides information regarding these collaborations and the goals of the organizations.

COLLABORATING PARTNERS:

- **Milwaukee/Waukesha County Consortium #11 for Emergency Public Health Preparedness (Milwaukee/Waukesha Consortium)**, consisting of 14 local public health departments. These public health departments have pooled resources to affect a consistent, well coordinated Southeastern Regional Response Plan to be operationalized in the event of a pandemic influenza outbreak and subsequent “emergency authorization

declaration”. As a consortium member, WCPHD has already begun to plan and put in place materials and resources necessary to respond to a pandemic influenza outbreak.

- **Waukesha County Office of Emergency Management (WCEM)**, as required by State Statute 166, provides a comprehensive integrated emergency management program designed to mitigate, prepare for, respond to and recover from the effects of natural and technological hazards, which impact the welfare, safety, and health of all Waukesha County residents. This plan will be integrated into the **Waukesha County Emergency Operations Plan (ESF 8)**. This office also administers the business continuity program for Waukesha County.
- **Cities Readiness Initiative (CRI)**, a federally funded effort to prepare cities (Milwaukee) and metropolitan areas (MSAs - Waukesha, Ozaukee, Racine and Washington counties), to effectively respond to a large scale bioterrorist event by dispensing medications to their entire identified population within 48 hours of the decision to do so.
- **Wisconsin Region 7 Bioterrorism Preparedness Planning Group (HRSA)**, multi-disciplinary group consisting of representatives from hospitals, community health centers, EMS agencies (municipal fire-based and private services), public health, emergency government and private community service agencies. Works to advance emergency preparedness and how to best pool resources to promote medical disaster preparedness in the southeastern region.
- **Waukesha County Emergency Preparedness Committee (WCEPC)**. The WCEPC teams with representatives from hospitals, outpatient groups, private physicians, emergency medical providers and other community first responders, home health agencies, private sector companies, and the Waukesha County Public Health Division in order to build cooperation and enhance emergency preparedness response to disasters and mass casualty events (See Appendix A for membership list). This committee’s goals are to develop strategies for:
 - Coordinating the health care system response during a pandemic and other public health emergencies
 - Assuring the most effective use of available health care system resources during health emergencies; and
 - Advising local public health division/Health Officer on the impacts of the pandemic on the health care system, on the need for changes in health care system operations to respond to the pandemic and on strategies to implement necessary changes.
- **Urban Area Security Initiative (UASI)** addresses the preparedness needs of the City of Milwaukee and the counties surrounding Milwaukee (i.e. Waukesha, Ozaukee, Racine and Washington). The Milwaukee Urban Area Work Group (UAWG) was formed to provide governance of UASI’s strategic development for this region and includes representation from law enforcement, fire service, public health, emergency management, EMS (Emergency Medical Support), public works, HRSA (Health Resources and Service

Administration), transportation sector, US Coast Guard, citizen volunteer organizations and the private sector. The WCPHD may utilize some or all of the following UASI resources:

- Development and implementation of the National Incident Management System
 - Establish regional Type 3 Incident Management Team (IMT) in conjunction with the state's Capability Enhancement Plan
 - NIMS compliance, planning and implementation in local jurisdictions
 - Enhance "Continuity of Operations Plan" (COOP) development in local jurisdictions by acquisition of MyCOOP5 software
- Medical Surge Capacity Plan
 - Electrical generators in firehouses identified as medical surge reception sites
 - Medical surge supplies/equipment in mobile trailers for rapid deployment
 - Portable lighting for mass care sites
- Enhanced mass prophylaxis capacity and capability
 - Public education materials (includes special needs populations)
 - Citizen/volunteer education and training
 - Risk communication plan to assure uniformity among counties and agencies
 - Activities to pre-identify and train mass clinic workforce with 24/7 notification system
 - Mass clinic supply kits
- Animal Health
 - Placement of "push pack" in Waukesha County containing pet carriers, leashes, PPE, negative air machines, temporary isolation area building supplies, generators and lighting

The Waukesha County Pandemic Influenza Preparedness and Response Plan is an annex to the Milwaukee/Waukesha County Public Health Emergency Plan (PHEP) and will be integrated into the Waukesha County Emergency Operations Plan (Waukesha County Office of Emergency Management). The plan follows the Centers for Disease Control (CDC), the U.S. Department of Health and Human Services (HHS) and the Wisconsin Department of Health and Family Service guidance with regard to response planning.

ROLES AND RESPONSIBILITIES

The Federal (HHS and CDC) roles and responsibilities are defined in "HHS Pandemic Influenza Plan" November 2005 www.dhhs.gov/pandemicflu/plan. A brief summary of their roles are as follows:

- The support of containment efforts overseas and limitation of the arrival of a pandemic to our shores
- Guidance related to protective measures that should be taken
- Modifications to the law and regulations to facilitate the national pandemic response
- Modifications to monetary policy to mitigate the economic impact of a pandemic on communities and the nation
- Procurement and distribution of vaccine and antiviral medications
- The acceleration of research and development of vaccines and therapies during the outbreak

The State roles and responsibilities are defined in “Wisconsin Pandemic Influenza Preparedness Plan” April 2004 www.dhfs.wisconsin.gov/preparedness/pdf_files/wipandemicinfluenzaplan.pdf.

A brief summary of the roles are as follows:

- Lead the state response to pandemic influenza – the Governor has designated the State Health Officer as the leader of the public health response
- Primary responsibility for surveillance of novel influenza viruses and influenza activity within the state
- Address unique challenges of maintenance of essential health, medical and other essential services
- Communicate accurate, reliable information regarding the pandemic by developing and maintaining an effective risk communication system
- Distribute SNS pandemic vaccine and supplies to local public health departments and monitor adverse reactions through the Vaccine Adverse Events Reporting System (VAERS)
- Purchase antiviral medications and develop criteria for use

The Milwaukee/Waukesha County Consortium for Emergency Public Health Preparedness roles and responsibilities are defined in the “Milwaukee-Waukesha County Pandemic Influenza Preparedness and Response Plan” at <http://www.pandemicflu.gov/plan/states/wisconsin.html>. The plan describes the response, coordination and decision making structure during a pandemic. The plan identifies critical functions to be completed by the consortium and/or the local public health department.

The WCPHD has developed and implemented a structured parallel system of pandemic influenza preparedness in Waukesha County with critical functions and the roles/responsibilities as follows. WCPHD will:

- Develop a pandemic influenza preparedness and response plan that focuses on Waukesha County needs and issues
- Conduct exercises to ensure that the plan achieves its goals when implemented
- Collaborate with key community partners and stakeholders to ensure awareness, preparedness and participation in response efforts
- Conduct ongoing and real-time surveillance activities
- Provide community education to enable community awareness and preparedness to respond to pandemic influenza and other emergencies
- Provide technical assistance and support to enable key systems and organizations to be prepared to respond to pandemic influenza
- Ensure an orderly and effective response in the event of a pandemic by implementing the plan

The Health Officer and Public Health Division Manager are responsible for plan maintenance. The plan will be reviewed annually and will be updated as needed. Updates will be based on the results of relevant exercises (utilizing Homeland Security Exercise and Evaluation documents), updated information from the WI DPH and/or CDC and other sources as appropriate. Exercises

may include mass fatality plans, mass clinic plans, public health emergency plans and the pandemic flu plan.

PURPOSE AND GOALS

While there is no current evidence of an imminent human influenza pandemic, experts have been issuing warnings about this possibility and the WCPHD is aggressively preparing for such an event. The purpose of the WCPHD Pandemic Influenza Preparedness and Response Plan is to provide an overview of the medical and public health issues related to a pandemic. The goal is two-fold:

- 1) to plan for and implement ‘prevention’ processes – simple awareness and infection control practices and habits
- 2) to prepare for possible onset of pandemic influenza and the need for immediate responses

Pandemic influenza preparedness is a process, not an isolated event. To be “prepared,” specific capabilities must be developed in staff, associates and their families, and in a collaborative community system of industry and health emergency response agencies. The Pandemic Influenza Preparedness and Response Plan is intended to guide the development of appropriate procedures, prepare staff, and establish a state of readiness, in the case a pandemic flu occurs.

During a pandemic this plan will be utilized to achieve the following goals:

- Contain and control disease outbreak
- Limit the number of illnesses and deaths
- Preserve continuity of essential government functions
- Minimize social disruption
- Minimize economic losses

This plan is organized by pandemic periods. The World Health Organization (WHO) has defined a series of “phases” – a system of informing the world of the seriousness of the threat of pandemic influenza and to allow for preparedness planning and response activities (http://www.who.int/csr/disease/avian_influenza/phase/en/).

This classification system is comprised of 6 phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic. These phases are further categorized by periods to enable planners to identify appropriate actions based on a progression of circumstances both local and global.

The Milwaukee/Waukesha County Consortium Pandemic Influenza Plan and this local plan are organized by period rather than phase based on the assumption that variations among phases within a period will not substantively change the local public health agency’s activities. See Appendix B “WHO Pandemic Phases and Planning Goals” and “Influenza Pandemic – Phases and Strategic Actions”. Throughout all phases/periods of a pandemic, the WCPHD will attempt to maintain public health business continuity services in addition to the response activities.

During the WHO defined Inter-pandemic Period (Phases 1 and 2), the WCPHD collaborates with its partners to:

- Educate and train staff, partners and the community to limit the number of illnesses and deaths, to preserve continuity of essential government functions, to minimize social disruption and economic losses
- To provide local surveillance as well as be a recipient to surveillance reports generated at the local, regional, state and national level
- To develop standardized risk communications and coordinated release methodologies
- To develop and utilize regionally developed community disease control techniques
- To provide ongoing training and exercising of the plan
- To establish caches of necessary medical supplies and to provide protocols to access inventory, control, distribute and secure these resources
- Work with other community partners/stakeholders to plan and coordinate efforts

During the WHO defined Pandemic Alert Period (Phases 3-5), the WCPHD collaborates with its partners to:

- Operationalize a local plan in the event of a pandemic influenza outbreak, to coordinate with other regional efforts, to share resources and personnel per existing MOU's (Memorandum of Understanding) and mutual aid agreements
- Work to assure a steady accurate flow of information
- Continue to monitor and document local incidence
- To seek to draw on necessary assistance and materials through the Milwaukee/Waukesha Consortium
- Work to integrate all partners and resources through the NIMS (National Incident Management System) /ICS (Incident Command System) structure
- To begin to mobilize its response preparations in anticipation that a pandemic will be declared
- Maximize efforts to contain or delay the spread of the disease – see the Disease Control and Prevention Section

During a WHO defined Pandemic Period (Phase 6), a pandemic will have been declared. At that time and in concert with regional partners, WCPHD will:

- Facilitate regional exchange and public release of information as well as issue local communication specific to this jurisdiction
- Continue to monitor and track pandemic related activities/events including non-facility related deaths
- Operationalize the local mass fatality disaster plan as determined by the EOC (Emergency Operations Center)
- Provide/arrange for continuity of care and food distribution as needed and determined by the EOC

The recommended functions or response activities to perform during each period are referenced within the following areas of operation:

- Command and Control
- Surveillance
- Health Care Planning
- Communications
- Community Disease Control
- Anti-viral Distribution and Use
- Vaccine Distribution and Use

The identified functions may be supported by additional plans or detail reference in the Wisconsin Public Health Emergency Plan (PHEP) which can be found at <http://dhs.wisconsin.gov/preparedness/EmergencyPlans.htm>

COMMAND AND CONTROL

Existing command and control protocols (emergency operations plans) will be followed during an influenza pandemic. These plans delineate operational priorities and responsibilities for making public health and health care decisions related to the pandemic such as: preparing and maintaining the plan, making policy decisions, coordinating affected units, and mobilizing additional resources. The Incident Command System (ICS) will be implemented in the very early stages of a response to a pandemic influenza.

The legal considerations linked to pandemic preparedness and response is multifaceted and will control and regulate the actions of the local health authorities. A critical capacity of the Waukesha County Public Health Division (WCPHD) is its ability to invoke its legal authority to implement actions to limit the spread of disease. See Appendix C “Statutory and Legal Authority” for statute/administrative code references that apply to pandemic preparedness.

COMMAND AND CONTROL OPERATIONS BY PANDEMIC PERIODS

(See Appendix B “WHO Pandemic Phases and Planning Goals” and “Influenza Phases and Strategic Actions”)

Inter-Pandemic Period (WHO Phases 1-2: New virus in animals, no human cases):

1. Convene a committee for reviewing the Wisconsin Department of Public Health (WI DPH) Pandemic Influenza Preparedness document and for developing a Waukesha County Pandemic Plan (Waukesha County Public Health Division Emergency Preparedness/Pandemic Influenza Preparedness Committee).
2. Plan and coordinate the use of resources by collaborating with:
 - Milwaukee/Waukesha County Consortium #11 (Milwaukee/Waukesha Consortium)
 - Waukesha County Office of Emergency Management
 - Milwaukee Cities Readiness Initiative (CRI)
 - Wisconsin Region 7 Bioterrorism Preparedness Planning Group (HRSA)
 - Waukesha County Emergency Preparedness Committee (WCEPC)
 - Urban Area Security Initiative (UASI)
3. With Milwaukee/Waukesha Consortium assistance, plan and coordinate with both the public and private sector and key stakeholders to ensure adequate pandemic planning will be done.
4. Obtain and review CDC and WI DPH developed seasonal and pandemic influenza educational materials for staff, community partners and the public.
5. Create and exercise the Incident Command System (ICS) based on the National Incident Management Systems (NIMS) to assure coordination of resources and responses at the state, regional, and local levels.

Pandemic Alert (WHO Phases 3-5: New virus causes human cases):

1. Continue consultation with Wisconsin Department of Public Health (WI DPH) and CDC for recommendation on actions to be taken in response to the emerging pandemic. The CDC’s designation of the category of the pandemic will be based on the Pandemic

Severity Index (see Appendix D “Pandemic Severity Index” and “Pandemic Severity Index by Epidemiological Characteristics”)

2. In conjunction with the Milwaukee/Waukesha Consortium, work with the Wisconsin Department of Health and Family Service (DHFS) and local emergency management to plan the delivery and administration of vaccines when they are available.
3. In conjunction with the Milwaukee/Waukesha Consortium, meet with local Department of Natural Resources representatives and discuss possible avian flu scenarios and plan for a coordinated response. (Reference: State of Wisconsin Response to an Animal Influenza Emergency, www.dnr.wi.gov)
4. Continue to exercise the Incident Command System (ICS) based on the National Incident Management System (NIMS) and utilize all appropriate forms. After an exercise, utilize the HSEEP (Homeland Security Exercise and Evaluation Program) “After Action Report/Improvement Plan” template to provide a description and analysis of performance to identify issues that need to be addressed, as well as recommendations for corrective actions.
5. When there is evidence of significant or sustained human-to-human transmission (i.e. Phases 4 and 5 is occurring in the United States, Waukesha County or neighboring jurisdictions) the following functions/response activities will occur:
 - The Health Officer in consultation with the State Health Officer will determine activation of the Public Health Emergency Plan and this Pandemic Influenza Preparedness.
Response actions will include and emphasize:
 - disease surveillance;
 - case investigation and contact tracing to identify sources of disease and causes of disease spread;
 - containment measures (i.e. isolation/quarantine, social distancing, travel restriction recommendations, etc.) and other interventions to prevent illness (e.g. providing or coordinating vaccination and prophylaxis).
 - The Health Officer will notify the Waukesha County Executive to activate the Emergency Operations Center (EOC). The Health Officer will notify the Emergency Management Director for activation of the Waukesha County Emergency Operations Plan (EOP).
 - WCPHD will manage the event using Waukesha County resources (including resources through the collaboration with Milwaukee/Waukesha Consortium) and will initiate mutual aid agreements through the Emergency Operations Center (EOC) when local resources are exhausted.
 - When the Waukesha County and/or Milwaukee/Waukesha County Consortium Emergency Operations Center (EOC) and Emergency Operations Plan (EOP) is activated, technical information, public information and press releases will be disseminated through the Joint Information Center (JIC). Public information will include travel alerts, guidelines on limiting the spread of the disease, and information about when and where to obtain medical care

6. The Health Officer will be responsible for determining isolation, quarantine, and social distancing measures (see Disease Control and Prevention Section of this plan).
7. WCPHD may participate in the County Mass Fatality Mortuary Plan (CMFMP) at the request of the County Medical Examiner Office (CMEO) to ensure communications prior to and during the pandemic. The County Medical Examiner Office is the CMFMP coordinator and may call for assistance from a national DMORT (Disaster Mortuary Operational Response Team - US Department of Health and Human Services program).
8. The Health Officer will consult with the State Health Officer who may invoke statutory powers (157.055) regarding disposal of remains during a state of emergency relating to public health (see Wisconsin Pandemic Influenza Operations Plan, Priority 7: Fatality Management at www.pandemic.wisconsin.gov).
9. Requests for law enforcement services will go through the EOP and may include the following:
 - Special operations (e.g. mass clinics and antiviral distribution to hospitals/clinics,
 - Support and security (e.g. traffic and crowd control, limiting access and maintaining perimeter,
 - Disease containment procedures related to isolation and quarantine and sheltering operations as needed.

Pandemic Period (WHO Phase 6: Increased and sustained transmission in general population):

1. Activate plans to redirect personnel and financial resources from other programs to assist with the pandemic influenza response.
2. Follow vaccination distribution guidelines defined by CDC. If vaccine is available, vaccine delivery and administration will be at the highest level, and the system to detect possible adverse reactions to the vaccine will be closely monitored by the WI DPH.
3. Address shortfalls in supplies and personnel. Planning will include the ongoing need to continue vaccination after the first wave has ended. The vaccination campaign will include giving the second booster dose of vaccine to individuals who only received one dose of vaccine, and offering vaccine to the entire population if there is an adequate supply. See Milwaukee/Waukesha County Consortium Mass Clinic Plan.
4. Establish Unified Command in the Consortium. The Health & Safety Officer will provide guidance to the EOC Incident Commander. The Incident Commander will assure that response and coordination occurs.
5. The Consortium Health & Safety Officer may determine if additional assistance is needed. If this occurs, the Health & Safety Officer will advise the Health Officer so that assistance from other areas may be obtained.

Post Pandemic Period (Return to inter-pandemic period):

1. Convene a meeting of the Waukesha County Public Health Division Emergency Preparedness/Pandemic Influenza Preparedness Committee to evaluate the overall response to the influenza pandemic utilizing the HSEEP (Homeland Security Exercise and Evaluation Program) “After Action Report/Improvement Plan” template www.hseep.dhs.gov
2. Update plans and procedures as necessary.

SURVEILLANCE

Surveillance is the ongoing systematic collection, analysis, and interpretation of outcome-specific data. Surveillance data provide a scientific basis for appropriate disease control and policy decisions in public health practice as well as an evaluation of public health efforts and allocation of resources.¹ Surveillance is used to detect the earliest cases of disease, which helps minimize illness and morbidity and decreases social disruption and economic loss, which are all critical elements in a pandemic. Two primary types of surveillance are used to monitor pandemic influenza: virologic surveillance, which identifies and characterizes circulating influenza strains, and disease surveillance, which detects increases in ILI (influenza-like illness), monitors the impacts and track any trends. In 2004, the Wisconsin Division of Public Health (WI DPH) and the Wisconsin State Laboratory of Hygiene (WSLH) developed criteria for testing for suspected novel influenza. The Waukesha County Public Health Division (WCPHD) supports WI DPH surveillance activities, which include:

- National influenza surveillance activities:
 - Two World Health Organization (WHO) collaborating laboratories in Wisconsin and three National Respiratory and Enteric Virus Surveillance System (NREVS) labs in Wisconsin report the number and type of influenza viruses isolated each week and submit representative and unusual specimens to the Centers for Disease Control (CDC);
 - State and territorial epidemiologists report the level of influenza activity in their states to CDC weekly;
 - Voluntary national network of sentinel clinicians report the number of patients with influenza-like illness (ILI) to CDC weekly;
 - Vital Statistics of 122 of the largest cities (including Milwaukee, WI) report total deaths and deaths associated with influenza or pneumonia weekly.
- Wisconsin virologic surveillance activities:
 - In 2004, criteria developed for testing suspected novel influenza;
 - Enhanced surveillance for persons who have influenza-like illness within 10 days of return from a country affected with human cases of avian influenza;
 - Voluntary submission of influenza virus isolates by clinical virology labs to the Wisconsin State Laboratory of Hygiene (WSLH) or the City of Milwaukee Health Department (MHDPHL) for viral subtyping;
 - WSLH sends selected influenza isolates to the CDC for antigenic analysis;
 - On a year-round basis, voluntary reporting by virology labs of positive test results and total number of respiratory virus specimens tested;
 - On a seasonal basis, voluntary reporting of the total number and results of rapid tests performed by influenza rapid test sites and submission of selected specimens for virus culture to the WSLH or other Wisconsin virology labs.
- Wisconsin syndromic surveillance activities:
 - On a year-round basis, voluntary reporting by sentinel clinicians of the number of patients presenting with ILI;
 - Voluntary reporting to the WI DPH of ILI outbreaks in long-term facilities, schools and other congregate settings;

¹ Gregg, M. 2002. Field Epidemiology. Oxford University Press

- Distribution of influenza surveillance data to labs, local public health departments, healthcare providers, infection control practitioners (ICPs) and other by the WI DPH and WSLH;
- Information regarding the detection and circulation of novel influenza viruses.
- Continued WI DPH and WSLH collaboration with the Wisconsin Veterinary Diagnostic Laboratory and the University of Wisconsin School of Veterinary Medicine regarding zoonotic influenza, especially among avian and swine populations.

For more details regarding Wisconsin’s surveillance activities, see “Wisconsin Pandemic Influenza Preparedness” pp 13-16 at www.dhfs.wisconsin.gov/preparedness/pdf_files/wipandemicinfluenzaplan.pdf .

Local disease reporting and its surveillance systems should be able to detect introduction of a novel strain of influenza and monitor disease activity and impact on individuals and communities. Surveillance will evolve over phases of a pandemic from monitoring for novel viruses, to conducting case investigations during early stages and assessing the community-wide impact after the number of cases has exceeded local capacity to perform case management.

WCPHD utilizes the following communication methods and tools to receive and share information on surveillance activities:

- The Health Alert Network (**HAN**) is the primary communications infrastructure for state and local public health authorities to send alerts, advisories and other information regarding public health threats and emergencies.
- Wisconsin Electronic Disease Surveillance System (**WEDSS**) is an electronic web based system for reporting, surveillance, case management, contact tracing and outbreak investigation for notifiable conditions.
- Epidemic Information Exchange (**Epi-X**) is a secure communication network from the CDC for public health departments to receive and share preliminary health surveillance information and be actively notified of breaking health events as they occur.
- **Command Caller**TM is a system for 24/7 on-call staff for the WI DPH to alert local, regional and statewide partners of unusual or emergency situations.
- **“Notification of Increased Index of Suspicion”** fax form from the Milwaukee/Waukesha Consortium is used to notify all clinicians within Waukesha County.
- **WITrac** is a tool for hospitals to report their bed and resource availability. WCPHD will utilize WITrac to monitor local hospital admissions for influenza and respiratory admissions.
- Real-time Outbreak and Disease Surveillance (**RODS**) – is an over-the-counter drug surveillance system (actively utilized in the City of Milwaukee Public Health Department).

HIPAA (Health Insurance Portability & Accountability Act) does not change the obligation of health care providers to report communicable diseases and other events of public health interest to local or state health departments.

The privacy rules expressly permit disclosures of Protected Health Information (PHI) without prior consent of patients, to public health agencies so that public health activities such as disease

control and prevention can continue. Hence, the rules permit covered entities to continue the same reporting relationships with their public health partners. It does so by the following provisions:

- Disclosures of PHI to public health agencies do not require prior consent. Health care providers can report individually identifiable health data to local and state health departments without obtaining consent from their patients.
- Federal privacy rules uphold state statutes that require disease and injury reporting to public health authorities. The requirements of Chapter 252 of the Wisconsin State Statutes are not affected by the Federal privacy rules.
- All those responsible for reporting to local and state health departments (e.g. health care providers, laboratory staff, and infection control professionals) should be advised that they can and must continue to report necessary patient information to public health authorities. The Division of Public Health and local health departments will in turn maintain the privacy of all patient information.

Source: Wisconsin Department of Health and Family Services, Bureau of Communicable Disease (“Wisconsin Hospital Emergency Preparedness Plan”)

SURVEILLANCE OPERATIONS BY PANDEMIC PERIODS

(See Appendix B “WHO Pandemic Phases and Planning Goals” and “Influenza Phases and Strategic Actions”)

Inter-Pandemic Period (WHO Phases 1-2: New virus in animals, no human cases):

1. Support all state and regional surveillance activities.
2. Continue to monitor world-wide, national, state, and local data related to influenza.
3. Continue to collaborate with key healthcare providers in monitoring disease trends and improve reporting.
4. Continue to monitor local disease trends to identify and quantify health-related events beyond normal day-to-day operations (See Milwaukee/Waukesha Consortium PHEP: Surveillance).
5. Maintain communication with Waukesha County Environmental Health, Department of Natural Resources (DNR) and Wisconsin Department of Public Health (WI DPH) regarding avian influenza in animals. Refer to the “State of Wisconsin Response To An Animal Influenza Emergency” at:

www.dhfs.wisconsin.gov/preparedness/pdf_files/wipandemicfluplanforanimals.pdf

Pandemic Alert Period (WHO Phases 3-5: New virus causes human cases):

1. Continue to monitor world-wide, national, state, and local data related to influenza utilizing all surveillance activities and communication tools listed.
2. Continue to review weekly influenza surveillance data from WI DPH and WSLH.
3. Monitor local hospital census, newly hospitalized influenza cases, number of discharged influenza cases through the WITrac system and WEDSS. Monitor number of influenza-related deaths through WEDSS.
4. Coordinate with WI DPH/DATCP (Department of Agriculture, Trade, and Consumer Protection www.datcp.state.wi.us) / USDA (United State Department of Agriculture

www.usda.gov) to identify persons exposed to animal influenza. Monitor persons exposed to animal influenza for influenza like illness for 10 days.

5. Continue to collaborate with key healthcare providers in monitoring disease trends and increase awareness of pandemic potential, the importance of diagnosis and viral identification for persons with influenza like illness (especially for persons traveling to potentially affected areas).
6. Utilize all communication tools to receive updates and recommendations from WI DPH and CDC for enhanced surveillance initiation in Waukesha County.
7. Continue to monitor absenteeism from reports sent from local schools. If active surveillance recommended, see #9.
8. Provide case investigation for reported suspected or confirmed cases of novel influenza per the Waukesha County Public Health Division “General Communicable Disease Program Policy”.
9. If a suspected case is identified in Waukesha County during any phase of the alert period the following will be done:
 - WCPHD will report the case immediately to the WI DPH via the 24 Hour Hotline
 - The WI DPH will report to the CDC.
 - WCPHD will contact the Milwaukee/Southeastern Region (SERO) Division of Public Health
 - If the case was diagnosed in Waukesha County but does not live in Waukesha County, the report will be sent to the responsible local health department. County-to-county collaboration for situations that cross county lines is expected and will be performed (e.g. case is employed in Waukesha County but does not reside here).
 - WCPHD will report all cases and progress in contact tracing to WI DPH via the 24 hour emergency hotline or other format such as WEDSS as defined at the time of the event, utilizing:
 - Respiratory Distress with Fever Worksheet
 - Respiratory Illness Line List
 - Contact Tracking Worksheet
 - Case Report form 4151
10. The WCPHD will provide timely response to urgent disease reports of potential public health significance. If a report is called into the WCPHD, the following will occur:
 - During operating hours, reports can be called into the main division phone number at (262) 896-8430 and the call will be transferred to the Assurance section, then immediately reported to a supervisor for further processing.
 - When the Public Health Division is closed, the phone-recorded message will direct the caller/reporter where to call. The appropriate Emergency after hours contacts are listed in the “Weekend (and After Hours) Emergency Response Book” and the Waukesha County Health Officer, Public Health Division Manager, and all supervisors are listed under “On-Call Staff” with appropriate phone numbers where they can be reached.
11. When active surveillance is recommended and initiated, WCPHD will utilize a case definition developed in collaboration with the investigating health department, WI DPH and CDC as needed, together with questionnaires, instruction for sampling and shipping,

treatment recommendations, travel histories and contact tracing information as appropriate. Active surveillance activities may include the following:

- Contacting healthcare providers or laboratories for tracking suspected or confirmed pandemic influenza cases.
- Developing partnerships with day care centers, schools, business, hospitals, clinics, long term care facilities to monitor influenza activity among different population groups by tracking absenteeism rates related to influenza like or diagnosed illnesses
- Tracking contacts of suspected or confirmed pandemic influenza.

Pandemic Period (WHO Phase 6: Increase and sustained transmission in general population):

1. Continue to monitor world-wide, national, state and local data related to influenza and possible further mutation of the virus.
2. If requested, prepare local surveillance reports.
3. Continue to monitor hospital resources through WITrac.
4. Through Waukesha County Emergency Management and DNR, review data from monitored quarantined animal facilities.
5. With WI DPH and Milwaukee/Waukesha Consortium assistance, provide daily/weekly updates to healthcare facilities on pandemic influenza surveillance data in the community.
6. With WI DPH and Milwaukee/Waukesha Consortium assistance, provide healthcare facilities with the latest guidance on pandemic influenza from federal and state resources as it becomes available.
7. Through the Public Health liaison to the EOC (Emergency Operations Center), assist in the coordination of healthcare facilities' response to managing pandemic influenza. This coordination will occur between the hospital representative at the county EOC or with the Region 7 WHEPP (Wisconsin Hospital Emergency Preparedness Plan) Coordinator and possibly the Wisconsin Hospital Association (WHA).

Post Pandemic Period (Return to Inter-pandemic Period):

1. Continue to monitor world-wide, national, state, and local data related to influenza.
2. If requested, prepare local surveillance reports related to influenza.
3. Continue to develop passive surveillance systems with hospitals and other partners.
4. Maintain communication with WI DPH and, through the Waukesha County Environment Division, with the DNR regarding avian influenza in animals.

HEALTH CARE PLANNING

Health care planning refers to the maintenance of critical health care services. A pandemic influenza may pose significant threats and challenges to these services. These challenges will be:

- The prolonged duration of the response
- The anticipated absenteeism resulting from illness
- The limited availability of non-human resources and supplies (e.g. pharmaceuticals, medical supplies and durable equipment)

The WCPHD has prepared an agency-level Continuity of Operations Plan (COOP) to ensure we can continue the highest priority time-sensitive public health services during a pandemic. This plan will assure that all of the 10 essential core public health services fully and adequately conducted. These services are:

- Monitor health status and health issues in Waukesha County
- Protect people from health problems and hazards
- Give people information they need to make healthy choices
- Engage the community to identify and solve health problems
- Develop public health policies and plans
- Enforce public health laws and regulations
- Help people receive health services
- Maintain a competent public health workforce
- Evaluate and improve programs and interventions
- Contribute to the evidence base of public health

HEALTH CARE PLANNING OPERATIONS BY PANDEMIC PERIODS

(See Appendix B “WHO Pandemic Phases and Planning Goals and “Influenza Phases and Strategic Actions”)

Inter-Pandemic Period (WHO Phases 1-2: New virus in animals, no human cases):

1. Communicate the need for annual influenza vaccinations for healthcare workers (and year round pneumococcal vaccination).
2. In collaboration with the Milwaukee/Waukesha Consortium, act as a resource to healthcare facilities for Pandemic Influenza planning.
3. Review the Wisconsin Hospital Emergency Preparedness Plan (WHEPP) at <http://dhs.wisconsin.gov/preparedness/EmergencyPlans.htm>. The WHEPP was developed as an emergency and mutual aid plan to enable the participating institutions to meet community healthcare needs during an incident/event in which an individual institution’s capacity is exceeded (surge capacity plan).
4. Obtain/develop communication systems/tools for healthcare facilities/providers.
5. If requested, collaborate with Waukesha County Medical Examiner Office to develop plan for increased numbers of death certificates to be processed during a pandemic influenza.
6. If requested, collaborate with Waukesha County Emergency Management and the Waukesha County Medical Examiner Office regarding mass fatality management

planning. Become familiar with resources for mass fatality management from UASI (Urban Area Security Initiative).

Pandemic Alert Period (WHO Phases 3-5: New virus causes human cases):

1. Communicate and encourage the need for annual influenza vaccinations for healthcare workers (and year round pneumococcal vaccination).
2. In collaboration with the Milwaukee/Waukesha Consortium, utilizing the WHEPP, act as a resource to healthcare facilities for Pandemic Influenza planning.
3. Provide periodic updates to healthcare facilities/providers on current novel strains of influenza viruses circulating in either human, avian and/or mammalian species.
4. Provide healthcare facilities/providers with the following information:
 - Current case definitions for influenza caused by a novel influenza virus (from the WI DPH and CDC)
 - How to report suspect cases of novel influenza infections
 - Recommendations for proper safety precautions to be practiced when a novel influenza virus infection is suspected (i.e. infection control/isolation procedures and testing guidelines)
 - Updated guidance on pandemic influenza from federal and state resources as it becomes available
 - CDC and WI DPH's guidelines and recommendations for distribution and use of antiviral medications for treatment and prophylaxis, including prioritization of specific target populations/groups
 - Progress of pandemic influenza vaccine development and when available, information regarding the mechanism for ordering and storage of vaccine from the WI DPH and identification of target populations/groups
5. WCPHD will maintain emergency supplies and equipment.
6. The Waukesha County Department of Health and Human Services (WCDHHS) is the primary agency responsible for providing services and administering assistance programs to special populations through the Emergency Human Services extension.
7. The WCPHD, as part of the WCDHHS will address contingency plans for providing medical and other essential services for persons confined to the home by direction or due to illness.
8. When WHO Pandemic Alert Level 5 is declared, provide support to the healthcare community and pre-identified pandemic influenza treatment centers where antiviral medications will be dispensed according to the "Wisconsin Antiviral Distribution Policy" from the Wisconsin Department of Public Health.
9. When available, provide SNS pandemic influenza vaccine to healthcare facilities/providers who have direct patient contact according to the Wisconsin Vaccine Prioritization plan (see Vaccine Distribution and Use section of this plan).

Pandemic Period (WHO Phase 6: Increased and sustained transmission in general population):

1. Continue to communicate and encourage the need for annual influenza vaccinations for healthcare workers (and year round pneumococcal vaccination).
2. Provide daily/weekly updates to healthcare facilities/providers on pandemic surveillance data in the region.

3. Continue to provide healthcare facilities/providers with the following information:
 - a. Current case definitions for influenza caused by a novel influenza virus (from the WI DPH and CDC);
 - b. How to report suspect cases of novel influenza infections;
 - c. Recommendations for proper safety precautions to be practiced when a novel influenza virus infection is suspected (i.e. infection control/isolation procedures and testing guidelines).
 - d. Updated guidance on pandemic influenza from federal and state resources as it becomes available.
4. WCPHD will have access to an inventory of emergency medical personnel and supplies through collaboration with the following:
 - Milwaukee/Waukesha Consortium
 - WEAVR (Wisconsin Emergency Assistance Volunteer Registry) database to provide health care and behavioral health professionals managed by WI DPH,
 - Urban Area Security Initiative (UASI) (resources defined in Introduction section);
 - COAD (Citizens and Organizations Active in Disasters) and VOAD (Volunteers and Organizations Active in Disasters) to coordinate volunteer activities prior to, during and following a disaster situation. COAD/VOAD is managed through the Waukesha County Office of Emergency Management and has merged Waukesha, Milwaukee and Ozaukee counties;
 - Waukesha County Emergency Preparedness Committee (WCEPC) and the Region 7 Bioterrorism Preparedness Planning Group/HRSA maintains a hospital “Equipment Matrix” MOU signed by all Waukesha County Hospital CEO’s to facilitate sharing of equipment between hospitals;
 - The HAN maintains a list of all healthcare professional, licensed by the State of Wisconsin and the Physician Profile of the American Medical Society and is accessible by the hospital representative in the EOC Unified Command. The EOC will evaluate the need for and feasibility of establishing a system separate from the hospital emergency department (alternative care/treatment sites) for patient triage and clinic evaluation
5. In the county EOC, WCPHD will assist with coordination of healthcare facilities/providers response to pandemic influenza.
6. Continue to maintain emergency supplies and equipment.
7. To procure resources (i.e. personnel, equipment/supplies, facilities) the WCPHD in coordination with the county EOC, Consortium Unified Command, and/or WI DPH will utilize:
 - “Mutual Aid Request Form” (adapted ICS Form 202),
 - “Resources Summary” to track all resources ordered and obtained (ICS form 201) and,
 - Workforce Sign-In (adapted ICS Form 211)

Post Pandemic Period (Return to Inter-pandemic period)

1. Continue to communicate and encourage the need for annual influenza vaccination for healthcare workers (and year round pneumococcal vaccination).
2. Through collaboration with Milwaukee/Waukesha Consortium and WHEPP Region 7 healthcare facilities, discuss and review the responses to the initial wave of pandemic influenza and work to correct problem areas.
3. Reinstate passive influenza surveillance utilizing existing surveillance systems and methods.

RISK COMMUNICATION

Risk communication will be critically important during all periods of planning and implementation of a pandemic influenza response. Strong emergency risk communications and public outreach activities are conducted in order to build trust, confidence and cooperation. The general public, health care system, response agencies, and elected officials will need continuous updates on the status of the pandemic, impacts on critical services, the steps being taken to address the event, and steps the community can take to protect themselves. The goal is to prevent fear-driven and potentially damaging public responses to a pandemic influenza crisis.

Key activities include the preparation of materials and distribution of information. Materials and information will be available from several sources including the CDC and Wisconsin Division of Public Health (WI DPH). The materials will include basic communication materials (i.e. question and answer sheets and fact sheets) on pandemic influenza, influenza vaccine, antiviral medications, and general preventive measures for the general public. These materials will be available in various languages spoken in Waukesha County.

Prior to the activation of the Emergency Operations Center (EOC), all external communications to the general public, healthcare providers, public health partners, business community, educational communities, and elected officials will be coordinated through the Waukesha County Public Health Division Health Officer, Manager and Supervisors.

When the EOC is activated, all information communications will be coordinated through a Joint Information Center (JIC). In the EOC, the County Executive's Chief of Staff is the Public Information Officer (PIO) or this responsibility may be delegated by the County Executive. In the EOC, the Public Information Officer (PIO) will be responsible for the following tasks:

- Establish and maintain contact to the EOC, to receive details for the event from the Incident Commander.
- Handle the distribution of press releases through newspaper, television and radio announcements.
- Assist affected municipalities with obtaining information and when authorized, releasing information to the news media
- Coordinate and prepare official emergency information releases with other agencies as needed.

-

Communications information will be logged on ICS Forms:

- 205 Incident Radio Communications Plan
- 214 Unit Log
- 213 General Message

COMMUNICATION TOOLS

Tools for the General Public, Media, Elected Officials, Business Community and Educational Communities:

- WCPHD website (TBD) (www.waukeshacounty.gov)
- Other websites:
 - Wisconsin Department of Health and Family Services (www.dhfs.gov and pandemic.wisconsin.gov)
 - Centers for Disease Control and Prevention (www.cdc.gov and www.pandemicflu.gov)
 - World Health Organization (www.who.int)
 - Department of Health and Human Services (www.dhhs.gov)
 - American Red Cross Disaster Preparedness (www.prepare.org)
- WCPHD Nurse Call Center and/or Public Health Pandemic Hotline (to be activated with pandemic onset)
- Wisconsin 2-1-1 call system (140 languages and TDY capability)
- Wisconsin Pandemic Toolkit from the Wisconsin Public Health Association (WPHA) and Wisconsin Department of Public Health (WI DPH). Can also be located on the Wisconsin Health Alert Network (HAN) for registered users and includes the following materials:
 - Press releases on various topics
 - Fact sheets
 - Frequently Asked Questions
 - Radio Public Service Announcement (PSA) scripts
 - Short articles for newsletters
 - Letters to the Editor (newspapers)
 - Message Maps
 - Promotional materials (poster/brochure, bookmarks, magnets, table tents)
- Television and/or radio interviews
- Additional Educational Community tools:
 - www.ed.gov/emergencyplan
 - Web cast: “Pandemic Flu Preparedness for Wisconsin Schools” (5/16/07) at <http://media1.wi.gov/dhfs/catalog/>
 - WCPHD School Age Committee: annual mailings – “Public Health Notes”

Tools for Healthcare Providers and Public Health Partners:

- WITrac (Wisconsin system for Tracking, Resource, Alerts and Communications) is a database-driven Web application to track hospital beds, pharmaceutical and resource availability from all designated facilities as well as allocates these resources to support surge capacity needs. Currently the system provides:
 - Hospital diversion status
 - Resource tracking (beds, pharmaceuticals, and other resources)
 - Emergency alert notifications and contingency planning
 - The aggregation of information from all facilities and the possibility of sharing this with other systems and agencies
 - Unique views to facilitate system and data access for all users throughout the state

- Electronic reporting and transport of information to other systems and agencies to improve communications and to share pertinent information
- Standard and ad hoc reporting to turn data into useful information
- Scalability, to conform to the needs of small, medium and large facilities as required
- Ability of individual hospitals, regions or the entire state to report bed capacity and other resource according to HA ν BED definitions (Hospital Available Beds for Emergencies and Disasters)
- Wisconsin Health Alert Network (HAN) primary communications infrastructure for state and local public health authorities to send alerts, advisories and other information regarding public health threats and emergencies
- Wisconsin Pandemic Toolkit from the Wisconsin Public Health Association (WPHA) and Wisconsin Department of Public Health (WI DPH) located on the HAN and includes the following materials:
 - Press releases on various topics
 - Fact sheets
 - Frequently Asked Questions
 - Radio Public Service Announcement (PSA) scripts
 - Short articles for newsletters
 - Letters to the Editor (newspapers)
 - Message Maps
 - Promotional materials (poster/brochure, bookmarks, magnets, table tents)
- E-mail
- Teleconferencing
- Waukesha County Public Health Division Website (www.waukeshacounty.gov)
- Fax Blast list developed by WCPHD
- WCPHD Nurse Call Center and/or Public Health Hotline (to be activated with pandemic onset)

Tools for Communication with other LPHAs, Milwaukee/Waukesha Consortium members

- Command Caller
- 24/7 call tree – Emergency Notification System
- EMS and Statewide Mutual Aid Frequency Plan (emergency radio frequencies)
- GETS (Government Emergency Telecommunications Service) Calling Card and WPS (Wisconsin Priority Service) Instructions
- Consortium teleconference line
- Satellite phone
- HAM radio connection
- 800 MHz hand held radios
- HAN

Tools for Communication with Public Safety (law enforcement, fire/EMS and highway department) and Government Agencies

- EMS and Statewide Mutual Aid Frequency Plan (emergency radio frequencies)
- GETS Calling Card and WPS (Wisconsin Priority Service) Instructions
- Satellite phone
- HAM radio connection
- 800 MHz hand held radios
- E-sponder enables federal, state, local and private sector entities to exchange information necessary for daily activities, to plan events, to coordinate command and control during events and review and evaluate performance After Action Reviews

COMMUNICATION OPERATIONS BY PANDEMIC PERIODS

(See Appendix B “WHO Pandemic Phases and Planning Goals” and “Influenza Phases and Strategic Actions”)

Most of the following operations will be performed utilizing the communication tools listed previously. Additional tools will be listed as needed.

Inter-pandemic Period (WHO Phases 1-2: New virus in animals, no human cases):

1. Communicate the need for annual influenza vaccinations (and pneumococcal vaccination available year round).
2. Communicate the need for good hygiene habits (i.e. proper hand washing and cough etiquette).
3. Provide the latest information on infection control and personal protective equipment (PPE) to healthcare providers.
4. Provide the latest information on laboratory testing standards for seasonal and novel influenza viruses to healthcare providers utilizing:
 - Laboratory Response Network (LRN) (<http://www.bt.cdc.gov/lrn/>)
 - Wisconsin Laboratory Response Network (WLRN) (<http://www.slh.wisc.edu/wps/wcm/connect/extranet/home>)
 - Wisconsin Department of Health and Family Service, Bureau of Communicable Diseases and Preparedness – Weekly Surveillance Report (<http://dhfs.wisconsin.gov/communicable/influenza/surveillance.htm>)
5. Communicate with healthcare providers, public health partners, business community, educational facilities, general public and elected officials on current pandemic influenza information and planning taking place by the WCPHD.
6. Communicate with healthcare providers, public health partners, business and educational communities and the general public on the need for pandemic influenza planning in their agencies, organizations and households.
7. Maintain/update all internal and external contact lists for communication devices
8. Maintain/update contact lists for the local media outlets
9. (Develop) Obtain canned pandemic influenza informational messages, in languages spoken in Waukesha County, for the general public, healthcare providers, and public health partners ([Wisconsin Pandemic Toolkit](#)) and Promising Practices: Pandemic Preparedness Tools (www.pandemicpractices.org/practices/language.do).
10. Test communication devices and tactics on a regular basis.

11. Work with other agencies' PIOs to: 1) understand the concepts of a Joint Information Center (JIC) and 2) how messaging will be coordinated during a Pandemic.

Pandemic Alert (WHO Phases 3-5: New virus causes human cases):

1. Continue to communicate the need for annual influenza vaccinations (and year round pneumococcal vaccination).
2. Continue to communicate the need for good hygiene habits (i.e. proper hand washing and cough etiquette).
3. Continue to communicate the need for the public to remain home and avoid others if they are feeling ill.
4. Increase communications to healthcare providers, public health partners, business and educational communities, general public and elected officials on current pandemic influenza information and planning taking place by the WCPHD.
5. Provide presentations on pandemic influenza to outside agencies, businesses and public functions.
6. Increase communications to healthcare providers, public health partners, business community and educational facilities and the general public on the need for pandemic influenza planning in their agencies, organizations or households.
7. Maintain/update all internal and external contact lists for communications devices
8. Maintain/update contact lists for the local media outlets
9. Maintain/update the WCPHD website with latest pandemic influenza information.
10. Provide CDC Travel Advisories to the individuals planning on international or domestic travel to regions where novel Influenza viruses have been identified.
11. Monitor secured informational sites and open source informational sites for up to date pandemic influenza information.
12. Provide specific pandemic influenza information as requested to local first responding agencies, local businesses, educational facilities and the general public.
13. Continue to obtain and provide canned bilingual information messages on pandemic influenza for healthcare providers, public health partners and the general public.
14. Designate and review guidelines with staff answering hotlines set up to provide pandemic influenza information.
15. Contact and provide general and local pandemic influenza information obtained from collaboration with WI DPH and Milwaukee/Waukesha Consortium for 2-1-1 and local hotlines.
16. Assist the Consortium as needed to update the Southeastern Wisconsin Media Security and Reliability (MSRC) on pandemic influenza and expectations should a pandemic occur.
17. Test communication devices and tactics on a regular basis.
18. Continue to work with other agencies' PIOs to understand the concepts of a Joint Information Center (JIC) and how messaging will be coordinated during an Influenza Pandemic.
19. Through collaboration with the Waukesha County Environmental Health Division, utilize information from the WI DPH to work with DATCP (Department of Agriculture, Trade, and Consumer Protection) and WDNR (Wisconsin Department of Natural Resources) to inform local farms, zoos, and humane associations about avian flu detection.

Pandemic (WHO Phase 6: Increased and sustained transmission in general population):

1. Through the JIC, continue to communicate the need for annual influenza vaccinations (and year round pneumococcal vaccinations).
2. Continue to communicate the need for good hygiene habits, staying home and avoiding others when they are feeling ill.
3. Public Information Officers (PIOs) from local EOC coordinate with Unified Command PIOs to operate a Joint Information Center (JIC) for coordinating pandemic influenza messages to the public.
4. Utilizing information obtained from collaboration with WI DPH and Milwaukee/Waukesha Consortium, increase communications with healthcare providers, public health partners, business and educational communities, media, public and elected officials on the following pandemic influenza information:
 - Current epidemiological information
 - Planning and response activities
 - Guidelines and recommendations for distribution and use of antiviral medications treatment and prophylaxis, including prioritization of specific target populations/groups
 - Progress of pandemic influenza vaccine development and when available, information regarding the mechanism for ordering and storage of vaccine from the WI DPH and identification of target populations/groups
5. Utilizing information obtained from collaboration with WI DPH and Milwaukee/Waukesha Consortium maintain/update:
 - Public information pandemic influenza messages in languages spoken in Waukesha County
 - WCPHD website with latest pandemic influenza information
 - 2-1-1 general information on pandemic
6. Maintain/update all internal and external communication devices and contact lists for the local media outlets.
7. When pandemic influenza vaccine is available, coordinate announcement through the EOC/JIC.
8. Assist the Consortium as needed to update the Southeastern Wisconsin Media Security and Reliability (MSRC) on pandemic influenza.

Post Pandemic (return to Inter-pandemic Period)

1. Continue to communicate the need for annual influenza vaccinations.
2. Continue to communicate the need for good hygiene habits (i.e. proper hand washing and cough etiquette).
3. Continue to communicate the need for the public to remain at home and avoid others if they are feeling ill.
4. Review and refine messaging methods to address gaps in message delivery.
5. Review information that was provided and revise as new information becomes available or revise with frequently requested information that was not available on the original information messages.

DISEASE CONTROL AND PREVENTION

Disease Control and Prevention is accomplished by a variety of means including isolation, quarantine, monitoring of exposed individuals, social distancing, and individual infection control measures. These measures are especially important to implement in the absence of vaccine or antiviral prophylaxis. Cooperation from government, businesses and the public will be essential to the success of these measures and will be requested. However, if necessary, public health orders will be enforced. Every effort will be made to apply these measures fairly and with as little impact on individual freedoms as possible.

DISEASE CONTROL AND PREVENTION OPERATIONS BY PANDEMIC PERIODS

(See Appendix B “WHO Pandemic Phases and Planning Goals” and “Influenza Phases and Strategic Actions”)

Inter-Pandemic Period (WHO Phases 1-2 New virus in animals, no human cases):

1. Continue to monitor school absentee rates in the manner currently established in order to identify increases in absentees. Lists of childcare centers, schools, universities and colleges are maintained and up-dated as necessary to ensure ease of contact. The link to the list of public schools in Waukesha County is available at <http://dpi.wi.gov/schldist.html>. The link to the list of private schools is available at <http://dpi.wi.gov/schlprv.html>. A link to the list of licensed childcare facilities in Waukesha County is available at http://dhfs.wisconsin.gov/rl_dcf/Directory/CW-Directory.HTM. [Refer to Surveillance Section for more detail and surveillance forms].
2. Disseminate information on infection control measures and pandemic influenza preparations to local school districts. [Refer to Risk Communication Section for details on how this is accomplished]
3. Develop a Pandemic Influenza Preparedness and Response Plan.
4. Continue to work with the Wisconsin Division of Public Health (WI DPH) and other local public health agencies to ensure continuity of Public Health Pandemic Influenza plans with regards to disease control and prevention.
5. In conjunction with the Milwaukee/Waukesha Consortium and Wisconsin Hospital Emergency Preparedness Plan (WHEPP), work with healthcare providers on establishing Pandemic Influenza plans for their healthcare facilities.
6. In conjunction with the Milwaukee/Waukesha Consortium and Department of Public Instruction (DPI), work with educational facilities on promoting the need to develop Pandemic Influenza plans for their facilities.
7. In conjunction with the Milwaukee/Waukesha Consortium, work with other community agencies/groups on promoting the need to develop Pandemic Influenza plans for their agencies/groups.
8. Educate the public on non-medical infection control measures to limit the spread of influenza:
 - voluntary containment measures
 - self-assessment and care
 - hand hygiene and cough etiquette[Refer to Risk Communication Section for more details on public education].

Additional information for the public and businesses will be made available on the county website as well as links to other pandemic informational sites

Pandemic Alert Period (WHO phases 3-5: New virus causes human cases, not sustained human transmission)

1. Continue to follow established communicable disease policies and procedures for isolating or quarantining individuals as necessary (see Appendix C “Statutory and Legal Authority” for current statutes and codes related to isolation and quarantine).
2. Work with healthcare providers on the notification protocol for suspected Pandemic Influenza cases. Refer to the Surveillance section regarding the notification protocol and process.
3. Aggressively conduct case follow-up investigations on individuals who meet suspect Pandemic Influenza case definitions including the following:
 - a. Obtain/educate healthcare facilities on the appropriate laboratory sampling procedures for Pandemic Influenza confirmation
 - b. Obtain a list of close contacts
 - c. Obtain a travel history
 - d. Evaluate whether a person will be isolated/quarantined at home or be placed at an alternate care facility (the location of alternate care facilities will be identified as necessary)
 - e. Through the Milwaukee/Waukesha County Consortium, work with the CDC Chicago Quarantine Station to assist Mitchell Airport, Crites Field in Waukesha and other regional airports in management of passengers residing in or visiting Waukesha County requiring isolation, quarantine, or follow-up.
4. In collaboration with health care providers, initiate individual level containment measures and coordinate resources for individuals who meet the suspect Pandemic Influenza case definition or their close contacts including the following:
 - a. Require mandatory isolation and quarantine
 - b. Coordinate with local emergency medical services to transport persons with influenza like illnesses (ILI) to hospitals or alternate treatment sites.
 - c. Enlist Human Services to meet the needs of those in isolation/quarantine including: food, dependent/pet care, medical care (including pre-existing conditions), mental health services, laundry, personal hygiene, waste disposal, and other services for persons with special needs
 - d. Coordinate services of law enforcement and/or quarantine guards in enforcing confinement when necessary and for providing security in restricted areas.
 - e. Work with health care facilities in discharging infectious patients to home isolation or to an appropriate facility
 - f. Refer individuals who are symptomatic with influenza-like illness to seek assessment through their healthcare provider or refer individual to a pre-identified pandemic influenza treatment center; reinforce need to initiate and complete antiviral course of treatment if prescribed (See Antiviral Distribution and Use section for details).
 - g. Reinforce community-wide education of non-medical infection control measures to limit the spread of influenza including:

- information on basic hand hygiene and cough etiquette
- voluntary isolation of ill persons
- information on social distancing measures likely to be implemented

Pandemic Period (WHO Phase 6: Increased and sustained transmission in general population):

Upon declaration by WHO of having entered the Pandemic Period (Phase 6), the CDC’s Director will designate the category of the emerging pandemic based on the Pandemic Severity Index. This designation will assist WCPHD in making decisions regarding which pandemic mitigation interventions are indicated for implementation based on the severity of the pandemic. (see Appendix D “Pandemic Severity Index” and “Pandemic Severity Index by Epidemiological Characteristics” and Appendix E “Summary of the Community Mitigation Strategy by Pandemic Severity”).

For more background information on the Pandemic Severity Index, refer to the CDC’s publication: *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States* (www2a.cdc.gov/phlp/docs/community_mitigation.pdf). This document contains extensive information on the Pandemic Severity Index, as well as the use of many non-pharmaceutical interventions and planning guides for businesses, schools and the public.

During the Pandemic Period, the WCPHD is responsible for the following:

1. Coordinate the distribution of pandemic vaccines and antiviral medications to priority groups (see Antiviral and Vaccine sections of this plan for more information).
2. Continue to recommend individual level containment measures for individuals who meet the suspect Pandemic Influenza case definition. (Isolation and Quarantine of individuals will be recommended however not enforceable during the Pandemic Period).
3. Initiate community –based measures to increase social distance and decrease social interactions, depending on epidemiological factors of the pandemic and surveillance information. For planning purposes, the WCPHD will be following the CDC’s recommendations regarding trigger points for initiating community mitigation strategies. Possible measures may include:
 - a. cancellation of public events
 - b. closing of schools, child care centers, and universities,
 - c. closing of public gathering places such as houses of worship, community centers, theaters, libraries and stadiums
 - d. suspension of public transit systems
 - e. closing of non-essential government functions
 - f. “snow days” in which the entire community will be asked to remain at home
4. Continue to stress the importance of individual infection control measures such as hand hygiene and cough etiquette to slow the spread of influenza.

Post Pandemic Period (Return to Inter-pandemic Period):

1. Review disease control and prevention efforts initiated during the pandemic and address issues and problems that arose because of those efforts.

ANTIVIRAL DISTRIBUTION AND USE

Antiviral medications can be used for treatment of persons infected with influenza, for post-exposure prophylaxis of persons who may have been exposed to influenza through contact with an infected person, or for pre-exposure prophylaxis. Antivirals will be a small piece of overall strategy to reduce morbidity and mortality during an influenza pandemic prior to the availability of vaccines. Wisconsin's stockpile of antiviral medications will be provided by state purchase and the CDC, through the Strategic National Stockpile (SNS).

In May 2008, the Wisconsin Department of Public Health (WI DPH) presented the "Wisconsin Antiviral Distribution Policy" model for distribution. When Pandemic Alert/WHO Phase 5 is reached, the WI DPH will transfer antiviral medications to the designated distributor(s) that routinely deliver medication throughout the state. The distributor(s) will then ship the medication to the designated treatment centers (TC) as directed by the WI DPH. Treatment Centers are volunteer healthcare providers at hospitals and clinics that have met treatment center criteria. The TC will provide the antiviral medications according to the priority groupings established April 2008. Draft Recommendations should be reassessed as new scientific and technological advances are made, and at the time of the pandemic when the characteristics of the pandemic virus and epidemiology of disease are known. The Waukesha County Public Health Division will review this plan annually and revisions will be made as needed.

Currently oseltamivir (Tamiflu®) and zanamivir (Relenza®) are neuraminidase inhibitors that are available for prophylaxis and treatment. Viral resistance to adamantanes has been identified and consequently there are no plans to use them in response to an influenza pandemic. Oseltamivir (Tamiflu) is approved for treatment of persons aged ≥ 1 year, and zanamivir (Relenza) is approved for treatment of persons aged ≥ 7 years. Tamiflu is 82% and Relenza is 84% effective for prophylaxis against febrile, laboratory-confirmed influenza illness. Many experts believe that similar levels of efficacy can be achieved with novel influenza strains. None of the available influenza anti-virals are currently approved by the FDA for use among children aged < 1 year (treatment or prophylaxis). The decision by an individual physician to treat children aged < 1 year in an emergency setting must be made on a case-by-case basis with full consideration of the potential risks and benefits.

ANTIVIRAL DISTRIBUTION AND USE OPERATIONS BY PANDEMIC PERIODS

(See Appendix B "WHO Pandemic Phases and Planning Goals" and "Influenza Phases and Strategic Actions")

Inter-Pandemic Period (WHO Phases 1-2: New virus in animals, no human cases):

1. Review CDC's and WI DPH's assessment of high risk populations (morbidity and mortality) and target populations in Waukesha County for prophylaxis and treatment.
2. Calculate and review Waukesha County's high risk target population data (e.g. infants 6-23 months; children less than 5 years, adults over 65 years, immunocompromised, cardiopulmonary-compromised, or other groups identified by CDC and WI DPH) Review CDC and WI DPH's guidelines and recommendations for prophylaxis and treatment, including prioritization of specific target population/groups.

3. Calculate and review Waukesha County's target populations that may be considered for prophylaxis or treatment to ensure antiviral distribution (i.e. health care workers, front line hospital employees, first responders, law enforcement, public safety personnel, and others).
4. Calculate and review Waukesha County's antiviral dose requirements for prophylaxis or treatment of identified high-risk and other targeted populations identified to receive prophylaxis or treatment.
5. Necessary staff attends consortium provided education and training on the receipt, handling and storage of antiviral medications
6. Review and assess Wisconsin Department of Public Health plans for distribution of antivirals to hospitals, private health care providers and clinics.
7. Work with local health systems to develop an antiviral allocation plan for Waukesha County based on CDC and WI DPH guidelines and recommendations for antiviral treatment and prophylaxis, number of doses of antivirals, allocated or available to Waukesha County, and specific target population calculations.
8. Seek updates from WI DPH, CDC, WHO and other organizations as necessary for updates on the epidemiology of emerging or re-emerging strains and antiviral efficacy against the strains.

Pandemic Alert (WHO Phases 3-5: New virus causes human cases):

1. Maintain contact with WI DPH, CDC, WHO and other organizations as necessary for updates on the epidemiology of the pandemic strain, antiviral efficacy against the strain and vaccine development timetables
2. Review Waukesha County's specific high-risk target population data, and amend the list if analysis of early epidemiologic morbidity and mortality data suggests other high-risk groups.
3. Obtain data from the Wisconsin Department of Public Health (WI DPH) and the Milwaukee/Waukesha Consortium regarding the available supplies of indicated antiviral medications.
4. Review the WI DPH "Wisconsin Antiviral Distribution Policy" and update plans for antiviral medication distribution from the state to treatment centers (TC).
5. With Milwaukee/Waukesha Consortium assistance, identify healthcare providers that are eligible to receive antiviral medications from the State.
6. With Milwaukee/Waukesha Consortium assistance, provide information and support to local healthcare providers in the process of becoming a treatment center through the WI DPH.

Pandemic (WHO Phase 6: Increased and sustained transmissions in general population):

1. Continue, with Milwaukee/Waukesha Consortium assistance, to provide information and support to local healthcare providers in the process of becoming a treatment center through the WI DPH.
2. Provide support to designated treatment centers in working with local law enforcement agencies to ensure security of large volumes of antiviral medications.
3. With Milwaukee/Waukesha Consortium assistance, as needed, provide support to designated treatment centers to ensure readiness for receipt, storage and distribution of antiviral medications from designated distributors.
4. As needed, communicate with designated treatment centers the expected delivery date(s) of antiviral medications from the designated distributors.
5. Reinforce antiviral priority groupings for medication distribution at treatment centers.
6. Support Milwaukee/Waukesha Consortium activities in working with and assisting other local health departments, hospitals, and other health care providers in the redistribution of antiviral medications as needed and available.
7. Obtain and review available epidemiologic and clinical data on the efficacy of prophylaxis and treatment.
8. Obtain and review the type and frequency of any reported adverse reactions and review epidemiological evidence for causal association.
9. With WI DPH and EOC assistance, update antiviral plan accordingly based on the information in #7-8.
10. If clinical data available indicating antiviral medications were successful in reducing infection and/or reducing morbidity and mortality, continue support of Wisconsin Antiviral Distribution Policy utilizing the experience gained from the initial wave.
11. With Milwaukee/Waukesha Consortium assistance, support redistribution of antivirals according to WI DPH plan and experience gained from the first wave.

Post Pandemic Period (Return to Inter-Pandemic period):

1. Review total amounts of antivirals ordered, shipped, administered and wasted
2. Through WI DPH collaboration, determine type and frequency of any reported adverse reactions and review epidemiologic evidence for causal association.
3. Review epidemiology of the pandemic and data on the efficacy of antiviral prophylaxis and treatment
4. Update antiviral plan accordingly based on #3 and WI DPH consultation.

VACCINE DISTRIBUTION AND USE

Vaccine has served as the primary preventive strategy during traditional influenza seasons. This strategy will be limited during a pandemic due to the number of people affected, time required to develop a vaccine and the limited supply capabilities. A final decision regarding the purchase and distribution of federal vaccine may not be made until pandemic vaccine is in production. Vaccine distribution strategies may need to change based on availability of vaccine, whereas, traditional methods used to distribute influenza vaccine in the community may not be possible due to limited vaccine supplies and reduced staffing levels. The Waukesha County Public Health Division may work with both public and private providers to determine the most effective methods of distribution based on local circumstances. Limited supplies will be administered based on federal and state recommendations and guidelines.

The WCPHD will receive pandemic influenza vaccine from the Wisconsin Department of Health (WI DPH) utilizing the SNS infrastructure for storage and transport of vaccine and supplies. WI DPH will coordinate with Wisconsin Emergency Management (WEM) for assistance with storage security and transportation of vaccine and supplies. WI DPH will monitor adverse reactions to the vaccine through the Vaccine Adverse Events Reporting System (VAERS). The Wisconsin Immunization Registry (WIR) will be used for inventory management.

The Waukesha County Mass Clinic Plan is based on the Wisconsin Department of Health and Family Services, Mass Clinic Planning Template and the Milwaukee/Waukesha County Consortium Mass Clinic Plan. Priority groups for pre-pandemic and pandemic vaccination will be determined at the national level per the WI DPH document “Pandemic Influenza Vaccination: A Guide for State, Local, Territorial, and Tribal Planners” 12/11/2006.

VACCINE OPERATIONS BY PANDEMIC PERIODS

(See Appendix B “WHO Pandemic Phases and Planning Goals” and “Influenza Phases and Strategic Actions”)

Inter-Pandemic Period (WHO Phases 1-2: New virus in animals, no human cases):

1. Encourage annual influenza vaccination.
2. Encourage pneumococcal vaccinations, available year round, to decrease risks of a secondary bacterial pneumonia that may occur during a pandemic.
3. Review and revise local vaccine distribution plans as recommended by CDC (See the Milwaukee/Waukesha Consortium and the WCPHD Mass Clinic Plan) and include estimation for targeted/priority groups.
4. Research most up-to-date pandemic influenza information provided by CDC.
5. If requested, provide technical assistance to private health care providers for program planning and policy development to include the following:
 - CDC pandemic influenza vaccine updates
 - Assessment of storage facilities
 - Vaccine storage and handling education
 - Identification of targeted/priority groups
 - Estimation of pandemic influenza vaccine quantities needed

6. Through Milwaukee/Waukesha Consortium collaboration, purchase and stockpile basic hygiene and vaccination-related supplies.

Pandemic Alert Period (WHO Phases 3-5: New virus causes human cases):

1. Continue to encourage annual influenza year vaccinations.
2. Continue to encourage pneumococcal vaccinations, available year round, to decrease risks of a secondary bacterial pneumonia that may occur during a pandemic.
3. Through collaboration with Milwaukee/Waukesha Consortium, Waukesha County Emergency Management, local law enforcement and local health care providers (through the Waukesha County Emergency Preparedness Committee), finalize the Waukesha County Mass Clinic Plans to include:
 - Vaccine distribution to mass clinics and alternative sites
 - Standing orders for vaccination administration
 - Personnel and resources available to staff mass clinics
 - Security assessment of clinics
 - Forms and inventory management
4. Exercise and update local mass clinic/vaccination plan annually.
5. With WI DPH guidance, prioritize vaccine order quantities based on availability of vaccine purchase.
6. Communicate need for members of high-risk targeted/priority groups to receive pandemic influenza and pneumococcal vaccines (see Risk Communication section).

Pandemic Period (WHO Phase 6: Increased and sustained transmissions in general population):

1. Continue to encourage annual influenza vaccinations.
2. Continue to encourage pneumococcal vaccinations, available year round, to decrease risks of a secondary bacterial pneumonia that may occur during a pandemic.
3. Update/revise as needed, the Waukesha County Mass Clinic Plan to include:
 - Modifications based on state/federal requirements
 - Modifications based on projected vaccine supply; and
 - Availability of personnel and resources for vaccine distribution and administration
 - Security of vaccine during delivery and storage
 - Security of clinic sites by local law enforcement
4. Activate the vaccine delivery plan
 - Administer vaccine to targeted/priority groups based on WI DPH vaccine prioritization plan
 - Activate alternative methods distribution plan
 - Activate the Waukesha County Mass Clinic Plan for public administration;
 - Monitor vaccine effectiveness and safety following protocol for Vaccine Adverse Event Reporting System (VAERS)
 - Assess WCPHD need for additional vaccine based on administration and redistribution of vaccines

5. With Milwaukee/Waukesha Consortium and EOC Unified Command assistance, assess the need to reallocate and redistribute vaccine within the Waukesha County jurisdiction to assure targeted/priority groups receive vaccine.

Post Pandemic Period (Return to Inter-Pandemic period):

1. Continue to encourage annual influenza and year round pneumococcal vaccinations.
2. Determine the total amounts of vaccine ordered, shipped, administered and wasted.
3. Review vaccination process and Mass Clinic Plan to determine effectiveness and revise plan based on evaluation

APPENDIX A

2008

Organization Members of the Waukesha County Emergency Preparedness Committee

Waukesha County Public Health Division
Waukesha County Sheriff Department
Region 7 Bioterrorism Preparedness Planning Group
Wisconsin Hospital Association
ProHealth Care
ProHealth Home Care
ProHealth Care Medical Centers
Medical Associates of Menomonee Falls
Waukesha Memorial Hospital (ProHealth)
Oconomowoc Memorial Hospital (ProHealth)
Elmbrook Memorial Hospital
Community Memorial Hospital
Aurora Health Care
LifeCare Hospital of Wisconsin
Waukesha County Emergency Management
Menomonee Falls Police Department
Waukesha County Local Emergency Planning Committee (LEPC)
Brookfield Fire Department
Mukwonago Fire Department
Menomonee Falls Fire Department
GE Medical Systems
Lutheran Homes of Oconomowoc
Private Physicians

APPENDIX B

“WHO Pandemic Phases and Planning Goals” and “Influenza Pandemic – Phases and Strategic Actions”

PHASES	OVERARCHING PUBLIC HEALTH GOALS
<p><i>Inter-Pandemic Period</i></p> <p>Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low</p> <p>Phase 2. No new influenza virus subtypes have detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease</p>	<p>Strengthen influenza pandemic preparedness at the global, regional, nations and sub national level.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>
<p><i>Pandemic Alert Period</i></p> <p>Phase 3. Human infections(s) are occurring with a new subtype, but no human-to-humans spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>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 full transmissible (substantial pandemic risk).</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement pandemic response measures.</p>
<p><i>Pandemic Period</i></p> <p>Phase 6. Pandemic: increased and sustained transmission in the general population</p>	<p>Minimize the impact of the pandemic by implementing response measures including social distancing.</p>

Influenza Pandemic – Phases and Strategic Actions

	Phases	Transmission	Objectives	Strategic actions
Inter-pandemic period (planning and preparedness)	1	Influenza virus subtype in animals only (risk to humans low)	Strengthen pandemic preparedness at all levels	<ul style="list-style-type: none"> • Prepare Pandemic Preparedness Plan • Establish surveillance in animal • Establish human influenza surveillance • Establish collaboration between human and animal sectors
	2	Influenza virus subtype in animals only (risk to humans substantial)	Minimize the risk of transmission to humans; Detect and report rapidly, if it occurs	<ul style="list-style-type: none"> • Enhance animal surveillance and aggressive response to animal outbreaks • Strengthen human surveillance • Stockpile antiviral, PPE etc • Strengthen collaboration between different sectors and WHO/OIE/FAO • Develop and implement risk communication strategy • Prepare health and essential service contingency plan
Pandemic Alert (emergency and pre-emptive response)	3	Human infection (transmission in close contacts only)	Ensure rapid characterization of new virus Detect, notify and respond to additional cases	<ul style="list-style-type: none"> • Enhance animal surveillance and aggressive animal outbreak containment • Enhance human surveillance and aggressive outbreak management • Early strategic use of antivirals • Social distancing • Implement risk communication strategy • Issue alert for quick implementation of health and essential service contingency plan
	4	Limited human-to-human spread; small clusters <25 cases lasting <2 weeks	Contain the virus or delay its spread	
	5	Localized human to human spread; Larger clusters 25-50 cases over 2-4 weeks	Maximum efforts to contain or delay the spread	
Pandemic (minimizing impact)	6	Widespread in general population	Minimize the impact of the pandemic	<ul style="list-style-type: none"> • Implement health and essential services contingency plan • Risk communication; • Treat cases and contacts with antivirals, if available, • Social distancing: close schools, ban gatherings

APPENDIX C

STATUTORY AND LEGAL AUTHORITY

LEGAL AUTHORITY	COMMUNICABLE DISEASE MEASURES
<p>Wis. Stat. §252.06 (1) Isolation and Quarantine.</p> <p>Wis. Stat. 252.041(1)(a) Compulsory Vaccination.</p>	<p>ISOLATION AND QUARANTINE The department or local health officer acting on behalf of the department may require isolation of a patient or of an individual under §252.041910(b), quarantine of contacts, concurrent and terminal disinfection or modified forms of these procedures as may be necessary and as determined by the department by rule.</p> <p>Compulsory vaccination during a state of emergency. Isolate or quarantine, under sec. 252.06, any individual who is unable or unwilling for reasons specified under (1) to receive vaccination under (a).</p>
<p>Wis. Stat. §252.06(3) Investigation of Communicable Diseases.</p> <p>Disease Control Measures.</p> <p>Evasion of Laws.</p>	<p>If a local health officer suspects or is informed of the existence of any communicable disease, the officer shall at once investigate and make or cause such examination to be made as necessary. The diagnostic report of a physician, the notification or confirmatory report of a parent or caretaker of the patient or a reasonable belief in the existence of a communicable disease shall require the local health officer immediately to quarantine, isolate, require restrictions or take other communicable disease control measures in the manner, upon the persons and for the physician as speedily as possible where there is reasonable doubt or disagreement in diagnosis and where advice is needed. The local health officer shall investigate evasion of the laws and rules concerning communicable disease and shall act to protect the public.</p>
<p>Wis. Stat. § 252.06(4)(a) Prohibition of Contact with Quarantined Patient.</p>	<p>If deemed necessary by the Dep't or local health officer for a particular communicable disease, all persons except the local health officer, his or her representative, attending physician and nurses except the local health, members of the clergy, members of the immediate family and any other person having a special written permit from the local health officer are forbidden to be in direct contact with the patient.</p>
<p>Wis. Stat. § 252.06(4)(b) §252.06(4)(b)(2) Restriction on Entering Quarantined Premises. §252.06(4)(b)2 Fines.</p> <p>§252.06(4)(b)(3) Contacts and Violation of Quarantine.</p> <p>§252.06(5) Guards with Police Powers.</p> <p>§252.06(6)(b) Confined Person.</p>	<p>If sec. §250.042(1) applies, all of the following apply: No person, other than a person authorized by the public health authority or agent of the public health authority, may enter isolation or quarantine premises.</p> <p>§252.06(4)(b)2 A violation of subd. 1 is subject to a fine not to exceed \$10,000 or imprisonment not to exceed 9 months or both.</p> <p>§252.06(4)(b)(3) Any person, whether authorized under subd. 1 who enters an isolation or quarantine premises may be subject to isolation or quarantine under this section.</p> <p>§252.06(5) The local health officer shall employ as many persons as are necessary to execute his or her orders and properly guard any place if quarantine or other restrictions on communicable disease are violated or intent to violate is manifested. These persons shall be sworn in as quarantine guards, shall have police powers and may use all necessary means to enforce the state laws for prevention and control of communicable diseases or the orders and rules of the department or any local health officer.</p> <p>When a person confined in jail, prison, mental health institute or other public place of detention has a disease which the local health officer or the director of health at the institution deems dangerous to the health of other residents or the neighborhood, the local health officer or director at the institution shall order in writing the removal of the person to a hospital or other place of safety, there to be provided for and securely kept. Upon recovery the person shall be returned and if the person was committed by a court or</p>

<p>§252.06(10)(a) Expenses of Quarantined Patient.</p> <p>§252.06(10)(b) Costs.</p>	<p>under process the removal order a copy shall be returned by the local health officer to the committing court officer.</p> <p>Expense for necessary medical care, food and other articles needed for the care of the infected person shall be charged against the person whoever is liable for the person's support.</p> <p>The county or municipality in which a person with a communicable disease resides is liable for the following costs accruing under this section, unless the costs are payable through 3rd party liability or through any benefit system: Expense of employing guards. Expense of maintaining quarantine and enforcing isolation of the quarantined area. Expense of conducting examinations and tests for disease carriers made under the direction of the health officer.</p>
<p>§250.042 State of Emergency</p>	<p>POWERS AND DUTIES OF DEPARTMENT AS PUBLIC HEALTH AUTHORITY DURING STATE OF EMERGENCY</p> <p>If the governor declares a state of emergency related to public health under sec. 166.03(1)(b)1. and designates the department as the lead state agency to respond to that emergency, the department shall act as the public authority during the period of the state of emergency. During the period of the state of emergency, the secretary may designate a LPHD as an agent of the department and confer upon the LPHD, acting under that agency, the powers and duties of the public health authority.</p>
<p>Wis. Stat. §250.03 §250.03(2) Communicable Disease Measures.</p> <p>§250.03(3) Failure of Local Health Dep't.</p> <p>§250.03(4) Interference with Investigation.</p>	<p>DUTIES OF LOCAL HEALTH OFFICER</p> <p>Local health officers may do what is reasonable and necessary for the prevention and suppression of disease; may forbid public gatherings when deemed necessary to control outbreaks or epidemics and shall advise the department of measures taken.</p> <p>If local authorities fail to enforce the communicable disease statutes and rules, the dep't. shall take charge and the county and municipality shall pay expenses thus incurred.</p> <p>No person may interfere with the investigation under this chapter of any place or its occupants by local health officers or their assistants.</p>
<p>§252.25 Penalties.</p>	<p>VIOLATION OF LAW RELATING TO HEALTH</p> <p>Any person who willfully violates or obstructs the execution of any state statute or rule, county, city or village ordinance or departmental order under this chapter and relating to the public health, for which no other penalty is prescribed, shall be imprisoned for not more than 30 days or fined not more than \$500 or both.</p>
<p>HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996</p> <p>Public Health Activities by Agreement.</p>	<p>FEDERAL PRIVACY RULE</p> <p>Rule established national standards for use and management of protected health information. PHI is individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium. This information must relate to</p> <ol style="list-style-type: none"> 1.) past, present or future physical or mental health or condition of an individual; 2.) provision of health care to an individual; or 3.) payment for the provision of health care to an individual. If the information identifies or provides a reasonable basis to believe it can be used to identify an individual, it is considered individually identifiable health information. <p>Covered entities must conform to HIPAA; covered entities are health plans, health care clearinghouse, and health care providers. Some public health agencies may perform covered functions and are then hybrid agencies where HIPAA applies to the health care component.</p> <p>Other entities may have to conform to HIPAA if they act under grant of authority from a</p>

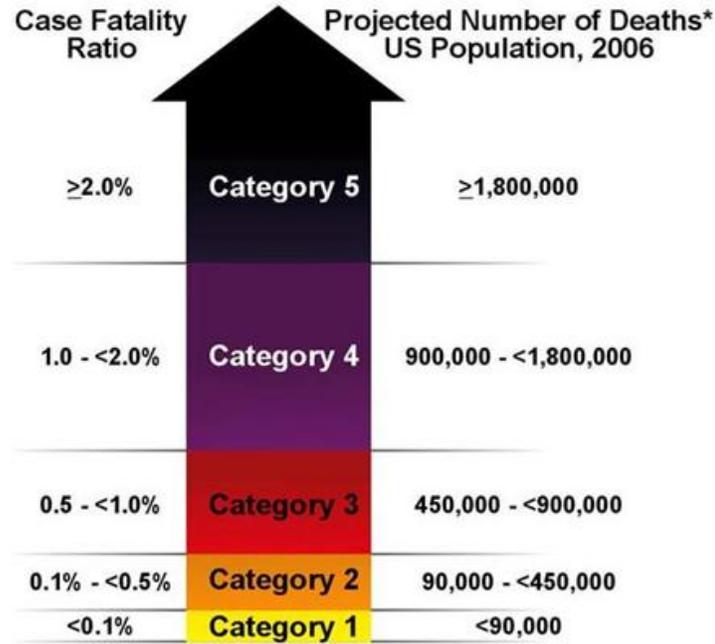
<p>Permitted PHI Disclosures without Authorization.</p> <p>Minimum Necessary Standard.</p> <p>Application to Humans.</p>	<p>public health agency. Covered entities may disclose PHI without authorization to public health authorities or other entities that are legally authorized to receive such reports for the purpose of preventing or controlling diseases or injuries.</p> <p>PHI can be disclosed to public health authorities and their authorized agents for public health purposes including but not limited to public health surveillance, investigations and interventions. According to HIPAA §160.203, disease reporting, public health disease surveillance and disease intervention activities are among those that are exempt from federal preemption of state laws.</p> <p>With regard to the amount of information that can be disclosed to a public health or other noncovered entity, covered entities should limit the amount of information disclosed to the minimum necessary to achieve the specific goal. The minimum necessary standard applies to a public health agency but not if the disclosure is required by law, authorized by the individual or for treatment purposes. A covered entity may reasonably rely on a public official's determination that the information requested is the minimum necessary for public health purposes.</p> <p>HIPAA applies to humans, not animal cases.</p>
<p>HOME RULE</p> <p>Constitutional and Statutory Sources.</p> <p>Public Health is State Regulated.</p> <p>Conflicts with Local Law and Authority.</p>	<p>Home rule is the ability of cities and villages to govern themselves in local matters without state interference.</p> <p>Two sources: constitutional home rule under Article XI sec. 3(1) of the Wisconsin Constitution (which does not apply to counties) and statutory. Wis. Stat. sec. 62.11 for cities, sec. 61.34 for villages and sec. 59.03 for counties. Areas of statewide concern are subject to control by the legislature. In determining whether a city or village has properly exercised its constitutional home rule authority or whether the state has encroached upon a municipality's home rule authority, a court must decide whether a matter involves local affairs and government or is of statewide concern.</p> <p>Public health is a statewide concern; state makes local health officers its agents for carrying out state law. Local municipalities may create local laws that are stricter than state laws but not looser. Cities and villages have broad powers under the general charter statutes to enact ordinances that regulate matters of statewide concern within their jurisdiction, subject to legislative withdrawal or preemption if they are inconsistent with state law. Counties have similar home rule under sec. 59.03. A municipality's authority to regulate certain businesses or health is derived not from home rule but from general police powers the legislature has conferred upon cities.</p> <p>A local health ordinance is void if it conflicts with, rather than complements, a state public health statute or administrative rule. To determine whether an ordinance conflicts with a statute or administrative rule, WI Supreme Court adapted a four part test. If any one of the following four is met, the ordinance is void. 1) the legislature has expressly withdrawn the power of municipalities to act; 2) it logically conflicts with state legislation; 3) it defeats the purpose of state legislation; or 4) it violates the spirit of state legislation. <i>DeRosso Landfill Company, Inc. v. Oak Creek</i>, 200 Wis.2d 642, 651-52, 547 N.W.2d 770 (1996). Essentially, the issue is whether the local ordinance is logically consistent with, supports the purpose of and does not violate the spirit of the comprehensive regulatory system established in state law. Counties:</p>
<p>Wis. Stat. sec. 20.435 (1)(c) Reimbursement for Expenses.</p>	<p>The state must reimburse local health departments for all of their expenses incurred in quarantining a person outside his or her home during a declared state of emergency related to public health and not reimbursed from federal funds. Intrastate Mutual Aid: Establishes a statewide Mutual assistance. System of mutual aid</p>

	for emergency management programs, EMS, EMS, fire and local health departments.
Wis. Stat. § 66.0312 Payment for Services to Other Health Departments.	The personnel of any other local health department may assist the requester within the requester's jurisdiction, notwithstanding any other jurisdictional provision. Payment for requested services shall be made by agreement under 66.0301 or if no agreement for payment of services exists, the governmental unit that receives the assistance is responsible for the personnel or equipment costs incurred by the responding agency if the agency requests repayment of those costs.
State of Emergency. Costs During State of Emergency. Governor Authority During State of Emergency; Power to Allocate Materials, Take and Destroy Private Property. Department Use of Hospital E.R. and Inpatient Health Care Records.	<p>If the governor declares a state of emergency under 166.03(1)(b)1 upon the request of a city, village, town or county, or a person acting under an incident command system, the personnel of any emergency management program, EMS, fire, or local health department may assist the requester within the requester's jurisdiction.</p> <p>If a request for assistance is made under this provision, the governmental unit that receives the assistance is responsible for the personnel or equipment costs incurred by the responding agency to the extent that federal, state and other 3rd party reimbursement is available if all of the following apply: the responding agency meets the personnel and equipment requirements in the state plan under s. 166.0392)(a)1 and the responding agency requests repayment of those costs.</p> <p>s. 166.03(1)(b)(4), <i>Stats.</i>: states that during a state of emergency, (the governor may) declare priority of emergency management contracts over other contracts, allocate materials and facilities in her/her discretion, and take, use and destroy private property for emergency management purposes. Such taking, use or destruction shall be in the name of the state.</p> <p>s.250.04(4), <i>Stats.</i>: states that the Department may use hospital emergency room and inpatient health care records, abstracts of these records and information the state or federal government collects to correlate exposure to certain occupational and high risk environments with resulting acute or chronic health problems. If the department finds that an occupational health hazard exists, it shall disseminate its findings and promote efforts to educate employees and employers about the health hazard.</p> <p>s. 252.02(1), <i>Stats.</i>: states that the Department may establish systems of disease surveillance and inspection to ascertain the presence of communicable disease. Any agent of the department may, with a special inspection warrant under s. 66.0119, enter any building, vessel or conveyance to inspect the same and remove any person affected by a communicable disease.</p>
Granting of Medical and Hospital Assistance to Communicable Disease Patients. Closing of Schools and Public Gatherings. Order to Undergo Vaccination.	<p>s. 252.02(2), <i>Stats.</i>: states that in an emergency, the Department may provide those sick with a communicable disease with medical aid and temporary hospital accommodation.</p> <p>s. 252.02(3), <i>Stats.</i>: states that the Department may close schools and forbid public gatherings in schools, churches and other places to control outbreaks and epidemics.</p> <p>s. 252.041(1)(a) <i>Stats.</i>: states that the Department may order any individual to receive a vaccination unless the vaccination is reasonably likely to lead to serious harm to the individual or unless the individual, for reasons of religion or conscience, refuses to obtain the vaccination.</p>
Quarantine or Isolation in Lieu of Vaccination.	s.252.041(1)(b) <i>Stats.</i> : states that any individual who is unable or unwilling to receive vaccinations under par (a) can be isolated or quarantined.
Health Officer Reporting to Department.	s. 252.05(7), <i>Stats.</i> : states that when an outbreak or epidemic occurs, the local health officer shall immediately report to the Department and shall keep the Department informed of the prevalence of the communicable disease in the locality.

Health Officer Ordering Tests for Disease.	s. 252.05(9), <i>Stats.</i> : states that any person licensed, permitted, registered or certified under ch 441 or 448 shall use ordinary skill in determining the presence of communicable diseases. If there is a dispute regarding disease determination, if the disease may have potential public health significance or if more extensive laboratory tests will aid in the investigation, the local health officer shall order the tests made by the state laboratory of hygiene or by a laboratory certified under 41 USC 262a.
Investigation of Communicable Disease.	s. 252.06(3), <i>Wis. Stats.</i> : states that if a local health officer suspects or is informed of the existence of any communicable disease, the officer shall at once investigate and make or cause such examinations to be made as are necessary.
Notification to Health Officer of Disease.	<i>Wisconsin Administrative Code:</i> <i>HFS 145.04:</i> requires that health care providers, laboratories, health care facilities, teachers, principals or nurses who work in a school or child care facility or any person who knows or suspects a person of having a communicable disease to notify the local health officer.
Health Officer Confirmation of Disease Measures.	<i>HFS 145.05(1):</i> states that the local health officer shall use all reasonable means to confirm, in a timely manner, any case or suspected case of a communicable disease and shall ascertain so far as possible, all sources of infection and exposures to the infection.
Methods of Control.	<i>HFS 145.05(2):</i> states that local health officers shall follow the methods of control set out in section 9 under each communicable disease listed in the 17 th edition (2000) of <i>Control of Communicable Diseases Manual</i> edited by James Chin, published by the American Public Health Association, unless specified otherwise by the state epidemiologist.
Reasonable and Necessary Measures to Abate Threat of Transmission.	<i>HFS 145.06(6):</i> states that local health officers may direct persons who own or supervise real or physical property or animals and their environs, which present a threat of transmission of any communicable disease under sub. (1) to do what is reasonable and necessary to abate the threat of transmission.
Wis. Stat. sec. 166.03 (10) Exemption from Liability.	No person who provides equipment or services under the direction of the governor, the head of emergency management services in any county, town or municipality or local health department during a state of emergency declared by the governor is liable for the death or injury to any person or damage to any property caused by his or her actions, except where the trier of fact finds that the person acted intentionally or with gross negligence.

APPENDIX D

Pandemic Severity Index



*Assumes 30% illness rate and unmitigated pandemic without interventions

Pandemic Severity by Epidemiologic Characteristics

Characteristics	Pandemic Severity Index				
	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
20 th Century U.S. Experience	Seasonal Influenza (Illness rate 5-20%)	1957, 1968 Pandemic	None	None	1918 Pandemic

APPENDIX E

Summary of the Community Mitigation Strategy by Pandemic Severity

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

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

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

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

§Many sick individuals who are not critically ill may be managed safely at home.

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

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

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

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

APPENDIX F

DRAFT

October 17, 2007

Table 2. Vaccination target groups, estimated populations, and tiers for severe, moderate and less severe pandemics as defined by the Pandemic Severity Index (PSI).

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Not targeted
Category	Target group	Estimated number	Severe	Moderate	Less severe
Homeland and national security	Deployed and mission critical pers.	700,000	Tier 1	Tier 1	Tier 1
	Essential support & sustainment pers.	650,000	Tier 2	Tier 2	Tier 2
	Intelligence services	150,000			
	Border protection personnel	100,000			
	National Guard personnel	500,000			
	Other domestic national security pers.	50,000			
	Other active duty & essential suppt.	1,500,000	Tier 3	Tier 3	Not targeted
Health care and community support services	Public health personnel	300,000	Tier 1	Tier 1	Tier 1
	Inpatient health care providers	3,200,000			
	Outpatient and home health providers	2,000,000			
	Health care providers in LTCFs	800,000			
	Community suppt. & emergency mgt.	600,000	Tier 2	Tier 2	Not targeted
	Other important health care personnel	500,000	Tier 3	Tier 3	Not targeted
Critical infrastructure	Emergency Medical Service personnel	2,000,000	Tier 1	Tier 1	Tier 1
	Law enforcement personnel				
	Fire services personnel				
	Mfrs of pandemic vaccine & antivirals	50,000			
	Key government leaders	50,000			
	Electricity sector personnel	1,900,000	Tier 2	Tier 2	Not targeted
	Natural gas personnel	to 4,400,000			
	Communications personnel				
	Water sector personnel				
	Critical government personnel				
	Transportation sector personnel	1,400,000	Tier 3	Not targeted	Not targeted
	Food and agriculture sector personnel	to 3,500,000			
	Banking and finance personnel				
Pharmaceutical sector personnel					
Chemical sector personnel					
Oil sector personnel					
Postal and shipping personnel					
Other important government personnel					
General population	Pregnant women	3,100,000	Tier 1	Tier 1	Tier 1
	Infants & toddlers 6–35 mo old	10,300,000			
	Household contacts of infants < 6 mo	4,300,000	Tier 2	Tier 2	Tier 2
	Children 3–18 yrs with high risk cond.	6,500,000			
	Children 3–18 yrs without high risk	58,500,000	Tier 3	Tier 2	Tier 3
	Persons 19–64 with high risk cond.	36,000,000	Tier 4	Tier 3	Tier 2
	Persons ≥65 yrs old	38,000,000			
	Healthy adults 19–64 yrs old	121,800,000	Tier 5	Tier 4	Tier 4

Table 1. Categories and target groups for pandemic vaccination (see Appendix C for more specific definitions of priority groups and rationales). In each category, levels cluster target groups having a similar priority for vaccination. Occupation-based groups include only persons deemed essential to support the critical functions of the group. All persons in the United States are included in at least one targeted group.

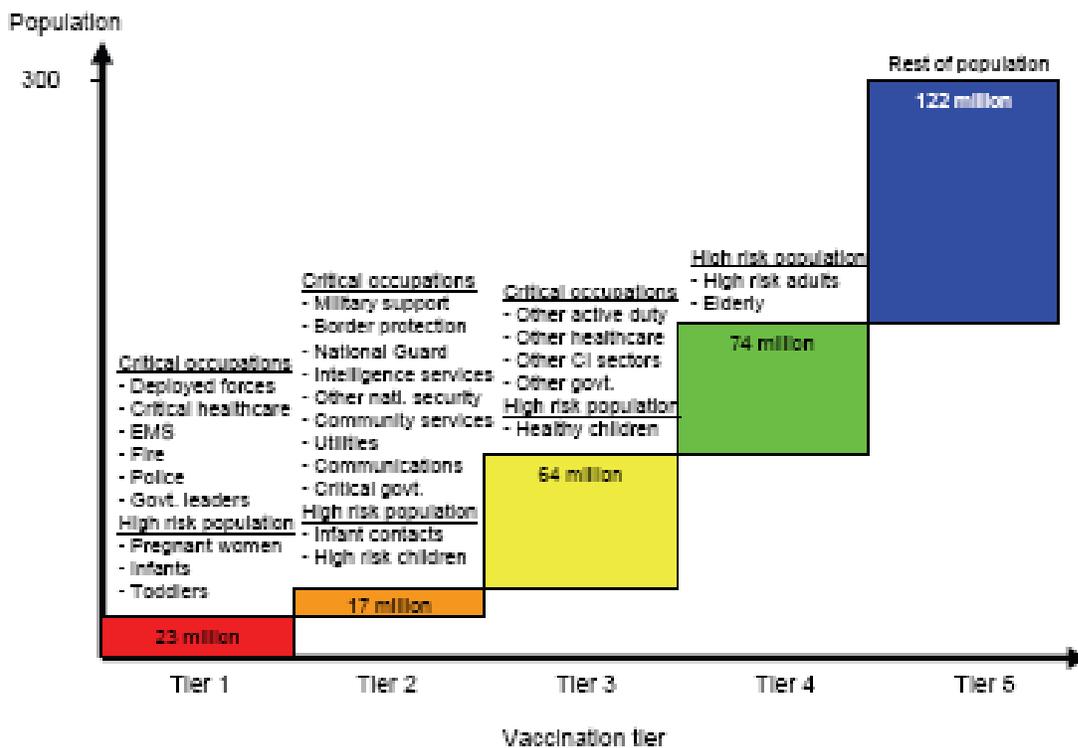
LEVEL	Homeland & National Security (HNS)
A	<ul style="list-style-type: none"> o Deployed and mission critical personnel
B	<ul style="list-style-type: none"> o Essential support and sustainment personnel o Intelligence services o Border protection personnel o National Guard personnel (who are not already included in Level A) o Other domestic national security personnel
C	<ul style="list-style-type: none"> o Remaining active duty military and essential support personnel

LEVEL	Health Care & Community Support Services (HC/CSS)
A	<ul style="list-style-type: none"> o Public health personnel o Inpatient health care providers o Outpatient and home health care providers o Health care providers in long-term care facilities (LTCFs)
B	<ul style="list-style-type: none"> o Community support services and emergency management personnel
C	<ul style="list-style-type: none"> o Other important health care personnel

LEVEL	Critical Infrastructure (CI)
A	<ul style="list-style-type: none"> o Emergency Medical Services personnel o Law enforcement personnel o Fire services personnel o Manufacturers of pandemic vaccine, antiviral drugs, and other key pandemic response materials o Key government leaders
B	<ul style="list-style-type: none"> o Energy sector personnel (electricity and natural gas) o Communications personnel (telephony and IT) o Water sector personnel (potable and waste water) o Government personnel
C	<ul style="list-style-type: none"> o Transportation sector personnel o Food and agriculture sector personnel o Banking and finance sector personnel o Pharmaceutical sector personnel o Chemical sector personnel o Oil sector personnel o Postal and shipping sector personnel o Other important government personnel

LEVEL	General Population (G-P)
A	<ul style="list-style-type: none"> o Pregnant women o Infants and toddlers, 6 – 35 months old
B	<ul style="list-style-type: none"> o Household contacts of infants under 6 months old o Children 3 – 18 years old with high-risk medical conditions o Children 3 – 18 years old without high-risk medical conditions
C	<ul style="list-style-type: none"> o High risk persons 19 – 64 years old o Persons 65 years and older
D	<ul style="list-style-type: none"> o Healthy adults, 19 – 64 years old, not included in other categories

Figure 1. Vaccination tiers and target groups for a severe pandemic. This figure illustrates how vaccination is administered by tiers until the entire U.S. population has had the opportunity to be vaccinated, and how tiers integrate target groups across the four categories balancing vaccine allocation to occupationally defined groups and the general population.



Source: U.S Department of Health and Human Services Pandemic Influenza Plan (ACIP (Advisory Committee on Immunization Practices) recommendations.