

**Division of Public Health**  
**DPH EOP Incident Annex 2, Appendix III**  
**Pandemic Influenza Response Standard Operating Guide (SOG)**  
**Georgia Department of Human Resources, Division of Public Health**  
**7 June 2006**

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## EXECUTIVE SUMMARY

The Georgia Department of Human Resources, Division of Public Health Pandemic Influenza Response Standard Operating Guide establishes a comprehensive framework for the management of local and statewide response to an outbreak of pandemic influenza. The Standard Operating Guide is built upon the framework of the National Incident Management System and the Division of Public Health's Emergency Operations Plan, which provides a consistent doctrinal template for the management of such an outbreak.

The Pandemic Influenza Response Standard Operating Guide provides the structure and mechanism for the coordination of the State public health response, to include coordination with local, State, and Federal agencies. The Standard Operating Guide supports the important public health mission of responding to wide spread infectious disease outbreaks; attempting to reduce the impact on the critical infrastructure, healthcare infrastructure and general population; and assisting in the recovery from this type of disaster. The Standard Operating Guide provides the framework for the Public Health Districts, to develop their response to and statewide support of such an event. The Division of Public Health acknowledges, without their dedication and hard work, this plan will not work.

The Pandemic Influenza Response Standard Operating Guide follows the 11 CDC Supplements and a 12<sup>th</sup> developed by the writing team, focusing on Emergency Operations Center maintenance and support. The Standard Operating Guide is broken down into three main sections, consistent with the Emergency Operations Plan's three phases: Planning and Prevention, Detection and Response, and Recovery and Mitigation.

The Division of Public Health expresses its heartfelt gratitude to the writing team for its hard work and thoughtful consideration of the potential responses and outcome to a pandemic influenza event. Participants included Department of Human Resources Emergency Management, Department of Human Resources Office of Communication, Division of Public Health's Office of Emergency Medical Service/Trauma/Emergency Preparedness, Division of Public Health's Office of Nursing, Division of Public Health's Epidemiology Branch, Division of Public Health's Environmental Health Branch, Division of Public Health's Georgia Immunization Program, Division of Public Health Laboratory, Division of Public Health's Division of Mental Health/Developmental Disabilities and Addictive Diseases, American Red Cross (Metro Atlanta Chapter Disaster Readiness), Regional Council of Churches of Metro Atlanta (representing the faith based organizations), Office of Homeland Security-Georgia Emergency Management Agency, Georgia Department of Education, Business Executives for National Security (Georgia Business Force), Southern Company Medical Director's Office, Grady Medical Center (representing the hospital community), Georgia Hospital Association, Metro Atlanta Metropolitan Medical Response System, many special guests from the private sector and just as many unmentioned reviewers.

## **I. INTRODUCTION:**

The Pandemic Influenza Response Standard Operating Guide (SOG) provides guidance for the Division of Public Health (DPH) when conditions are present for an influenza pandemic in Georgia. It provides the direction for activation, describes roles and responsibilities for different departments and agencies, and identifies the necessary coordination between DPH and community partners, private businesses and non-governmental organizations.

## **II. PURPOSE:**

The Pandemic Influenza Response Standard Operating Guideline (SOG) for the State of Georgia was written to address the threat of influenza pandemic affecting Georgia.

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### III. SITUATION and ASSUMPTIONS:

#### SITUATION:

DPH is responding to a World Health Organization (WHO) defined phase 5-large, localized, novel influenza and phase 6- influenza pandemic, an influenza epidemic occurring over a wider area and crossing international borders, with potential to affect Georgia.

#### ASSUMPTIONS:

Prior to notification by Centers for Disease Control and Prevention (CDC) of conditions consistent with WHO Phase 5, large localized clusters of influenza, Public Health activities will be instituted including increased surveillance and increased communication and collaboration with our federal, state, local and other partners.

- Estimated morbidity and mortality during a pandemic in the U.S. and Georgia will be devastating:

#### United States\*

Characteristic	Moderate (1958/68-like)	Severe (1918-like)
Illness	90 million (30%)	90 million (30%)
Outpatient medical care	45 million (50%)	45 million (50%)
Hospitalization	865,000	9,900,000
ICU care	128,750	1,485,000
Mechanical ventilation	64,875	742,500
Deaths	209,000	1,903,000

\* Estimates based on extrapolation from past pandemics in the United States. Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics. Available at: <http://www.hhs.gov/pandemicflu/plan/part1.html>

#### Georgia\*

Characteristic	Moderate (1958/68-like)	Severe (1918-like)
Illness	2.7 million (30%)	2.7 million (30%)
Outpatient medical care	1.35 million (50%)	1.35 million (50%)
Hospitalization	25,950	297,000
ICU care	3,863	44,550
Mechanical ventilation	1,946	22,275
Deaths	6,270	57,090

\* Assuming Georgia makes up approximately 3% of the U.S. population

\* Estimated population 9.1 million

- Interstate and federal assistance may be limited.
- Ongoing consistent general public education is required.
- Georgia's workforce and economy will be significantly impacted, resulting in long term recovery challenges.
- Local resources, such as public safety, medical community, business community, critical infrastructure (e.g., utilities, transportation) may be seriously affected:
  - personnel may be redirected into essential functions.
  - prioritization of resources.
- Local volunteer assistance will be needed.
- Using the supplied coordination tools and planning kits, local planning committees, businesses, health care organizations and Public Health Districts are coordinating roles, responsibilities and plans.

Materials are being developed to assist communities in planning for a health emergency. There are three different types of kits:

- \* Surge Capacity Planning Kits for Existing Health Care Providers
- \* Surge Capacity Planning Kits for temporary facilities to be activated in a health emergency (Modular Emergency Medical System (MEMS))
- \* Pandemic Influenza Planning Kits for community-based planning for all segments of the community.

The individual kits planned in each one of these categories are listed below:

Surge Capacity Planning Kits – Existing Health Care Providers

- \* Hospitals
- \* Emergent Care (Hospital Emergency Departments)
- \* Community Health Centers (CHCs)
- \* Emergency Medical Services (EMS)
- \* Home Health Care (Home Health Agencies and Visiting Nurse Agencies)
- \* Long Term Care Facilities (Nursing Homes)
- \* Surgical Capacity (Hospital Operating Rooms)
- \* Community Mental Health Services

Surge Capacity Planning Kits – Modular Emergency Medical System (MEMS)

- \* Acute Care Center (ACC) – Temporary hospitals
- \* Neighborhood Emergency Help Center (NEHC) – Temporary outpatient facilities, primarily for dispensing mass prophylaxis, but could be used for outpatient treatment, if necessary.
- \* Patient Transportation System (PTS) – Non-emergent patient transportation designed for use in an event involving bioterrorism or a disease outbreak. No medical care is available en route on PTS vehicles.
- \* Medical Command Center - the Regional Coordinating Hospital Operations Center

- \* Unified Medical Command – the DHR EOC
- \* Home Patient Care Management – A system designed for use in an event involving bioterrorism or a disease outbreak in which patients are managed by phone at home by public health and other health care workers. Support services for affected households are provided through community organizations.

#### Pandemic Influenza Planning Kits

A County Pandemic Influenza Planning Committee Kit is being developed for use by the group coordinating community-wide planning in a particular jurisdiction. In addition, Planning Kits are being developed to assist organizations in every segment of a community to plan in accomplishing three objectives:

1. Educating their members/employees on the pandemic threat, what they can do to prepare for it, and what to expect and not to expect from the health care system and public health.
2. Planning for continuity of services in the face of high absenteeism and possible closures.
3. Understanding how they can contribute to their community's response to a pandemic, planning for the role that they decide to play, and coordinating their efforts with the community-wide planning effort.

Planning kits will be available for the following segments:

- \* Community Organizations (faith-based, volunteer, and service organizations)
- \* Media
- \* Businesses
- \* Schools (public school systems, colleges and universities)
- \* Public Transportation Systems
- \* Local Government Agencies and Local Offices of State Agencies
- \* State Government Agencies
- \* Individuals & Families

In addition, a Pandemic Influenza Planning Kit for Outpatient Providers is being developed for physicians' offices, urgent care facilities and health clinics, to assist them in projecting the possible demands on their practice during a pandemic, planning for surge capacity, and coordinating with their community's planning effort.

Finally, a planning kit will be developed to assist a community in planning for Mortuary Surge Capacity.

#### Health Care Community Coordination Tools

#### Planning Kit Descriptions

#### **IV. ROLES AND RESPONSIBILITIES:**

Local and State agencies, partners, private businesses and non-governmental organizations have specific roles and responsibilities during a period of pandemic influenza.

These roles and responsibilities require collaboration and mutual response, both internally and externally among these partners, and occur in the three DPH Emergency Operations Plan's (EOP) phases identified in the SOG as:

1. Preparedness and Prevention
2. Detection and Response
3. Recovery and Mitigation

The EOP phases do not correlate with the WHO phases.

The Roles and their Responsibilities are categorized in 4 areas:

##### **Federal:**

There are several federal agencies that have direct relationships with Georgia's State agencies and departments. The federal agencies have the responsibility to disseminate, and when appropriate coordinate their guidance, regulations, plans, and requests for information with the appropriate state agencies and departments. Some of the federal agencies that work with the Department of Human Resources and the Division of Public Health, include, but are not limited to: Department of Health and Human Services, Centers for Disease Control and Prevention, Department of Homeland Security/Federal Emergency Management Agency, Federal Bureau of Investigation, US Department of Agriculture and Environmental Protection Agency.

##### **State:**

The Department of Human Resources (DHR) and the Division of Public Health (DPH) have the responsibility to gather and disseminate federal guidance to the Districts, as well as share information with their federal partners. The DHR and DPH also coordinate with and disseminate information and guidance from various state level partners to the Districts. The DHR and DPH are responsible to develop applicable plans and exercises, disseminating and/or coordinating with the Districts. During emergency response, DHR and DPH assume the role of either the DHR/DPH Multi-agency Command Center or DHR/DPH Area Command, dependant on the event.

##### **District:**

Public health districts are responsible for the public health activities at the "local" level. The Districts develop and execute plans, guides, exercises and other activities upon request and/or as required. The Districts will need to coordinate many of their requirements with their partners, to ensure successful completion. During emergency response, Districts assume the role of either District Public Health Incident Command or

District Public Health Area Command, dependant on the size of their District (single vs multi-county Districts). The District Health Director determines whom on his/her staff is best qualified to perform the various functions.

**Partners:**

During all EOP phases, Public Health needs to not only coordinate with partners, but will have to request assistance from their partners, as many functions are outside of the authority and responsibility of Public Health. Some of the partners that may be included are: American Red Cross Chapters, Faith Based Organizations, businesses, education (pre-K through 12, post-secondary, migrant education), local pharmacies, healthcare organizations (hospitals, nursing homes and clinics), healthcare partners (physicians, dentists, veterinarians, mortuary services and other licensed healthcare practitioners), holistic healthcare partners (chiropractors, etc), day care centers (children and adult), state agencies, other governmental agencies, state associations, media organizations, community based organizations (i.e., community health networks), transportation systems (rail, bus, taxi, etc), law enforcement, fire service, emergency management agencies, Metropolitan Medical Response Systems, Medical Reserve Corps, Amateur Radio Emergency Services, federal/state/county/local prison systems, bordering jurisdictions crossing county/district/state lines, emergency medical systems and services, county family connection partnership, local pandemic influenza planning committee, mental health providers, migrant and refugee service providers.

**Priority Groups:**

Groups as defined and established for vaccine and antiviral distribution by HHS and CDC and followed by Division of Public Health. These groups may be found in the Pandemic Influenza SOP, Division of Public Health's Antiviral Administration Protocol and at **(insert website here)**.

## V. CONCEPT OF OPERATIONS:

### EOP Phase One – Preparedness and Prevention.

This phase includes preparation for an event of public health significance and prevention of circumstances leading to emergencies.

#### 1. *Surveillance:*

##### **Federal:**

- ❖ Coordinate and maintain all components of the National Influenza Surveillance System.
- ❖ Help identify and characterize influenza strains collected by the U.S. WHO Collaborating Laboratory Network.
- ❖ Assist USDA, as requested, in monitoring new influenza strains in poultry and swine.
- ❖ Work with state and local partners to:
  - Implement enhancements to the National Influenza Surveillance System
  - Explore options for additional enhancements to improve pandemic influenza surveillance

##### **State:**

- ❖ Continue to employ state influenza surveillance coordinators to oversee improvements in influenza surveillance (e.g., virologic, outpatient, hospitalization, and mortality surveillance).
- ❖ Conduct influenza surveillance year round, where possible.
- ❖ Implement enhanced surveillance for detection of the first U.S. cases of novel virus infection.
- ❖ Work with Districts to provide tools to maintain and enhance the collection and submission of surveillance data.
- ❖ Develop relationships with poultry industry, to assist in monitoring healthcare data of the working population.
- ❖ Assist the Districts in implementing healthcare surveillance systems.
- ❖ Disseminate surveillance data to appropriate partners.

**District:**

- ❖ Identify and develop relationships with partners, to assist in collecting surveillance data, educating and treating the general public, preparing for absenteeism and work-force reduction.
- ❖ Increase collaboration with local partners establishing and improving surveillance programs.
- ❖ Educate partners on the importance of surveillance.
- ❖ Negotiate with partners to determine their responsibility for disease surveillance and response to the data.
- ❖ Monitor and interpret surveillance data, contacting DPH Epidemiology (Epi) for guidance and/or assistance.
- ❖ In coordination with DPH Epi, develop relationships with the poultry industry to monitor healthcare data of the working population.

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2. *Laboratory Analysis:*

**Federal:**

- ❖ Monitor preparedness and laboratory capacity for seasonal influenza and assess surge capacity.
- ❖ Provide technical support to the WHO Influenza Network and ministries of health and agriculture, as requested, in analyzing novel influenza virus subtypes—including avian isolates and human isolates with pandemic potential—in terms of antigenicity, RNA sequence, and drug sensitivities.
- ❖ Work with state and local public health laboratories to ensure that diagnostics for identifying "pandemic alert"(novel) strains are available and are used safely and effectively.
- ❖ Provide guidance on biosafety and safe handling of respiratory specimens from potential cases of pandemic influenza.

**State:**

- ❖ Georgia Public Health Lab (PHL) is the only licensed clinical laboratory in GA, able to confirm influenza subtyping per CDC's laboratory response network (LRN) guidelines.
- ❖ PHL is a confirmatory laboratory in the LRN, recognized by the CDC and national laboratory regulating agencies.
- ❖ Maintain capability to isolate and subtype influenza year round.
- ❖ Coordinate with International, Federal and State Epidemiology surveillance partners, providing laboratory results as requested.
- ❖ Provide influenza testing at minimal or no charge for requested laboratory analysis.
- ❖ Collaborate with federal partners to update protocols and reagents for detection of novel influenza strains.
- ❖ Prepare for increased laboratory requests, by developing surge capacity capabilities, including staffing (Waycross Regional laboratory).
- ❖ Provide guidance for county, healthcare organizations, clinician offices, corrections laboratories for collection and transportation of samples to PHL.
- ❖ Provide resources to the State Health Officer for evaluation of effectiveness, limitations and accuracy of available rapid testing, to the healthcare organizations and healthcare practitioners.

- ❖ Establish and develop reciprocating Memorandums of Understanding (MOU) with neighboring licensed state health laboratories.
- ❖ PHL may have to prepare to delay non-critical and non-urgent testing.
- ❖ Prepare for surge capacity, including cross training personnel, shift work adjustments and purchasing and maintaining equipment.

**District:**

- ❖ Disseminate information/guidance for proper sample collection and transportation to the PHL or other designated reference laboratories.
- ❖ Disseminate updates on effectiveness, limitations and accuracy of available rapid testing to the healthcare organizations and healthcare practitioners.
- ❖ Coordinate dissemination and follow-up of laboratory results with ordering healthcare practitioners and organizations.

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### 3. *Healthcare Planning:*

#### **Federal:**

- ❖ Provide ongoing public health guidance on healthcare preparedness for an influenza pandemic.
- ❖ Provide healthcare facilities with model protocols for early detection and treatment of influenza among patients and staff; these protocols can be piloted during routine influenza seasons.

#### **State:**

- ❖ Develop statewide plans to manage an influenza pandemic.
- ❖ Assist healthcare facilities in conducting exercises and drills to test healthcare response issues and build partnerships among healthcare and public health officials, community leaders, and emergency response workers.
- ❖ Develop a communications infrastructure to facilitate and ensure timely dissemination and transfer of information between the healthcare system and public health sectors (federal and state).
- ❖ Address legal issues that can affect staffing and patient care.
- ❖ Develop altered standards of care, in conjunction with healthcare community organizations and regulators, and prepare for resource allocation.
- ❖ Develop and distribute planning kits to the Districts
- ❖ Educate and train State, District and healthcare personnel on Incident Management, including appropriate resource management and allocation.
- ❖ Public Information Officer/Risk Communicator (PIO/RC) will develop information kits to be provided to the media, as well as distributed to the District RCs. Will also coordinate the information with the Division's Health Emergency Assessment and Resource Team (HEART) and Pandemic Influenza Management Team.
- ❖ Develop and assist the Districts with healthcare volunteer systems, such as Medical Reserve Corps (MRC), Emergency System for Advanced Registration of Volunteer Healthcare Professionals (ESAR-VHP).

#### **District:**

- ❖ Develop local and or regional plans to manage an influenza pandemic.
- ❖ Educate and train District staff, healthcare personnel and other partners on Incident Management, including appropriate resource management and allocation.
- ❖ Work with the local influenza planning committee, ensuring local emergency planners, healthcare organizations, other planning officials, elected officials know

and understand the Public Health role in the management of an influenza pandemic.

- ❖ PIO/RC will disseminate information kits (as provided by DHR Communications and DPH) to the media, District and county partners.
- ❖ Ensure communication between the Districts and Regional Coordinating Hospitals (RCH) is timely and accurate.
- ❖ Provide healthcare community organizations with the state-developed altered standards of care for use in their planning.

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#### 4. *Infection Control:*

Infection control practices for pandemic influenza are the same as for other human influenza viruses and primarily involve the application of standard and droplet precautions during patient care in healthcare settings (e.g., hospitals, nursing homes, outpatient offices, emergency transport vehicles).

##### **Federal:**

- ❖ Ensure the State is kept informed and updated on changes in infection control measures.

##### **State:**

- ❖ Provide planning kits to the Districts and healthcare community organizations, concerning education on infection control for the healthcare community organizations and partners, preparing for an influenza pandemic.
- ❖ Develop notification guidelines, assisting in the tracking of patients with pandemic influenza. This may include selected tracking as the patient numbers increase.
- ❖ As liaisons to the CDC and other federal partners, DPH will provide technical guidance to the Districts on updated infection control measures, case management and outbreak investigation.
- ❖ Provide directions to the Districts on isolation and quarantine measures, including social and legal implications.
- ❖ Obtain guidance from the CDC, OHS-GEMA, GBI and other governmental officials on the handling of the remains of the deceased. This guidance will need to be communicated to the healthcare community organizations and partners.

##### **District:**

- ❖ Prepare, plan and train various Public Health teams, to deploy throughout the district, assisting healthcare community organizations with patient care issues and patient tracking.
- ❖ Educate partners and general population through the PIO/RC about social distancing, hand hygiene, respiratory etiquette and other infection control measures.
- ❖ Seek guidance from DPH concerning updates in infection control and related healthcare measures.
- ❖ Though Districts are autonomous, they will develop a plan to suspend normal operations upon direction of the Governor and State Health Officer.

- ❖ Using the supplied planning kits, educate partners how to care for their congregation, business and surrounding community members that may become victims of pandemic influenza.
- ❖ Under guidance from DPH, work with the county planning committees to limit crowd gathering.
- ❖ Under guidance from DPH, encourage local restaurants and food organizations to plan to deliver food and supplies.

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5. *Clinical Guidelines:*

**Federal:**

- ❖ Develop and disseminate recommendations on the use of influenza diagnostic tests, antiviral drugs, and vaccines during a pandemic.
- ❖ Develop a national stockpile of antiviral drugs for use during a pandemic.
- ❖ Work with partner organizations to discuss and resolve clinical issues related to pandemic influenza response.
- ❖ Assist ministries of health and WHO in characterizing cases of human infection with avian influenza A (H5N1) or other novel strains of influenza, particularly with regard to antiviral susceptibility, transmission parameters, and clinical outcomes.
- ❖ Work with state and local health departments to investigate and manage suspected cases of human infection with avian influenza A (H5N1) or other novel strains of influenza.
- ❖ Establish case definition and reporting mechanisms

**State:**

- ❖ Educate healthcare community organizations about novel strains of influenza.
- ❖ Provide or facilitate testing and investigation of suspected novel influenza cases.
- ❖ Conduct follow-up of suspected novel influenza cases.
- ❖ Provide altered standards of care guidelines.
- ❖ Provide guidelines to healthcare community organizations on testing, isolation, and treatment.
- ❖ Provide guidelines to healthcare community organizations and partners on educating patients on prevention and self-care.
- ❖ Enlist the assistance of professional healthcare community organizations and licensing boards in disseminating health care guidelines.
- ❖ Determine the availability of healthcare volunteers.

**District:**

- ❖ Educate healthcare community organizations about novel strains of influenza.
- ❖ Facilitate testing and investigation of suspected novel influenza cases.
- ❖ Conduct follow-up of suspected novel influenza cases.
- ❖ Disseminate altered standards of care guidelines.
- ❖ Disseminate guidelines to hospitals on testing, isolation, and treatment.
- ❖ Disseminate guidelines to healthcare community organizations and partners on educating patients on prevention, self-care and treatment guidelines.
- ❖ District Health Director will provide directions to all Public Health staff regarding review of protocols, mass clinic guidelines, and any other information related to pandemic influenza.
- ❖ Update list of healthcare community organization and volunteers.

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## 6. *Vaccine Distribution and Use:*

### **Federal:**

- ❖ Work with manufacturers to expedite public-sector vaccine purchasing contracts during a pandemic.
- ❖ Establish mechanisms for vaccine procurement and distribution.
- ❖ Develop guidance on priority groups for vaccination.
- ❖ Develop and stockpile vaccine for influenza strains with pandemic potential.
- ❖ Expedite the rapid development, licensure, and production of new influenza vaccines, as well as evaluate dose optimization strategies to maximize use of limited vaccine stocks.
- ❖ Estimate rates of reports of mild and severe adverse events following immunization that may occur with mass influenza vaccination, and improve capacity for responding to them.
- ❖ Identify mechanisms and define protocols for conducting vaccine-effectiveness studies.
- ❖ Develop a system for monitoring state-specific vaccine coverage rates at regular intervals, using a pre-existing population-based survey.
- ❖ Develop reporting specifications for tracking data on vaccine administration and provide a vaccine database for optional use by states.
- ❖ Develop and distribute communication and education materials for use by states and other stakeholders.
- ❖ If at any stage of surveillance by the WHO and CDC a viral strain is detected that is different than those currently circulating, further testing and investigation will occur and state health offices will be notified.
- ❖ A limited amount of avian influenza A (H5N1) vaccine is being stockpiled and will be considered for early use in the event of an H5N1 pandemic.

### **State:**

- ❖ Initial pandemic vaccine stocks will be used to vaccinate designated priority groups (see Pandemic Influenza Standard Operating Plan (SOP), Emergency Operation Plan (EOP), Incident Annex 2).
- ❖ To prepare for vaccination of the recommended priority groups, DPH will:

- Develop specific definitions for priority groups (e.g., public safety workers, essential service providers), according to Advisory Committee on Immunization Practices (ACIP) and CDC recommendations, identifying occupational categories and sub-categories within each priority group, as circumstances dictate.
  - Educate the general population on the necessity of the priority groups.
  - Estimate the size of relevant priority groups throughout the state.
  - Inform/educate healthcare community organizations and partners concerning the need for and rationale of priority groups through established communication plans within the EOP Annexes.
  - Deploy vaccination inventory tracking system
- ❖ Prepare to coordinate distribution of unlicensed vaccines (if needed) under FDA's Investigational New Drug (IND) provisions. An alternative to IND is Emergency Use Authorization (EUA) that may be utilized.
  - ❖ Update staff on adverse event reporting and follow-up through the Vaccine Adverse Event Reporting System (VAERS) as outlined in the Georgia Immunization Program Manual.
  - ❖ Conduct training for public health staff and partners involved in distributing and administering vaccine.
  - ❖ Continue to work with healthcare community organizations to enhance levels of 1) seasonal influenza vaccination in groups at risk for severe influenza and in healthcare workers, and 2) providing and tracking of pneumococcal polysaccharide vaccination among those for whom it is recommended by the ACIP.

**District:**

- ❖ To prepare for vaccination of the recommended priority groups:
  - Disseminate definitions for priority groups (e.g., public safety workers, essential service providers), according to ACIP and CDC recommendations, identifying occupational categories and sub-categories within each priority group, as circumstances dictate.
  - Estimate the size of relevant priority groups.
  - Review EOPs and train staff and partners on dispensing/vaccination plans.
  - Inform/educate healthcare community organizations and partners concerning the need for and rationale of priority groups through established communication plans within the EOP Annexes.
  - Educate the general population on the necessity of the priority groups.
- ❖ Prepare to distribute unlicensed vaccines (if needed).
- ❖ Continue to work with healthcare community organizations to enhance levels of 1) seasonal influenza vaccination in groups at risk for severe influenza and in healthcare

workers, and 2) pneumococcal polysaccharide vaccination among those for whom it is recommended by the ACIP.

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7. *Antiviral Distribution:*

**Federal:**

- ❖ In advance of an influenza pandemic, HHS, in concert with the Congress and in collaboration with the States, will acquire sufficient quantities of antiviral drugs to treat 25% of the U.S. population and, in so doing, stimulate development of expanded domestic production capacity sufficient to accommodate subsequent needs through normal commercial transactions.
- ❖ Develop national guidance on use of antivirals during a pandemic, including identification of priority groups for antiviral drug treatment and prophylaxis.
- ❖ Continue procurement and maintenance of national supplies of antivirals in the Strategic National Stockpile (SNS).
- ❖ Maintain a program to test and extend dating of stockpiled antivirals, as needed, based on demonstration of continued potency.
- ❖ Develop protocols for monitoring antiviral effectiveness, safety, and resistance during a pandemic.
- ❖ Develop and distribute communication and education materials about antivirals for use by states and other stakeholders.

**State:**

- ❖ Prepare systems and or methods for data collection of use and adverse events, effectiveness.
- ❖ Provide guidance on the use of antivirals in medical management of cases of novel strains of influenza. Consider “targeted antiviral prophylaxis” as a community-based measure for containing small clusters of infection with novel strains of influenza.
- ❖ Coordinate with federal government the State’s apportionment from the federal stockpile.
- ❖ Deploy antiviral inventory tracking system
- ❖ Procure and maintain stockpiles of antiviral drugs, as directed.
- ❖ Maintain a strong working relationship with partners to assist with distributing, delivering, and administering medications to priority groups through Strategic National Stockpile (SNS) planning throughout the state.
- ❖ Assist partners with legal liability issues concerning assisting distribution of antivirals.

- ❖ Exercise components of the SNS Plan, revising as needed.
- ❖ To prepare for treatment of the recommended priority groups, DPH will:
  - Refine specific definitions for priority groups (e.g., public safety workers, essential service providers), according to CDC recommendations.
  - Estimate the size of relevant priority groups throughout the state.
  - Inform/educate healthcare community organizations and partners concerning the need for and rationale of priority groups through established communication plans within the EOP Annexes.

**District:**

- ❖ Maintain a strong working relationship with partners to assist with distributing, delivering, and administering medications to designated groups through Strategic National Stockpile (SNS) planning.
- ❖ Exercise components of the SNS Plan, revising as needed.
- ❖ Provide guidance on the use of antivirals in medical management of cases of novel strains of influenza. Consider “targeted antiviral prophylaxis” as a community-based measure for containing small clusters of infection with novel strains of influenza.

8. *Community Disease Control and Prevention:*

**Federal:**

- ❖ Anticipate messages concerning isolation, quarantine, and social distancing strategies.
- ❖ Identify and provide potential federal resources for implementing strategies of the community preparedness plan.
- ❖ Identify regional supplies and resources for potential redistribution.

**State:**

- ❖ Provide guidelines on self-care.
- ❖ Identify and engage partners and invite them to participate in preparedness planning, containment exercises and drills.
- ❖ Advise districts how to identify and engage partners and invite them to participate in preparedness planning, containment exercises and drills.
- ❖ Identify and advise other state and local entities on potential isolation and quarantine strategies.
- ❖ Develop and provide prevention and self-care messages to the general public.
- ❖ Provide guidance to districts and partners regarding social distancing strategies and implementation.
- ❖ Provide guidelines to refugee, migrant, homeless, indigent population, and hard-to-reach special needs population service providers.
- ❖ Provide planning kits to districts.
- ❖ Prepare to implement isolation and quarantine laws.
- ❖ Coordinate with OHS-GEMA concerning potential redistribution of supplies and resources.

**District:**

- ❖ Identify and engage partners and invite them to participate in preparedness planning, containment exercises and drills.
- ❖ Identify potential isolation and quarantine facilities.
- ❖ Provide information to partners on social distancing and implementation strategies.

- ❖ Provide planning kits to partners.
- ❖ Assist local communities in implementing isolation and quarantine laws.

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9. *Travel-related Risk of Disease Transmission:*

**Federal:**

- ❖ Work with state and local health departments to prevent the importation of influenza-infected birds and animals into the United States.
- ❖ Provide state and local health departments with legal preparedness templates for use implementing quarantine and patient isolation measures.
- ❖ Work with travel industry partners to ensure that airplane and cruise ship captains and crew are familiar with procedures for identifying and managing arriving ill passengers.
- ❖ Coordinate with other countries and WHO to prevent the spread of novel influenza via international travel.

**State:**

- ❖ Revise Severe Acute Respiratory Syndrome (SARS) guidelines for hospitals, health care providers and community partners for pandemic influenza purposes.
- ❖ Work with CDC quarantine stations and federal partners to provide information to travelers who visited affected countries.
- ❖ Work with CDC quarantine stations and federal partners to evaluate and manage arriving ill travelers.
- ❖ Inform the governor, legislatures, legal community, business community and partners of the existing plans to respond at airports and seaports for infectious diseases.
- ❖ Coordinate with mass transit providers to develop and implement strategies to limit disease transmission.
- ❖ Work with Department of Agriculture limiting importation of potentially infected birds and animals.
- ❖ Coordinate and develop strategies with business community, travel industry and partners on how to handle stranded travelers.

**District:**

- ❖ Disseminate pandemic influenza guidelines to healthcare community organizations and partners.
- ❖ Work with CDC quarantine stations and federal partners to provide information to travelers who visited affected countries.

- ❖ Work with CDC quarantine stations and federal partners to evaluate and manage arriving ill travelers.
- ❖ Inform elected officials and general public of the existing plans to respond to airports and seaports for infectious diseases.
- ❖ Coordinate with mass transit providers to implement strategies to limit disease transmission.
- ❖ Coordinate and implement strategies with travel industry and partners on how to handle stranded travelers.

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10. *PH Communications:*

**Federal:**

- ❖ Develop a communications and public engagement strategy for pandemic influenza.
- ❖ Develop key messages and materials, conduct audience research and message testing, and share results with international, other Federal departments, state and local communications staff. Materials will be available on [www.pandemicflu.gov](http://www.pandemicflu.gov).
- ❖ Coordinate pandemic influenza media messages to ensure consistency.
- ❖ Provide tools and resources through the [www.pandemicflu.gov](http://www.pandemicflu.gov) and [www.cdc.gov/flu/](http://www.cdc.gov/flu/) websites and other avenues to help educate state and local communications staff.
- ❖ Identify and train lead spokespersons.
- ❖ Provide state and local health agencies with guidance about developing and integrating communications aspects of preparedness plans.
- ❖ Work with state and local governments to incorporate communications preparedness as part of larger preparedness exercises.
- ❖ Provide regular updates about situations that pose potential pandemic influenza threats (e.g., through Health Alert Network [HAN] notices, Epi-X, and web postings).
- ❖ Distribute educational messages and materials about pandemic influenza and ways that people can protect themselves and their families.
- ❖ Distribute practical information, such as travel advisories, infection control measures, availability and appropriate use of antiviral medications and vaccines, and specific public health actions that may be advised.
- ❖ Address rumors and false reports regarding pandemic influenza threats and related issues.
- ❖ Coordinate international information exchange and communication strategies with WHO and other international partners, as appropriate.

**State:**

- ❖ Conduct a needs assessment for crisis and emergency risk communication.
- ❖ Develop a pandemic flu crisis/emergency risk communication plan, utilizing information gathered from needs assessment.

- ❖ Identify and evaluate communication channels to reach a wide variety of audiences (e.g. broadcast, print, web, face-to-face, etc.).
- ❖ Develop and distribute preparedness messages for a variety of audiences (general public, businesses, healthcare community organizations, etc.)
- ❖ Review and coordinate crisis/emergency risk communication plans with relevant partners (other state agencies, businesses, education, mass transit, nonprofit partners, etc.)
- ❖ Identify and train lead subject spokespersons.
- ❖ Provide DHR communications staff with training on crisis/emergency risk communications.
- ❖ Develop and maintain up-to-date communications contact list.
- ❖ Participate in preparedness planning, containment exercises and drills.
- ❖ Address rumors and false reports regarding pandemic influenza threats.
- ❖ Confirm any MOUs and contingency contracts needed for communications resources.

**District:**

- ❖ Conduct a needs assessment for crisis and emergency risk communication.
- ❖ Develop a pandemic influenza crisis/emergency risk communication plan, utilizing information gathered from the needs assessment.
- ❖ Identify and evaluate communication channels to reach a wide variety of audiences (e.g. broadcast, print, web, face-to-face, etc.).
- ❖ Disseminate state-provided preparedness messages for a variety of audiences (general public, businesses, healthcare community organizations, etc.).
- ❖ Review and coordinate crisis/emergency risk communication plans with partners.
- ❖ Identify and train lead subject spokespersons.
- ❖ Provide staff with training on crisis/emergency risk communications.
- ❖ Develop and maintain up-to-date communications contact list.
- ❖ Participate in preparedness planning, containment exercises and drills.

- ❖ Address rumors and false reports regarding pandemic influenza threats.
- ❖ Confirm any MOUs and contingency contracts needed for communications resources.

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11. *Workforce Support:*

**Federal:**

- ❖ Create, collect, and provide educational and training materials on psychosocial issues related to pandemic influenza for use by hospital administrators, emergency department staff, safety and security professionals, behavioral health providers, social workers, psychologists, chaplains, and others.
- ❖ Provide guidance on the development of self-care strategies and workforce resilience programs.

**State:**

- ❖ Provide guidance for the development and the implementation of programs to maximize workforce continuity of operations and personal/community resilience during a public health emergency, including teleworking.
- ❖ Coordinate and refine plans with the business community to maintain continuity of essential services.
- ❖ Utilize partners to reach refugee, migrant, homeless, indigent population, and hard-to-reach special needs population.
- ❖ Coordinate with business community regarding emergency financial strategies and business continuity plans (i.e. liberal use of leave policies, prohibiting employment termination).
- ❖ Communicate to partners regarding potential economic impact, including lost wages.
- ❖ Encourage partners to consider and plan on alternate work options (telecommute, teleconference etc.).
- ❖ Serve as a liaison between federal and state agencies in acquiring and providing information and strategies for workforce and family behavioral health resiliency.
- ❖ Communicate potential impact of extended school closures on the economy and community.
- ❖ Develop strategies, programs and guidelines for partners and first responders to address potential psychosocial issues.

**District:**

- ❖ Serve as a liaison between state, district and local agencies in acquiring and providing information and strategies for workforce behavioral health resiliency.

- ❖ Identify and develop relationships with partners to assist collecting surveillance data and preparing for absenteeism and work-force reduction.
- ❖ Utilize surveillance data to project critical staffing issues and the necessary temporary staffing needs and strategies.
- ❖ Distribute available planning kits which provide guidance for programs to maximize workforce continuity of operations and personal/community resilience during a public health emergency.
- ❖ Develop and maintain a current database of trained mental health volunteers.

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12. *EOC Staffing, Operations and Sustainment:*

**Federal:**

- ❖ Refer to National Incident Management System (NIMS) guidance

**State:**

- ❖ Adhere to NIMS.
- ❖ Review WHO pandemic influenza phases and federal and state homeland security threat levels.
- ❖ Coordinate all EOC related functions with DHR Emergency Management.
- ❖ Review and train staff on EOC activation plans and levels of activation.
- ❖ Review procedures to use alternate EOC if applicable; ensure Division HEART is aware.
- ❖ Review and coordinate staffing rotations as needed.
- ❖ Review internet programs, ensuring they are current and ready to operationalize, including system activation drill (Web EOC, Live Process, etc).
- ❖ Review contact information for all federal, state and district personnel and partners, ensuring accuracy.
- ❖ Review call down roster of all state and district personnel and partners, ensuring accuracy.
- ❖ Review available MOUs with Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) for professionals trained in Critical Incident Stress Management (CISM) and other appropriate mental health interventions.
- ❖ Consider increased personal and environmental infection control measures
- ❖ Consider maintaining a virtual EOC.
- ❖ Consider portable HEPA filtration system
- ❖ Prepare briefing outlines and establish briefing times for EOC-only and statewide calls.

**District:**

- ❖ Adhere to NIMS and state guidance.
- ❖ Review WHO pandemic influenza phases and federal and state homeland security threat levels.
- ❖ Review and train staff on District Operation Center (DOC) activation plans.
- ❖ Review and perform drill of call down roster of district, county, local personnel and partners, ensuring accuracy and updating as required.
- ❖ Review contact of all state, districts, county personnel and partners, ensuring accuracy and updating as required.
- ❖ Review computer software programs, ensuring they are current and ready to operationalize, including system activation drill (Web EOC, Live Process, etc).
- ❖ Review available MOUs with MHDDAD or local mental health facilities and partners for professionals trained in CISM and other appropriate mental health interventions.
- ❖ Prepare briefing outlines and establish briefing times for EOC-only and prepare for statewide calls.
- ❖ Review increased personal and environmental infection control measures.
- ❖ Consider maintaining a virtual EOC.
- ❖ Consider portable HEPA filtration system.

## **EOP Phase Two – Detection and Response.**

This phase includes the detection of and response to an event of public health significance. Depending upon the nature of the incident, the appropriate response will be determined and acted upon using appropriate annexes, Standard Operating Procedures (SOP) and Standard Operating Guides (SOG)

### 1. *Surveillance:*

#### **Federal:**

- ❖ Provide technical support, as requested, to ministries of health and WHO to track the pandemic virus and gather epidemiologic data on risk factors for infection or severe illness.
- ❖ Issue updated case definitions and guidance for laboratory testing and enhanced surveillance.
- ❖ Assist state and local health departments, as requested.
- ❖ Analyze influenza surveillance data on a regular and timely basis.

#### **State**

- ❖ Implement enhanced surveillance for detection of the first cases.
  - Support district surveillance activities and epidemiologic investigations as needed and as appropriate.
- ❖ Enhance all influenza surveillance components (virologic, outpatient, hospitalization, and mortality).
  - Additional syndromic surveillance and survey tools reported to the State electronic notifiable diseases Surveillance System (SendSS) will become more important as a pandemic unfolds.
- ❖ Communicate to all partners the heightened need for timely and complete surveillance data.
- ❖ Distribute to districts and healthcare community organizations the current CDC recommendations for enhanced surveillance for the detection of the first cases of a pandemic influenza virus in their jurisdictions.

#### **District:**

- ❖ Implement enhanced surveillance for detection of first cases.
- ❖ Perform case reporting and follow-up.
- ❖ Communicate findings with state and all other partners.

- ❖ Distribute to healthcare community organizations the current CDC recommendations for enhanced surveillance for the detection of the first cases of a pandemic influenza virus in their jurisdictions.
- ❖ Facilitate the collection and testing of appropriate specimens as recommended for early detection of a pandemic influenza virus at the local level.

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2. *Laboratory Analysis:*

**Federal:**

- ❖ Work with U.S. and global partners to characterize changes in new pandemic viruses in terms of antigenicity, RNA sequence, and drug sensitivities.
- ❖ Work with state and local public health laboratories to ensure the availability and the safe and effective use of diagnostic tests and reagents.
- ❖ Conduct confirmatory testing and viral isolation to support state laboratory sample submission

**State:**

- ❖ During initial phase of response, scale up to manage increased numbers of requests for influenza testing.
- ❖ Send selected specimens from possible pandemic influenza patients to CDC for further sub-typing.
- ❖ Modify availability of routine testing procedures to accommodate increased numbers of requests for influenza testing.
- ❖ Upon coordination with State Health Officer and Epidemiology, begin to return to pre-event routine lab testing.
- ❖ Work with federal and state partners to provide healthcare community organizations and clinical laboratories with guidelines on specimen management and diagnostic testing.

**District:**

- ❖ Coordinate specimen submission from possible pandemic influenza patients.
- ❖ Coordinating with State Health Officer and Epidemiology, begin to return to pre-event routine lab testing.
- ❖ Provide healthcare community organizations and clinical laboratories with guidelines on specimen management and diagnostic testing.

3. *Health Care Planning:*

**Federal:**

- ❖ Provide ongoing public health guidance on healthcare preparedness for an influenza pandemic.
  
- ❖ Provide healthcare facilities with model protocols for early detection and treatment of influenza among patients and staff; these protocols can be piloted during routine influenza seasons.

**State:**

- ❖ Work with HHS to provide local physicians and healthcare community organizations with updated information and guidance as the situation unfolds.
  
- ❖ Work with HHS to provide guidance (as needed) on infection control measures for clinical and non-clinical settings.
  
- ❖ Work with GHA and RCH to address surge capacity needs.
  - Determine if the RCH system should be activated
    - Initiate GA911 and other electronic reporting systems as directed.
  
- ❖ Determine staffing needs in healthcare community organizations and districts.
  - Escalate volunteer recruitment systems
  
- ❖ Ensure implementation of in-home healthcare plan.

**District:**

- ❖ Work with State to provide local physicians and healthcare community organizations with updated information and guidance as the situation unfolds.
  
- ❖ Work with State to provide guidance (as needed) on infection control measures for clinical and non-clinical settings.
  
- ❖ Work with RCH to address surge capacity needs.
  - Determine if the RCH system should be activated
    - Initiate GA911 and other electronic reporting systems as directed.
  
- ❖ Determine staffing needs in healthcare community organizations and districts.
  - Escalate volunteer recruitment systems
  
- ❖ Implement in-home healthcare plan.

4. *Infection Control:*

**Federal:**

- ❖ Federal guidance will be followed as provided

**State:**

- ❖ Coordinate deployment of state resources.
- ❖ Provide updated general information on infection control to the Districts, healthcare community organizations and general population.
- ❖ Assist in the tracking of patients with pandemic influenza. This may include selected tracking as the patient numbers increase.
- ❖ Provide technical guidance to the District staff on updated infection control measures, case management and outbreak investigation.
- ❖ Provide updated guidance to the Districts on isolation and quarantine measures, including social and legal implications.
  - With first cases, airborne precautions may be implemented
  - As case counts increase, droplet precautions will be utilized
- ❖ Implement guidance from the CDC, OHS-GEMA, GBI and other governmental officials on the handling of the remains of the deceased. This guidance will be communicated to the general population and partners.

**District:**

- ❖ Interact with community organizations and county health departments, explaining appropriate infection control standards.
- ❖ Deploy public health teams to assist healthcare organizations with patient care issues, case reporting and contact tracing, as requested.
- ❖ Seek guidance from DPH concerning updates in infection control and related healthcare measures.
- ❖ Implement social distancing, hand hygiene, respiratory etiquette and other infection control measures.
- ❖ Implement plans to suspend normal operations upon direction of the Governor and State Health Officer.
- ❖ Alert partners to activate their plans to care for their ill constituents.

- ❖ Provide guidance to partners on how to deliver essential goods and services, including home healthcare, community referrals, food and other supplies using appropriate infection control precautions.

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5. *Clinical Guidelines:*

**Federal:**

- ❖ Update and disseminate national guidelines on influenza diagnostic testing and use of antiviral drugs and vaccines during the pandemic.
- ❖ Develop a pandemic influenza vaccine.
- ❖ Work with healthcare partners to refine clinical management guidelines and issue regular updates on treatment issues.
- ❖ Conduct observational and interventional studies with partner institutions to investigate pandemic influenza pathogenesis and develop disease prevention and treatment strategies.
- ❖ Monitor pandemic influenza cases for antiviral resistance and transmission parameters.
- ❖ Monitor antiviral drug use and inventories.
- ❖ Collect and post (Public Health web site, through the media) information on clinical features, outcomes, and treatments.

**State:**

- ❖ Disseminate updated national guidelines on influenza diagnostic testing and use of antiviral drugs and vaccines.
- ❖ Distribute and monitor inventories of available antiviral drugs and pandemic influenza vaccines.
- ❖ Disseminate updated national guidelines on clinical management and treatment issues.
- ❖ Coordinate with GHA, Districts and healthcare community organizations to collect information on clinical features, outcomes, and treatments.
- ❖ Disseminate altered standards of care guidelines.

**District:**

- ❖ Disseminate updated national guidelines on influenza diagnostic testing and use of antiviral drugs and vaccines to partners.
- ❖ Distribute and monitor inventories of available antiviral drugs and pandemic influenza vaccines.

- ❖ Disseminate updated national guidelines on clinical management and treatment issues.
- ❖ Coordinate with healthcare community organizations to collect information on clinical features, outcomes, and treatments, submitting data to DPH.
- ❖ Disseminate altered standards of care guidelines.

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6. *Vaccine Distribution and Use:*

**Federal:**

- ❖ Facilitate vaccine procurement, distribution, and tracking.
- ❖ Revise recommendations on vaccination of priority groups.
- ❖ Provide state partners with guidance on reporting specifications for tracking administration of available vaccine doses.
- ❖ Provide state partners with guidance on Investigational New Drug (IND) and Emergency Use Authorization (EUA) procedures if new types of pandemic influenza vaccines are developed but not yet FDA approved.
- ❖ Provide guidance to state health departments on which adverse event reports are highest priority for investigation.
- ❖ Provide regulatory guidance to vaccine manufacturers for the manufacture and shipment of pandemic influenza vaccines.

**State**

- ❖ Activate the EOPs and dispensing/vaccination plans (i.e., SNS plan, Georgia Immunization Program Manual) to provide vaccination of designated priority groups.
- ❖ As vaccine becomes available, implement distribution plans and update and disseminate public information on their distribution, including:
  - Vaccinate persons in priority groups, in accordance with existing recommendations and provide a second dose, if required for immunity.
  - Activate plans to provide and train surge vaccinators and other staff for vaccination clinics.
- ❖ Expand the use of the Georgia Registry for Immunization Transactions and Services (GRITS), or use the CDC Countermeasure Response Administration (CRA) software when established, for tracking and contacting those who received vaccination, in order to ensure a second vaccination.

**District:**

- ❖ Activate the EOPs and dispensing/vaccination plans (i.e., SNS plan, Georgia Immunization Program Manual) to provide vaccination of designated priority groups.
- ❖ As vaccine becomes available, implement distribution plans and update and disseminate public information on their distribution, including:

- Vaccinate persons in priority groups, in accordance with existing recommendations and provide a second dose, if required for immunity.
  - Activate plans to provide and train surge vaccinators and other staff for vaccination clinics.
- ❖ Expand the use of the Georgia Registry for Immunization Transactions and Services (GRITS), or use the CDC Countermeasure Response Administration (CRA) software when established, for tracking and contacting those who received vaccination, in order to ensure a second vaccination.

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7. *Antiviral Distribution:*

**Federal:**

- ❖ Revise recommendations for treatment and prophylaxis with antivirals for priority groups, if necessary, guided by accumulating data about the pandemic virus (e.g., susceptibility, virulence, transmissibility, geographic spread, and age-specific attack rates).
- ❖ Provide state, territorial and local health departments, and healthcare partners with guidance on reporting specifications for tracking distribution, effectiveness, and safety of antivirals.
- ❖ Work with WHO and global partners to determine the drug susceptibilities of the pandemic strain and monitor changes over time.
- ❖ Provide information to health professionals and the public on issues related to availability and use of antiviral drugs during an influenza pandemic.

**State:**

- ❖ Monitor antiviral stocks available at the state, local, and hospital levels while distributing and administering antivirals through established SOPs to persons in priority groups.
- ❖ Review modifications, if any, to interim recommendations on antiviral prophylaxis and/or treatment in selected groups or circumstances.
- ❖ Accelerate training on appropriate use of antiviral drugs among public health staff and healthcare community organizations.
- ❖ Adverse Events – Develop protocols and provide information to healthcare community organizations encouraging them to download and complete MedWatch forms for serious adverse events associated with the use of antivirals for prophylaxis and treatment of influenza. The completed forms will be submitted to the FDA and entered in the Adverse Events Reporting System (AERS) for collation and analysis.

**District:**

- ❖ Monitor antiviral stocks available at the local and hospital levels while distributing and administering antivirals through established SNS SOPs to persons in priority groups.
- ❖ Review modifications, if any, to interim recommendations on antiviral prophylaxis in selected groups or circumstances.

- ❖ Accelerate training on appropriate use of antiviral drugs among public health staff and healthcare partners.

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8. *Community Disease Control and Prevention:*

**Federal:**

- ❖ Develop and disseminate messages concerning isolation, quarantine, and social distancing strategies.
- ❖ Identify and provide potential federal resources as requested by DPH.
- ❖ Identify non-federal regional supplies and resources for potential redistribution.

**State:**

- ❖ Continue to provide prevention and self-care messages to the general public.
- ❖ Coordinate activation of plans with partners.
- ❖ Update partners on isolation and quarantine needs and strategies.
- ❖ Authorize isolation and quarantine as needed.
- ❖ Provide guidance to Districts regarding social distancing needs, strategies and implementation.
- ❖ Provide guidelines for refugee, migrant, homeless, indigent population, and hard-to-reach special needs population service providers.
- ❖ Coordinate with the State Operations Center (SOC) concerning potential redistribution of supplies and resources.

**District:**

- ❖ Continue to provide prevention and self-care messages to the general public.
- ❖ Coordinate activation of plans with partners.
- ❖ Update partners on isolation and quarantine needs, strategies and facilities.
- ❖ Authorize isolation and quarantine as needed.
- ❖ Provide guidance to partners regarding social distancing needs, strategies and implementation.
- ❖ Provide guidelines for refugee, migrant, homeless, indigent population, and hard-to-reach special needs population service providers.
- ❖ Coordinate with DPH and partners concerning potential redistribution of supplies and resources.

9. *Travel-related Risk of Disease Transmission:*

**Federal:**

- ❖ Work with state and local health departments and CDC quarantine stations to prevent the importation and exportation of cases of pandemic influenza.
- ❖ Promote a process of active engagement and discussion with state and local partners to support local decision-making on implementation of travel restrictions and other travel-related containment strategies.
- ❖ Coordinate with other countries and WHO to prevent the spread of pandemic influenza via international travel.

**State:**

- ❖ Minimize travel-related disease transmission using a range of containment strategies, including plans (i.e., Infectious Disease Evaluation and Response at Hartsfield-Jackson Atlanta International Airport Standard Operating Plan).
- ❖ Evaluate the need to implement or terminate travel-related containment measures as the pandemic evolves.
- ❖ Coordinate with the governor, legislature, legal community, business community and general public regarding the potential need to restrict air, land and sea travel in and out of Georgia:
  - Coordinate with healthcare community organizations and partners regarding points of entry into Georgia and provide standardized guidelines regarding influenza case identification.
  - Coordinate with CDC quarantine stations and federal partners to evaluate and manage ill and exposed travelers and provide information to travelers who visited affected countries.
  - Implement strategies to assist stranded ill travelers.
- ❖ Coordinate with mass transit providers to implement strategies to limit disease transmission.

**District:**

- ❖ Minimize travel-related disease transmission using a range of containment strategies, including plans (i.e., Infectious Disease Evaluation and Response at Hartsfield-Jackson Atlanta International Airport Standard Operating Plan).
- ❖ Evaluate the need to implement or terminate travel-related containment measures as the pandemic evolves.
- ❖ Coordinate with the DPH, local governments, legal community, business community and general public regarding the potential need to restrict air, land and sea travel in and out of Georgia:

- Coordinate with healthcare community organizations and partners regarding points of entry into Georgia and provide standardized guidelines regarding influenza case identification.
  - Coordinate with CDC quarantine stations, federal partners and DPH to evaluate and manage ill and exposed travelers and provide information to travelers who visited affected countries.
  - Implement strategies to assist stranded ill travelers.
- ❖ Continue to coordinate with mass transit providers to implement strategies to limit disease transmission.

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10. *PH Communications:*

**Federal:**

- ❖ Coordinate pandemic influenza media messages to ensure consistency across Federal government.
- ❖ Coordinate communications activities with state and local communications staff, including regional or local communications centers as appropriate.
- ❖ Promptly respond to rumors and inaccurate information to minimize concern, social disruption, and stigmatization.
- ❖ Coordinate international information exchange and communications strategies.

**State:**

- ❖ Verify the situation and assess crisis level.
  - Meet with DPH staff to gather information about what is happening, how it affects the public, and what is being done.
- ❖ Activate emergency communication plan.
- ❖ Use emergency communication plan checklist to notify others about situation (DHR communication team, DPH staff, other state agencies, key partners at federal, state, district, and local level, call centers, etc.).
- ❖ Activate JIC if appropriate.
- ❖ Organize assignments within Office of Communications (media review, call center operations, web maintenance, etc.).
- ❖ Prepare messages related to 1) prevention, management, and treatment of influenza and 2) vaccine and antiviral distribution; obtain necessary approval for release to public, media and partners.
- ❖ Continue to monitor, maintain, and make adjustments to release of information.
- ❖ Promptly respond to rumors and misinformation.

**District:**

- ❖ Upon receipt of information from the state PIO, activate district emergency communication plan.
- ❖ Use emergency communication plan checklist to notify others about situation (district communication team, district staff, other district and local agencies, key partners at district and local level, district call centers, etc.).

- ❖ Activate district JIC, if necessary.
- ❖ Organize assignments within district office (media review, call center operations, web maintenance, etc.).
- ❖ Obtain messages related to 1) prevention, management, and treatment of influenza and 2) vaccine and antiviral distribution; obtain necessary approval for release to public, media and partners.
- ❖ Continue to monitor, maintain, and make adjustments to release of information.
- ❖ Promptly respond to rumors and misinformation.

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11. *Workforce Support:*

**Federal:**

- ❖ Provide medical, public health, and community partners with educational and training materials on psychosocial issues related to pandemic influenza.
  
- ❖ Provide occupational health guidance on psychosocial issues related to the pandemic, including information on anticipated reactions to restrictive public health measures such as quarantine.

**State:**

- ❖ Serve as a liaison with state agencies (i.e., Department of Labor) providing information and strategies for workforce behavioral health resiliency.
  
- ❖ Implement programs to maximize workforce continuity of operations and personal/community resilience during a public health emergency.
  
- ❖ Disseminate educational and training materials to medical, public health, and partners on psychosocial issues related to pandemic influenza.
  
- ❖ Disseminate occupational health guidance on psychosocial issues related to the pandemic, including information on anticipated reactions to restrictive public health measures such as quarantine.
  
- ❖ Continue training in behavioral health interventions appropriate for workforce resilience.
  
- ❖ Continue working with healthcare community organizations to identify and support families of healthcare providers concerning associated psychosocial issues.
  
- ❖ Assess need for behavioral health providers and activate volunteers.

**District:**

- ❖ Serve as a liaison between state, district and local agencies in acquiring and providing information and strategies for workforce behavioral health resiliency.
  
- ❖ Disseminate educational and training materials to healthcare community organizations, public health, and partners on psychosocial issues.
  
- ❖ Participate in training in behavioral health interventions appropriate for workforce resilience with community mental health providers and partners.
  
- ❖ Work through healthcare community organizations to identify and support families of healthcare providers concerning associated psychosocial issues.

- ❖ Assess need for behavioral health providers and activate volunteers.

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12. *EOC Staffing, Operations and Sustainment:*

**Federal:**

- ❖ Continue to follow NIMS.

**State:**

- ❖ Implement the Incident Command Structure. The State will be either the MACC or Area Command, as directed by the State Health Officer.
- ❖ Adhere to NIMS.
- ❖ Coordinate all EOC related functions with DHR Emergency Management.
- ❖ Activate EOC according to plans.
- ❖ Implement staffing rotation as needed.
- ❖ Operationalize internet programs (Web EOC, Live Process, etc).
- ❖ Perform call down and post roster of all federal, state, district personnel and partners.
- ❖ Activate available MOUs with MHDDAD for professionals trained in CISM and other appropriate mental health interventions.
- ❖ Post briefing outlines and establish briefing times for EOC-only and statewide calls on Web EOC.

**District:**

- ❖ Implement Incident Command structure.
- ❖ Adhere to NIMS and state guidance.
- ❖ Activate District Operation Center (DOC), notifying state emergency preparedness and the DHR EOC.
- ❖ Perform call down and post roster of district, county and local personnel.
- ❖ Operationalize internet programs (Web EOC, Live Process, etc).
- ❖ Activate available MOUs with MHDDAD or local mental health facilities for professionals trained in CISM and appropriate mental health interventions.
- ❖ Prepare for state briefings and begin district briefings.

### **EOP Phase Three – Recovery and Mitigation.**

Recovery is the transition to normal operations. Short-term recovery actions are taken to assess damage and return vital life-support systems to minimum operating standards. Long-term recovery may go on for years and involve the development, coordination, and execution of services.

Mitigation minimizes the adverse impact of an emergency and reduces vulnerability to future emergencies. Mitigation measures may be implemented at any time.

#### 1. *Surveillance:*

##### **Federal:**

- ❖ No guidance as of the writing of this SOG.

##### **State:**

- ❖ Conduct AAR, including plan revision at both state and districts levels.
- ❖ Continue to employ a state influenza surveillance coordinator to oversee improvements in influenza surveillance.
- ❖ Assess morbidity and mortality data from districts and forward results to HHS and CDC.
- ❖ Return to routine level of influenza surveillance.
- ❖ Evaluate surveillance techniques used during EOP Phase 2; adjust as necessary.

##### **District:**

- ❖ Conduct AAR, including plan revision.
- ❖ Increase collaboration with local partners to establish and improve surveillance programs.
- ❖ Work with partners, promoting their responsibility for disease surveillance.
- ❖ Continue to monitor and interpret surveillance data.
- ❖ Maintain relationships, in coordination with DPH and the poultry industry, to monitor healthcare data of the working population.

2. *Laboratory Analysis:*

**Federal:**

- ❖ No guidance as of the writing of this SOG.

**State:**

- ❖ Conduct AAR, including plan revision.
- ❖ Maintain capability to isolate and subtype influenza year round using CDC and LRN guidelines.
- ❖ Continue to coordinate with international, federal and state epidemiology surveillance partners, providing laboratory results as requested.
- ❖ Continue to monitor for outbreaks of influenza.
- ❖ Continue to procure reagents and update protocols for detection of novel influenza strains, as needed.
- ❖ Complete reassignment of analytical staff to routine analytical duties.
- ❖ Replenish clinical supplies to support influenza and routine testing services.
- ❖ Continue to provide support to neighboring state health laboratories, if capable and as needed.
- ❖ Continue to provide guidance as needed for district and county health offices, healthcare community organizations and Department of Corrections laboratories for collection and transportation of samples to PHL.
- ❖ Evaluate laboratory techniques used during EOP Phase 2; adjust as necessary.

**District:**

- ❖ Continue to disseminate information/guidance for proper sample collection and transportation to the PHL or other designated reference laboratories.
- ❖ Provide resources on effectiveness, limitations and accuracy of available rapid testing, to the healthcare community organizations.
- ❖ Coordinate dissemination and follow-up of laboratory results with ordering healthcare community organizations.

3. *Health Care Planning:*

**Federal:**

- ❖ No guidance as of the writing of this SOG

**State:**

- ❖ Evaluate healthcare planning issues used during EOP Phase 2 adjusting as necessary.
- ❖ Conduct AAR, including plan revision at state and assist at the district level.
- ❖ Assist healthcare community organizations in conducting the next cycle of exercises and drills to test healthcare response issues and build partnerships among healthcare and public health officials, community leaders, and emergency response workers.
- ❖ Maintain a communications infrastructure to facilitate and ensure the timely dissemination and transfer of information between the healthcare system and public health sectors (federal and state).
- ❖ Address legal issues that continue to affect staffing and patient care.
- ❖ Review pre-pandemic standards of care and resource allocation issues and alter as necessary.
- ❖ Continue to educate and train State, District, and healthcare personnel on Incident Management.
- ❖ State PIO/RC will continue to provide information to media as well as District RCs. Continue to coordinate the information with the Division's HEART and Pandemic Influenza Management Team.
- ❖ Evaluate and continue to assist the Districts with healthcare volunteer systems, such as MRC, ESAR VHP (Emergency System for Advanced Registration of Volunteer Health Personnel). Provide guidance and assistance as able, to resupply these systems.

**District:**

- ❖ Evaluate healthcare planning issues used during EOP Phase 2 adjusting as necessary.
- ❖ Conduct AAR with partners, including plan revision.
- ❖ Continue to educate and train District staff, healthcare personnel and other partners on Incident Management.

- ❖ District PIO/RC will continue to provide information to local media and partners. Continue to coordinate the information with the District's HEART and Pandemic Influenza Management Team.
- ❖ Continue timely and accurate communication between the Districts and RCHs.
- ❖ Implement state provided post-pandemic standards of care and resource allocation guidance.

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4. *Infection Control:*

**Federal:**

- ❖ No guidance as of the writing of this SOG

**State:**

- ❖ Provide guidance to continue infection control procedures to all partners as needed.
- ❖ Maintain notification guidelines, assisting in the tracking of patients with pandemic influenza. This may include selected tracking as the patient numbers decrease.
- ❖ Ensure Districts have discontinued isolation, quarantine, and social distancing measures.
- ❖ Continue to provide guidance on the handling of deceased remains to the general population and partners.

**District:**

- ❖ Continue to interact with partners and county health departments, explaining appropriate infection control standards.
- ❖ Ensure all PH teams have returned to District and county offices.
- ❖ Districts should seek guidance from the State, concerning updates in infection control and related healthcare measures.
- ❖ Districts should plan to return to normal operations upon direction of the Governor and State Health Officer.
- ❖ Under guidance from the State, encourage local businesses and organizations to return to pre-pandemic operations.

5. *Clinical Guidelines:*

**Federal:**

- ❖ No guidance as of the writing of this SOG

**State:**

- ❖ Continue to educate healthcare community organizations about novel and pandemic influenza.
- ❖ Continue to provide or facilitate testing and investigation of suspected novel influenza cases.
- ❖ Provide post-pandemic standards of care and resource allocation guidance.
- ❖ Provide updated guidelines to hospitals concerning testing, isolation, and treatment.
- ❖ Provide updated guidelines to healthcare community organizations on educating patients on self-care.
- ❖ Provide updated self-care and prevention messages to the general public.
- ❖ Provide updated guidelines on post pandemic hospital surge capacity.
- ❖ Continue soliciting the assistance of professional healthcare organizations and licensing boards in disseminating healthcare guidelines.
- ❖ Determine the availability of healthcare volunteers as needed.

**District:**

- ❖ Continue to educate healthcare community organizations about novel and pandemic influenza.
- ❖ Continue or facilitate testing and investigation of suspected novel influenza cases.
- ❖ Implement state provided post-pandemic standards of care and resource allocation guidance.
- ❖ Disseminate updated guidelines to hospitals concerning testing, isolation, and treatment.
- ❖ Disseminate updated guidelines to healthcare community organizations on educating patients on self-care.
- ❖ Disseminate updated self-care and prevention messages to the general public.

- ❖ District Health Director continues to provide directions to all Public Health staff regarding review of protocols, mass clinic guidelines, and any other information related to pandemic influenza.
- ❖ Disseminate updated guidelines to healthcare community organizations and occupational health settings (school, faith based, and business communities) on treatment, self-care and prevention.
- ❖ Update list of healthcare providers.
- ❖ Disseminate updated guidelines on post-pandemic hospital surge capacity.

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6. *Vaccine Distribution and Use:*

**Federal:**

- ❖ No guidance at this time

**State:**

- ❖ Evaluate all response activities, including vaccine tracking and delivery, adverse event monitoring and communications.
- ❖ Coordinate with districts and partners on resuming pre-pandemic vaccination programs.
- ❖ Conduct AAR, update plans and implement mitigation activities.
- ❖ Assist the Districts return unused vaccines as directed by CDC.

**District:**

- ❖ Evaluate all response activities, including vaccine tracking and delivery, adverse event monitoring and communications.
- ❖ Coordinate with DPH and partners on resuming pre-pandemic vaccination programs.
- ❖ Conduct AAR, update plans and implement mitigation activities.
- ❖ Assist the Districts return unused vaccines as directed by CDC.

7. *Antiviral Distribution:*

**Federal:**

- ❖ No current guidance provided by the federal government, though continued involvement may be expected in supplying updated guidance on use of antivirals and results of adverse reaction studies.

**State:**

- ❖ Collaborate with Districts to rotate remaining antivirals.
- ❖ Monitor return of federal caches according to SNS SOPs.
- ❖ Conduct AARs, assisting with implementation of changes and updates in distribution plans.

**District:**

- ❖ Collaborate with State and healthcare community organizations to rotate remaining antivirals.
- ❖ Coordinate return of federal caches through the State, according to SNS SOPs.
- ❖ Conduct AARs, assisting with implementation of changes and updates in distribution plans.

8. *Community Disease Control and Prevention:*

**Federal:**

- ❖ No guidance as of the writing of this SOG

**State:**

- ❖ Continue to identify and engage partners and invite them to participate in updated planning, exercises and drills.
- ❖ Provide updated guidelines on self-care and prevention to partners and the general public.
- ❖ Provide guidance to Districts regarding discontinuation of social distancing strategies.
- ❖ Provide updated guidelines to special needs populations.
- ❖ Ensure suspension of DPH isolation and quarantine activities.
- ❖ Coordinate with OHS-GEMA (as directed by the DHR Emergency Management) on documentation for reimbursement of event related expenditures.

**District:**

- ❖ Continue to identify and engage partners and invite them to participate in updated planning, exercises and drills.
- ❖ Ensure closure and decontamination (as required) of any existing isolation and quarantine facilities.
- ❖ Provide guidance to community leaders regarding discontinuation of social distancing strategies.
- ❖ Ensure suspension of Public Health isolation and quarantine activities.
- ❖ Coordinate with local EMA (as directed by the DHR Emergency Management) on documentation for reimbursement of event related expenditures.

9. *Travel-related Risk of Disease Transmission:*

**Federal:**

- ❖ No guidance as of the writing of this SOG

**State:**

- ❖ Provide guidelines to hospitals, healthcare community organizations and partners for post-pandemic influenza purposes.
- ❖ Work with CDC quarantine stations and federal partners to evaluate and manage arriving ill passengers.
- ❖ Advise the Governor, legislature, legal community, travel industry, mass transit providers and general public of the return to pre-pandemic influenza operations.
- ❖ Develop communication strategies to encourage public transportation system usage.
- ❖ Continue to work with Department of Agriculture limiting importation of potentially infected birds and animals.
- ❖ Implement strategies to assist stranded travelers.

**District:**

- ❖ Disseminate post-pandemic influenza guidelines to hospitals, healthcare community organizations and partners.
- ❖ Continue to work with CDC quarantine stations and federal partners to evaluate and manage arriving ill passengers.
- ❖ Continue to inform local officials and general public of the return to pre-pandemic influenza operations.
- ❖ Disseminate messages to encourage public transportation system usage.
- ❖ Implement strategies to assist stranded travelers.

10. *PH Communications:*

**Federal:**

- ❖ No guidance as of the writing of this SOG

**State:**

- ❖ Continue to provide information concerning post-pandemic DPH activities to public, media, state elected officials and partners using a variety of communication channels to reach a wide variety of audiences (e.g. broadcast, print, web, face-to-face, etc.).
- ❖ Continue to monitor media messages to address rumors and false reports regarding pandemic influenza.
- ❖ Deactivate JIC and gather reports from participating PIOs.
- ❖ Conduct AAR to review activities, procedures, and protocols.
- ❖ Reinforce relevant public health messages concerning prevention, management, and treatment.
- ❖ Review and update communication plans as necessary.
- ❖ Continue to identify and train lead subject-specific spokespersons.
- ❖ Continue to provide public health communications staff with training on risk communication.
- ❖ Maintain up-to-date communication contacts.
- ❖ Continue to participate in exercises and other collaborative activities to maintain preparedness.
- ❖ Review contingency contracts for communications resources and update as needed.

**District:**

- ❖ Continue to provide information concerning post-pandemic district activities to public, media, local elected officials and partners using a variety of communication channels to reach a wide variety of audiences (e.g. broadcast, print, web, face-to-face, etc.).
- ❖ Deactivate District JIC and gather reports from participating PIOs.

- ❖ Conduct AAR to review activities, procedures, and protocols.
- ❖ Reinforce relevant public health messages concerning prevention, management, and treatment.
- ❖ Review and update district communication plans as necessary.
- ❖ Continue to identify and train local subject-specific spokespersons.
- ❖ Continue to provide district and county public health communications staff with training on risk communication.
- ❖ Maintain up-to-date communication contacts.
- ❖ Continue to participate in exercises and other collaborative activities to maintain preparedness.
- ❖ Continue to monitor media messages to address rumors and false reports regarding pandemic influenza.
- ❖ Review any contracts for communication resources and update as needed.

11. *Workforce Support:*

**Federal:**

- ❖ Interview workforce members and family members (including children) to assess lessons learned that might be applied to future emergency response efforts.
- ❖ Provide ongoing access to post-emergency psychosocial support services for responders and their families (on-site or through partner organizations).
- ❖ Conduct an ongoing evaluation of the after-effects of the pandemic on employees' health, morale, and productivity.

**State:**

- ❖ Continue implementing strategies, programs and guidelines for partners to address psychosocial issues. These strategies will encourage participation by first responders.
- ❖ Continue working with healthcare community organizations to identify and support families of healthcare providers concerning psychosocial issues.

**District:**

- ❖ Continue implementing strategies, programs and guidelines for partners to address psychosocial issues. These strategies will encourage participation by first responders.
- ❖ Continue working with healthcare community organizations to identify and support families of healthcare providers concerning psychosocial issues.
- ❖ Provide guidance to PH staff and partners for the implementation of programs to maximize personal/community resilience and psychosocial issues resulting from an influenza pandemic.

12. *EOC Staffing, Operations and Sustainment:*

**Federal:**

- ❖ Refer to National Incident Management System (NIMS) guidance

**State:**

- ❖ Conduct AAR activities.
- ❖ Prepare for deactivation of DHR EOC.
- ❖ Ensure redeployment of all personnel and resources.
- ❖ Review national and state threat levels.
- ❖ Review computer software programs, archiving as necessary and ensuring they are up to date, current and ready to operationalize for next event (Web EOC, Live Process, etc).
- ❖ Review and update contact of all federal, state and district personnel and partners, ensuring accuracy.
- ❖ Review and update call down roster of all state and district personnel and partners, ensuring accuracy.
- ❖ Review and update available MOUs with MHDDAD for possible professionals trained in CISM and other appropriate mental health interventions.
- ❖ Review and replenish EOC supplies.
- ❖ Coordinate with administration and finance section concerning reimbursement issues with OHS-GEMA.

**District:**

- ❖ Conduct AAR activities.
- ❖ Adhere to state guidance for reimbursement issues.
- ❖ Review national and state threat levels.
- ❖ Review and prepare to deactivate the District Operation Center (DOC).
- ❖ Review and update contact list of all state, district, county personnel and partners, ensuring accuracy.

- ❖ Review and archive computer software programs, ensuring they are current and ready to operationalize, including system activation drill (Web EOC, Live Process, etc).
- ❖ Review and update available MOUs with MHDDAD or local mental health facilities and partners for possible professionals trained in CISM and other appropriate mental health interventions.
- ❖ Replenish EOC supplies.

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**I. ADMINISTRATION AND LOGISTICS:**

Follow guidance as supplied by Georgia Division of Public Health Emergency Operation Plan (EOP) and Pandemic Influenza Preparedness and Response Standard Operating Plan, EOP Incident Annex 2

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## **II. PLAN DEVELOPMENT AND MAINTENANCE:**

Follow guidance as supplied by Georgia Division of Public Health Emergency Operation Plan (EOP) and Pandemic Influenza Preparedness and Response Standard Operating Plan, EOP Incident Annex 2

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### **III. AUTHORITIES AND REFERENCES:**

Follow guidance as supplied by Georgia Division of Public Health Emergency Operation Plan (EOP) and Pandemic Influenza Preparedness and Response Standard Operating Plan, EOP Incident Annex 2

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