

Pandemic/Avian Influenza Talking Points

DHR – Georgia Division of Public Health

With the increasing spread of avian influenza among birds in Southeast Asia and the continuing appearance of cases of avian influenza in humans, the risk of a pandemic continues to grow. The Georgia Division of Public Health has recognized the importance of continuing to enhance planning and response capabilities to better prepare for the threat of avian influenza and an influenza pandemic:

Avian Influenza Update:

- Avian influenza viruses do not normally infect species other than birds and pigs. The first documented infection of humans with an avian influenza H5N1 virus occurred in Hong Kong in 1997.
- Between December 2003 and November 14, 2005, there have been a total 126 cases and 64 deaths linked to avian influenza.
- Of the 15 avian influenza virus subtypes, H5N1 is of particular concern because it mutates rapidly and has a documented propensity to acquire genes from viruses infecting other animal species. In addition, laboratory studies have demonstrated that isolates from this virus have a high pathogenicity and can cause severe disease in humans. Birds that survive infection excrete virus for at least 10 days, orally and in feces, thus facilitating further spread at live poultry markets and by migratory birds.
- The epidemic of highly pathogenic avian influenza caused by H5N1, which began in mid-December 2003 in the Republic of Korea and is now being seen in other Asian countries as well as Mongolia, Russia, and Kazakhstan, is therefore of particular public health concern.
- In affected countries, intensified surveillance and heightened public concern is leading to better detection of people with respiratory symptoms or possible exposure to the virus.
- Continuous global surveillance takes place through the WHO network of 112 National Influenza Centers that monitor influenza activity and isolates influenza viruses in all continents. Rapid detection of unusual influenza outbreaks, isolation of possible pandemic viruses and immediate alert to the WHO system by national authorities is decisive for mounting a timely and efficient response to pandemics.

Avian Influenza Planning

- Planning for an avian flu outbreak in Georgia necessitates a coordinated leadership effort between the Georgia Department of Agriculture (GDA), the United States Department of Agriculture (USDA) and the poultry industry to deal with the surveillance, detection, response and eradication of the disease in

- affected birds and the Georgia Division of Public Health (DPH) to provide the necessary surveillance, detection, and appropriate preventive and therapeutic response to any human health threat associated with exposure to the bird virus. In addition, numerous partners and stakeholders must be included in all stages of planning and response to insure smooth and effective operations in the event of an outbreak.
- A two-pronged approach to avian flu preparedness has been implemented in Georgia:
 - 1) Training
 - a. Agrosecurity trainings across GA for first responders.
 - b. Tabletop exercises including multiple levels of government, academia, and stakeholders.
 - c. Development and training of a State Agriculture Response Team (SART) specialized in bird flu response.
 - 2) Planning/Development of Standard Operating Procedures
 - a. A Low Pathogenic Avian Influenza (LPAI) Surveillance and Response Plan has been developed and is already being implemented by industry (National Poultry Improvement Plan)
 - b. A rough draft of a Highly Pathogenic Avian Influenza (HPAI) plan has been developed that builds on the LPAI plan and addresses the unique conditions associated with “bird flu.”
 - In the meantime, potentially “high risk” occupational exposure groups that may occur in the event of an outbreak have been identified. Distribution of seasonal flu vaccine to personnel in these occupational groups is being planned. This effort is to minimize the opportunity for genetic shift to a pandemic strain in the event of a “bird flu” outbreak.

Pandemic Influenza Planning:

- A Pandemic Influenza Standard Operating Plan (SOP) is currently being finalized and will serve as an annex to the Public Health EOP.
- Numerous stakeholders have contributed to this plan including epidemiology, emergency preparedness, immunization, laboratory and pharmacy.
- During a public health emergency in the State of Georgia, public health activities will be coordinated as outlined in the PH EOP. Briefly, the plan provides guidance to DPH in its role as the lead in Office of Homeland Security-Georgia Emergency Management Agency (OHS-GEMA) GEMA Emergency Support Function (ESF) 8 (as designated by DHR) and its role supporting DHR in OHS-GEMA ESF 6.
- Georgia’s pandemic influenza plan is an extension of the HHS pandemic influenza plan. The HHS pandemic influenza plan is currently under internal

HHS review and is expected to be released in the near future. The GDPH plan will then be modified as needed.

- Georgia's pandemic influenza plan is expected to serve as a template for District pandemic influenza plans. The GDPH plan outlines the specific responsibilities that the Districts will have in the event of a pandemic.
- An executive planning committee to oversee pandemic planning will be formed and will include representation from notifiable disease epidemiology, emergency preparedness, pharmacy, nursing, immunization and other stakeholders.
- In addition to the Pandemic Influenza SOP annex, other Public Health EOP annexes will also be heavily relied upon in the event of a pandemic. These include the Airport Incident Plan and Isolation and Quarantine (under development) annexes.
- An in home hospital care plan is in the early stages of development. This plan will utilize a system that will assist ill members of the community in making a decision on whether to seek medical care. The goal will be to lessen the burden on hospitals and urgent care clinics which will likely be inundated with patients during a pandemic.
- Through a standardized questionnaire, a public health nurse will recommend whether to seek care at a hospital, at a private physician's office, or whether they can remain at home. An in home care kit will be delivered to those who choose to remain home.
- The Georgia Public Health Laboratory (GPHL) is currently conducting validation studies on the H5 primer they have received from CDC. This testing is expected to take several months. At that time the lab expects to be able to conduct testing for H5 influenza.
- GPHL is working to determine the possibility of expanding influenza testing capabilities to the Waycross and Albany laboratories to handle surge capacity in the event of a pandemic.
- Providers throughout the State of Georgia participate in the U.S. Influenza Sentinel Provider Surveillance Network. These providers report the number of cases seen each week in their practice for influenza like illness by age group and the total number of patients seen. They also submit specimens throughout the influenza season to the Georgia Public Health Lab. These activities assist CDC and the state in determining the onset of influenza season and what influenza strains are currently present in the population. These activities will be critical in the early stages of a pandemic.