



Jackson-Madison County Regional Health Department Pandemic Influenza Response Plan

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DRAFT

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Jackson-Madison County Regional Health Dept. Pandemic Influenza Plan Draft

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Jackson-Madison County Regional Health Department

September 2006

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**Pandemic Influenza Response Plan
Jackson-Madison County Regional Health Department**

I. Lead Agency:

The Tennessee Department of Health (TDH) is the lead state agency for the response to a pandemic. Its plan is part of the Tennessee Emergency Management Plan (TEMP). TDH is responsible for establishing uniform public health policies for pandemic influenza response. Such policies include the establishment of criteria for implementing and rescinding social distancing measures (e.g., school or business closure), prioritizing recipients of vaccines and antiviral medications, and legally altering acceptable standards of health care or medical licensure requirements. When a pandemic is imminent, an emergency will be declared and the TEMP will be activated.

The Jackson-Madison County Regional Health Department (JMCRHD) is the agency responsible for public health planning and response to a pandemic at the local level. JMCRHD is responsible for implementing state public health response policies once the TEMP is activated. Under the direction of the Regional Director/ Health Officer, the Emergency Response Coordinator will coordinate the department's preparedness activities with local agencies and other stakeholders. JMCRHD will be the primary point of contact for the communication of state public health response policies from TDH.

Jackson-Madison County Regional Health Department is specifically responsible for the following tasks:

1. Developing continuity of operations plan for essential public health services, as defined by the TDH.
2. Timely collection (and interpretation) of regional surveillance data.
3. Assuring that appropriate laboratory specimens from ill persons are collected and shipped by public health or medical personnel (in collaboration with the state public health laboratory), in accordance with state and national laboratory testing guidelines.
4. Detection, response, and control of initial cases of novel or pandemic influenza infection in humans, in collaboration with the state health department.
5. Response to human exposure to animal influenza viruses with pandemic potential during the pre-pandemic period (WHO Phases 3-5), in collaboration with the state health department.

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6. Administration of prophylactic antiviral medication (WHO Phases 3-5 only) as indicated by national or state policy.
7. Pandemic vaccine storage, administration, and data collection, as required by state and/or federal health officials.
8. Antiviral medication storage, distribution (per Strategic National Stockpile protocols) and tracking, in conjunction with acute care hospitals where antivirals are administered.
9. Communication with regional outpatient and inpatient health care facilities, long-term care facilities, and with the public, using messages coordinated with state public health officials.
10. Implementation of social distancing measures under the direction of the state health department.
11. Assuring the continuity of essential operations at the health department.
12. Addressing the psychosocial needs of the public health workforce during a pandemic.
13. Communicating to the public, how to access social support services available in their area during a pandemic.

II. Support Agencies:

Support agencies that would work with the Jackson-Madison County Regional Health Department in the detection and management of pandemic influenza within Madison County are listed below:

1. Jackson-Madison County Emergency Management Agency (JMC-EMA)

The JMC-EMA may be asked to provide resources and other services related to logistics and/or security required to support local response efforts.

The JMC-EMA will coordinate with the West Tennessee Regional Office of the Tennessee Emergency Management Agency (TEMA) to assure access to resources that are not available at the local level as described in the TEMP.

2. Jackson/Madison County Mayors

The city mayor, county mayor, and city/county legislative body may be asked to assist with public education activities related to social distancing measures.

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3. Jackson-Madison County School System / Local Private Schools / Local Education Agencies

Jackson Madison County School System, local private schools, and local education agencies may be asked to temporarily close facilities or suspend school activities in order to support social distancing measures.

4. Local Colleges and Universities

Local colleges and universities will be asked to communicate with students and faculty, using messages coordinated with local health officials.

5. Jackson Police Department (JPD) / Madison County Sheriff's Department (MCSD)

JPD and MCSD will be asked to enforce the provisions of a public health measure or temporary hold upon issuance of a court order. They will also be asked to provide additional security for public health clinics or treatment centers, as well as enforcement of cancellations of public gatherings.

6. Jackson-Madison County General Hospital (JMCGH) / Regional Hospital

JMCGH and Regional Hospital of Jackson will be asked to coordinate and provide health care due to increased pandemic demands by developing pandemic response plans consistent with the health care planning guidance contained in the TDH Pandemic Influenza Pan.

7. General Sessions Judges / City & County Attorneys

General Session Judges may be asked to issue a court-ordered public health measure or temporary hold if the actions of a person are considered a public health threat. Such an order would be undertaken after consultation with the Public Health Officer and city/county attorneys.

8. Jackson Chamber of Commerce

The Jackson Chamber of Commerce will be asked to communicate with local businesses and industries using messages coordinated with local health officials.

9. Madison County Medical Examiner

The Madison County Medical Examiner will be asked to coordinate with area hospitals and local funeral homes regarding mass fatality planning and response.

10. State Laboratory – Jackson Branch

The Jackson Branch of the Tennessee State Laboratory will be asked to test human specimens for pandemic influenza and influenza subtypes with pandemic potential, as well as communicating with other sentinel laboratories in Madison County.

11. American Red Cross – Jackson Area Chapter

The Jackson Area Chapter of the American Red Cross will be asked to provide basic first aid and essential services to the local public due to increased pandemic demands. They may also be asked to deploy American Red Cross health personnel to assist with the homebound or quarantined public.

12. Salvation Army – Jackson Chapter

The Jackson Chapter of the Salvation Army will be asked to assist with meals and food delivery to homebound or quarantined patients.

13. Medical Center EMS

Medical Center EMS will be asked to facilitate planning and response activities with regional EMS providers, 911 dispatch center, and local hospitals. They will also develop protocols for maintaining critical EMS response capability during a pandemic that generates high call volumes and reduces available EMS resources.

III. Purpose:

The purpose of this plan is to provide an ethical and evidence-based framework, as well as a detailed operational plan, for the public health response to pandemic influenza or an influenza strain with pandemic potential. During a pandemic or outbreak of a novel influenza virus with pandemic potential, this document will serve as an operational annex for Emergency Support Function (ESF) 8, which is part of the Jackson-Madison County Emergency Management Plan (JMC-EMP).

IV. Situation:

Novel influenza viruses periodically emerge to cause global epidemics, known as pandemics, either directly from a mutated animal influenza virus or out of combination of an animal virus with a circulating human influenza virus. Such viruses circumvent normal immune defenses and cause morbidity and mortality at higher rates than seasonal influenza strains; compared to seasonal influenza, a larger proportion of deaths occur in persons aged <65 years.

Novel influenza viruses that cause pandemics are transmitted from person to person in the same manner as seasonal influenza: typically, by mucosal inoculation with large respiratory droplets caused by coughing or sneezing or by touching contaminated environmental surfaces and subsequently touching one's mouth, nose or eyes.

Ten pandemics have occurred in the past 300 years; there is historical evidence of the success or failure of various strategies to contain or control the spread of influenza. With the exception of a vaccine, antiviral medication, and advanced medical care, many of the strategies used to respond to a modern pandemic are the same as the effective measures of previous generations. For example, though the compulsory restriction of movement in or out of certain regions, known as "cordon sanitaire," was not effective in any but the world's most remote island communities, broad community strategies used to reduce dense social contact were effective and the failure to use such strategies was devastating. The key activities to minimize the impact of a pandemic influenza virus are:

1. Surveillance for disease activity for situational awareness and timely activation of response strategies
2. Accurate communication within and among volunteer and professional responding organizations and with the general public
3. Use of social distancing measures to reduce unnecessary close contacts during a pandemic wave
4. Distribution and use of all available medical resources and personnel

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Pandemic Threat Categories Defined by World Health Organization (WHO):

The duration of each period or phase is unknown, but the emergence of pandemic viruses is considered inevitable.

PERIOD	PHASE	DESCRIPTION
Interpandemic No human cases of novel influenza virus	1	No animal influenza viruses circulating with the potential to infect humans
	2	Animal influenza virus is circulating with the potential to infect humans
Pandemic Alert Human cases with increasingly efficient human-to-human spread	3 (May 2006)	Human cases with rare or no human-to-human spread
	4	Small clusters caused by human-to-human spread
	5	Large regional clusters caused by human-to-human spread
Pandemic Worldwide epidemic	6	Geographically widespread and efficiently spread from human-to-human

V. Planning Assumptions:

A. Basis of plan:

1. The plan is based upon a pandemic of the severity of the 1918-1919 influenza pandemic; public health interventions described herein represent maximal interventions under these conditions. If the characteristics of the actual event do not reflect planning assumptions, responses will be modified accordingly.
2. While focusing primarily on the response to a pandemic (WHO Phase 6), the plan also addresses the response to imported or acquired human infections with a novel influenza virus with pandemic potential during the Pandemic Alert Period (WHO Phases 3-5).

B. Objectives of pandemic planning:

1. Primary objective is to minimize morbidity and mortality from disease.
2. Secondary objectives are to preserve social function and minimize economic disruption.

C. Assumptions for state and local planning:

1. The plan reflects *current* federal and state response capacity and will be revised annually in light of changes in capacity or scientific understanding.
2. Tennessee state and local pandemic plans should be consistent with each other and with federal guidelines unless these guidelines fail to reflect the best available scientific evidence.
3. Public education and empowerment of individuals, businesses, and communities to act to protect themselves are a primary focus of state planning efforts; the federal and state government capacity to meet the needs of individuals will be limited by the magnitude of disease and scarcity of specific therapeutic and prophylactic interventions and the limited utility of legal measures to control disease spread.

D. Disease transmission assumptions:

1. Incubation period averages 2 days (range 1-10; WHO recommends that, if quarantine is used, it be used up to 7 days following exposure).
2. Sick patients may shed virus up to 1 day before symptom onset, though transmission of disease before symptoms begin is unusual. The peak infectious period is first 2 days of illness (children and immune-compromised persons shed more virus and for a longer time).
3. Each ill person could cause an average of 2-3 secondary cases if no interventions are implemented.
4. There will be at least 2 “waves” (local epidemics) of pandemic disease in most communities; they will be more severe if they occur in fall/winter.
5. Each wave of pandemic disease in a community will last 6-8 weeks.
6. The entire pandemic period (all waves) will last about 2 years before the virus becomes a routine seasonal influenza strain.
7. Disease outbreaks may occur in multiple locations simultaneously, or in isolated pockets.

E. Clinical assumptions during the entire pandemic period (from federal planning guidance issued in November 2005):

1. All persons are susceptible to the virus.
2. Clinical disease attack rate of $\geq 30\%$ (range: 40% of school-aged children to 20% of working adults).
3. 50% of clinically-ill (15% of population) will seek outpatient medical care.
4. 2%-20% of these will be hospitalized, depending on virulence of strain.

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5. Overall mortality estimates range from 0.2% to 2% of all clinically ill patients.
6. During an 8-week wave, ~40% of employees may be absent from work because of fear, illness or to care for a family member (not including absenteeism if schools are closed).
7. Hospitals will have $\geq 25\%$ more patients than normal needing hospitalization during the local pandemic wave.

F. Estimate of burden of illness in Madison County (derived from national estimates from 2005 HHS planning guidance and population of 100,000)

Characteristic	Moderate	Severe
Illness (30%)	30,000 [30% of pop]	30,000 [30% of pop]
Outpatient Care	15,000 [50% of ill]	15,000 [50% of ill]
Hospitalization	300 [1% of ill]	3,300 [11% of ill]
ICU Care	45 [15% of hosp]	495 [15% of hosp]
Mechanical Ventilation	23 [50% of ICU]	248 [50% of ICU]
Deaths (Case fatality rate)	60 [0.2% of ill]	600 [2% of ill]

G. Assumptions about the Pandemic Alert Period (WHO Phases 3-5):

1. During the pandemic alert period, a novel influenza virus causes infection among humans who have direct contact with infected animals and, in some cases, through inefficient transmission from person to person. By definition, during the Pandemic Alert Period, cases are sporadic or limited in number with human-to-human spread not yet highly efficient. Limited clusters of disease during this period can be quenched with aggressive steps to stop spread and treat infected individuals.
2. Individual case management will be conducted during the Pandemic Alert Phase. Isolation or quarantine, including the use of court orders when necessary, would be employed to prevent further spread of the virus. Antivirals would be used during this time for post-exposure prophylaxis or aggressive early treatment of cases (supplies permitting).
3. Efforts to identify and prevent spread of disease from imported human cases and from human cases resulting from contact with infected animals will continue until community transmission has been established in the United States. Community transmission is defined as transmission from person to person in the United States with a loss of clear epidemiologic links among cases. This may occur some time after the WHO declares that a pandemic has begun (WHO Phase 6).

VI. Concept of Operations:

A. WHO Phases 3-5 (Pandemic Alert Period):

The lead agency for addressing influenza disease among animals at the state level is the Department of Agriculture (described in TEMP Emergency Support Function [ESF] 11). TDH will provide support to the Department of Agriculture in the prevention of human infections and in surveillance and management of human disease as it pertains to contact with infected animals.

The TDH is the lead agency for responding to human influenza disease caused by a novel influenza virus with pandemic potential, whether imported from an area with ongoing disease transmission or acquired directly from an animal in Tennessee. The State Health Operations Center (SHOC) would be set up, depending upon the scope of and duration of the situation. See the 2006 Tennessee Department of Health Pandemic Response Plan Section 7, Supplement 2, for isolation and quarantine guidelines during the Pandemic Alert Period. Guidance for hospital management and investigation of cases during the pandemic alert period is located in Section 4. The CDC will provide additional support and guidance regarding human infection management during this period.

The primary activities during this period are surveillance for imported cases or cases contracted from contact with infected animals. Any detected cases will be aggressively investigated by regional health departments, with the assistance of TDH, and contacts are to be identified, quarantined, and treated, as appropriate. The objective is to stop the spread of the virus into the general community.

B. WHO Phase 6 (Pandemic):

The lead agency for the public health response to a pandemic is the Department of Health, working in collaboration with regional health departments. The state and regional health department response will be conducted in collaboration with federal response agencies, primarily, the Department of Health and Human Services (HHS) and Department of Homeland Security (DHS).

The primary activities are surveillance for disease, communication, implementation of general social distancing measures, support of medical care services, appropriate use of available antiviral medications and vaccines, and response workforce support. The TDH is primarily responsible for communication with federal health authorities and creating statewide pandemic response policies; the implementation of response measures is the responsibility of local communities and regional public health authorities. Operational details are outlined in the operational section of the regional health department pandemic plan.

VII. Section Summaries:

Regional public health pandemic response policies are outlined in the attached sections. Each section may include attachments or supplements as necessary. Each section is briefly described below.

Section 1 Continuity of Operations

This section outlines how the regional health department will maintain essential services during a 12-18 month pandemic period, as well as, during a 6-8 week local wave. The section identifies the essential functions of the JMCRHD that may be maintained, suspended, or altered during a pandemic period.

Section 2 Disease Surveillance

This section describes how regional influenza surveillance strategies will be used to monitor for early infections caused by a novel influenza virus with pandemic potential and to track and respond to the spread of influenza during a pandemic.

Section 3 Laboratory Diagnostics

This section describes laboratory testing and result reporting procedures for novel influenza viruses in Madison County. This section also describes the important role of the Communicable and Environmental Disease Services (CEDS) physician in the testing process.

Section 4 Hospital Planning

This section outlines the details of healthcare provision during an influenza pandemic. The section focuses on infection control and the role of JMCRHD in supporting the resource need of regional hospitals.

Section 5 Vaccine Distribution and Use

This section describes the principles of regional vaccine use. Vaccine will be administered to people according to priority groupings designated by the federal government. All vaccinations will be provided by the health department and will be recorded and reported as required.

Section 6 Antiviral Drug Distribution and Use

This section describes policies for the use of antiviral drugs to prevent spread of novel influenza virus outbreaks with pandemic potential and to treat patients during a pandemic. In response to isolated cases of novel influenza virus, caused

by contact with a sick animal, medications will be provided in accordance with national policies at the time.

Section 7 Community Interventions

This section outlines social distancing and other community interventions that may be implemented to respond to isolated cases of illness caused by a novel influenza virus with pandemic potential and during a pandemic. The criteria for the implementation of social distancing strategies will be uniform across the state. The standard measures will be implemented in a county and its neighboring counties when laboratory and epidemiologic evidence demonstrates the presence of the virus circulating in a county.

Section 8 Public Health Communications

This section outlines the communication goals and strategies of public health to meet the information needs of the general public, ill persons who are isolated, exposed persons quarantined at home, the media, the medical community and other pandemic response partners.

Section 9 Workforce and Social Support

This section outlines resources and issues for support to the public health workforce and social support to communities.

VII. Training:

Plans will be drilled in partnership with other stakeholders and updated to correct weaknesses identified through these exercises.

VIII. Acronyms:

AFB	Acid Fast Bacilli
CDC	Centers for Disease Control and Prevention
CEDS	Communicable and Environmental Disease Services
DHS	Department of Homeland Security
EAP	Employee Assistance Program
ECPs	Emergency Contraception Pills
EOC	Emergency Operations Center
EPSDT	Early Periodic Screening and Developmental Testing
ESF	Emergency Support Function
FDA	Federal Drug Administration
HHS	Department of Health and Human Services
ICU	Intensive Care Unit
ILI	Influenza-Like-Illness
JMCRHD	Jackson Madison County Regional Health Department
JMCSS	Jackson Madison County School System
LEA	Local Education Agency
LTBI	Latent Tuberculosis Infection
OMS	Outbreak Management System
PHIT	Public Health Investigation Team
PIO	Public Information Officer
PPD	Purified Protein Derivative
PTBMIS	Patient Tracking Billing Management Information System
RHC	Regional Hospital Coordinator

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RPIRP	Regional Pandemic Influenza Response Plan
SHOC	State Health Operations Center
SNS	Strategic National Stockpile
SPN	Sentinel Provider Network
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TDH	Tennessee Department of Health
TEMA	Tennessee Emergency Management Agency
TEMP	Tennessee Emergency Management Plan
TTBEP	Tennessee Tuberculosis Elimination Project
WHO	World Health Organization
WIC	Women, Infants, & Children
WTRO	West Tennessee Regional Office

SECTION 1

Continuity of Operations

Section 1. Continuity of Operations

I. Purpose

To describe how the JMCRHD will minimize illness among employees and patients during an influenza pandemic while maintaining critical operations and public health services.

II. Assumptions

Certain critical public health functions must be maintained during a pandemic. If critical staff shortages occur, the delivery of other non-essential services may be temporarily suspended. Regional administrative staff may also be assigned to augment health department staff to support essential service delivery. If absenteeism reaches 50 percent, one of the two health department sites may be temporarily closed and services provided at the other location. It may also become necessary to extend the hours of operation based upon the demand for services and the number of staff available. All employee job plans include language requiring them to work other duties as assigned during a disaster. This language is covered in employee orientation procedures. All personnel will have a role in continuing essential services of the department, even if their routine activities are temporarily suspended.

A. Continuity of Operations During a 6-8 Week Local Wave (Non-essential Services)

The following services are considered nonessential during a local pandemic wave and may be temporarily suspended if absenteeism reaches 25 percent:

1. Home Visiting Programs
2. School Health Program
3. Health Promotion
4. School Dentist Program
5. EPSDT
6. TennCare Outreach
7. TennderCare Program
8. Travel Vaccine Clinic
9. Breastfeeding Services
10. Nutritional Services
11. Environmental Services (*with the exception of Rabies Control and restaurant-associated outbreaks)

B. Continuity of Operations During a 12-18 Month Pandemic Period (Essential Services)

Certain essential services must be maintained throughout the 12-18 month pandemic period although the delivery of these services may be altered. These services include:

1. Communicable Disease Control
2. STD Clinic
3. Tuberculosis Clinic
4. WIC
5. Family Planning
6. Prenatal
7. Immunizations
8. Death Certificates

C. Description of Basic JMCRHD Functions during a Severe Pandemic

Outline for Family Planning Services

Family planning services shall be limited in the event of pandemic flu. The following services will **not** be provided:

- Initial family planning appointments (that is, there will be no new family planning clients enrolled during the pandemic)
- Annual family planning examinations
- Walk-in reproductive health, medical complaint exams
- Pregnancy testing
- Walk-in family planning appointments for any reason including re-supply of method.
- There will be no method changes during pandemic flu other than changes in brand of oral contraceptives.
- There will be no IUD insertions during pandemic flu.

Title X family planning clients will **not** be given prescriptions for their method. Only those clients with third party payers (i.e., TennCare) can receive prescriptions for their method.

Clients who believe they may be pregnant can call the clinic for basic information about early pregnancy. They could be directed to the health department website if they have Internet access. During pandemic flu, all persons will be limiting exposure to large groups of people. Pregnant women are at particular risk and should be especially careful about being in public areas. As soon as public health officials announce that risks are decreasing, pregnant women should report to their health care provider or health department clinic.

The following limited family planning services for combined hormonal contraceptives and progestin-only pills will be provided:

- Following a telephone conversation with a registered nurse, nurse practitioner, or physician to screen history for contraindications, side effects, or new adverse events, client will be approved to receive up to a one year supply of combined oral contraceptives, contraceptive rings, contraceptive patches or progestin-only pills. Amount of supply to dispense is to be determined by the RN, FNP, or physician.
- Routine dispensing orders (i.e., 3 packs and 10; or 3, 4, and 6 etc.) are superseded to assure that the individual has an adequate supply of the method throughout the pandemic.
- Telephone conversation will include instructions regarding proper storage of the method.
- The client or a person designated by the client will pick up their supply at the front desk after showing identification and signing a receipt.
- Blood pressure check will not be required.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with Emergency Contraception Pills (ECPs) for two events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the client would be instructed to report to the nearest emergency room.
- All of the above and the transaction itself will be noted in the client record.

The following limited family planning services for progestin-only injections will be provided:

- Following a telephone conversation with a registered nurse, nurse practitioner, or physician to screen history for contraindications, side effects, or new adverse events, client will be instructed to report to the clinic for a progestin-only injection. Medical staff should minimize the visit and limit the time the client needs to be in the clinic for the injection. Client may be approved to receive a supply of up to one year of injections with injection supplies if the client can give her own injection or has access to someone who can give her the injection. The clinic will **not** teach the client or her designee how to give the injection during this crisis. However, if in the opinion of the nurse, nurse practitioner, or physician, the client has access to a safe mode of administration outside the health department, then she can be given the necessary doses and injection materials.
- Routine dispensing orders are superseded to assure that the individual has adequate family planning supplies throughout the pandemic.

- Telephone conversation will include instructions regarding proper storage of the method if the client will be receiving injections at home.
- The client or a person designated by the client will pick up the supply (assuming self-administration at home has been approved) at the front desk after showing identification and signing a receipt.
- Blood pressure check will not be required.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with ECPs for two events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the client would be instructed to report to the nearest emergency room.
- All of the above and the transaction itself will be noted in the client record.

Few clients continue to use the diaphragm as their contraceptive method at this time. Diaphragm users will continue to use their current diaphragm throughout the pandemic. Supplies of contraceptive gel for use with the diaphragm may be dispensed at the front window after a telephone conversation with the nurse, nurse practitioner, or physician.

- The client or a person designated by the client will pick up the contraceptive gel supply at the front desk after showing identification and signing a receipt.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with ECPs for two events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the client would be instructed to report to the nearest emergency room.
- All of the above and the transaction itself will be noted in the client record.

The following limited family planning services for reproductive health medical complaints in an established family planning client will be provided:

- Clients with a reproductive health complaint such as vaginal itching, profuse discharge, severe pain with intercourse, fever, low abdominal pain etc. will be interviewed by a nurse, nurse practitioner, or physician. If the staff person assesses that the client needs to be seen and if the clinic can accommodate the client and her complaint, then she can be given a time to come to the clinic for assessment and treatment. If no qualified staff persons are available to see the client, the client will be referred to the nearest emergency room. Emergency room referrals during pandemic flu should be recommended carefully given that hospital staff will be managing the seriously ill flu population.

Outline for HIV/AIDS/STD Services

STD Services will be limited in the event of pandemic flu. The following services will not be provided:

- Group education sessions
- Disease surveillance including both HIV and STDs
- Disease investigation, contact tracing, and partner notification
- Routine HIV counseling and testing

The following services will be provided for persons who are symptomatic:

- Following a telephone interview with a registered nurse, nurse practitioner, or physician to screen history for previous STDs and symptoms, persons assessed by the staff as needing to be seen will be given a specific appointment time to limit exposure in the clinic. Treatment will be provided on site. If appropriate, partner delivered therapy will be provided.
- If no qualified staff is available to see the patient and symptoms warrant, the patient may be referred to the nearest emergency room. Emergency room referrals during pandemic flu should be carefully evaluated since emergency room staffs will be dealing with seriously ill flu population.

Outline for WIC and Nutrition Services

According to Federal Regulations, WIC vouchers can be issued for 3 months at a time, which would address the second 6 - 8 week period of Pandemic Flu. These vouchers will be mailed out, using the plan that is already in place in cases of emergency. In a severe pandemic, the State would ask for an exception from USDA and, if granted, we would issue WIC vouchers less frequently than every 3 months by mail if needed.

Outline for Tennessee TB (Tuberculosis) Elimination Program (TTBEP)

1. Evaluation, diagnosis, and appropriate treatment of active TB cases and TB suspects.

- Maintain scaled-back TB clinic operations to evaluate TB cases and suspects only {not Latent Tuberculosis Infection (LTBI)}
- Provide history, physical examination, diagnosis and treatment by the TB physician
- Provide appropriate diagnostic tests, including X-ray, sputum collection for processing in the State Lab (AFB smears, cultures), and blood tests as indicated
- Provide pharmacy services for Direct Observation Therapy of active TB cases/suspects
- Provide Direct Observation Therapy for all patients with diagnosed or suspected active pulmonary, laryngeal or pleural TB disease

- Provide Direct Observation Therapy for all pediatric cases
- If staffing is severely limited, consider permitting self-administered therapy for extra-pulmonary cases *only*.
- Report all active TB cases/suspects per routine

2. Identification, evaluation, and appropriate treatment of TB contacts at highest risk for progression to active TB disease.

- Initiate contact investigation for close contacts of all Acid-fast Bacilli positive (AFB+) TB cases/suspects
- Ensure that all pediatric close contacts are fully evaluated with Purified Protein Derivative (PPD), symptom screen, physical examination, and X-ray
- Provide self-administered LTBI treatment for all PPD+ contacts at high risk for progression to active TB disease (not medium or low-risk pts.)
- Provide window therapy by DOT for all PPD- close contacts under the age of 5 years

Outline for Immunization Program

During a pandemic, certain immunization services must be provided regularly to prevent other serious vaccine-preventable diseases. Children whose immunizations are delayed are at high risk of failing to catch up and complete their immunizations on time. Under-immunized infants are at risk for Hib meningitis, pneumococcal disease, and pertussis.

During a local pandemic wave, childhood immunization clinics should be operated at least one-half to one day each week for routine immunizations; priority should be given to vaccinating children <18 months of age. Routine adult immunization services may be suspended during the local wave, though emergency immunization for adults should not be suspended (e.g., tetanus prophylaxis following a wound). Immunization clinics and waiting areas should be separate from those where ill patients may be present. Only patients and accompanying adults who are not ill should be permitted in the immunization clinic.

Outline for Vital Records

Critical activities that must be completed within current timeframes and accuracy standards:

- Death registration
- Issuance of certified copies of death certificates to funeral directors
- Reconciliation of facility reports of deaths within the county against death certificates received
- Track and obtain delinquent death certificates
- Issue Cremation Permits
- Issue permits for burial transit out of state

D. Secondary Staffing

Secondary staffing for JMCRHD will be sought through the health department's Volunteer Database created for mass vaccination clinics. These volunteers will assist with telephones and other support functions needed at the health department.

III. Monitoring

Staff absenteeism will be closely monitored to determine which absences were from illness and which were from other conditions (child's illness, parents' illness, fear, etc.). Those employees who were confirmed to have the flu will be identified as the first line of workers in the second wave of illness. Employees will be requested to report to work as soon as they return to good health in order to take advantage of their immunity to the virus.

SECTION 2

Disease Surveillance

Section 2. Disease Surveillance

I. Purpose

To detect and track influenza activity among humans using multiple surveillance systems.

II. Assumptions

Regional surveillance sources will be used to detect and track pandemic influenza activity in the region. Surveillance data will be used to make resource allocation and intervention decisions. Enhanced surveillance will be conducted as requested by the State Department of Health. Surveillance for influenza among animals, primarily domestic poultry, is the responsibility of the Tennessee Department of Agriculture.

III. Surveillance Systems

A. Sentinel Provider Network (SPN)

Outpatient surveillance for influenza in the region is currently conducted by the SPN and is expected to be a primary source of outpatient influenza surveillance data during a pandemic. The SPN for JMCRHD consist of one primary care facility that will provide data on the prevalence of influenza-like illnesses in the region. The SPN provides geographical coverage representing one provider per 100,000-person ratio. JMCRHD's sentinel provider is:

Madison Family Walk-In Clinic
1660-J South Highland Avenue
Jackson, TN 38301
(731) 423-8600
(731) 423-8636 (fax)

Year-round weekly reporting of ILI is required of all participating sentinel providers. Communicable Disease/Epidemiology Department staff will monitor data from the sentinel provider network regularly. In the event of a pandemic or other substantive change, participating providers may be asked to change the frequency of reporting or specimen submission.

B. Syndromic Surveillance

The JMCRHD Epidemiologist administers, collects, and analyzes data collected from our regional syndromic surveillance system. This system contains data from several sources, including Jackson Madison County General Hospital Emergency Room and Medical Center Laboratory. Several "chief complaints" are included in this data but for the purpose of this pandemic plan we will list those that are pertinent to a pandemic. The JMCRHD Epidemiologist conducts daily analytical checks for increased numbers of complaints of fever, respiratory illnesses, and influenza-like illnesses. Data from Medical Center Laboratory includes all communicable illnesses as well as Rapid Flu Test results. This data is analyzed

daily also. Another tool used is the Real Time Outbreak and Disease Surveillance System (RODS). It is conducted through the University of Pittsburg. This program tracks the purchasing of over-the-counter medications through participating pharmacies in our geographical area. This data is also analyzed by the JMCRHD Epidemiologist on a daily basis.

C. School Absenteeism

The JMCRHD may contact the JMCSS to obtain daily absentee data. A mild pandemic may not result in mandatory school closure; however, if a severe pandemic wave strikes our community, it is anticipated that schools will be closed. The implementation of school closures are further described in Section 7 of this plan.

D. Hospital Surveillance

The Communicable Disease/Epidemiology Department will work with hospitals and their Infection Control Practitioners to enhance case detection, according to CDC screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the criteria for influenza. Once the pandemic response plan is activated, daily electronic reports will be submitted from local hospitals directly to the State Department of Health. These reports may include emergency room data, confirmed influenza, admissions, and deaths. The hospital surveillance process will be supported by the Regional Hospital Coordinator and is described in detail in Section 4 of this plan.

SECTION 3

Laboratory Diagnostics

Section 3. Laboratory Diagnostics

I. Purpose

To confirm the diagnosis of human influenza caused by novel influenza viruses or a pandemic influenza virus.

II. Assumptions

Laboratory diagnostics is primarily a state function and is addressed in the state influenza plan. The State Laboratory is responsible for communicating safety, providing testing protocols, and other laboratory information to clinical laboratories licensed in Tennessee. The role of JMCRHD will be primarily related to the collection of samples.

III. Laboratory Testing

A. Authorization for Testing

During a pre-pandemic phase, requests for novel influenza infection testing will be discussed with, and approved by, a TDH CEDS physician. During a pandemic, testing will be approved at the regional level with standard criteria for testing to be provided by the TDH CEDS.

B. Specimen Collection and Shipment

Specimen collection is not required to be done by public health personnel. However, they should ensure that health care providers collecting and shipping specimens do so properly. The Public Health Investigation Team (PHIT) may be called upon to assist with specimen collection and shipment. The JMCRHD Communicable Disease Director may also authorize specimen collection and shipment. The collection and shipment of specimens by JMCRHD staff will be supervised by the nursing supervisor or her designee. Unless otherwise directed by a TDH CEDS physician, all influenza specimens will be sent to the State laboratory in Nashville for testing. Informed consent is not required. The address is:

Laboratory Services: Attn: Virology
630 Hart Lane
Nashville, TN 37216
(615) 262-6300
(615) 262-6393 (fax)

C. Data Reporting and Tracking

CDC will conduct confirmatory testing of all specimens positive for novel influenza. Only confirmatory results will be considered valid and reported to the public in coordination with TDH CEDS. Communicable Disease staff of the JMCRHD will be responsible for entering patient data and other information requested by the OMS system or other databases used to log and track laboratory information from the State lab. Communicable Disease staff of the JMCRHD will also be responsible for communicating laboratory results to patient care providers in the event that notification is needed more swiftly than letters sent through the postal service. This will be done via fax machine.

SECTION 4

Healthcare Planning

Section 4. Healthcare Planning

I. Purpose

To provide a framework for applying federal, state, regional, and local resources to deliver hospital-based care before and during an influenza pandemic.

II. Situation

A severe influenza pandemic is expected to significantly increase the demand for healthcare services by as much as 25% at a time when the availability of healthcare workers will be reduced by as much as 40% due to illness. In a severe pandemic, the imbalance between supply and demand is likely to overwhelm current health care system capacity and necessitate implementation of alternate strategies to manage the demand on healthcare resources. The exact nature of pandemic disease cannot be known with certainty; therefore clinical treatment guidelines will be distributed to providers as they become available.

The Tennessee Department of Health pandemic influenza plan describes hospital infection control, hospital surveillance, hospital surge capacity planning, and hospital scarce resource allocation in great detail. These elements of planning have been the focus of extensive discussion with key partners from each hospital in Madison County.

The Jackson-Madison County Regional Health Department pandemic influenza plan focuses upon the relationship between public health and the 2 in-patient acute care facilities in the region. Regional staff has and will continue to assist facilities in developing their own comprehensive and practical pandemic influenza response plans which emphasizes community response and coordination.

III. Assumptions

- A. During a pandemic, infected persons will begin to present to healthcare provider offices, clinics, and emergency departments thus infecting other patients and health care providers.
- B. There may be critical shortages of healthcare resources such as staffed hospital beds, mechanical ventilators, medications, morgue capacity, and other resources.

IV. Concept of Operations

- A. The Regional Hospital Coordinator (RHC) is responsible for maintaining contact with each acute care facility in the region throughout a pandemic influenza outbreak. The RHC will play a vital role in the communications between public health and hospitals. The RHC has an existing and ongoing relationship with the hospitals in this region. The RHC conducts regular

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monthly hospital meetings with both hospitals. If necessary, these meetings would be held more frequently during a pandemic wave to provide a conduit for education and the sharing of ideas and information among hospitals and public health.

- B. The Hospital Resource Tracking System (HRTS) is a statewide internet-based, triple redundant, secure, resource and bed tracking system for hospitals that is operational throughout the state. Each acute care hospital in the state is expected to update the system on a daily basis or more often if requested. Once hospitals are directed by the state health office to begin reporting in the pandemic module, the RHC will assure that hospitals in Madison County are providing all necessary information in a timely manner during a pandemic. Should the RHC not be available, the ERC will act as back-up to the RHC. JMCRHD ERC and RHC work very closely with the WTRO ERC and RHC. In addition, HRTS will be used to track hospital resources such as staffed and licensed bed capacity, ICU capacity, isolation rooms, ventilator capacity, and some supplies such as antiviral meds and PPE. HRTS information will be viewed by the RHC, Emergency Medical Services Consultant, and the Regional Medical Communications Center in communicating resource needs of hospitals throughout a pandemic influenza event. Alerts and other information can be sent through HRTS by the EMS Consultant and the Regional Medical Communications Center. The web address for HRTS can be found at <http://hrts.state.tn.us>
- C. The Tennessee Health Alert Network (THAN) will also be utilized to communicate public health information to key individuals at each of the hospitals in the region such as infection control practitioners, emergency management personnel, laboratory personnel, and emergency department personnel. The RHC and ERC can send alerts to individuals or groups in the hospitals in Madison County as needed using THAN. Each hospital in the region is encouraged to utilize THAN and sign up as appropriate.
- D. Each hospital is encouraged to maintain at least two Pandemic Flu Coordinators who will be the primary points of contact for pandemic influenza information dissemination throughout an event. The hospital Pandemic Flu Coordinators will serve as the primary point of contact with public health during a pandemic and will be responsible for disseminating public health information to those who need to know throughout their hospital organization, including those with admitting privileges. The Pandemic Flu Coordinators, as well as other key hospital personnel, are listed in the Tennessee Health Alert Network (THAN) and can be contacted in an emergency by the activation of that system. That system will also be one method of disseminating general information from the state or regional level to the hospital infection control practitioners, laboratory directors, pandemic flu coordinators and emergency service directors.
- E. A current summary of contact information and hospital resources are included as Attachment A in this section of the plan. Resource information

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includes the following: beds (licensed, staffed, Intensive Care Unit {ICU}, and Emergency Department {ED}), negative pressure rooms, ventilators, morgue capacity, and total staff.

- F. JMCRHD maintains an extensive database of response volunteers. An emergency response volunteer database contains information on hundreds of individuals, some of whom have current medical licenses. Many others have experience and skills that could supplement the efforts of trained healthcare providers. Upon request, public health would provide a list of volunteers to TEMA.
- G. Hospitals will be encouraged to assist in disseminating information to community medical facilities and local health care providers regarding diagnosis and treatment protocols. Many regional health care providers have privileges in the local hospitals and therefore would have access to information provided to hospitals regarding the outbreak.
- H. Current and relevant information regarding the situation will be posted on a TDH operated website that will be accessible to the public in an event. The web address will be publicized through mass media and disseminated throughout all healthcare provider networks.
- I. Communications with hospitals will be coordinated through a redundant communication network as described in section 8 of this plan. See Attachment B of this section for a list of VHF radio hospital encoder numbers that can be used if telephone lines are not functional.
- J. The Madison County Medical Examiner will coordinate mass fatality planning efforts with hospitals and funeral homes.
- K. Requests for state and federal resource support, including resources from the SNS, will be managed by the RHC through the Regional Emergency Operations Center.
- L. In the event that the regional hospitals are unable to accept additional patients, a public hotline can be established in order to allow caregivers access to information on caring for pandemic influenza patients at home. The HRTS system can also be used to monitor hospital bed status in other parts of the state in order to facilitate movement of patients as needed. Information will also be released via local media outlets on caring for patients and for providing basic needs in the home.
- M. Madison County does not have any Federal Qualified Healthcare Centers.

Attachment A: Hospital Data

JACKSON/MADISON COUNTY HOSPITALS

Facility Name and Address	Licensed Beds	Staffed Beds	ICU Beds	Negative Pressure Rooms	Ventilators	Morgue Capacity	ED Beds	Total Staff
Jackson-Madison County General Hospital 708 W. Forest Jackson, TN 38301 731-425-5000								
Regional Hospital of Jackson 367 Hospital Blvd. Jackson, TN 38305 731-661-2000								
***** CONFIDENTIAL DOCUMENT *****								***** NOT FOR DISTRIBUTION *****

SECTION 5

Vaccine Distribution and Use

Section 5. Vaccine Distribution and Use

I. Purpose

To administer vaccine against pandemic influenza; a) in order to make the best use of scarce resources in light of medical, societal, and ethical considerations, and b) in order to minimize disease morbidity and mortality. Vaccine must be administered efficiently and monitored appropriately, in accordance with federal guidance.

II. Situation and Assumptions

Vaccine serves as the most effective preventive strategy against outbreaks of influenza. During a pandemic, several challenges will impact the dissemination of an effective influenza vaccine:

- The production of a vaccine could take six to eight months after the virus emerges.
- The target population for vaccination will ultimately include the entire U.S. population.
- Demand for the vaccine will initially exceed supply. Administration of vaccine will be prioritized using federal guidelines in conjunction with the TDH.
- Two doses of vaccine, given four weeks apart, will be required.
- Vaccine will arrive in relatively small shipments over many months.

III. Concept of Operations

A. The regional vaccination sites for Jackson/Madison County will be the JMCRHD location at 804 North Parkway and/or the East Jackson Health Department located at 589 East College Street. If necessary, influenza vaccinations may take place at the primary site and essential services may continue at the East Jackson Health Department location only. This will be determined after assessment of the situation by our health officer.

B. Vaccine will be administered to high-risk groups based on the Federal Pandemic Response Implementation Plan. The federal government will not issue final prioritization rankings of these groups until the pandemic is underway and the need to vaccinate is imminent. This decision will be based on the epidemiology and severity of the pandemic, as well as the availability of the vaccine.

1. Identification

- a. Occupationally at-risk
 - (1) Recipients requiring vaccination will require a form of identification from their employer.
 - (2) The employer will provide a list of employees to the health department. (Pandemic Flu Coordinators from each hospital are responsible for supplying this list to the ERC who will in turn give

to the clinic staff.)

(3) Recipients will provide a valid form of identification at the time of vaccination.

(4) Recipients are responsible for communicating their immunization status to their employer. A health department immunization card will be used for this purpose.

b. Medically at-risk

(1) Vaccine recipients with high-risk medical conditions will be verified by medical record or prescriptions.

(2) High-risk will be defined using federal and state guidelines.

2. Communication

a. Local radio and television media will be utilized to communicate with the general public regarding vaccination candidates.

b. A website containing regional information will be activated during the pandemic. Access to this site will be via link from the Tennessee.gov website.

3. Scheduling

a. Appointments will be used to control crowding.

b. Appointments will be made as vaccine becomes available.

4. Administration

a. Persons due for a second dose of vaccine take priority over individuals not yet vaccinated. Vaccination is only protective after the second dose.

b. If a regular, monthly supply of vaccine is assured, vaccine should not be held in reserve at the health department for second doses. Second doses should be taken from subsequent shipments.

5. Documentation

a. Vaccine recipients must have documentation each time they present for a dose.

b. After the first dose of vaccine, the recipient will receive an immunization card from the health department noting the date of their first dose and the due date for the second dose.

c. Recipients must present their immunization card at the time of their second dose.

C. Storage of Vaccine

1. Vaccine will be stored following the recommendations on the storage and handling of immunobiologics made by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). MMWR 2002; 51 (No.RR-2).

2. JMCRHD will use existing storage facilities for vaccine storage. Vaccine is currently stored in the health department's Immunization Pharmacy. Access to this room is limited to authorized medical personnel who utilize their security-enhanced I.D. badge to access entrance to the room. Enhanced security measures will be implemented as the situation warrants. This may include the posting of a security person at the door of the

Immunization Pharmacy.

3. Cold chain requirements will be followed during the storage and transport of all vaccine. Vaccine will be transported in coolers with cold packs to ensure cold chain requirements are maintained. Influenza vaccine is to be stored according to manufacturer's guidelines. Current guidelines state that influenza vaccine is to be refrigerated at a temperature range of 35° to 46° Fahrenheit.

D. Vaccine Transport

1. Transport of all vaccine will be coordinated through the Jackson/Madison County EOC.
2. Health department vaccination personnel will administer the vaccine. They have been trained in the administration of vaccines.
3. Vaccine administration supplies such as gloves, syringes, alcohol prep pads, and band-aids will be obtained from routine supply routes.
4. In the case of licensed vaccines, adverse events will be reported through the CDC Vaccine Adverse Event Reporting System (VAERS). Reports can be filed through the VAERS website at www.vaers.hhs.gov or by calling 1-800-338-2382. This information is included in the vaccine information sheet (VIS) provided to each recipient of the vaccine.
5. CEDS guidelines will be followed if vaccine is given as part of an Investigational New Drug protocol.
6. JMCRHD and EJHD are designed to accommodate individuals with physical disabilities.
7. JMCRHD and EJHD are currently staffed with Spanish interpreters. They also have access to the Foreign Language Line, which can provide interpreting services for other languages.
8. JMCRHD and EJHD have access to information systems through the state that will support vaccine tracking, allocation of vaccine distribution, vaccine use and monitoring.
9. Public Health Office Assistants will be dedicated data entry staff. The Patient Tracking Billing Management Information System (PTBMIS) and a federally approved vaccine administration database will be utilized to track vaccine administration.
10. Opening vaccination up to lower priority groups will be decided at the state level and implemented at the same time statewide.

SECTION 6

Antiviral Drug Distribution and Use

Section 6. Antiviral Drug Distribution and Use

I. Purpose

To optimize the use of the antiviral medications to minimize morbidity and mortality from pandemic influenza. To prevent hoarding, theft and misuse of antiviral medications.

II. Situation and Assumptions

The supply of antiviral drugs is expected to be inadequate to treat everyone who may need them. Antiviral drugs will be distributed to acute care hospitals for administration to patients ill enough to require hospitalization. The JMCRHD will communicate and coordinate with the WTRO of the TDH, if applicable, on the delivery of antivirals through the SNS. The Regional Hospital Coordinator will be responsible for working with hospitals to assure they receive adequate supplies and to monitor the appropriate use of supplies. With currently available antiviral resources, it is not expected that any antivirals will be prescribed to outpatients in private outpatient facilities or health departments.

III. Concept of Operations

- A. The TDH CEDS will identify priority groups to receive limited supplies of antiviral medications during a pandemic. Estimates of the number of people in each priority group will be determined immediately upon receipt of CDC guidelines.
- B. The TDH will develop and distribute guidelines for medical providers regarding the use of antiviral medications. Antiviral medications will be distributed to the two acute care hospitals within Jackson/Madison County for administration to patients that require hospitalization. The JMCRHD will communicate and coordinate with the WTRO of the TDH, on the delivery of antivirals through the West Tennessee SNS Plan if necessary.
- C. Antiviral medications will be stored as described in the TDH Pandemic Influenza Plan.
- D. Security for the antivirals is a hospital responsibility once the drugs are positioned there; otherwise, security is an SNS function.
- E. The RHC will be responsible for working with hospitals to assure they receive adequate supplies and to monitor the appropriate use of supplies. This will be done through the hospital surveillance systems (either the HRTS system or an alternative database).
- F. Hospitals will be responsible for adverse event monitoring. This should be conducted through the FDA's MedWatch or other reporting system as required by the federal government at the time.
- G. There may be additional requirements if an antiviral is given as an investigational drug (written consent, additional data collection from patients, etc.). This will be the responsibility of the hospital administering the medication.

SECTION 7

Community Interventions

Section 7. Community Interventions

I. Purpose

To lower the peak numbers of cases during a pandemic wave by preventing opportunities for widespread viral transmission in crowded group settings.

II. Situation and Assumptions

This section outlines social distancing and other community interventions that may be implemented to respond to isolated cases of illness caused by a novel influenza virus with pandemic potential and during a pandemic. The main section reviews general community distancing measures to be implemented during a pandemic. The criteria for the implementation of social distancing strategies will be uniform across the state. The standard measures will be implemented in a county and its neighboring counties when laboratory and epidemiologic evidence indicates the presence of the virus circulating in a county.

III. JMCRHD Case Investigation and Management.

A. Case Investigation and Outbreak Control

JMCRHD has an established procedure for handling case investigation and management of suspected cases of communicable disease. There are established protocols for handling the isolation of cases of Tuberculosis; these protocols have served as the basis for the planning of early case containment in the event of an outbreak of novel influenza, SARS, or pandemic influenza.

The Public Health Officer of Madison County carries the legal authority (TCA 68-2-103, 68-2-104, 68-2-608, 68-2-609, as well as TCA 4-5-208 through the Commissioner of Public Health) to implement community control measures during case investigation and outbreak control in a pre-pandemic period. In such circumstances the Public Health Officer will issue a directive to those with a suspected case of pandemic influenza to establish an isolation period; the Public Health Officer will also determine those contacts that need quarantine, based on interviews with the case and identified contacts. The identified contacts will also be issued a directive.

In the event that a case or a contact does not agree to isolation or quarantine, the Public Health Officer, with the assistance of the Madison County Attorney, will proceed to an emergency hearing in the Madison County Court System to obtain an order for isolation or quarantine for the clinically appropriate period of time. The Public Health Officer will utilize the following staff to implement thorough case investigation and contact management: Communicable Disease staff, Epidemiologist, Public Health Representatives, Emergency Preparedness staff. These staff members are already well trained in disease investigation and contact management and some serve as members of the Public Health Investigation Team (PHIT). The role of the PHIT is as follows: 1) Case identification, 2)

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Identification of the source of initial exposure, if not already known, 3) Case Isolation and Management, 4) Contact interview, and 5) Contact Management and Quarantine. The Epidemiologist and the Network Technical Specialist will provide expertise in data entry and interaction with Outbreak Management System (OMS).

The organizational structure of the PHIT is established with the JMCRHD Director/Public Health Officer, or designee, serving as the Regional Health Operations Commander. The Regional Health Operations Commander will provide oversight of all operations in investigation and disease control, and coordinate team efforts. They will also be responsible for the legal aspects of isolation and quarantine, and for community communication.

The Communicable Disease Director will serve as the Operations Chief and Laboratory Contact, with oversight of case ascertainment, case/contact status, and lab contact issues. The Communicable Disease Nurse, who will specifically handle case management, will support this position. The Epidemiologist will serve as the Epidemiology Team Leader and Contact Manager. This person will have the responsibility for data entry into OMS, oversight of contact tracing, and contact management. The Regional Hospital Coordinator will assist in case management oversight for hospitalized cases, and will oversee active hospital surveillance.

Public Health Representatives and trained Public Health Nurses will work as either contact identifiers or as health monitors. Contact identifiers are responsible for the identification for contacts of suspects of confirmed cases of pandemic influenza. Health monitors are responsible for monitoring individuals in isolation, ensuring a safe environment, providing PPE and other necessary supplies, including food, medicine, etc. They will also provide in person monitoring of the clinical status of patients who are hospitalized.

The staff of the PHIT will operate out of the JMCRHD. The Operations Chief and the Epidemiology Team Leader will initiate field visits and home visits. All PHIT members have cell phones for rapid communication and maintenance of the command structure.

If an imported case is identified, that person will be located with the assistance of local law enforcement and will then be placed in isolation as outlined below, or hospitalized with isolation if medically indicated. The person will be interviewed for contact identification, as outlined above, and JMCRHD will notify TDH of the need for assistance in contact location, depending on the type and itinerary of the transport mode.

During a pandemic, case management will cease and aggregate case reporting using clinical diagnosis is likely to become the reporting method of choice, while JMCRHD focuses on social distancing measures.

B. Support Services for Isolation and Quarantine

1. The Jackson-Madison County EOC will be activated to provide support services to the home isolated or quarantined population, including housing, communications, food, and other essential services.
2. The JMCRHD will also work with support agencies listed in Section II of this document to provide essential services to patients as necessary through the coordination of the Jackson-Madison County EOC.
3. If psychosocial support is needed, JMCRHD will request that a staff member (psychologist/social counselor) from Pathways of Tennessee provide phone services to the person. If patient prefers to have a minister/rabbi/other religious leader, the appropriate organization will be contacted and asked to provide phone services. If person-to-person contact is requested for psychosocial support, the service provider will be given the appropriate PPE and instructions prior to the visit.

C. Social Distancing Measures

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing.” Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

Large, crowded gatherings accelerate the spread of the virus through communities, leading to steep rise in the daily number of cases and deaths. Sharply increasing case counts exacerbate the strain on the healthcare system, further reducing the resources available to seriously ill patients and increasing the likelihood of poor outcomes.

1. Legal Authority for Social Distancing

Pursuant to TCA 4-5-208, the Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. Emergency rules may be issued once a pandemic is imminent, establishing the terms and conditions for mandatory suspension of discretionary public gatherings. In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in Section 7, Supplement 1, of the Tennessee Department of Health Pandemic Influenza Response Plan.

2. Discretionary Public Gatherings Defined:

Discretionary public gatherings included for cancellation during a pandemic wave in a county or neighboring county include, but may not be limited to:

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- A. Parades, public festivals, amusement parks and fairs
- B. Recreational businesses or events where crowds (>100 persons) gather:
 - 1. concert venues and theaters
 - 2. professional and amateur sporting events (event may be televised without spectators or studio audience)
 - 3. bars, nightclubs, dance clubs, and similar facilities where crowds mingle
- C. Congregate worship services or community events with >100 persons
- D. Additional discretionary public gatherings of >100 persons

3. Very Large Discretionary Public Gatherings (additional considerations):

Very large discretionary public gatherings are subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

- A. Public gatherings involving >10,000 persons that are designed to attract participants from outside the state or from affected regions of the state.
- B. Examples of these would be, college football or professional football games, large concerts, national sporting events, or national conventions.

Such cancellations will be ordered by the Governor, the Commissioner of Health or his/her designee (e.g., a Public Health Officer) on a case-by-case basis in light of the pandemic conditions at the time.

4. Exceptions Not Subject to Suspension:

- A. Facilities or events where patrons are not intended to mingle, but are seated at separate tables for service (e.g., seated restaurants)
- B. Facilities which offer unaffected services in addition to events or venues mandated for closure may continue to offer the unaffected services
- C. Businesses not affected by closure should consider other means necessary to minimize the risks of spreading infection in the workplace (see the TDH Pandemic Influenza Response Plan, Section 7, Attachment 2)

5. Roles and Responsibilities:

The Commissioner of Health, or designee, is responsible for determining when to initiate and lift social distancing measures. These decisions will be based upon the recommendations of the State Epidemiologist, using best available epidemiologic information on pandemic disease severity and spread. The Public Health Officer is responsible for implementing and lifting mandatory interventions when informed that state criteria for implementation or discontinuance have been met.

6. Criteria for Implementation:

The criteria for initiating local social distancing measures are:

- A. A pandemic virus that causes morbidity and mortality in excess of normal seasonal influenza, and
- B. Laboratory confirmation of the pandemic virus in the county or neighboring county, and
- C. Epidemiological evidence from a state surveillance system indicating community spread of the pandemic virus in the county or neighboring county.

Measures will be implemented on a county-to-county basis when criteria are met in a county or in a neighboring county.

C. Criteria for Lifting Restrictions

Measures will be lifted when surveillance systems indicate a return to essentially baseline influenza-like activity in the community (e.g., based on sentinel provider reports). The established criteria may be modified if additional information becomes available indicating the optimal time to lift restrictions.

D. Jackson/Madison County Social Distancing Strategies:

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with each other. These strategies could include closing public and private schools, colleges and universities; closing non-essential government functions; implementing emergency staffing plans for the public and private sector including increasing telecommuting, flex scheduling and other options; and closing public gathering places including stadiums, theaters, churches, community centers and other facilities.

The effectiveness of social distancing strategies is not known with certainty, nor is the degree of public compliance with measures that is necessary for success. Implementation of social distancing strategies in Madison County may create social disruption and significant, long-term economic impacts. It is unknown how the public will respond to these measures. It is assumed that social distancing strategies must be applied on a countywide or statewide basis in order to maximize effectiveness.

1. The JMCRHD Director/Public Health Officer will consult with the TDH-CEDS and the TDH Commissioner throughout all phases of a pandemic regarding the epidemiology and the impact of the pandemic in and around Madison County.
2. The JMCRHD Director/Public Health Officer will review social distancing strategies and current epidemiological data during each phase and coordinate with the Madison County Mayor, the Mayor of Jackson, and other affected officials regarding social distancing actions that should be implemented to limit the spread of the disease.
3. Decisions regarding the implementation of social distancing measures, including suspending large public gatherings and closing stadiums, theaters, churches, community centers, and other facilities where large numbers of people gather, will be made jointly and concurrently by the JMCRHD Director/Public Health Officer, Madison County Mayor, and the Jackson City Mayor.
4. Decisions regarding the closing of all public and private schools will be made by the JMCRHD Director/Public Health Officer after consultation with the Jackson-Madison County School Superintendent, private school headmasters, elected officials, and TDH.
5. Social distancing strategies during Phases 1, 2, and 3:
The JMCRHD will coordinate education for elected officials, government leaders, school officials, response partners, homeless service agencies, businesses, the media, and the public regarding the consequences of pandemic, the use of social distancing strategies, the associated impacts they cause and the process for implementing these measures.
6. Social distancing strategies during Phases 4, 5, and 6:
The JMCRHD Director/Public Health Officer will coordinate with elected officials regarding decision-making and the implementation of social distancing strategies that are commensurate with the severity of illness and the societal impact of the pandemic.

Specific countywide strategies that may be identified by the JMCRHD Director/Public Health Officer include:

1. Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options.

2. Recommend that the public use public transit only for essential travel.
3. Advise Madison County residents to defer non-essential travel to other areas of the country and the world affected by pandemic influenza outbreaks.
4. Suspend public events where large numbers of people congregate including sporting events, concerts, and parades, in consultation with the TDH Commissioner.
5. Close libraries, childcare centers, churches, theaters, community centers, and other places where large groups gather.
6. Close public and private schools.
7. Suspend government functions not involved in pandemic response, maintaining critical continuity functions.

The JMCRHD Director/Public Health Officer will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will advise appropriate decision makers when social distancing strategies should be relaxed or ended.

E. Madison County Mortuary Services

The JMCRHD is working closely with the Madison County Medical Examiner to identify means of processing remains during a pandemic. This includes meetings with local funeral home directors, hospitals, and first responders to discuss what course of action is to be taken.

The JMCRHD has purchased 1,000 body bags and are in the process of identifying by Memorandum of Understanding, the following services: refrigerated trucks, secured county property for “temporary interment”, and possible alternate warehouse for cold storage.

The State of Tennessee Medical Examiner recently released the ESF 8 Annex, Mass Fatalities Plan, which will be referred to at the regional level.

SECTION 8

Public Health Communications

Section 8. Public Health Communications

I. Purpose

To describe plans, methods and persons responsible for communications with the state health department, emergency management officials, hospitals, outpatient care facilities, businesses, schools, and the public.

II. Situation and Assumptions

Communicating information to the public about pandemic influenza will be carried out according to policies and procedures described in the JMCRHD *Emergency Response Communications Plan*. This document details the means and process by which JMCRHD will provide information and instructions to the public before, during, and after a public health threat or emergency such as pandemic influenza. This document is located in the Emergency Response Coordinator's office and updated annually by the Emergency Preparedness Staff. All messages will be coordinated with State officials to ensure consistency.

A. Message Development

The JMCRHD will develop messages to ensure that the public receives timely and accurate information about the following during a pandemic event including:

- Basic information about influenza, high-risk populations, and recommended preventive practices;
- The epidemiology of the pandemic;
- The symptoms that should prompt seeking medical assistance;
- The availability of vaccines and antivirals and the rationale for providing medication to priority groups during vaccine and antiviral shortages;
- Instructions for receiving vaccine and antivirals at vaccination sites;
- Directives for community level containment activities; and,
- Explanations of concepts such as isolation and quarantine

B. Responsibility and Methods of Communication

1. The JMCRHD Public Information Officer (PIO) will be responsible for developing messages and instructions for the public through coordination with State officials and JMCRHD Director.
2. The JMCRHD PIO will report to the Joint Information Center (JIC) as required.
3. The JMCRHD PIO will maintain a list of media contacts including local radio, television, and newspaper outlets.
4. The JMCRHD Volunteer Coordinator/Emergency Response Assistant will

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maintain a database of e-mail addresses and fax numbers of community/government agencies, businesses, local chamber of commerce, educational institutions, and health-care providers for communication of updates and alerts regarding the pandemic.

5. JMCRHD will maintain the following capabilities for communication; blast fax, e-mail, Jackson Madison County Health Alert Network, THAN, satellite phone, and HAM radio.

SECTION 9

Workforce and Social Support

Section 9. Workforce and Social Support

I. Purpose

To provide information and contact numbers of local volunteer groups or agencies willing to assist in meeting the physical, financial, emotional and spiritual needs of individuals affected by a pandemic as responders or victims.

II. Situation and Assumptions

1. The presence of pandemic influenza in a community will affect the community in ways similar to other natural disasters, except that the response to pandemic influenza may be sustained for weeks and it may be one to two years before the disease is eliminated and the risk is over. Extreme stress will fatigue persons involved in responding officially or unofficially to the pandemic. This section does not address long-term support services or issues of recovery.
2. Estimates of the percentage of the overall workforce that could be impacted at any given time by an influenza pandemic range from 15 to 40 percent, affecting every sector of the economy. Likewise, an emergency on the scale of an influenza pandemic will have an inevitable psychosocial impact not only on the individuals tasked with directly responding to the outbreak, but the broader population as well. Demands for support services will increase significantly.
3. Enhanced workforce support will be necessary to ensure that public health staff have basic mental health needs met, including systems to assure adequate time to take care of personal needs and sleep to help prevent burnout.
4. This section of the plan is general in nature because the emotional intensity, duration, and impact upon workers and the community are unknown. As the reality of the situation unfolds, adjustments and modifications can be made which respond to the changing scenario. Mental health resources are available through the Jackson-Madison County EOP ESF-8 Subfunction 3. Access to these resources and updated contact information is available at the Jackson-Madison EOC if activated or the Jackson-Madison County EMA office.
5. The JMCRHD cannot over-emphasize the vital importance of social distancing, including self-imposed isolation (staying home when sick until not contagious) to protect the community. Support for patients and families experiencing serious illness and deaths will be vital to helping them cope. In addition to resources listed here, the federal government posts information about pandemic preparedness and response at www.pandemicflu.gov.
6. The JMCRHD does not assume a primary role in this mission, but will facilitate access to services available to the public health workforce and community to lessen the emotional impact during a pandemic.

III. Workforce Support

1. Rest and recuperation sites will be identified at each facility. These locations will be stocked with healthy snacks, relaxation materials (e.g., music, relaxation tapes, etc), telephones, and pamphlets/information regarding available resources.
2. The EAP will be enlisted to provide employees and their families with psycho-support services.
3. The following items can provide guidance on stress management for employees and enhanced worker support:
 - Nurture team support. Find and foster the most positive view of each overall situation. Provide praise when appropriate. Encourage venting.
 - Create buddy system to maintain frequent contact and offer support and mutual help in coping with stresses. At the end of each day talk about the emotional reactions you have experienced.
 - Insist on regular breaks and time away from work environment. Walking and deep breathing are good de-stressors.
 - Identify worker issues and concerns, rumors, fears, and anxiety.
 - Encourage staff to call home regularly and stay in contact with family and friends.
 - Maintain reminders of home, e.g., pictures and mementos at their workstation.
4. Throughout the response, policies on staff health and safety will be reviewed and revised as necessary.

IV. Regional Resources

Major Multi-Disciplinary Organizations:

A. Volunteer/ Non-government:

1. American Red Cross (ARC):

- a. Provides food, first aid, and mental health services to address basic human needs.
- b. American Red Cross – West Tennessee Chapter:

American Red Cross
Jackson Area Chapter
1981 Hollywood Dr. Suite 100
Jackson, TN 38301
731-427-5543
www.redcrossjac.org

2. Salvation Army:

- a. Provides disaster relief, emergency assistance, and childcare.
- b. Salvation Army
125 Allen Ave.
Jackson, TN 38301
731-422-1271
www.salvationarmysouth.org

3. United Way:

- a. Unites people in need with the appropriate resources.
- b. has 2-1-1 resource line for public to call for resources
- c. United Way of West TN
1341 N. Highland Ave.
Jackson, TN 38301
731-422-1816
www.Unitedway.tn.org

4. Southwest Human Resource Agency

- a. Serves the economically disadvantaged, elderly and handicapped. Services include rural public transportation, assistance with rent, utilities (heating and cooling), childcare, and commodities. Serves Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, McNairy, and Madison Counties.
- b. Southwest Human Resource Agency
525 East Main St.
Jackson, TN 38301
(731) 423-8768

5. Boy Scouts of America

- a. Already partnered with the Department of Homeland Security Emergency Preparedness to assist in emergencies. Local councils throughout TN
www.scouting.org

B. Government / quasi-state:

1. Jackson-Madison County Emergency Management Agency (J-MCEMA):

- a. Provides assistance to individuals and households through coordinated relief programs from local agencies and through coordination with Tennessee Emergency Management Agency (TEMA).
- b. J-MCEMA
234 Institute St.
Jackson, TN 38301
731-427-1271

2. TN Office of Homeland Security:

- a. Develops and coordinates the implementation of a comprehensive strategy to secure against terrorist threats and attacks.
- b. Organizes Citizen Corps groups.
- c. TN Office of Homeland Security
546 E. College St. Ste. #208
Jackson, TN 38301
731-265-7066

3. TN Department of Human Services:

- a. Administers the majority of basic support services, including childcare and food programs.
- b. TN Department of Human Services
Family Assistance County Office
1124 Whitehall St.
Jackson, TN 38301
731-426-0873
www.state.tn.us/humanserv/st_map.htm

C. Social Support (Mental Health):

1. Pathways of Tennessee

- a. Community mental health outpatient counseling, intensive outpatient and inpatient mental health and substance abuse treatment. Serves Crockett, Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, Obion, and Weakley counties.
- b. Pathways of Tennessee
238 Summar Drive
Jackson, TN 38301
731-935-8200
800-372-0693
www.wth.org/body.cfm?id=457

2. Behavioral Health Initiatives

- a. Provides mental health support services including family service counseling, crisis dispatch services, housing for adults with mental illness. Serves Benton, Carroll, Chester, Crockett, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, and Tipton Counties.
- b. Behavioral Health Initiatives
36C Sandstone Circle
Jackson, TN 38305
731-668-6886
800-353-9918

3. Southwest Community Services Agency

- a. Intensive family preservation, counseling, youth services, drug and alcohol services, respite, child care/sitter services, homemaker services, and electronic monitoring services.
- b. SWCSA
6 Stonebridge Blvd. Suite G
Jackson, TN 38305
731-423-6507

D. Religious Organizations

1. Regional Inter-Faith Association

- a. Services include food pantry, food bank, soup kitchen, emergency financial assistance and support services for the elderly and disabled. Serves 17 counties in West Tennessee.
- b. RIFA
225 N. Highland Ave.
Jackson, TN 38301
731-427-7963

E. Financial and Economic Issues:

In the absence of a declared state of emergency, the ability of the state or Federal governments to provide financial compensation to affected individuals or to relax late payment penalties for utilities or other essential services is not known at this time. For that reason, persons in need of economic assistance will have to turn to local volunteer relief organizations.

F. Child and Elder Care:

In some cases, housing and care will be required for several days or weeks for the children or elderly dependents of ill individuals where family or friends are not available to care for them. Placement can be difficult if the dependents are exposed and must be monitored for signs of disease.

1. TN Department of Human Services

- a. There are approximately 5,600 childcare providers in TN with a total capacity of 340,000. Most are childcare centers. Home care and drop-in care are also available.
- b. www.state.tn.us/humanserv/childcare/providers-map.htm

Local Partners Contact Information

Appendix A

Hospitals:

1. Jackson-Madison County General

708 West Forest Ave.
Jackson, TN 38301

Linda Avent, RN
Pandemic Flu Coordinator
(731) 541-7759
(731) 695-1026 cell
Linda.Avent@wth.org

Barry Dennis, RN
Administrative Director, Emergency Services
(731) 425-6288
(731) 431-5743 cell

Jerry Barker
Administrative Director Laboratory
(731) 927-7324
Jerry.Barker@wth.org

Barbara Jones
Director Infection Control
(731) 425-6575
Barbara.Jones@wth.org

2. Regional Hospital of Jackson

367 Hospital Blvd.
Jackson, TN 38305

Terri Hammonds
Pandemic Flu Coordinator
(731) 661-2094
teresa_r_hammonds@chs.net

Aaron Sanders
Director of Facility Services
(731) 661-2050
(731) 394-5000 cell

Mike Bunch
Director Lab
(731) 661-2071
mike_bunch@chs.net

Jill Kilby
Infection Control Nurse
(731) 661-2122
Jill_Kilby@chs.net

Emergency Contact Information:

County Mayor's Office
100 East Main St.
Jackson, TN 38301
(731) 423-6020

EMA Director
234 Institute St.
Jackson, TN 38301
(731) 427-1271
(731) 467-0155 cell

City Mayor's Office
101 East Main St.
Jackson, TN 38301
(731) 425-8240

Madison Co. Sheriff's Office
546 E. College St.
Jackson, TN 38301
(731) 423-6000
(731) 423-6067 fax

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Jackson Police Dept.
234 Institute St.
Jackson, TN 38301
(731) 425-8400

Jackson Chamber of Commerce
197 Auditorium St.
Jackson, TN 38301
(731) 423-2200 Ext.112

Jackson-Madison Co. Schools
Superintendent
310 N. Parkway
Jackson, TN 38305
(731) 664-2500

Medical Center EMS
708 W. Forest
Jackson, TN 38301
(731) 425-6956
(731) 660-4664 fax

West TN Reg. Blood Center
828 North Parkway
Jackson, TN 38305
(731) 427-4431
(731) 422-4712 fax

Public Works Director
113 E. Main St., Ste. 204
Jackson, TN 38301
(731) 425-8535
(731) 425-8209 fax

County Attorney
Jerome Teel
87 Murray Guard Dr.
Jackson, TN 38305
(731) 660-7777

City Attorney
Lewis Cobb
312 E. Lafayette St.
Jackson, TN 38301
(731) 424-0461

American Red Cross
Jackson Chapter
1981 Hollywood Dr.
Jackson, TN 38305
(731) 427-5543
(731) 427-4441 fax

Salvation Army
P.O. Box 486
Jackson, TN 38302
Located @ 125 Allen Ave.
(731) 422-1271
(731) 422-1292 fax

Madison Co. Medical Examiner
Dr. Tony R. Emison
804 N. Parkway
Jackson, TN 38305
(731) 927-8521
(731) 695-7346 cell

State Lab-Jackson Branch
WTRO
295 Summar Dr.
Jackson, TN 38301
(731) 426-0686
(731) 421-5199 fax

E911
546 E. College Room 219
Jackson, TN 38301
(731) 423-3911
(731) 427-1962 fax

General Sessions Judges:

Hugh Harvey, Jr.
Criminal Justice Complex
515 S. Liberty
Jackson, TN 38301
(731) 423-6128

Christy Little
Madison County Juvenile Court
110 Irby St.
Jackson, TN 38301
(731) 423-6073
(731) 423-0016 fax

Colleges & Universities:

Jackson State Community College
(731) 425-2644 or (731) 424-3520

Lambuth University
(731) 425-2500

Lane College
(731) 4267500

Tennessee Technology Center
(731) 424-0691

Union University
(731) 668-1818

West TN Business College
(731) 668-7240

Nursing Homes:

Refer to JMCRHD *Mass Vaccination
Clinic Plan* for this list