

**State of Louisiana
Department of Health and Hospitals
Office of Public Health**

**Pandemic Influenza
Guidance**



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FINAL

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I. Pandemic Influenza Guidance Overview

The Louisiana Department of Health and Hospitals (DHH) Office of Public Health (OPH) has created this Pandemic Influenza Guidance as a comprehensive containment and treatment plan to assist in the control of an outbreak of a novel influenza virus, such as the 2009 H1N1 influenza virus (“swine flu”) or avian influenza. DHH OPH has followed, and will continue to follow, the international and national recommendations^{i,ii,iii} for identification, prophylaxis, and treatment of disease as well as considered the frameworks provided by the Centers for Disease Control and Prevention (CDC) for pandemic planning purposes^{iv,v} as well as those recommended by the Occupational Safety and Health Administration (OSHA)^{vi}.

There are several characteristics of an influenza pandemic that differentiate it from other public health emergencies. First, it has the potential to suddenly cause illness in a very large number of people, who could easily overwhelm the healthcare system. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. Basic services, such as healthcare, law enforcement, fire, emergency response, communications, transportation, and utilities could be disrupted during a pandemic. Finally, the pandemic, unlike many other emergency events, could last for several weeks, if not months.

As there is little natural immunity to any new virus, it is recognized by DHH OPH that ongoing communications and updates to the health care community as well as the public are critical to the health of Louisiana. The recommendations that identify vulnerable populations and guidelines for treatment^{vii, viii, ix, x, xi} are also adopted by Louisiana, and the State remains in compliance with recommendations from such authorities as the Centers for Disease Control and Prevention (CDC).

As vaccine for a new pandemic strain of influenza is not available at the onset of a pandemic or in the early intervals, DHH OPH updates this Guidance annually in order to provide more specific strategy and tactics for the health care community as well as for the public health of those residents and visitors to Louisiana.

DHH OPH has a limited supply of antiviral medication in a State stockpile, referred to as the State Antiviral Cache, or SAC. The SAC is comprised of purchases made by Louisiana using general funds and federal preparedness funds. Additional antiviral medications and personal protective equipment may be received through the federal Strategic National Stockpile (SNS) for the State of Louisiana on a pro rata basis for pandemic response.

Mission

Louisiana, along with all local governments, must be prepared to detect the earliest cases of disease in order to minimize illness and morbidity as well as to decrease social disruption and economic loss. The purpose of this Guidance is to consistently and regularly update State-level emergency plans. In addition, DHH OPH encourages regional and local planning to address the many challenges of pandemic influenza, thus strengthening linkages between public health and private-sector partners during the preparedness phases of emergency planning.

These planning sessions may take the form of a task force that would be responsible for coordinating health care activities within the community. These task forces should be integrated with State-wide planning efforts and should reflect common goals and principles for preparedness, response, recovery, and mitigation. Contingency planning for community services and standard infrastructure activities should also be addressed with the task force, ensuring that rural communities or those geographically isolated (such as the tribal councils) are included in planning and response.

Since the allocated amount of 2009 H1N1 vaccine and antiviral medications – both in State cache allocations as well as through federal assistance via the Department of Health and Human Services and/or the Centers for Disease Control and Prevention – is anticipated to be less than adequate to cover the entire State population, individuals and entities in need of antiviral medications are encouraged to obtain materials through normal channels in the marketplace as they would have prior to this response. The CDC has given the directive for the mission of the stockpiles – both the SNS cache as well as any State cache – to be used as backup supply outbreak control (in case of collapse of supply chain mechanisms) and serving the uninsured and underinsured^{xii, xiii}.

In addition to availability, specific medication will depend on the susceptibility of the pandemic strain, adverse reaction profile, population affected, and the evolving clinical and epidemiological understanding of the effectiveness of antiviral medications for the pandemic strain. Guidance on countermeasure use will need to balance the potential or proven benefit of treatment, containment prophylaxis or limited prophylaxis of essential personnel along with the risk of inducing the emergence of drug resistance.

II. Command and Control

National Incident Management

This Pandemic Influenza Guidance is compatible with the State of Louisiana Emergency Operations Plan^{xiv}. Further, it is compliant with National Response Framework^{xv}, which requires the organization of response according to the National Incident Management System (NIMS). Operations are conducted using the Incident Command System (ICS).

During an emergency or disaster, some administrative procedures may be suspended, relaxed, or made optional. Such action will be carefully considered, and the consequences should be projected realistically. Departures from usual guidelines will be stated in the Governor's State of Emergency Order and in emergency plans or guidelines.

Lead Agency

DHH OPH^{xvi} is the lead agency in the Pandemic Influenza Response within Louisiana. DHH works collaboratively with several State, local, and private agencies to provide trainings and other educational opportunities to ensure preparedness in a pandemic situation. Meetings and exercises also contribute to the success of State operations and training programs ensure a variety of educational opportunities address the Pandemic Influenza Response topics.

Roles and Responsibilities

As listed in the Louisiana Emergency Operations Plan (previously cited), the Annex for ESF8 details the requirements for Pandemic Influenza. Specific roles and responsibilities are inherent within each jurisdiction, with a general overview of those support functions listed here.

Department of Health and Hospitals (DHH)

- The Secretary of the Department of Health and Hospitals under the advice of the State Health Officer has overall responsibility for the coordination, implementation, administration, receipt, distribution, and dispensing of the assets, including for pandemic influenza response. Only the State Health Officer or designee has the authority to sign for an SNS shipment.
- The State Health Officer directs or recommends isolation and quarantine of individuals and groups, as needed, based on clinical recommendations and epidemiological data.

DHH Office of Public Health (DHH OPH)

- The DHH OPH Regional Medical Director will be the regional point of contact.
- DHH OPH will ensure that educational reminders are distributed to all DHH staff regarding appropriate hygiene/infection control measures, influenza-like illness absences from work, and expectations for the flu season.
- The DHH OPH will remind hospitals to use the OPH triage tool that was developed and

distributed in April 2009 as part of the 2009 Pandemic Response. (Future pandemic response will utilize this or a modified version, depending upon the State's needs.)

- DHH OPH will provide treatment algorithms to facilities and providers who will disperse medication to ill patients as soon as this information is made available from federal authorities. Specific protocols will be developed for Investigational New Drug (IND) or Emergency Use Authorization following national guidelines. All facilities and providers will be expected to follow these algorithms and to contact DHH OPH for permission to use antiviral medications in any way that deviates from established protocols.

DHH OPH Center for Community Preparedness (CCP)

- The Center for Community Preparedness will coordinate and organize DHH OPH response activities.
- The Center for Community Preparedness will coordinate communication within DHH OPH and begin Incident Command.
- CCP will ensure that the HAN has been updated and confirm receipt of HAN messages for staff as well as HAN messages and alerts to designated distribution groups.
- CCP will coordinate volunteer communications through LAVA, recruiting new volunteers and directing existing personnel to appropriate locations throughout the State for additional support – including hospitals or other health care providers, critical infrastructure businesses, or supplementing government operations.
- CCP will manage the warehouse where supplies are stored and will maintain accurate data in the inventory management system.
- CCP will coordinate and execute the distribution of medications via the RSS site (or contingency contracted partners) and any contracted courier.
- CCP will coordinate required reporting with the CDC and internal State reporting, with such programs as LINKS or epidemiology reports.

DHH OPH Center for Community Health (CCH)

- The practitioners and parish health units within the Center for Community Health will support the medical response components within the operations of each respective area, focusing first on disease containment and second on disease treatment.

DHH OPH Infectious Disease Epidemiology (ID Epi)

- OPH Infectious Disease Epidemiology will continue to conduct disease surveillance and epidemiological investigation.
- ID Epi will provide ongoing information with respect to outbreak and severity of influenza-like illness, in order to assist in the distribution of prophylaxis and treatment supplies.
- ID Epi will make recommendations regarding the need for individual and group isolation as well as quarantine.
- ID Epi will provide technical assistance to immunization providers with respect to infection control plans.
- The Epidemiology Pandemic Influenza Procedures are included as Annex 1.

Department of Health and Hospitals Office of Public Health Laboratory (Lab)

- OPH Lab will conduct testing of samples from hospitals, physician's offices and conduct syndromic surveillance.
- The Office of Public Health Laboratory is a functional member of the Laboratory Response Network. The State OPH Laboratory Director or designee will coordinate communication with the State Epidemiologist or designee and the Center for Community Preparedness Director or designee.
- The Laboratory Pandemic Influenza Plan is included as Annex 2.

DHH OPH Center for Preventative Health-Immunizations (CPH-I)

- The Center for Preventative Health-Immunizations will provide immunization protocols to be used during a vaccination campaign.
- CPH-I will provide technical assistance to immunization providers with respect to vaccine protocols.
- CPH-I is responsible for registering outside partners as approved to receive and administer medication(s) received from the CDC.
- CPH-I will provide training for outside partners on how to use LINKS.
- CPH-I will ensure that LINKS is updated to have the recording and reporting capability for H1N1 vaccine as well as antiviral medications.
- Vaccination Guidance is included as Annex 3, with a special memo regarding Pandemic Influenza Planning in Correctional Facilities as Annex 5.

DHH OPH Pharmacy

- The DHH OPH Pharmacy will be the planning lead for the Antiviral Guidance Annex to this Pandemic Influenza Guidance, as appointed by the Medical Director of CPH-I.
- DHH OPH Pharmacy coordinates all communications with retail pharmacies as well as the Louisiana Board of Pharmacy.
- Antiviral Guidance is included as Annex 4.

DHH Bureau of Media and Communications (BMAC)

- The DHH Bureau of Media and Communications (BMAC) will actively work a media campaign throughout the State for educating the general public as well as special partners/interest groups (such as regional/parish government staff, first responders, and media outlet talking points), including rumor control.
- BMAC will provide the education pieces for the public, healthcare system partners, response partners, businesses, community organizations and elected leaders about pandemic influenza, expected impacts and consequences, and preventative measures (such as social distancing strategies).
- A Joint Information Center (JIC) will be activated under the direction of the DHH Public Information Officer (PIO).
- The Pandemic Influenza Communications Plan is included as Annex 6.

DHH Bureau of Emergency Medical Services (BEMS)

- The DHH Bureau of Emergency Medical Services (BEMS) actively works to prepare pre-emptive drafts for increased scope of practice, for consideration to assist in strike team vaccination practices.
- BEMS takes measures to stress communications to all Louisiana licensed EMS organizations for symptomatic recognition, body-substance isolation, and alternative methods for transport/care, as constructed by the Pandemic task force.
- The EMS/911 Response Plan is included as Annex 7.

Other State departments and entities have supportive roles for this response. While each State group has their own Operations Plans documented, a generalized reference of participants and responsibilities is listed here to facilitate communications for enacting this Guidance and response.

- The Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) is ESF5. The Director of GOHSEP or the Assistant Director, as the Governor's authorized representative and with advice from the Secretary of DHH, State Health Officer or designee, will notify the Governor of incidents requiring the assets of the Strategic National Stockpile.
- ESF1 is the responsibility of the Department of Transportation and Development (DOTD), and is responsible for coordinating the rapid transportation of resources from the Receiving, Staging and Storing (RSS) site that is managed by DHH OPH CCP and delivering items to health care facilities and/or local Point of Dispensing (POD) sites.
- In the State of Louisiana, ESF16 has been established to represent the Louisiana National Guard (LANG) and acts as support to ESF1. LANG has entered into a Memorandum of Agreement (MOA) with ESF8 Health and Medical (DHH) to provide ancillary transportation equipment coupled with the appropriate staffing in addition to warehousing staffing support.
- ESF7 Resources (GOHSEP and LANG) will provide initial warehouse logistics support.
- ESF13 Security (Louisiana State Police) is responsible for the protection and security of the SNS assets, and the federal and State SNS personnel. The LSP Security Lead designated by the Superintendent shall serve as a liaison coordinator of all required security and law enforcement services during implementation of the SNS.
- The DHH Human Resource Department will identify additional State employees to receive, stage, store, and support dispensing personnel in coordination with and under the direction of ESF8 DHH OPH CCP personnel. The State of Louisiana Department of State Civil Service has issued Rules on personnel action during emergency situations.^{xvii}
- The parish Offices of Homeland Security and Emergency Preparedness (OHSEPs) are responsible for the liaison and coordination of logistics, security and transportation response efforts provided under this State Guidance.

- The DHH Office of the Secretary is coordinating the Mass Fatality Planning efforts. The draft guidance is included as Annex 10 within Section VIII. Supporting Documentation.

General Assumptions

1. An influenza pandemic will result from the rapid spread of the infection, with outbreaks throughout the world. Communities across the State – and the nation – may be impacted simultaneously.
2. There will be a need for heightened global, national, and local surveillance.
3. Demand for significant resources will be Statewide; containment, treatment, and prevention strategies will be State, regional, and locally focused.
4. A vaccine for the pandemic influenza strain will likely not be available for six to eight months following the emergence of a novel virus.
5. Expectations about access to health care may change during a public health crisis.
6. The number of people requiring outpatient medical care and hospitalization could overwhelm State-wide healthcare systems.
7. Federal and State agencies will provide little to no direct assistance to regional, parish, and local communities.
8. Resources and supplies will be scarce and priority will be given to those who would benefit most from treatment, as per the risk-treatment advisories from the CDC. It is possible that societal role may also be a factor for treatment.
9. Prophylaxis is expected only for initial containment. The amounts of medication required for mass prophylaxis is not available.
10. Government and businesses providing essential services, personnel, and response functions need to plan in accordance with federal guidance in the CDC publication “Proposed Considerations for Antiviral Drug Stockpiling by Employers in Preparation for an Influenza Pandemic.”
11. As specific disease epidemiology is identified, groups targeted for antiviral treatment may evolve.
12. Military personnel will receive treatment through the Department of Defense.
13. The pandemic’s progression will be described by the CDC’s seven intervals. These intervals provide a point of reference within the phases and stages for common orientation and better understanding of what is taking place. These intervals quantify different levels of disease and link that information with triggers for interventions. Louisiana will plan following CDC’s Intervals.
14. Demand will decrease for treatment and prophylaxis as individuals develop immunity to the virus that causes the influenza pandemic.
15. Louisianans are more informed about an influenza pandemic resulting from distribution of an emergency preparedness handbook, “How You Can Be Prepared for a Flu Pandemic”, delivered to 1,658,986 households in Louisiana.

Ethical Situation

Ethical guidelines for pandemic influenza planning were used during the development of this Guidance and will continue to be used as updates are required. This Guidance is written with the commitment to clarity and openness in decision making and sharing of information. Allocation planning in particular has utilized the commitment of fair distribution of resources.

III. Planning Section

Preparedness

The State constantly seeks opportunities to work with local partners and assist with event-specific planning. As various aspects of this Guidance have been exercised or drilled in accordance with the Louisiana EOP and SNS requirements, this provides a strong community response and cooperation.

The DHH OPH office has identified persons (see the State SNS Plan, Confidential Appendix A) to lead, plan, and oversee the training, exercise, and evaluation components of various preparedness programs. There are regional counterparts for each of these positions. The regions coordinate and receive guidance from the Louisiana DHH OPH Center for Community Preparedness. Coordination occurs within regions and parishes to provide guidance of upcoming and future training activities as well as event-specific training and exercise plans (as listed in the State SNS Plan, which is updated annually). The multi-year plan is HSEEP compliant, and uses local, parish, and region-wide exercises to test knowledge post-training, and lessons learned are incorporated into the Action Request Form (ARF), the State-modified Resource Request Form (RRF), or IAP form 308^{xviii} through an ongoing review process. A portion of pandemic response will be tested annually.

Identification of Pandemic Influenza Cases

Each strain of novel influenza will most likely present in a similar fashion. Case detection and clinical management during the interpandemic and pandemic-alert periods have generalized symptomatic criteria as well as epidemiological pathways. While Annex 1 and 2 (Epidemiology and Laboratory) covers the investigative and culture techniques, an example of a generalized algorithm of identification and detection through clinical intervention from the CDC can be found in Section VIII. Supporting Documentation, Table 1.

Identification as well as treatment of pandemic influenza cases may most frequently happen within the hospital setting. Louisiana has a separate Hospital Plan that addresses the issues faced by hospitals during pandemic as well as the planning and guidance for response.^{xix}

Prioritizing Prophylaxis for Public Sector Stockpiles

Table 2 (located in Section VIII. Supporting Documents) gives the current recommendations for public sector stockpiles at this time. The table provides the settings and strategies for antiviral medication use, rationale for the priority listing, and the pandemic response goals addressed. This table is a flexible guideline and may be updated when the Guidelines are put into effect during a response.

Prioritizing Treatment for Public Sector Stockpiles

Louisiana will follow the CDC case and demographic definitions for treatment, which will be in place early during an influenza pandemic response. Treatment with antiviral medications will be limited to persons who meet the clinical or laboratory confirmed case criteria for pandemic

influenza as defined by CDC and DHH OPH, as well as any time restraints for treatment efficacy. Epidemiological data of interest for antiviral treatment planning includes viral resistance and medical intelligence from clinical presentations. This information will be used to reassess the use of antiviral medicines for both treatment and possibly prophylaxis.

It is possible that criteria for treatment may be limited by cache-on-hand, necessitating difficult decisions about who will not receive antiviral medications. As an example, patients with symptoms of less than 48 hour duration, but too severely ill to benefit from antiviral treatment may not receive them. If epidemiologic data identifies patients who are at low risk of dying, they may not necessarily receive the scarce antiviral medications, regardless of whether they fulfill clinical criteria for treatment.

During the onset of the pandemic, using available guidance from the CDC and other authorized bodies, DHH OPH will provide guidance for treatment, similar to the example listed in Table 3, attached in Section VIII. Supporting Documentation. This prioritization of special groups will be based on the characteristics of a specific pandemic, and can only be determined during a pandemic. However, considerations and attention will be directed at high risk populations for the emerging disease, such as the very young, elderly, immune compromised, pregnant, hospitalized, and “closed” populations (such as prisons).

Assumptions Regarding Vulnerable Populations

DHH OPH recognizes that individuals in vulnerable populations need to have equal access to antiviral medications, if they meet the priority risk-group criteria. It is expected that equitable distribution planning recognizes all of the designated high-risk groups, but certain populations require additional innovation and consideration for identification and treatment.

Homeless

Homeless individuals who meet clinical criteria will be prioritized according to the applicable priority risk-factor list. Those who qualify for treatment or as an outpatient may receive their medication(s) through a provider such as hospital, parish health unit, or pharmacy that is authorized to serve the uninsured/underinsured with State assets. Planning to serve this population will be done in collaboration with other State agencies and community outreach groups.

It may be anticipated that homeless people are at greater risk of becoming sick with influenza during a pandemic because the homeless typically live in more crowded conditions. Thus, social distancing will be more difficult to achieve. In addition, members of the transient and homeless populations suffer from a variety of chronic and acute conditions that may affect their immune system response. They also suffer from addiction and mental illness in rates disparate from the general population, and are generally non-compliant with medical care. As members in this vulnerable population may not seek medical care (or appropriately self-isolate) until they are very sick, efforts to care for them may require additional resources.

Undocumented

Undocumented individuals will be prioritized according to the applicable priority risk-factor and will not need to demonstrate resident or citizen status. Communication to these individuals during a pandemic will clearly explain that everyone will be treated regardless of citizenship,

documentation, or ability to pay. Many DHH documents are printed in Spanish or Vietnamese, to assist in emergency communications throughout the State. Translation services are also available in each DHH OPH region through language line telephonic assistance.

Imprisoned

Individuals in jail and prisons will be prioritized as per the applicable priority risk-factor list. Planning with State and local facilities for the distribution of medication(s) has been detailed in the guidance document “Pandemic Influenza Planning in Correctional Facilities”. This document was created through a joint partnership between the Louisiana Department of Corrections (DOC) and the Office of Public Health, and is Annex 5 in this Guidance.

Patients of Behavioral Health

An influenza pandemic may pose substantial short-term and long-term physical, personal, social, and emotional challenges to individuals and/or the community at large. People who depend on frequent appointments for behavioral health services are vulnerable to the loss of these services due to staff shortages and breakdown in community infrastructure and support system. The Louisiana Office of Mental health (OMH) will help to ensure that services are provided to the greatest extent possible to these vulnerable populations. Groups with special needs may include individuals with emotional, cognitive, or physical disabilities, individuals with substance use issues, or individuals living in congregate settings.

Critical to planning for pandemic-related behavioral health care within a community includes assisting individuals with pre-existing behavioral health needs. This population may become more vulnerable and may experience increased anxiety, depression, or substance use when their support system is impacted. The need to access medications and psychosocial supports will be a priority as the community support infrastructure deteriorates. Planning for a decline in the emotional status of individuals currently identified as “at-risk” for behavioral health needs includes increased behavioral health counseling, medication management, and support groups. These activities will be coordinated and executed by OMH.

Prioritizing Treatment Locations

The Louisiana Hospital Association identifies hospitals in Louisiana as Tier 1 or Tier 2. Tier 1 facilities are generally hospitals with an emergency department. Tier 1 hospitals are expected to provide care for persons ill with influenza and surge in response to a pandemic. For example, during the initial distribution in response to the 2009 H1N1, each Tier 1 facility received sixty (60) percent of the medical countermeasures (based on number of licensed beds).

Tier 2 facilities generally provide care within a more-limited setting than Tier 1 hospitals. The Tier 2 healthcare organizations would provide care to their patients. Both Tier 1 and Tier 2 hospitals would be expected to also see patients fulfilling clinical and epidemiologic/professional criteria for pandemic influenza in and outpatient setting.

Similarly, nursing homes and prison infirmaries would provide care to their population. Tier 2 hospitals, nursing homes and the Department of Corrections prisons with infirmaries providing care to their populations within their facilities will reduce the burden on Tier 1 hospitals. As illustration, the remaining forty (40) percent of the medical countermeasures for the 2009 H1N1

spring distribution was shared between Tier 2 hospitals, nursing homes, and the Department of Corrections.

Other facilities may also receive an allotment of the federal countermeasures if it is deemed appropriate by the available epidemiological data and so decided by the State Health Officer (or designee).

Documentation

Incident Action Plan (IAP)

Under NIMS, the appropriate method of tracking operational objectives, logistics movements, and safety issues is through the Incident Action Plan (IAP)^{xx}. Through the assistance of the DHH OPH Documentation Coordinator at the DHH Emergency Operations Center, the DHH OPH Planning Section will be able to complete the appropriate sections of the IAP to track requests for assets, distribution of inventory, and documentation of communications with RSS or regional staff regarding antiviral dispensing sites. In addition, Situation Reports (SITREPS) are also generated as a reporting mechanism out of every IAP and are useful in reporting activities and highlighting deficits.

An IAP must be created for every operational period, which may fluctuate as the event and response unfolds. IAPs are typically created for a 12-hour operational period, but may be created for shorter periods of time. IAPs may be created for operational periods up to 24-hours once an event/response has been underway for some time.

While Louisiana and the federal government do not guarantee any reimbursement for resources used during a response, in the event that reimbursement becomes available, it will be important that accurate and comprehensive documentation be available. The IAP is a generally accepted mechanism for accurately and adequately tracking situational information.

IV. Operations Section

Concept of Operations by Interval

This Pandemic Influenza Guidance is created with a cooperative management concept. While there is a single point (State Health Officer) to obtain and disseminate key medical-related information, many of the other requirements of the program are supported by other State agencies at various stages of the pandemic. Planning, emergency management, prevention, preparedness, response, recovery, and mitigation discussions are facilitated by DHH OPH and use subject matter experts for relevant contributions.

DHH OPH has determined that the most efficacious use of resources occurs with “interval” planning. The Intervals for Pandemic Influenza Response (including the Louisiana and national triggers) is listed as Table 4, included in Section VIII. Supporting Documents. It is noted that due to the rapid spread of a novel influenza, several of these pandemic intervals may seem to occur concurrently to one another.

Immediately upon notification of a threat or an imminent or actual incident, the following actions will be taken, as required, according to the Interval structure.

Investigation

The Investigation Interval represents the time period when sporadic cases of novel influenza are occurring overseas or within the United States. During this interval, this Pandemic Influenza Guidance will be reviewed by Louisiana Department of Health and Hospitals Office of Public Health staff. Personnel will remain vigilant in monitoring of disease activity and information updates. During this Interval, Louisiana plans to use antiviral medications for treatment of ill persons and for antiviral prophylaxis of contacts specifically to these cases as part of a case-based control measures. These antiviral medications will be given under the direction of the Louisiana State Health Officer or designee based on the national case definition for novel influenza. State Health Officer designees are defined in a confidential appendix of the Louisiana SNS Plan. The Epidemiology Procedures as well as Laboratory Pandemic Influenza Plan are initiated, and are attached as Annex 1 and 2.

DHH Responsibilities during this time frame focus on the following (divided among Centers and Divisions as previously stated in Section II, Roles and Responsibilities):

- Key leadership members receive intelligence memorandums as well as begin correspondence and communication with other State officials or departments (such as GOHSEP)
- Media scanning for pulse of State and nation begin
- Review existing and applicable plans, frameworks, guidance, and annexes
- Encourage providers (especially in Behavioral Health) to develop a Continuity of Operations Plan for delivery of essential services to special needs populations

Recognition

The Recognition Interval occurs when clusters of cases of a novel influenza virus in humans are identified and there is confirmation of sustained and efficient human-to-human transmission. This indicates that a pandemic strain has emerged. Public health measures will be taken to

contain the outbreak and limit the potential for further spread. For this Interval, antiviral treatment of cases is a planned public health strategy for containment, and may be directed by the State Health Officer. The Antiviral Guidance is attached as Annex 4, and may be implemented during this phase of Operations. The Communications Plan (Annex 6) should be engaged during this Interval, with ongoing revisions as more information becomes available.

During the Recognition Interval, Louisiana will also prepare to receive additional SNS countermeasures at the identified RSS site. The specific personnel and actions required are detailed in the Louisiana SNS Plan, June 2009 and the RSS Operations Manual, June 2008.

DHH Responsibilities during this time frame focus on the following (divided among Centers and Divisions as previously stated in Section II, Roles and Responsibilities):

- RSS and contingency contracts reviewed, updated as necessary
- Consider establishing routine leadership calls
- Create and advertise emergency information website
- Initiate communications to partners that could be called upon to dispense antiviral medications or providing vaccinations
- Begin to establish primary allocation assumptions
- Ensure communications to DHH staff are consistent and occur on a routine/frequent basis
- Intense surveillance of the evolving event
- Remind staff of hygiene protocols, to set example for all Louisiana employees
- Provide coordination of State response by promoting Psychological First Aid (OMH)

Initiation

The Initiation Interval begins with laboratory confirmation of the first human case of pandemic influenza virus in the United States. If the United States is the first country to recognize the emerging pandemic strain, then the actions described in the previous interval (Recognition) will occur simultaneously with Initiation.

The Antiviral Guidance (Annex 3) will be implemented, if not activated previously. Implementation of case-based control measures, including prophylaxis will continue under the direction of the State Health Officer, State Epidemiologist or designees. The amount of antiviral medication available for prophylaxis is expected to remain limited. Louisiana will prioritize the use of medication for treatment of persons in risk groups, especially those identified a increased risk for mortality or morbidity as previously stated. Initiation response also includes the provision for providing medication within 48 hours of disease onset.

The Pandemic Influenza Planning in Correctional Facilities is attached as Annex 5, and may be implemented during this phase of Operations. Review of Annexes 7, 8, and 9 (EMS, Community Mitigation, and COOP) are appropriate at this juncture, along with assignments to appropriate Centers and Divisions within DHH or other State agencies.

DHH Responsibilities during this time frame focus on the following (divided among Centers and Divisions as previously stated in Section II, Roles and Responsibilities):

- Outreach to other agencies/provider communities. This includes working with Office of Minority Health and Health Disparities, Office of Rural Health and Community Care, and different communities within the state (e.g., ethnic, racial, and religious groups; most vulnerable; special needs; language minorities) to ensure people are identified and can be reached with appropriate behavioral health resources. Identify resources, such as culturally competent and multilingual providers, that could assist in provision of disaster services.

- Establish communication networks with redundancy testing and trained personnel
- Utilize the web for education (intranet/internet)
- Draft letters to employees concerning event
- Consistent surveillance of the evolving event
- Memorandum of understandings with agencies, TV stations, and websites, as appropriate
- Procure N-95 masks, gloves, and other bio-hazard supplies for 'last-resort' supplies, as described by the Centers for Disease Control and Prevention
- Discuss accounts receivable and accounts payable procedures
- Awareness campaign for the media/set up contacts/eliminating rumors
- Post hygiene protocols in appropriate locations in all DHH offices, and provide protocols and flyers for other State offices
- Prioritize essential and non-essential services, for personnel allocation and resource priority
- Coordination with Louisiana Spirit for behavioral health monitoring and crisis intervention for general public and first responders, health care workers and emergency preparedness staff
- Coordinate with appropriate State departments for training development (i.e. training modules for non-behavioral health professionals in basic psychological first aid.)

Acceleration

The Acceleration Interval will begin in Louisiana when public health officials identify that containment efforts have not succeeded and onward transmission is occurring. This is when two or more laboratory-confirmed cases within Louisiana are not epidemiologically linked to any previous cases. Mitigation strategies will be initiated. For medical countermeasures planning the treatment of cases meeting any limiting criteria will continue. The process to request medication resupply will be gathered at the regional level by the Louisiana Hospital Association's Designated Regional Coordinators and designees, Public Health Emergency Response Coordinators (PHERCs), or other appropriate designees dependant on site location. This information will be communicated to through DHH as a component of the ESF8 role. Information can be received through WebEOC, e-mail, fax, radio or telephone. This communication process is described in detail in the Louisiana SNS Plan, June 2009.

Activity involved in Annex 3, Vaccination Guidance, will have been ongoing, but will peak during this time period as the release dates will be given from the CDC during this Interval.

DHH Responsibilities during this time frame focus on the following (divided among the Centers and Divisions as previously stated in Section II, Roles and Responsibilities):

- State Health Officer may declare a Public Health Emergency
- Continue outreach to other agencies/provider communities
- Media campaigns to educate staff and clients
- All regional informational websites need to be activated with event information
- Begin symptom monitoring of staff and visitors using the Influenza Assessment Guide. Triage Check List- Don't go to work ill campaign.
- Consistent surveillance of the evolving event, sharing information updates as requested by the State Health Officer or BMAC (typically in reply to media requests or education opportunities)
- Enhance the hygiene of employees and staff. Use simple non-medical ways to reduce the spread of flu by "cough and sneeze etiquette," clean hands and clean work areas
- Educate staff and clients about: the differences between seasonal flu and pandemic flu; best hygienic practices to prevent any sort of flu; what could occur in a pandemic
- Staff should be on alert/standby-calling trees should be updated
- Review emergency/ continuity of operations plan; complete Guidance suggestions
- Double check provisions and stockpiles
- Review prioritized essential services and consider alternative work-staffing implications/needs

- Develop plan for tapering down projects/jobs/downsize
- Develop counseling plan for staff
- Consider accessing individual governmental agency stockpiles and distribute for pre-staging
- Collaborate with community response partners to address psychosocial issues such as irrational stigmatization and grief, ethical dilemmas, managing stress when familial roles change, economic hardships, and managing feelings of frustration, anger, fear, and helplessness

Peak/Established Transmission

This interval includes the period of time when there is extensive transmission in communities. Louisiana will reach its greatest number of newly identified cases during this interval. It is expected that two or even three peak “waves” will occur through the pandemic cycle. Further, it is expected that healthcare systems will be overburdened making the ability to provide treatment particularly challenging. The public health response will also be impacted by illness and employee absenteeism making the ability to continue to distribute medical countermeasures difficult. SNS planning includes a modular, scalable response.

DHH Responsibilities during this time frame focus on the following (divided among the Centers and Divisions as previously stated in Section II, Roles and Responsibilities):

- Continue outreach to other agencies/provider communities
- Consider use of N-95 Mask (or similar mask) in public
- Local OPH emergency operations center activated
- Activate Joint Information Center (JIC)
- Joint Information Center alerts public that there will be a possible closure of schools, public venues, large public gatherings, restaurants, etc...
- Media campaigns intensify to educate staff and clients
- Public awareness increase via all media outlets (JIC)
- Initiate hot-lines, as per protocol and JIC procedure
- Confirm or establish alternate worksites to be used from home or other secure areas
- Counseling available to staff
- Review Community Containment and Isolation procedures
- Hand sanitizers resupplied and continue to be readily available
- Port/airport-transient interaction protocols reviewed from US Customs and Border Patrol, US Coast Guard, Department of Transportation and Development Aviation Division, and/or other agencies as appropriate
- Press Release regarding closures/limited work hours of agencies/limited services (JIC)
- Initiate alternative work locations/alternative work procedures
- High risk populations (those in contact with ill persons) should consider use of N-95 face mask
- Psychological assessment/counseling and spiritual counseling
- Cancel non-essential activities and events
- Social isolation in effect (those who are sick stay away from those who are well and vice versa in public and work arenas)
- Work from home (on a case-by-case basis). Only essential operations shall continue
- Initiate community containment and isolations procedures as appropriate

Deceleration

During the Deceleration Interval, rates of pandemic infection decline. Mitigation activities began to be lifted and recovery begins. If medical countermeasures remain available, providing medication and supplies for treatment will continue.

DHH Responsibilities during this time frame focus on the following (divided among the Centers and Divisions as previously stated in Section II, Roles and Responsibilities):

- Return as many staff as possible to normal operations/time frames/shifts
- Notifications to employees about status/operations updates
- Reconciliation of outstanding purchase orders
- Inventory of outstanding orders/equipment purchased
- Communication with GOHSEP regarding EOC and operations status

Resolution (Demobilization)

Pandemic cases are occurring only sporadically, during Resolution Interval. Providing treatment will continue based on availability of assets.

DHH Responsibilities during this time frame focus on the following (divided among the Centers and Divisions as previously stated in Section II, Roles and Responsibilities):

- After Action Report and Improvement Plan complete within 30 days of demobilization, per FEMA
- Reconciliation of Medication Inventory
- Determination of use and/or storage of remaining cache
- Consideration of Critical Incident Stress Debriefing/Mental Health opportunities
- Demobilizing equipment
- Restaging preparedness equipment and supplies
- Walk-through of sites used
- Close-out contracts for contingency functions
- Reconciliation of grant funding
- Timesheets and paperwork complete within first seven days of demobilization
- Preventive Maintenance or equipment evaluation

Documentation

Reporting Requirements - Inventory

The mechanisms and process required for Inventory Control and reporting are detailed in the RSS Operations Manual.

Reporting Requirements – RSS Operations

The mechanisms and process required for Inventory Control and reporting are detailed in the RSS Operations Manual.

Reporting Requirements – Patient Dispensing

The mechanisms and process determined for pandemic medication/vaccination dispensing will be online via LINKS, the Louisiana Immunization Network for Kids Statewide. In addition, if “Points of Dispensing” (PODs) are used as detailed in the regional SNS plans, there are reporting mechanisms that are required for non-healthcare-setting dispensing locations. The POD Plan Annex (identical for each region other than point of contact for the regional OPH staff) provides the template for all reporting requirements for dispensing, inventory, and issue management at a POD.

v. Logistics Section

Process for Distributing State Cache by the RSS

Previous frameworks and plans have been completed, tested, evaluated by the Centers for Disease Control, and are ready for implementation. They address the specific needs of each of the particular outlets listed in the previous section except retail pharmacies, which is addressed in Annex 4, Antiviral Guidance. Please refer to the State Strategic National Stockpile and appropriate supporting documentation for logistics around distribution to hospitals, parish health units, and other “points of dispensing” (or PODs)^{xxi, xxii}.

The mechanisms and processes required for dispensing the State cache and reporting processes (including resupply requests) are detailed in the RSS Operations Manual, as previously cited.

vi. Security Section

Overview

During a public health emergency requiring dispensing medication or vaccine to the entire local population, security will play an essential role in the efficient operation of the Pandemic Influenza Guidance as well as Points of Dispensing (POD) efforts (as referenced in several Annex documents).

The State SNS Plan, as previously mentioned, lists in detail the processes and mechanisms for maintaining positive control of the antiviral assets. In tandem with the State Plan, Regional OPH plans for inventory control, security, and dispensing are in place and are the reference for security operations, experts, and details. Please refer to the appropriate Regional OPH SNS plans as well as Regional/Local POD plans, as directed through Guidance Annexes.

For local crowd control, local law enforcement will be responsible for traffic flow, maintaining perimeter control of the vaccination location, for immunization staff, and protecting antiviral assets.

Each dispensing entity must have plans in place with the appropriate authority to handle potential security issues, including response to events as well as the possibility of enhanced precautionary security measures on-site. The State has determined at this time that the individual entities are responsible for absorbing the costs of any additional requirements they determine are necessary.

Rules of Engagement for Law Enforcement Personnel

The rules of engagement for each officer assigned to the security detail will be consistent with each officer's parent department/agency and will be in compliance with State and federal rules for engagement. Regional law enforcement will be able to request additional resources through their standing procedures and in compliance with the parish OHSEP EOC guidelines. Law enforcement will use the continuum of force, as appropriate, per their training and certifications.

vii. Public Information Section

Overview

The goal of Public Information is to gather, prepare, and distribute factual and timely health information to the media, providers, and the public. The Regional OPH Public Information Officer (PIO) in conjunction with the DHH PIO, will manage these activities at a local level. The Secretary of the Department of Health and Hospitals, the State Health Officer, or DHH Communications Director (including designees/deputies) are the primary point of contact for public information during a SNS asset deployment. Information coordination will occur via the Joint Information Center (JIC) for key talking points, statistics, and public messaging for SNS personnel. Local OPH personnel and Parish PIOs have received risk communication training and information about the SNS as well as pandemic influenza.

A risk communication plan has been developed and approved by senior leadership for all offices within the Department of Health and Hospitals. This risk communications plan will be incorporated into all planning exercises/trainings and will be updated as needed, as part of the OPH Public Health Emergency Operations Plan (previously cited). The DHH Crisis and Emergency Communications Plan, was most recently updated June 24, 2009. The specific Communications Plan for Pandemic Influenza is attached as Annex 6.

As a component of risk communications, “Shelf Kits” have been created with detailed communication plans for several areas of concern specifically involving the SNS. Each communication kit includes protocols for volunteer management, on-site materials, dispensing site signage, response worker support information, How to Talk to Children, Incident Response protocols, pre-written media advisories, news releases (print, television and radio – includes produced versions on CD), newspaper ads, and a localized media list. Regional OPH staff were assigned to review materials for their region, make local adjustment for details per the regional SNS plans, and to work with media on preparedness statements and education.

All reports and press releases will be approved through DHH OPH before distribution. Once approved, regional mechanisms for distribution include the regional media contact list. This listing is utilized on a near-weekly basis, and routine utilization accounts for ongoing testing procedures and updates. It should be noted that this media contact list has a subset of those personnel who would be invited to or involved with a Regional Joint Information Center, and as such, the information is updated simultaneously.

Health Alert Network (HAN)

The LA-HAN is a communication network that, in the event of a public health emergency, vital health information and education about the incident is channeled efficiently around the State to doctors, paramedics, hospitals, laboratories, public safety officials, and the media or representatives for the general public. The HAN messaging is distributed primarily through a fax blast system (a network of faxes integrated into the DHH OPH e-mail system and can be triggered via e-mail and/or web processes). Initiation of the use of this system is primarily through the DHH OPH office. In the case of a pandemic response, the HAN could be used to distribute accurate and timely information in an efficient manner.

In the case of retail pharmacy notification, the CCP will provide a copy of all messages that are disseminated via the HAN to DHH OPH Pharmacy. The DHH OPH Pharmacy is the liaison between the State and pharmacies in Louisiana, including the Louisiana Board of Pharmacy.

Messages

Public information materials for influenza have been developed by DHH in order to hasten response to a pandemic threat. General information has been provided for pre-event preparedness in the Louisiana Family Readiness Guide^{xxiii}. In addition, multiple media interviews with televisions and newspapers have been given, in addition to messages being pushed to the public via www.flula.com. The DHH OPH PIO has the ultimate authority and responsibility for all media communications and content.

Prepared information has been developed and printed by DHH and includes:

- Sample advertisements, media alerts, and media advisories
- Agent-specific information sheets (utilized for specific events, based on agent)
- Precautionary measures for reduction of viral infection
- Public announcements will not be made that direct the public to the dispensing sites; only campaigns with instruction for seeking medical attention will occur

Public messages will emphasize indications that will determine which individuals, based on certain clinical and priority risk group criteria, will be able to receive antiviral prophylaxis or treatment as well as the tiered stages of novel influenza vaccination. Balancing the need to educate the public with the need to minimize the impact on health care institutions such as persons seeking antiviral medications will be critical. This information will be updated to reflect the current understanding of a specific pandemic influenza.

Messaging is also appropriate for asymptomatic individuals seeking prophylaxis. Messages for individuals who are not critically ill and do not meet specific criteria for antiviral priority treatment groups, but who need medical attention, will direct them to seek care at their physician's office or in a primary care setting.

Any communication tools or information forms, such as the IND documentations, will be coordinated by DHH OPH utilizing agency resources or existing contracts following State printing procedures.

General "Points of Dispensing" Information

A separate Command and Operations Area may be established for managerial, communications, and security staff within a Region if a "Point of Dispensing" site is required. Security should be provided at all entrances and exits, and inside the dispensing site based on the site assessment by local law enforcement or security response personnel. Each public health region in Louisiana has a Strategic National Stockpile Acquisition and Dispensing Plan that includes specific frameworks for activating PODs that may be used in this pandemic influenza response. Further information is located in the Mass Vaccination Annex on POD utilization as well as regional planning documents.

VIII. Supporting Documentation

Table 1: General Case Detection and Clinical Management, Example

<p>CLINICAL CRITERIA An illness with all of the following:</p> <ul style="list-style-type: none"> • Temperature >38° C, <i>and</i> • Cough, sore throat, or dyspnea, <i>and</i> • Requiring hospitalization; or non-hospitalized with epidemiological link 		<p>If no to any, treat as clinically indicated, but reevaluate if suspicion</p>
<p>EPIDEMIOLOGIC CRITERIA The clinician should ask the patient about the following within 10 days of symptom onset:</p> <ul style="list-style-type: none"> • History of recent travel to an affected area and at least one of the following: <ul style="list-style-type: none"> o Direct contact with poultry or poultry products, <i>or</i> o Close contact with a person with suspected or confirmed novel influenza, <i>or</i> o Close contact with a person who died or was hospitalized due to a severe respiratory illness • Employment in an occupation at particular risk for novel influenza exposure, such as: <ul style="list-style-type: none"> o A health care worker in direct contact with a suspected or confirmed novel influenza case, <i>or</i> o A worker in a laboratory that contains live novel influenza virus, <i>or</i> o A worker in a poultry farm, live poultry market, or poultry processing operation with known or suspected avian influenza infection 		
<p>If yes to both criteria:</p> <ul style="list-style-type: none"> • Initiate Standard and Droplet Precautions • Treat as clinically indicated • Notify State or local health department about the case • Initiate general work-up as clinically indicated • Collect and send specimens for novel influenza virus testing to OPH • Begin empiric antiviral treatment • Help identify contacts, including HCWs 		<p>If no to both criteria:</p> <ul style="list-style-type: none"> • Treat as clinically indicated, but re-evaluate if suspicion
<p>If yes, then determine next step based on culture results:</p>		
<p>Novel influenza positive by culture or RT-PCR</p> <ul style="list-style-type: none"> • Continue Standard&Droplet Precautions • Continue antivirals • Do not cohort with seasonal flu patients • Treat complications, such as secondary bacterial pneumonia, as indicated • Provide clinical updates to health department 	<p>Seasonal influenza positive by culture or RT-PCR</p> <ul style="list-style-type: none"> • Continue Standard and Droplet Precautions • Continue antivirals for a minimum of five days • Treat complications, such as secondary bacterial pneumonia, as indicated 	<p>All influenza testing negative</p> <ul style="list-style-type: none"> • Continue infection control precautions, as clinically appropriate • Treat complications, such as secondary bacterial pneumonia, as indicated • Consider discontinuing antivirals, if considered Appropriate

Table 2: General Recommendations for Public Sector Stockpiles

Setting and Target Population	Antiviral Strategy	Rationale	Pandemic Response Goals Addressed
Initial pandemic outbreaks overseas and in the US	Treatment Post Exposure Prophylaxis Targeted prophylaxis	Effective containment of an initial influenza outbreak may prevent pandemic Efforts in initial containment will slow pandemic spread allowing more time for preparedness activities, antiviral medication production and development of pandemic vaccine	Slow pandemic spread
Exposed travelers entering the US early in a pandemic	Post Exposure Prophylaxis	Contributes to effectiveness of policy to reduce entry of infected persons, delaying US pandemic outbreaks Provides additional time for preparedness and development of medical countermeasures	Slow pandemic spread
Persons with pandemic influenza illness	Treatment	Reduces influenza complications, hospitalization and mortality Reduces duration of illness Meets patient and provider expectations for medical care Decreases transmission of infection	Reduce health impacts Minimize societal disruption

Table 3: Sample Treatment Algorithm

If patient meets priority criteria, use treatment algorithm for antiviral medication determination

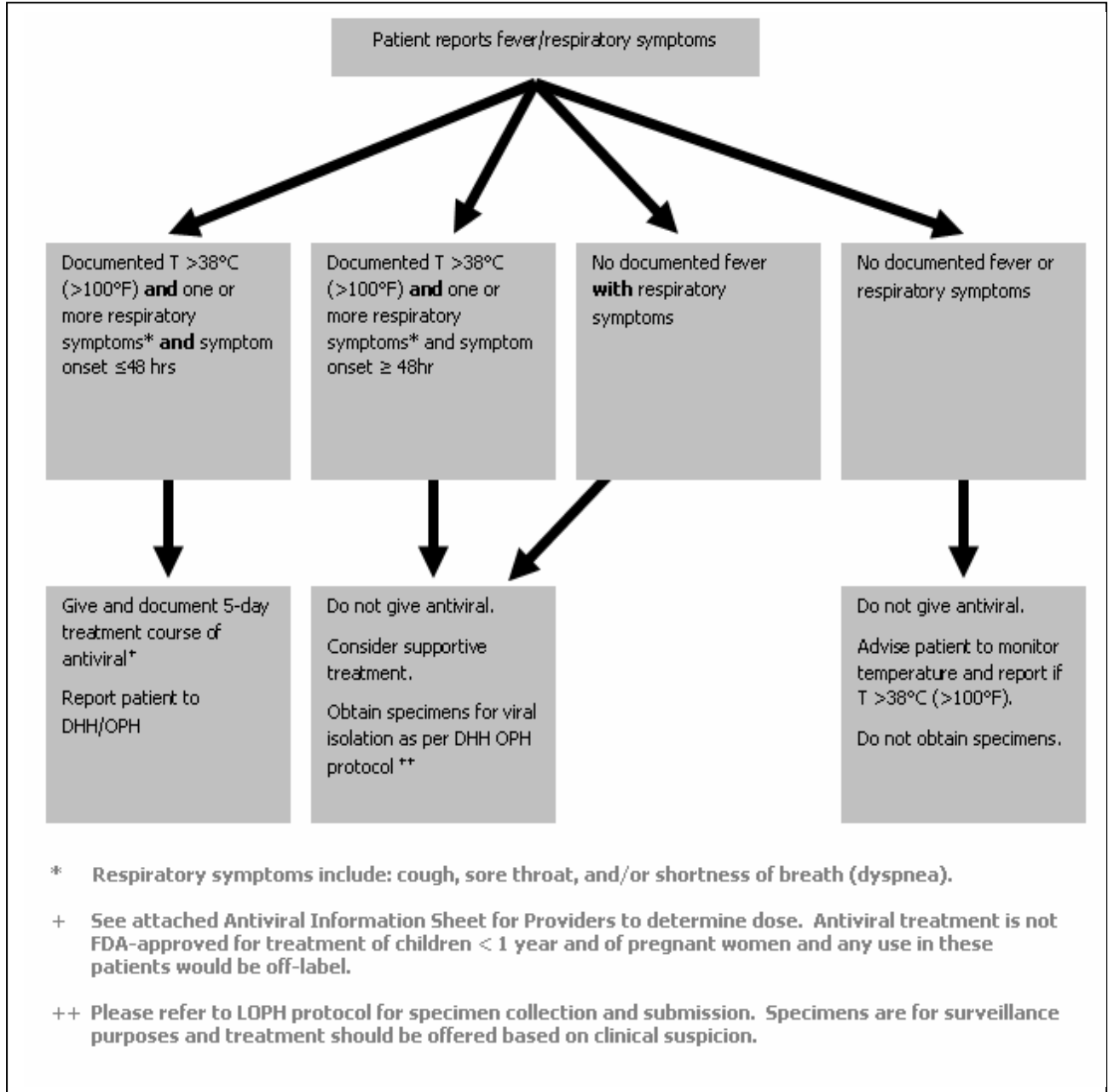


Table 4: Stages and Triggers for Pandemic Influenza Response

WHO Phase	CDC Stage	Influenza Interval	Louisiana Trigger	National Trigger
1: Low risk of human cases	0: New Domestic Animal Outbreak in At-Risk Country	Investigation of Novel Influenza A Infection in Animals and Humans	Identification of animal case of influenza A subtypes with potential implications for human health within the State	Identification of animal case of influenza A subtypes with potential implications for human health anywhere in the world
2: Higher risk of human cases				
3: No or very limited human-human transmission				
4: Evidence of increased human-human transmission	2: Confirmed Human Outbreak Overseas	Recognition of Pandemic Virus	Confirmation of human cases of novel influenza A and demonstration of efficient and sustained human-to-human transmission within Louisiana	Confirmation of human cases of novel influenza A and demonstration of efficient and sustained human-to-human transmission anywhere in the world
5: Evidence of significant human-human transmission				
6: Efficient and sustained human-human transmission	3: Widespread Human Outbreaks in Multiple Locations Overseas			
	4: First Human Case in North America	Initiation of Pandemic Wave	Laboratory-confirmed case of defined pandemic influenza detected within Louisiana	Laboratory-confirmed case of defined pandemic influenza detected within the US
	5: Spread Throughout United States	Acceleration of Pandemic Wave	Two or more laboratory-confirmed cases in Louisiana that are not epi linked to any previous case; or,	At least one State in five of the ten FEMA/HHS regions have met the Acceleration criteria

			Increasing cases exceed resources for case-based control measures	
		Peak/Established Transmission During Pandemic Wave	>10% of specimens from patients with influenza-like illness submitted to the State public health laboratory are positive for the pandemic strain during a seven day period; or, “Regional” pandemic influenza activity is reported by the LA DHH OPH using CDC surveillance criteria, or The health care system surge capacity has been exceeded	The majority of States have met the Peak/Established Transmission criteria (includes States that have transitioned into the Deceleration Interval)
		Deceleration of Pandemic Wave	<10% of specimens from patients with influenza-like illness submitted to the State public health lab are positive for the pandemic strain for at least two consecutive weeks; or, The health care system capacity is below surge capacity	The majority of States have met the Deceleration criteria (includes States that have transitioned into the Resolution Interval)
	6: Recovery	Resolution of Pandemic Wave	Laboratory-confirmed pandemic influenza cases are occurring sporadically; or, The healthcare system capacity is approaching pre-pandemic levels	The majority of States have met the Resolution criteria

Annex 1: Epidemiology Procedures

Louisiana DHH OPH Infectious Disease Epidemiology; 2009.

Annex 2: Laboratory Pandemic Influenza Plan

Louisiana DHH OPH Laboratory; September 2009.

Annex 3: Vaccination Guidance

Louisiana DHH CPH - Immunizations; June 9, 2009.

Annex 4: Antiviral Guidance

Louisiana DHH OPH Pharmacy; September 29, 2009.

Annex 5: Pandemic Influenza Planning in Correctional Facilities

Louisiana DHH OPH and Department of Corrections; September 11, 2009.

Annex 6: Risk Communications Plan

Louisiana DHH BMAC; July 2009.

Annex 7: Emergency Medical Services

Louisiana DHH Bureau of EMS; date needed of last update.

Annex 8: Community Containment and Mitigation Guidance

Louisiana DHH CPH - Immunizations; July 2009.

Annex 9: Continuity of Operations Plan

Louisiana DHH CPH - Immunizations; July 2009.

Annex 10: Pandemic Influenza Mass Fatality Plan

Louisiana DHH Office of the Secretary – Draft September 2009.

Appendix 1: Footnotes and References

- ⁱ World Health Organization. Recommended Use of Antivirals, Briefing Note 8. August 21, 2009. (http://www.who.int/csr/disease/swineflu/notes/h1n1_use_antivirals_20090820/en/index.html)
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- ^{xii} Center for Disease Control. Expanded Novel H1N1 Influenza Guidance Letter. September 2, 2009. (https://www.orau.gov/snsnet/resources/PandemicInfluenza/HighRiskPopulationsLetter_ac.pdf)
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- ^{xiv} State of Louisiana Emergency Operations Plan, June 2007 (<http://www.ohsep.louisiana.gov/plans/EOP.pdf>) with amendments a) Executive Order BJ 08-32 - Emergency Operations Plan (<http://www.ohsep.louisiana.gov/proclamations/exorder200832.htm>) and b) Executive Order BJ 08-94, Amendment to Executive Order No. BJ 08-32- Emergency Operations Plan (http://www.ohsep.louisiana.gov/proclamations/exorder200832_amendment.htm)
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