

Ventura County Public Health Influenza Response Plan

An annex to the
Ventura County Public Health
Emergency Response Plan

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Introduction

An influenza pandemic is a worldwide outbreak of a disease that occurs when a new influenza virus appears or “emerges” in the human population, causes serious illness and then spreads easily from person to person worldwide. Influenza pandemics are different from seasonal outbreaks of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already circulate among people, whereas pandemic outbreaks are caused by entirely new subtypes to which the population has no immunity.

Because of extreme efficiency in world commerce and travel, a highly infectious organism can be carried across the world in an extremely short period of time. **This emergency response plan (Plan) addresses the serious impact of a severe pandemic, similar to the 1918 “major pandemic”.** A study of the Spanish Flu (1918) suggests that a primary mechanism for limiting the impact of pandemic influenza is community mitigation, including social distancing. This Plan addresses the need during the early days of a pandemic to expeditiously isolate and investigate suspect cases, quickly conduct source case investigations, quarantine exposed individuals, and maintain those individuals in isolation or quarantine until they are determined not to be infectious. This Plan addresses the need to close public venues, including schools, to limit the spread of the disease. It provides a knowledge base for the Sheriff to institute security measures and movement restrictions, and for other County Agencies to prepare to provide for isolated or quarantined individuals, including the implementation of alternate care sites (ACS).

The Public Health Department’s planning assumption addresses a 35% rate of illness for its population of 900,000 so that without social distancing and other interventions, 311,000 people can be expected to become **clinically ill** over the course of a 12 to 24 month pandemic. Further estimates of illness by city, hospitalization, and deaths are found in Table 1. Pandemic Planning Scenarios.

Classification of Pandemic Influenza Phases

The World Health Organization (WHO) has developed a worldwide influenza preparedness plan that includes a classification system for guiding planning and response activities. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a novel influenza virus subtype. The WHO pandemic phase classification system is described at the beginning of Part 1 and Part 2 of the Plan. The Director General of the WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. Although the WHO guidelines are referenced throughout the Plan, the WHO guidelines do not take into consideration the world wide movement of travelers on a daily basis, thereby facilitating the spread of a highly contagious disease. Nor do they consider the length of time it takes for state and local government to activate and implement a statewide coordinated emergency response structure. In some cases, this Plan will direct the preemptory implementation of response activities in advance of WHO recommendations in order to be fully prepared and activated as the threat progresses.

Though the WHO pandemic influenza phases are used as the framework for this plan, these phases apply to a pandemic of any novel influenza-like illness. Therefore the IRP can be used for planning and responding to any pandemic respiratory disease.

Organization of the Plan

The Ventura County Influenza Response Plan does not stand alone. It is an annex of the Public Health Emergency Response Plan and is supported by other disaster response plans or emergency response procedures such as the Isolation and Quarantine Plan, the Epidemiology Response Plan, the Laboratory Response Plan, the Mass Fatality Plan, the Health Care Agency (HCA) COOP Plan, and the Crisis Emergency Risk Communication Plan.

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Appendices are included that are specifically pertinent to an influenza-like illness response. The Public Health Emergency Response Plan lays the foundation for the activation of the Department Operations Center, and the roles and responsibilities of staff. Further information as may be needed is highlighted in the appropriate sections.

Statutory authority for declaring a local health emergency, activation of the Department Operations Center (DOC), and recommendation for activating the County Emergency Operations Center (EOC) resides with the Ventura County Health Officer. The Ventura County Health Officer Authorities are detailed in **Appendix F**.

Lastly, this is an emergency response plan. The preparation activities and outreach to various sectors are not included.

Table 1. Impact of a Pandemic in Ventura County

Pandemic Planning Scenarios												
Based on Past & Present Pandemics and Epidemics : H5N1 Avian Influenza A, 1918 Pandemic (H1N1 Influenza A), Ebola, and COVID-19												
Severity Indexes												
Ventura County Geographic Regions	Populations		Estimated Incidence (Number of Cases)	Hospitalization (Percent of those with Pandemic Illness Hospitalized)				Estimated Mortality (Pandemic Deaths)				
	Year 2000 Census Population	Year 2019 Estimated Population		Percent Incidence est 15%	COVID-19 China Scenario 2/24/2020 11.17%	10%	20%	40%	COVID-19 China Scenario 2/24/2019 3.34%	COVID-19 Outside of China Scenario 2/24/2019 1.49%	1918 Scenario 2.6%	Ebola Low Mortality Scenario 25%
City or Region												
Camarillo	78,603	90,788	13,618	1,521	3,178	6,355	12,710	455	203	354	3,405	8,171
Fillmore	15,013	17,340	2,601	291	607	1,214	2,428	87	39	68	650	1,561
Moorpark	30,904	35,695	5,354	598	1,249	2,499	4,997	179	80	139	1,339	3,213
Ojai	31,451	36,326	5,449	609	1,271	2,543	5,086	182	81	142	1,362	3,269
Oxnard	167,438	193,394	29,009	3,240	6,769	13,538	27,075	969	432	754	7,252	17,405
Piru	2,122	2,451	368	41	86	172	343	12	5	10	92	221
Port Hueneme	23,016	26,584	3,988	445	930	1,861	3,722	133	59	104	997	2,393
Santa Paula	31,442	36,316	5,447	608	1,271	2,542	5,084	182	81	142	1,362	3,268
Simi Valley	116,172	134,180	20,127	2,248	4,696	9,393	18,785	672	300	523	5,032	12,076
Thousand Oaks	138,380	159,831	23,975	2,678	5,594	11,188	22,376	801	357	623	5,994	14,385
Ventura	109,004	125,901	18,885	2,109	4,407	8,813	17,626	631	281	491	4,721	11,331
Las Padres Nat'l Forest	1,005	1,161	174	19	41	81	163	6	3	5	44	104
Ventura County Totals	744,550	859,967	128,995	14,409	30,099	60,198	120,395	4,308	1,922	3,354	32,249	77,397
Percent of 2019 Population Represented			15.0	1.7	3.5	7.0	14.0	0.5	0.2	0.4	3.8	9.0

Planning Assumptions

Due to the uncertainty about the timing and severity of an influenza pandemic, Ventura County made certain assumptions in developing the influenza response plan.

1. An influenza pandemic will result in the rapid spread of infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously. It is expected that unlike any other disaster, there will be no resources or assets available from other sources. Ventura County will not be able to rely on timely or effective regional, state or federal mutual aid.
2. An influenza pandemic may occur in waves, and last for 12 to 24 months.
3. Social distancing measures will require that community residents remain in their homes for a significant period of time. Communities will need timely and accurate public information, education and tools so that they are prepared to take responsibility for basic needs (food, water, prescription medications, over-the-counter medications, etc.).
4. Antiviral medications will be in extremely short supply and will therefore only be used to treat cases or exposures in the initial periods. These supplies, to the extent that they are available, will be prioritized by Ventura County Public Health.
5. A vaccine for the pandemic influenza strain will likely not be available for 6 - 8 months following the emergence of a novel virus.
6. The number of ill people seeking or requiring outpatient medical care and hospitalization will overwhelm the local health care system. These systems will be implementing their surge plans including early discharge of patients, cancellation of elective surgeries, and cohorting patients to conserve bed availability where possible.
 - a. Hospitals and clinics will have to modify their operating structure to implement their surge plans and maintain functionality of critical systems.
 - b. The health care system will have to respond to increased demands for services while the health care workforce experiences 25-35% absenteeism due to illness or caring for ill family members.
 - c. Demand for inpatient beds and assisted ventilators could increase by ten-fold or more and patients will need to be triaged for services.
 - d. There will be a tremendous demand for urgent care services.
 - e. Hospital infection control measures for surge and alternate care will need to be implemented.
 - f. Alternate Care Sites will be established and managed according to the Mass Care and Shelter Plan.
 - g. Emergency Medical Service (EMS) responders will face extremely high call volumes, and may have a decrease of 25-35% of available staff.
 - h. The demand for home care and social services will increase dramatically.
 - i. The Mass Fatality Plan will need to be implemented due to the increased number of fatalities overwhelming the Medical Examiner's office, morgues and funeral homes.
7. There will be a significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communication; COOP plans will need to be implemented by these critical sectors.

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8. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, theaters, and other public gathering points and canceling public events will be implemented during a pandemic.
9. Risk Communication will be critically important during all phases of the Influenza Response period. The accuracy, honesty, and timeliness of messages conveyed through a credible spokesperson will greatly assist in the cooperation of measures initiated.
10. The response to Pandemic Influenza will operate under the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) as detailed in the Public Health Emergency Response Plan.

Concept of Operations

Receiving an Alert

Ventura County Public Health (VCPH) may receive the alert of a public health event that requires activation of this Plan from several sources:

VCPH may be alerted by the California Department of Public Health (CDPH) or by federal partners with whom VCPH regularly conducts public health business.

CDPH may alert VCPH of a confirmed index case in California. Even if the WHO Phase is 3 or 4, the potential public concern may result in alert to the Local Health Departments (LHDs).

In the event of an avian or swine influenza with pandemic potential being identified in Ventura County, the alert of veterinary infections could come to VCPH from the Agricultural Commissioner. In this scenario, the Alert would be significant if WHO had already announced an increase in bird-to-human infection that warranted advancement to WHO Phase 4, 5 or 6. The alert would also be significant at WHO Phase 3 if any of the cullers of the infected animals developed avian influenza. A similar Alert could come from the Agricultural Commissioner if other species are tested positive for H5N1.

VCPH may become aware of a potential public health incident from the press. The WHO may announce a change in the current status of transmissibility of H5N1 or any other non-human influenza that suggests an increased threat to California and the need to activate this Plan.

Receipt of alerts and the subsequent alerting and notification throughout VCPH and of VCPH partners is described in the Ventura County Public Health Emergency Response Plan.

Activation of the Plan

Activation of this Plan may be based on the degree of communicability and the extent of the spread of the virus. It may also be based on the need to respond to an elevated public perception of the threat of a pandemic.

In the event of an agricultural epidemic, preemptory partial activation of this Plan may be necessary at WHO Phase 3 if cullers become infected. The Public Health Department Operations Center (DOC) may concurrently be partially activated in order to support a coordinated response that includes alert of the medical community to signs and symptoms of H5N1 infection, encourage reporting of suspect cases, conduct source case investigations, determining the need for administration of antivirals to the potentially exposed population, releasing public information, and all other aspects of implementing a preliminary response.

In the event the WHO determines that the virus has become more infectious and communicable, it will set the Pandemic Phase to 4, 5, or 6, respectively. The degree of activation of this Plan during Phases 4 and 5 will be based on the specific circumstances at the time. Preemptory partial activation of this Plan and the DOC may be necessary to address an increase in public concern that could result in a “worried well” impact on the local health care system that requires declaration of a medical surge event and commensurate release of public information directing people away from established health care facilities (HCFs) to designated triage sites. Preemptory partial activation of this Plan and the DOC at Phases 4 and 5 may also be necessary to prepare for the receipt of state and federal caches of medical and health supplies. Early transport and delivery of these assets is necessary to ensure their security and most efficient use.

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Preemptory partial activation may be necessary to support actions related to increased surveillance such as requesting increased Influenza-Like-Illness (ILI) reporting from local health care facilities and providers. CDPH will periodically request the data and conduct statewide conference calls to discuss findings. Preemptory partial activation will also support gathering and accessing bed availability data and transferring the information to CDPH.

The Plan is expected to be fully activated upon declaration of Phase 6 by the WHO. Upon full activation of this Plan, VCPH will fully activate the DOC until such time as the required information is sent out to the public, responders, and all other agencies essential to the health and functioning of the county has gone out, the process for updating information in the absence of an activated DOC is in place, and there is temporarily no need for operations support (due to lack of significant local transmission). The DOC will be reactivated should significant local transmission occur, or the need for dissemination of information is so great that DOC support is required. Ventura County Public Health Emergency Response Plan and full activation of the Ventura County All Hazards Emergency Response Plan will be activated as needed to support all aspects of the County wide emergency response.

Upon partial or total activation of this Plan and the DOC, VCPH will contact the Ventura County Office of Emergency Services (OES) to alert them that the DOC is activated. VCPH will also contact the CDPH Duty Officer, or Joint Emergency Operations Center (JEOC), as appropriate, to alert CDPH that the DOC is activated. VCPH will provide the contact information to be used during the pandemic response. The Ventura County Health Officer (VC Health Officer) or designee will direct appropriate staff to concurrently notify all of the Health Officers within Region I of the activation of this Plan and the activation of the DOC and provide appropriate contact information to them, and collect contact information from them.

Upon activation of the Plan, VCPH will notify their public health partners of the activation, and recommend activation of their pandemic emergency response plans. The partners include the local emergency medical services agency, local ambulance providers, first responders, health care facilities, and health care providers. The VC Health Officer will recommend the Ventura County OES Director (VC OES Director) alert agencies and community organizations responsible for care and sheltering, assisting special populations, security, worker safety and counseling, providing needed commodities, schools, and other entities necessary for response to a pandemic based emergency.

Initial Response

VCPH will advise local health care facilities to evaluate or increase their infection control procedures to reduce the possibility of spread of infection. VCPH will provide an infection control guideline to any HCF that indicates a need for the guideline. VCPH will provide the infection control guideline to be used in the alternate care sites in the event they are subsequently activated.

Upon activation of this Plan, and the DOC, the VCPH will identify staffing, including back up staffing. The role of the County Health Officer, in terms of participating in a unified command of the county emergency response will be identified. Refer to the Ventura County Public Health Emergency Response Plan and the Continuity of Operations Plan.

The VC Health Officer will coordinate with the VC EOC in the declaration of a local health emergency, declaration of a local emergency, and the request for the Governor to declare a state of emergency.

VCPH will contact CDPH and request a statewide conference call to discuss the status of the event, detection of any cases in California, any potential actions or recommendations by CDPH, and planned media releases. VCPH will use the conference call venue to report on any actions or issues specific to Ventura County. Actions will be directed towards limiting transmission and controlling potential morbidity and mortality associated with infection. VCPH will participate in all regular conference calls in order to stay cognizant of statewide developments. If no conference calls are planned, VCPH will request they be initiated and conducted regularly.

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Information to the Public

VCPH will work diligently to inform the public of the status of the event. VCPH, through its Public Information Officer (PIO), will request activation of the Joint Information Center (JIC) as appropriate and work diligently to ensure all public information releases are coordinated with adjacent jurisdictions, CDPH and local cities prior to release.

When this Plan is activated, VCPH will request the Ventura County EOC to ensure that phone banks, reverse 911 systems, 211, and all other processes to be used in the timely release of public information and for responding to public inquiries have been activated. The VC Health Officer or designee will approve all public service announcements (PSA) to be released to the public or media.

The Ventura County Joint Information Center (JIC), led by the CEO PIO, will be the lead in coordinating the development of information to be released to the public or media on the nature of the event and action to be taken by the public to limit the potential spread of infection.

The Health Officer or designee will direct the release of home care/individual care information and respiratory etiquette information.

All Risk Communications actions are described in the Ventura County Public Health Crisis Emergency Risk Communications Plan.

Increased Surveillance and Initial Containment

VCPH will contact all health care providers by phone, CAHAN, e-mail, or other means and advise them of the need to increase surveillance for specific ILI. Throughout the initial days or weeks of surveillance, VCPH will repeatedly contact providers to remind them of the need to maintain increased surveillance.

VCPH will conduct a daily review of Epi-X and animal reporting systems if relevant to the influenza situation, and perform all other elevated surveillance activities as identified in the Ventura County Public Health Epidemiology Response Plan.

Any initial suspect cases reported to the DOC will be immediately ordered into isolation by the Health Officer (refer to the Isolation and Quarantine Plan).

The VCPH Epidemiology Response Plan and VCPH Laboratory Response Plan will be activated to institute the collection and assay of samples, whether assayed at the Ventura County Public Health Laboratory (PHL), or transported to the CDPH laboratory in Richmond, and ultimately transported to the CDC laboratory.

The Ventura County PHL participates in the California Influenza Rapid Test Surveillance Program and can perform in-house testing using viral isolation and identification for the identification of respiratory viruses.

The VC Health Officer will issue an order to all HCFs and laboratories that any positive rapid test for any patient(s) with warranted symptoms to be sent to PHL for either confirmatory testing of the initial rapid (positive) result or for initial screening and identification. The testing method PHL uses will qualitatively detect and identify several of the most common respiratory viruses including Influenza A and Influenza B as well as Adenovirus, Respiratory Syncytial Virus (RSV) and Parainfluenza viruses 1-3. All isolates testing positive for Influenza A or Influenza B will be sent to the state Viral and Rickettsial Disease Laboratory (VRDL) for sub-typing. Any viral isolates or patient samples that cannot be identified through screening and detection method performed at PHL will be sent to the state VRDL for further identification.

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All clinical samples and viral isolates will be packaged and shipped following the International Air Transport Association (IATA) Dangerous Goods Regulations for infectious substances. Courier services will be utilized for transport to VC PHL or the state VRDL. Refer to the Ventura County Public Health Laboratory Response Plan and the Ventura County Guidelines for Influenza A Specimen Collection.

VCPH will not wait until analytical results are available to direct the initiation of contact investigations (refer to the Ventura County Epidemiology Response Plan). VCPH will initiate contact investigations when alerted by any other LHD of a potential index case in another county that had contacts in Ventura County. Contact partners will be ordered into isolation/quarantine and monitored for symptoms, if deemed necessary for protection of public health and containment of disease. VCPH will request the assistance of the Court System and Sheriff in ensuring isolation and quarantine status is maintained. VCPH will advise the County OES Director of the need to provide food, medications, and other commodities to quarantined individuals that have been isolated or quarantined outside of a hospital setting. VCPH will assign public health staff to monitor the health status of individuals ordered into isolation and quarantine outside of a health care setting.

Upon full activation of this Plan, the VCPH DOC will contact all health care facilities and advise them of the potential need for more acute care beds and direct them to begin daily reports of bed availability by bed type. The VCPH DOC may request the health care facilities to begin increasing bed capacity by reducing elective surgeries, discharging patients and moving less critical patients to other health care facilities if they are available.

Through regular communication, the VCPH DOC will continuously advise the CDPH of the status of isolated and quarantined individuals, the status of the contact investigations, the status of the assays of biological samples, the status of available beds, and any other information related to the incident and resource issues.

The VC Health Officer will confer with CDPH on vaccination and/or prophylaxis of exposed partners, and prophylaxis of local health care staff, first responders, and any other priority groups. VCPH will advise the CDPH of any shortfalls in prophylactic medications and case management medications.

Community Mitigation

In a unified command environment, the VC Health Officer will evaluate the implementation of community mitigation measures including social distancing, dismissal of schools and closure of sites where large numbers of people congregate. Each measure will be evaluated as to its effectiveness, complications related to the difficulty of implementation, and whether closure of one venue would create social congestion at another venue.

As it is determined to be necessary or if ordered by the CDPH Public Health Officer, the VC Health Officer will request that the County Superintendent of Schools notify all district superintendents of the need to dismiss schools. Every attempt will be made to make this a voluntary action on the part of the school administration. If necessary, the VC Health Officer may request an order from the CDPH Public Health Officer or the California Superintendent of Schools regarding dismissal of schools. Once it is determined that social distancing measures will be implemented, the VC Health Officer will recommend to the VC EOC that a local emergency be declared (if it has not already been declared) to allow for the redirection of funds to the pandemic response and for volunteers and government employees to be placed on Disaster Service Worker status.

Other venues that may be subject to closure are businesses, churches, public meeting places, recreational events, etc. In each case, the VC Health Officer will participate in the unified command in making the decision to increase community mitigation measures, and the need to order closures. The VC EOC will implement the closures. As venues are closed, the VC Health Officer will issue public information messages about social distancing and maintaining infection control in the home.

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The VCPH DOC will advise the VC OES Director of the need to establish shelters for people who may not be able to return home, including travelers who may have been visiting Ventura County. Included herein are vacationers, college students, commuters, and others. In a unified command environment, the VCPH DOC will evaluate the need to provide housing for each identified group. The VC EOC is expected to direct shelter issues to the appropriate organization (e.g. American Red Cross). The VC EOC is also expected to direct the Human Services Agency to ensure the shelters can accommodate individuals with special needs.

Increasing Medical Surge Capacity

As pandemic influenza cases are confirmed in Ventura County, or in anticipation of medical surge, it will be necessary to increase the capacity to provide medical care. The VCPH DOC will review the daily health care facility bed reports, identify the potential shortfalls and alert the VC EOC of the need to activate Alternate Care Sites (ACS). The VCPH DOC will assess the medical assets available to Ventura County, including medical supplies, equipment and medical staff, and determine the level of care that will be provided at the ACS. The VC Health Officer may request a Multi-Agency Coordination Center (MACC) with the CDPH and other statewide public health officials to determine the allocation of additional beds provided by mobile hospitals, caches of medical supplies, and medical staff¹resources. The VC Health Officer will, if appropriate, request CDPH ensure issuance of any Governor's Executive Orders relating to medical surge and scope of practice.

Upon activation of ACS, the VC Health Officer will request the VC EOC to authorize provision of security, and assist in arranging transport of patients to the sites. The VC Health Officer will advise the HCFs of the level of care to be provided at the sites, advise them to implement the triage system described in Alternate Care Site Activation and Management Plan and begin directing patients to the sites. The VC Health Officer will direct the manager of each ACS to report bed counts daily to the VCPH DOC.

Refer to the Mass Care and Shelter Plan and the Medical Shelter Plan for site location, activation procedures, staffing, supplies and reporting requirements.

In anticipation of health care facilities being overwhelmed, the VC Health Officer will repeatedly issue public information requesting that family members provide care at home. Information will be provided about home care for those who are sick, and infection control precautions for the care giver and others in the home.

Use of Antivirals and Vaccine

If antiviral treatment is being considered by the VC Health Officer, the Health Officer will request a conference call with CDPH to confirm that antiviral medications are appropriate, to request additional antiviral medications, and to report the use of antiviral medications that had been directly purchased or provided by the County or any health care facility.

In the event that vaccine becomes available, it will be necessary to establish priority groups for vaccination. VCPH will participate in a statewide MACC to establish or confirm the allocation policy for vaccine. Once vaccine is allocated to Ventura County, the VC DOC will advise the VC EOC of the need to arrange transport and security for vaccine, and to arrange security for mass vaccination sites.

VCPH will activate the *Point of Dispensing Plan*, arrange administration of the antiviral medications or vaccines, and ensure that vaccinated individuals are tracked in order to record adverse reactions. VCPH will similarly track individuals who have received antiviral medications.

¹ In most events, resources are requested through the region to the State Operations Center (SOC). In this case, although the requests for assets will still go through the region, the county health officers will be part of the MACC that will try to reach consensus on how scarce resources will be allocated.

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Management of Mass Fatalities

Fatality management is not a responsibility of VCPH. It is a shared responsibility between the HCF where an individual died, the family if the individual died at home, and the Medical Examiner, if the individual's death is to be investigated.

In the event of a pandemic, the HCFs' ability to store human remains, mortuaries' ability to preserve and dispose of remains, and the Medical Examiner's ability to investigate or store remains will be overwhelmed. The role of VCPH is to determine if the remains present a threat to the health of the public.

In the event of mass fatalities that overwhelm the capacity of HCFs and mortuaries, the VC Health Officer will participate in a unified command decision-making process regarding the recommendation to store or bury human remains. The VC Health Officer will recommend to the VC EOC that information on management of human remains be released to the public. VC Vital Records will issue death certificates.

Sustained Response

The duration of a pandemic influenza event is projected to exceed 12 months and may extend into 24 months with 2 or 3 peak waves of severity. A sustained emergency of this duration will seriously impact the ability to avoid social unrest, to provide supplies to sick individuals on home isolation, to appropriately handle remains, and for local businesses to recover economically. The VCPH DOC will continue to advise the VC EOC on the status of the pandemic. VC Behavioral Health Agency as part of the VCPH DOC will provide the public with information on ways for families and individuals to cope with the psychosocial impact of a sustained event.

As each pandemic wave subsides, it will be necessary to determine which response functions can be demobilized, what preparations need to be made for the next wave, collect data, evaluate the response, and determine the changes that need to be made to improve the response to the next pandemic wave. In a MACC environment, the VCPH will work to identify actions that were successful on managing the pandemic and develop statewide action plans for the next wave.

Recovery

The VCPH DOC will participate in all recovery efforts related to public health including ensuring the provision of adequate shelter, food, water, medications, and support for patients discharged from the health care system; gathering and recording data about the public health effects of the event; and ensuring systems are revitalized to support the basic needs of the community. VCPH DOC will work with the members of the health care system to determine the triggers for initiating demobilization of the surge response and beginning to return to normal health care operations. This will likely be a tiered demobilization to decrease the impact on operations.

The decision to announce the end of the pandemic influenza emergency will be made by state and federal authorities.

A complete evaluation of the pandemic influenza emergency will be conducted, especially for: the notification system; risk communication; internal and inter-agency communications; surveillance; vaccination; case management operations; epidemiologic investigation of cases and contacts; vaccination status of the population; logistics for vaccine receipt, handling, and distribution; alternate care site management; safety and security. An analysis of the lessons learned will result in changes in this plan for future use and in improvements in preparedness and response plans.

Ventura County Roles and Responsibilities

Ventura County Public Health has a lead role in mobilizing public health and medical partners in the county to respond to a pandemic. VCPH will:

- Participate in unified command and Multi Agency Coordination Center (MACC) command and control decisions with local OES and other local responders including private businesses, and volunteer organizations. Participate in MACC decisions with CDPH.
- Coordinate the community's emergency public health response with local, regional, state, and federal partners; this includes coordination with local OES on implementation of protective actions, such a closure of schools.
- Identify sources of disease and causes of disease spread via primary surveillance and reporting of cases, and source case investigations and contact tracing;
- Conduct primary laboratory analysis and confirmation for the presence of the pandemic pathogen.
- Provide education and information to partner agencies and the public on the methods to prevent spread of disease and home health care in the event of a pandemic.
- Provide or coordinate vaccination and prophylaxis, and other means of preventing spread;
- Coordinate emergency responses with health care facilities and participate in the development and activation of alternate care sites.

Ventura County OES has the responsibility for overall emergency management during the pandemic. General emergency management responsibilities include:

- Ensuring set up and operation of shelters and alternate care sites.
- Oversight of implementation of Fatality Management Plans
- Direct the activation and implementation of Continuity of Government plans and procedures in all County offices.
- Oversight of implementation of Public Health Officer orders
- Provision of support, including feeding, to large numbers of individuals ordered into isolation or quarantine
- Facilitation of coordination among all emergency response organization, including provision of security at PODs, health care facilities and alternate care sites.
- Oversight of coordination of release of public information
- Oversight to recovery, including economic recovery.

The overall role of OES is described in the VCPH Emergency Response Plan. The Plan describes additional roles and responsibilities of other county offices and entities.

The following pages will outline the specific roles and responsibilities of the VCPH DOC Command Staff in the event of a pandemic activation. The information included here has been obtained from the Ventura County VCPH Emergency Response Plan, and tailored for specificity for a pandemic response. For greater detail of the roles and responsibilities of the section and branches, please refer to the Emergency Response Plan.

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Command Section

The Command and Control and control role is filled by the DOC Manager and is the position that is to be established at the time of activation for a pandemic to coordinate DOC operations. The DOC Manager, the Section Chiefs, and others as designated make up the DOC Command Team. The team is responsible for advising the DOC Manager on policy matters. They also assist the DOC Manager in the development of overall strategy and tactics to mitigate the incident and rules, and regulations. It is critical that should an ongoing response be indicated, that all section branches be notified for activation and that relief staff be notified as well for subsequent operational periods.

The Management Section includes certain staff functions required to support the Management function.

Public Information Officer

The Public Information Officer (PIO) ensures that information support is provided on request; that information released is consistent, accurate and timely and appropriate information is provided to all required agencies and the media.

After receiving a briefing from the DOC Manager, the PIO will establish an area for the media away from the DOC. Consider the use of either an outdoor area or other facility for media briefings. The PIO will request the establishment of a public health hotline, provide the Just In Time Training for staff and assume the lead for the hotline. The PIO will provide news releases, answer questions the media may have and arrange for tours or photo opportunities if appropriate. The PIO will coordinate **all** information releases and media contacts with the DOC Manager and the Joint Information Center if activated.

Liaison Officer

The DOC Liaison Officer will serve as the point of contact for Agency Representatives from assisting organizations and agencies outside our County government structure. The Liaison Officer aids in coordinating the efforts of these outside agencies to reduce the risk of them operating independently. Any state and/or federal emergency official should make contact with the Liaison Officer to ensure continuity of operations.

DOC Coordinator

Facilitate the overall functioning of the DOC, coordinate with other agencies and SEMS levels and serve as a resource to the DOC Manager.

Safety Officer

Identify and mitigate safety hazards and situations of potential liability during DOC operations and ensure a safe working environment in the DOC. Assure that social distancing is adhered to in the DOC that masks are made available as well as hand sanitizers for the DOC staff.

Security Officer

Oversees security of all DOC facilities and personnel access. Particularly during a pandemic response, it is important to assure that all corridors and stairwells are limited access only to assigned DOC staff. Additional security staff may need to be assigned. Appropriate personal protective equipment for security guards will be provided.

Legal Advisor/Officer

The Legal Advisor is VCPH's Attorney and provides legal advice to the DOC Manager in all legal matters relative to the emergency, particularly relevant to issues of isolation and quarantine.

Plans and Intelligence Section

The Plan Section's primary responsibility during a pandemic is to collect, evaluate, display, and disseminate information and status of resources. This Section functions as the primary support for decision-making to the overall emergency organization. This Section also provides anticipatory appraisals and develops plans

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necessary to cope with changing situations in the health care facilities and community. During the pandemic, other department heads will advise the Plans Chief on various courses of action from their departmental level perspective.

Plans Section Chief

General Duties

The Plans Section Coordinator will determine, based on present and projected requirements, the need for establishing specific and/or specialized units. Further detail can be found in the VCPH Emergency Response Plan. These units include:

- Resources Unit
- Situation Status Unit
- Documentation Unit
- Impact Assessment Unit
- Demobilization Unit

It is the responsibility of this section chief to make the recommendation for establishment of Alternate Care Sites based on Situation Status and Impact Assessment unit branch leads reports.

The Resources Unit is responsible for maintaining detailed tracking records of resources allocation and use including masks, gloves, antiviral meds, cots, etc.; for maintaining logs and invoices to support the documentation process and for resources information displays in the DOC, including the type, number and location of support personnel deployed and available. It cooperates closely with the Operations Section (to determine resources currently in place and resources needed).

The Situation Status Unit is responsible for the collection and organization of incident status and situation information. This may include the number of hospital admissions for influenza-like-illness, number of beds available/needed, support personnel required (type, number and location) the number of patients transported to hospitals, the number of patients on ventilators, the type and amount of antiviral medications needed and dispensed, the number of vaccinations requested and administered along with the vaccine availability. The Unit is also responsible for the evaluation, analysis, and display of information for use by DOC staff. Determination of the need to establish Alternate Care Sites based on surge situation will be reported to the PLANS Chief.

The Documentation Unit is responsible for initiating and preparing the DOC Action Plans and After-Action Reports; maintaining accurate and complete incident files; establishing and operating a DOC Message Center; providing copying services to DOC personnel and preserving incident files for legal, analytical and historical purposes.

The Impact Unit is responsible for assessing the impact of the pandemic on health care facilities including the impact on ambulatory care sites and patients needing ambulatory care. This unit will work closely with Situation Status to assess the needs of the population versus the resources available to serve and make recommendations to the PLANS CHIEF for the operationalization of the Alternate Care Plan.

The Demobilization Unit is responsible for preparing a Demobilization Plan to ensure an orderly, safe and cost-effective release of personnel and equipment. Plans to restock the medical surge supply bunker, release personnel and close alternate care sites and points of dispensing would also be a function of this unit.

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Logistics Section

The Logistics Section's primary responsibility is to ensure the acquisition, transportation and mobilization of resources to support the response effort at the VCPH DOC, medical surge bunker, Points of Dispensing, and health care facilities. This Section provides all necessary personnel, supplies, and equipment procurement support. Logistics submits supply requests to the EOC and to the Regional Disaster Medical Health Specialist after assuring that supplies locally are unavailable. Any personnel, equipment, supplies or services required by the other sections will be ordered through the Logistics Section. Documentation of all requests are maintained by the Section.

Logistics Section Chief

General Duties

Operations Section

The Operations Section's primary responsibility is to manage the tactical operation of various health care response elements involved in the pandemic response. These elements may include:

- Health Care Facilities (hospitals, clinics, long term care facilities)
- Behavioral Health Services
- Medical Examiner
- Public Health

Operations Section Chief

General Duties

Coordinate all VCPH operations in support VCPH's emergency response to a pandemic through implementation of VCPH's DOC Action Plan. Review/authorize all requests for medical/health mutual aid before requests are submitted to the Logistics Section and/or the Medical/Health Branch of the County's EOC.

Operations may include activation of the Epi Response Plan, identifying possible cases for testing, case finding and reporting, distribution of antiviral medications, set-up of Points of Distribution as determined by Action Plan for vaccine administration and staff the PODS as needed. Additional objectives may at some point include activation of Alternate Care Sites for medical surge and staffing these sites with county staff and Medical Reserve Corps.

Action Items

This section of the Plan is divided into two parts:

- Part 1-responding to a pandemic strain that emerges off American soil and migrates to California after the WHO declares Phase 6, and
- Part 2-responding to the appearance of novel influenza-like illness in California before the WHO declares Phase 6.

The Table that immediately follows addresses the Part 1 scenario and identifies the goals for emergency response during each WHO Phase. Following the Table is a series of overarching actions², in check list format, that will be taken no later than the identified WHO Phase.

However, as indicated in the Concept of Operations, there are a number of reasons in which some actions described in this Plan will be taken early in order to respond to special local events. Examples of events that may trigger early actions include detection of significant agricultural infections in California, detection of limited human infections in California, and detection of limited human to human transmission of infection in California. Part 2 contains goals and check lists that respond to the Part 2 scenario.

² The check lists are action/Phase specific and are not divided into the actions taken by specific individuals. Each check list is followed by references to emergency response plans and procedures that describe the implementation of the actions.

Part 1: Response to Pandemic of Distant Origin

Pandemic Phases for “Distant Origin”	Ventura County Public Health Goals
<p>Interpandemic Period</p> <p>Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p> <p>Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	<ul style="list-style-type: none"> • Assure communicable disease surveillance and reporting • Assure public health readiness for response • Assure ongoing ILI surveillance • Assure preparedness of VCPH staff and partners
<p>Pandemic Alert Period</p> <p>Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5: Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> • Assure strain-specific surveillance and reporting • Assure sufficient resources to effectively respond • Assure staff preparedness • Promote community pandemic preparedness • Assure continued surveillance, threat analysis/assessment and reporting • Assure COOP plans are operational • Assure risk communication in place and implemented • Assure communication modalities are robust
<p>Pandemic Period</p> <p>Phase 6a: Pandemic: Increased and sustained human-to-human transmission in the general population outside the United States.</p> <p>Phase 6b: Pandemic: Increased and sustained human-to-human transmission in the general population within the geographic boundaries of the United States.</p> <p>Phase 6c: Pandemic: Increased and sustained human-to-human transmission in the general population within a bordering County(s) of Ventura County or other region in close geographic proximity to Ventura County.</p> <p>Phase 6d: Pandemic: Increased and sustained human-to-human transmission in the general population within Ventura County</p>	<ul style="list-style-type: none"> • Assure alerting and notification of all community partners • Assure PPE is deployed and available • Assure EPI Response Plan is activated • Assure infection control procedures are enhanced • Ensure risk communication and access to timely, credible information • Low activation of DOC • Assure continued, accurate and timely risk communication • Assure continued enhanced surveillance and reporting • Assure implementation of influenza response plan strategies • High activation of DOC • Assess need and assure deployment of alternate care sites • Assure continued risk communication messages to public • Assure continued surveillance and reporting • Assure COOP plans are implemented

PHASE 1 - RESPONSE TO PANDEMIC OF DISTANT ORIGIN Interpandemic Period

Definition

No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Critical Response Activities

- Annual review and update of response plans
- In absence of an actual event, annual drill or exercise to test response plans
- Respond to health events as they occur

Surveillance Activities

- Daily review of alerts received from the CDC Health Alert Network (HAN)
- Review and respond as appropriate to alerts received from the California Health Alert Network (CAHAN)
- Daily review of alerts generated by pre-hospital surveillance reporting system EpiCenter
- Continue passive surveillance for reports of unusual animal disease and death
- At least weekly monitor for unusual activity via the EpiCenter
- Weekly monitoring of worldwide disease activity

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication

As appropriate:

Public

- Routine seasonal influenza health messages

Health Care Providers and First Responders

- Provide updates on routine seasonal influenza prevention and treatment guidelines

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Disseminate standard mechanism for immediate reporting of unusual animal deaths or die-offs
- Disseminate information regarding unusual animal deaths or die-offs

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza

Vaccine Management

- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing

PHASE 2 - RESPONSE TO PANDEMIC OF DISTANT ORIGIN

Interpandemic Period

Definition

No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype or other pandemic organism poses a substantial risk of human disease.

Critical Response Activities

- Develop press releases or public service announcements to address public alarm and misinformation
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary
- Respond to health events as they occur

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Surveillance Activities

- Regular review of alerts received from the CDC Health Alert Network (HAN)
- Review and respond as appropriate to alerts received from the California Health Alert Network (CAHAN)
- Regular review alerts generated by pre-hospital surveillance reporting system EpiCenter
- Continue passive surveillance for reports of unusual animal disease and death
- Weekly monitoring of worldwide influenza activity focusing on geographic spread of the animal infection and transmission to humans or other animal species
- At least weekly monitoring for unusual activity via the EpiCenter

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication

As appropriate:

Public

- Release PSAs and public health messages as needed to address alarm and misinformation
- Provide routine seasonal influenza health messages

Health Care Providers and First Responders

- Provide customary updates on seasonal influenza prevention and treatment guidelines

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Continue disseminating standard mechanism for immediate reporting of unusual animal deaths or die-offs
- Continue disseminating information regarding unusual animal deaths or die-offs and occurrence of novel disease

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

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Antiviral Management

- Continue implementation of current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza

Vaccine Management

- Continue implementation of current clinical guidelines for vaccination against routine seasonal influenza
- Track development, efficacy, and utility of animal vaccine for the novel pathogen or other pathogen of pandemic potential

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan

PHASE 3 - RESPONSE TO PANDEMIC OF DISTANT ORIGIN

Pandemic Alert Period

Definition

Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Critical Response Activities

- Continue to track locations, migration patterns, and importation routes of susceptible animal species within Ventura County
- Develop press releases and PSAs to address public alarm and misinformation
- Develop and modify case criteria for novel influenza and other pathogens of pandemic potential as data become available or as soon as case criteria are released by an authorized body such as WHO, CDC, or CA DHS
- Review plans to ensure that all aspects of the circulating strain are adequately addressed, and revise as necessary
- In absence of an actual event, annual drill or exercise to test response plans
- Respond to health events as they occur

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Surveillance Activities

- Daily review of alerts received from the CDC Health Alert Network (HAN)
- Review and respond as appropriate to alerts received from the California Health Alert Network (CAHAN)
- Daily review of alerts generated by pre-hospital surveillance reporting system EpiCenter
- Continue passive surveillance for reports of unusual animal disease and death
- Weekly monitoring of worldwide influenza activity focusing on geographic spread of the animal infection and transmission to humans or other animal species
- At least weekly monitoring for unusual activity via the EpiCenter

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication

As appropriate:

Public

- Provide updates on the current worldwide situation and travel health etiquette if traveling to an affected region
- Release PSAs and public health messages as needed to address alarm and misinformation
- Provide routine seasonal influenza health messages
- Encourage routine seasonal influenza vaccination for all segments of the public

Health Care Providers and First Responders

- Provide updates on the current worldwide situation, travel health recommendations, and screening criteria for individuals with travel history
- Provide consultation on developing or updating pandemic influenza plans
- Provide customary updates on routine seasonal influenza prevention and treatment guidelines

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Schools (K through Post-Graduate)

- Provide resources, expertise, and collaboration with which schools can develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen strain
- Partner with appropriate government agencies (California Fish and Game, California Dept. of Agriculture) to issue preliminary guidelines regarding personal protective equipment (PPE) and handling ill animals
- Partner with appropriate government agencies to provide update on status of animal vaccine development
- Disseminate mechanism for immediate reporting of unusual animal deaths or die-offs
- Disseminate information regarding unusual animal deaths or die-offs

Government Agencies

- Contact agriculture and wildlife related government agencies to develop enhanced animal reporting and surveillance systems
- Contact Office of Emergency Services (OES) to integrate countywide influenza response plans

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza
- Research susceptibility of novel pathogen strain to currently available medication

Vaccine Management

- Implement current clinical guidelines for vaccination against routine seasonal influenza
- Track development, efficacy, and utility of vaccine against the novel pathogen strain
- Continue to track development, efficacy, and utility of animal vaccine against the novel pathogen strain

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 4 - RESPONSE TO PANDEMIC OF DISTANT ORIGIN

Pandemic Alert Period

Definition

Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Critical Response Activities

- Review and revise existing case criteria; if none exist, develop local case criteria
- Continue to track locations, migration patterns, and importation routes of susceptible animal species within Ventura County
- Develop messages to address public alarm and misinformation
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary
- In absence of an actual event, annual drill or exercise to test response plans
- Respond to health events as they occur

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Surveillance Activities

- Semi-weekly monitoring of worldwide activity of novel strain focusing on geographic spread of the animal infection and transmission to humans or other animal species
- Passive surveillance for reports of unusual animal disease and death
- Monitor enhanced animal reporting and surveillance systems websites as available
- Daily review of alerts generated through the Epi-X system
- Review and respond to alerts generated through CAHAN
- Daily response to alerts generated by pre-hospital surveillance reporting system
- At least weekly monitoring for unusual activity via the EpiCenter

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication

As appropriate:

Public

- Provide updates on the current worldwide situation and travel health etiquette and precautions if traveling to an affected region
- Release PSAs and public health messages as needed to address alarm and misinformation
- Discourage individual stockpiling of antiviral medications
- Provide routine seasonal influenza health messages
- Encourage routine seasonal influenza vaccination for all segments of the public

Health Care Providers and First Responders

- Provide updates on the current worldwide situation, travel health recommendations, and screening criteria for individuals with travel history
- Discourage prescribing of individual antiviral stockpiles
- Provide customary updates on routine seasonal influenza prevention and treatment guidelines

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Employers

- Provide updates on the worldwide situation concerning the novel pathogen
- Provide resources, expertise, and collaboration with which businesses can develop influenza and pandemic response plans, including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through telecommuting or other modalities

Schools (K through Post-Graduate)

- Provide updates on the worldwide situation concerning the novel pathogen to the appropriate school contacts (e.g. school district, administration, student health)
- Provide influenza health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts
- Provide resources, expertise, and collaboration with which schools can continue to develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Deploy enhanced reporting and surveillance systems as developed in conjunction with partner agencies
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to issue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures

Government Agencies

- Contact agriculture and wildlife related government agencies to develop enhanced animal reporting and surveillance systems
- Contact Office of Emergency Services (OES) to integrate countywide influenza response plans

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Antiviral Management

- Continuously track susceptibility of novel pathogen to currently available medication
- Develop utilization strategy for antiviral medications (i.e. prophylaxis vs. treatment) given current availability and epidemiologic information regarding novel pathogen
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza

Vaccine Management

- Conduct a feasibility and needs assessment to determine if a vaccine stockpile for the novel strain is appropriate (if a licensed vaccine exists or is likely to exist)
- Continue to track development, efficacy, and utility of vaccine against the novel pathogen
- Continue to track development, efficacy, and utility of animal vaccine against the novel pathogen
- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 5 - RESPONSE TO PANDEMIC OF DISTANT ORIGIN

Pandemic Alert Period

Definition

Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Critical Response Activities

- **Low level activation of the DOC as deemed appropriate for media messaging and strategic planning**
- Review and revise case criteria, as additional data becomes available
- Develop isolation and PPE guidelines for suspected cases
- If needed, develop protocol for On-Call Managers Handbook to address calls regarding animal die-offs
- Continue to track locations, migration patterns, and importation routes of susceptible animal species within the County
- Develop press releases and PSAs to address public alarm and misinformation
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary
- Respond to health events as they occur

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Surveillance Activities

- Daily monitoring of worldwide influenza activity focusing on geographic spread of human cases and continuing spread of animal cases
- Review and respond to alerts generated through the CAHAN
- Monitor enhanced animal reporting and surveillance systems websites as available
- Daily review of alerts generated through the Epi-X system
- Daily response to alerts generated by pre-hospital surveillance reporting system
- Daily monitoring for unusual activity via ReddiNet reporting from hospitals
- At least weekly monitoring for unusual activity via the EpiCenter

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication

As appropriate:

Public

- Provide updates on the current worldwide situation, travel advisories, and travel health etiquette and precautions if traveling to an affected region
- Release PSAs and public health messages as needed to address alarm and misinformation
- Provide messaging through media including case criteria so those who are symptomatic and at risk of the emerging strain are more likely to see the appropriate provider, and inappropriate use of services is limited
- Increase intensity of influenza health messages with emphasis on strict adherence to respiratory etiquette, and hand hygiene (hand-washing, antimicrobial hand gels)
- Encourage public to stay home from work when ill
- Strongly discourage individual stockpiling of antiviral medications

- Provide routine seasonal influenza health messages
- Encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)

Schools (K through Post-Graduate)

- Provide updates on the worldwide situation concerning the novel pathogen to the appropriate school contacts (e.g. school district, administration, student health)
- Provide influenza health messages with emphasis on strict adherence to respiratory etiquette to the appropriate school contacts
- Encourage schools to begin implementing appropriate health guidelines:
 - Symptomatic students stay home; suggest provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in)
 - Masks available at school for those who become symptomatic while on campus
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas
- Work with school district, administration, and student health to develop basic health guidelines
- Provide resources, expertise, and collaboration with which schools can continue to develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening

Health Care Providers and First Responders

- Provide updates on the current worldwide situation, and travel health recommendations
- Provide screening guidelines and case criteria (suspect, probable, and confirmed) for individuals with travel history or other risk for contracting the emerging strain
- Reissue isolation and PPE guidelines for suspected cases
- Encourage use of enhanced respiratory precautions for **all** individuals entering a hospital or clinic with respiratory symptoms, including staff
- Encourage facilities to exclude staff who have symptoms compatible with the emerging influenza strain or any other influenza like illness
- Strongly discourage prescribing of individual antiviral stockpiles
- Provide customary updates on routine seasonal influenza prevention and treatment guidelines

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

Antiviral Management

- Identify all antiviral supplies within the county and conduct a gap-analysis
- Undertake a feasibility assessment to determine viability of developing and maintaining a countywide antiviral stockpile
- Review utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information and revise as needed
- Continue to track susceptibility of novel pathogen to currently available medication
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza

Vaccine Management

- If a licensed vaccine exists for the novel strain, review utilization strategy of vaccine given current epidemiologic information, and develop tiered vaccine distribution system
- If a feasibility study indicates a vaccine stockpile is appropriate, begin acquiring vaccine
- Implement current clinical guidelines for vaccination against routine seasonal influenza
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) to determine availability, efficacy, and utilization of animal vaccine

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 6A - RESPONSE TO PANDEMIC OF DISTANT ORIGIN

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population outside the United States.

Critical Response Activities

- **Low to high level activation of the DOC as deemed appropriate for media messaging, risk communication, strategic planning, and response activities**
- Establish reporting mechanism available to all providers to immediately notify Ventura County Public Health about cases meeting the criteria for the emerging strain or other severe influenza-like illness
- Establish telephone bridge for large conference calls
- Establish telephone bank and staffing plan for public access hotline
- Train all responders on influenza precautions with emphasis on strict adherence to respiratory etiquette and hand hygiene
- Formally activate the Epidemiologic Response Team
- Develop messages for both the public and clinicians regarding vaccine distribution and chemoprophylaxis use against the novel pathogen
- Develop a quarantine and isolation strategy for novel pathogen
- Work with OES to develop enforcement plan for isolation and quarantine orders
- Continue to track locations, migration patterns, and importation routes of susceptible animal species within the County if pertinent
- Develop press releases and PSAs to address public alarm and misinformation
- Review and revise case criteria, as additional data becomes available
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary
- Respond to health events as they occur

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

Surveillance Activities

- Consider active surveillance of hospitals if affected region(s) poses significant risk of importation to Ventura County
- Monitor surveillance system available to all providers for immediate notification of influenza-like illness that meet case criteria
- Review alerts generated through the CAHAN
- At least twice weekly monitoring for unusual activity via the EpiCenter
- Daily monitoring of worldwide influenza activity focusing on geographic spread of human cases and continuing spread of animal cases
- Monitor enhanced animal reporting and surveillance systems websites as available
- Daily review of alerts generated through the Epi-X system
- Daily response to alerts generated by pre-hospital surveillance reporting system

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication**As appropriate:****Public**

- Provide updates on the current worldwide situation, travel advisories, and travel health etiquette and precautions if traveling to an affected region
- Release PSAs and public health messages as needed to address alarm and misinformation
- Disseminate clinical syndrome, guidelines for accessing health providers, and hotline access through media, websites, and any other public access modality so that
 - 1) any who are symptomatic and at risk of the emerging strain will seek help as directed,
 - 2) inappropriate use of services by worried well is limited, and
 - 3) access to information regarding emerging strain is made as seamless as possible
- Increase intensity of influenza health messages with emphasis on strict adherence to respiratory etiquette, and hand hygiene (hand-washing, antimicrobial hand gels)
- Encourage public to stay home from work when ill
- Strongly discourage individual stockpiling of antiviral medications
- Provide routine seasonal influenza health messages
- If available, distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine
- Encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)
- Distribute information regarding isolation and quarantine procedures for the public, if appropriate

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

Schools (K through Post-Graduate)

- Provide updates on the worldwide situation concerning the novel pathogen to the appropriate school contacts (e.g. school district, administration, student health)
- Provide influenza health messages with emphasis on strict adherence to respiratory etiquette to the appropriate school contacts
- Work with appropriate contacts to implement appropriate health guidelines:
 - Symptomatic students stay home; provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in)
 - Masks available at school for those who become symptomatic while on campus
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas
- Provide resources, expertise, and collaboration with which schools can continue to develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening
 - Class size restrictions
 - Class time restrictions (e.g. ≤ 1 hour)
 - Webinars, internet course work, classes by mail, assignments over the phone
 - Pubs, restaurants, closed
 - Library access restricted

Health Care Providers and First Responders

- Provide updates on the current worldwide situation, and travel health recommendations
- Provide screening guidelines and case criteria (suspect, probable, and confirmed) for individuals with travel history or other risk for contracting the emerging strain
- Reissue isolation and PPE guidelines for suspected cases
- Advise use of enhanced respiratory precautions (minimum mask) for **all** individuals entering the facility with respiratory symptoms, including staff
- Encourage facilities to exclude staff who have symptoms compatible with the emerging influenza strain or any other influenza like illness
- Strongly discourage prescribing of individual antiviral stockpiles
- Provide customary updates on routine seasonal influenza prevention and treatment guidelines
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

Antiviral Management

- Inventory all antiviral supplies within the County
- If feasibility study indicates antiviral stockpile is appropriate, begin acquiring antivirals
- Review utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information and revise as needed Develop antiviral recipient and efficacy tracking database
- Develop antiviral recipient and efficacy tracking database
- Continue to track susceptibility of novel pathogen to currently available medication
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza

Vaccine Management

- Maintain an inventory of vaccine supply
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary
- Implement tiered vaccine distribution system
- Implement system to track all recipients of vaccine and monitor for adverse reactions or vaccine failure

- Continue to partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) to ensure effective implementation of animal vaccine strategy
- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 6B - RESPONSE TO PANDEMIC OF DISTANT ORIGIN

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population within the geographic boundaries of the United States.

Critical Response Activities

- **MEDIUM TO HIGH LEVEL ACTIVATION OF THE DOC as deemed appropriate for media messaging, risk communication, strategic planning, and response activities**
- Ensure reporting mechanism is available to all providers to immediately notify Ventura County Public Health about cases meeting the criteria for the emerging strain or other severe influenza-like illness
- Review and revise case criteria, as additional data becomes available
- Epidemiologic Response Team models effect of influenza pandemic based on currently available epidemiologic data
- Epidemiological Response Team continues coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the **Epidemiological Response Plan** as part of DOC Planning Section
- Conduct at least weekly confidential conference calls for invited hospitals, care providers and public health officials updating current influenza situation using phone bridge
- Ensure all responders are trained on influenza precautions with emphasis on strict adherence to respiratory etiquette
- Develop press releases and PSAs to address public alarm and misinformation
- Ensure telephone bridge for large conference calls with providers and telephone bank for public access hotline are functional and staffed
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary
- Respond to health events as they occur

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Surveillance Activities

- Active surveillance of hospital and pre-hospital
- Partner with adjacent counties to conduct regional human and animal surveillance
- Monitor surveillance system available to all providers for immediate notification of influenza-like illness that meet case criteria
- Review alerts generated through the CAHAN
- Daily monitoring for unusual activity via the EpiCenter
- Monitor enhanced animal reporting and surveillance systems websites as available
- Daily review of alerts generated through the Epi-X system
- Daily response to alerts generated by pre-hospital surveillance reporting system
- Monitor ReddiNet hospital ILI surveillance queries

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication**As appropriate:****Public**

- Disseminate clinical syndrome and guidelines for accessing health providers and/or hotline
- Distribute updated vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Strongly discourage individual stockpiling of antiviral medications
- Provide updates on the current worldwide situation, travel advisories, and travel health etiquette and precautions if traveling to an affected region
- Release PSAs and public health messages as needed to address alarm and misinformation
- Provide influenza health messages with emphasis on strict adherence to respiratory etiquette
- Encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)
- Distribute information regarding isolation and quarantine procedures for the public, if appropriate

Employers

- Work with Employee Health, if applicable, to distribute current influenza information
- Provide employers with influenza health messages with emphasis on strict adherence to respiratory etiquette
- Work with employers to develop basic health guidelines
 - Symptomatic employees stay home; those who must work should telecommute
 - Masks available at work for those who become symptomatic while at work
 - Antimicrobial hand gel available at each entrance, and outside each cubicle, office, conference room, restroom, etc.

Schools (K through Post-Graduate)**Based on locale of novel strain in US, schools may be closing to facilitate social distancing**

- Provide regular situational updates concerning the novel pathogen to appropriate school contacts (e.g. school district, administration, student health)
- Provide influenza health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts
- Work with appropriate contacts to implement appropriate health guidelines:
 - Symptomatic students stay home; provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in)
 - Masks available at school for those who become symptomatic while on campus
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas
- Provide support and collaboration with which schools can implement influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening
 - Class size restrictions
 - Class time restrictions (e.g. ≤ 1 hour)
 - Webinars, internet course work, classes by mail, assignments over the phone
 - Pubs, restaurants, closed
 - Library access restricted

Health Care Providers and First Responders

- Provide updates on the current situation, travel health recommendations, screening, and case criteria
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available

- Strongly discourage prescribing of individual antiviral stockpiles
- Disseminate guidelines for use of chemoprophylaxis against novel pathogen
- Disseminate hotline number for clinical use only
- Disseminate confidential telephone bridge access number to all invited participants
- Issue isolation and PPE guidelines for suspected cases
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms
- Provide updates on routine seasonal influenza prevention and treatment guidelines
- Issue guidelines for reporting of influenza-like illness in patients
- Issue guidelines for sample submission for testing and laboratory confirmation
- Public Health Laboratory issues specimen handling guidelines
- Consider sending query to hospitals through ReddiNet for reporting of ILI and other pandemic indicators

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Disseminate estimated impact of the influenza pandemic on Ventura County to OES
- Send OES a list of anticipated and actual logistical needs
- Disseminate PPE recommendations and estimated impact of the influenza pandemic on Ventura County to the Medical Examiner's Office

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

Antiviral Management

- Review utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information and revise as needed
- Develop guidelines for clinicians on utilization of antiviral medication
- Maintain inventory of all antiviral supplies within the County
- Continue to track susceptibility of novel pathogen to currently available medication
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza

Vaccine Management

- Maintain a running inventory of vaccine supply for the novel pathogen
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary
- Continue implementation of tiered vaccine distribution system
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) for implementation of animal vaccination protocols
- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 6C - RESPONSE TO PANDEMIC OF DISTANT ORIGIN

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population within a bordering County(s) of Ventura County or other region in close geographic proximity to Ventura County.

Critical Response Activities

- **MEDIUM TO HIGH LEVEL ACTIVATION OF THE DOC as deemed appropriate for media messaging, risk communication, strategic planning, and response activities**
- Review and revise case criteria, as additional data becomes available
- Epidemiological Response Team continues coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the **Epidemiological Response Plan** as part of DOC Planning Section
- Continue staffing the public access hotline and clinical provider specific hotline
- Conduct confidential conference calls for invited hospitals, care providers and public health officials updating current influenza situation
- Work with OES and hospitals to ensure adequate security measures at all health related facilities
- Develop press releases and PSAs to address public alarm and misinformation
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary
- Respond to health events as they occur

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Surveillance Activities

- Active surveillance of hospital and pre-hospital providers
- Partner with adjacent counties to conduct regional human and animal surveillance
- Monitor surveillance system available to all providers for immediate notification of influenza-like illness that meet case criteria
- Review alerts generated through the CAHAN
- Daily monitoring for unusual activity via the EpiCenter
- Monitor alerts generated by pre-hospital surveillance reporting system
- Partner with appropriate agencies for testing of appropriate animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks)
- Monitor enhanced animal reporting and surveillance systems websites as available
- Daily review of alerts generated through the Epi-X system
- Monitor ReddiNet hospital ILI surveillance queries

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication**As appropriate:****Public**

- Recommend limiting non-essential activities, social interactions, and trips to public places (i.e. restaurants, malls, movie theatres...) in impacted areas
- Strongly discourage individual stockpiling of antiviral medications
- Provide information regarding where to obtain appropriate PPE and health care supplies (i.e. masks, home care kits, anti-microbial gels...)
- Issue general case criteria including credible exposure and protocols for seeking care (i.e. influenza clinic locations, hotline, respiratory etiquette)
- Distribute updated vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Provide updates on the current worldwide situation, travel advisories, and travel health etiquette and precautions if traveling to an affected region
- Release PSAs and public health messages as needed to address alarm and misinformation
- Influenza health messages with emphasis on strict adherence to respiratory etiquette
- As appropriate, issue guidelines on quarantine and home quarantine protocols
- Encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)

Employers

- Limit face-to-face contact where possible, substitute with teleconferencing or other modalities where possible
- Define ways for non-essential personnel to work from home in highly impacted areas
- Discourage congregation of employees (i.e. lunch rooms, break rooms, smoking areas)
- Work with Employee Health, if applicable, to distribute current influenza information and to institute employee health monitoring program
- Work with employers to develop basic health guidelines
 - Symptomatic employees stay home; those who must work should telecommute
 - Masks available at work for those who become symptomatic while at work
 - Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom

Schools**There is an increasing likelihood of school closures to facilitate social distancing**

- Limit face-to-face contact where possible
- Define ways for non-essential personnel and faculty to work from home
- Discourage congregation of students and faculty (i.e. auditorium, break rooms, etc.)
- Provide regular situational updates concerning the novel pathogen to appropriate school contacts (e.g. school district, administration, student health)
- Provide influenza health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts
- Work with appropriate contacts to implement appropriate health guidelines:
 - Symptomatic students stay home; suggest provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in)
 - Masks available at school for those who become symptomatic while on campus
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas
- Provide support and collaboration with which schools can implement influenza and pandemic response plans including a tiered response structure ranging from disease education and

appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening

- Implement distance learning
- Webinars, internet course work, classes by mail, assignments over the phone
- Class size restrictions
- Class time restrictions (e.g. ≤ 1 hour)
- Pubs, restaurants, closed
- Library access restricted

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria
- Continue to disseminate hotline number for clinical provider use only
- Continue to disseminate confidential telephone bridge access number to all invited participants for public health influenza updates
- Update and reissue isolation and PPE guidelines for suspected cases
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Strongly discourage prescribing of antiviral medications not in accordance with disseminated guidelines
- Disseminate monitoring and reporting guidelines for personnel interacting with suspected cases
- Reissue guidelines for reporting of influenza-like illness in patients
- Reissue guidelines for sample submission for testing and laboratory confirmation
- Public Health Laboratory reissues specimen handling guidelines
- Issue updated treatment and chemoprophylaxis guidelines for suspect influenza cases
- At least daily query hospitals through ReddiNet for reporting of ILI and other pandemic indicators

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures

Government Agencies

- Continue to dispense PPE guidelines and respiratory precautions for first responders
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Provide OES an update on influenza activity in bordering counties
- Send OES a list of actual and anticipated logistical needs
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation, quarantine, closure of public venues), the Ventura County Health Officer or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities (Appendix F)

Antiviral Management

- Integrate antiviral guidelines for novel and routine seasonal influenza strains into a single guideline for suspected influenza
- Implement current clinical guidelines for chemoprophylaxis and treatment of influenza
- Review utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information and revise as needed
- Track all recipients of antivirals and monitor for adverse reactions or medication failure
- Track susceptibility of novel pathogen to currently available medication
- Maintain inventory of all antiviral supplies within the county

Vaccine Management

- Maintain inventory of vaccine supply for novel pathogen
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary
- Continue implementation of tiered vaccine distribution system
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) for implementation of animal vaccination protocols
- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan

PHASE 6D - RESPONSE TO PANDEMIC OF DISTANT ORIGIN

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population within Ventura County.

Critical Response Activities

ACTIVATION OF THE DOC as deemed appropriate for long-term response to coordinate media messaging, risk communication, strategic planning, and response activities

- Review and revise case and testing criteria as required by any change to case definitions at the Federal level, availability of tests, or conditions of the local epidemic requiring an updated response strategy
- Surveillance for local occurrence of pandemic organism based on available epidemiologic data
- Conduct real-time case investigation; conduct contact tracing as resources allow and trajectory of local epidemic indicate
- Continue staffing a 24/7 public access hotline and clinical provider specific hotline
- Ensure direct 24/7 health officer availability
- Routine pandemic update for all health providers
- Routine conference call update for hospitals and care providers
- As needed, work with law enforcement and hospitals to implement security plans
- Develop press releases and PSAs to address public alarm and misinformation
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary
- Respond to health events as they occur

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Surveillance Activities

- Daily monitoring of worldwide pandemic activity focusing on geographic spread of human cases and animal cases if they become pertinent
- Review and respond as appropriate to alerts received from the CDC Health Alert Network (HAN), California Health Alert Network (CAHAN), and EpiCenter
- Monitor ReddiNet for concerning pandemic activity and trends at hospitals
- Consider and implement active surveillance of hospitals as needed for close to real time staffed patient beds available
- Monitor EpiCenter for any additional influenza-like illness activity of concern
- If indicated, monitor enhanced animal reporting and surveillance systems for unusual animal deaths or die-offs

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Case Investigation

- Case investigation until such time as community acquired infection becomes so prevalent contact tracing is ineffective
- Case Investigations should include, at minimum: patient demographics, source and time of exposure, date of symptom onset, symptom assessment, complications, duration of illness (recovery date), laboratory screening and results, contact tracing, protective measures in place at time of exposure, medical history, influenza vaccination history, treatment, and outcomes
- Detailed contact tracing to determine at risk human populations
- Monitor and/or quarantine contacts of human cases

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

Communication

As appropriate, consider the following recommendations for communication for the following groups:

Public

- Recommend limiting non-essential activities, social interactions, and trips to public places (i.e. restaurants, malls, movie theatres, etc.)
- Pandemic health messages with emphasis on strict adherence to respiratory etiquette
- Strongly discourage individual stockpiling of antiviral medications
- Provide guidelines for caring for symptomatic individuals including protective measures
- Provide information regarding where to obtain appropriate PPE and health care supplies (i.e. masks, home care kits, anti-microbial gels, etc.)
- Disseminate public information hotline contact number
- Update and reissue general case criteria including credible exposure and protocols for seeking care (i.e. pandemic clinic locations, hotline, respiratory etiquette)
- Distribute updated vaccination guidelines for novel pandemic strain as well as information on how to obtain vaccine if available
- Provide regular updates of pandemic activity and outcomes in Ventura County, and travel restrictions as appropriate
- Release PSAs and public health messages as needed to address alarm and misinformation
- As appropriate, issue guidelines on quarantine and home quarantine protocols
- Encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)

Employers

- Limit face-to-face contact where possible, substitute with teleconferencing or other modalities
- Define ways for personnel to work from home in highly impacted areas
- Discourage congregation of employees (i.e. lunchrooms, break rooms, smoking areas)
- Work with Employee Health, if applicable, to distribute current pandemic strain information and to institute employee health monitoring program
- Work with employers to develop basic health guidelines:
 - Symptomatic employees stay home; those who must work should telecommute
 - Masks available at work for those who become symptomatic while at work

- Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom

Schools (K through Post-Graduate)

There is a high likelihood of school closures to facilitate social distancing

- Limit face-to-face contact where possible
- Define ways for non-essential personnel and faculty to work from home
- Discourage congregation of students and faculty (i.e. auditorium, break rooms, etc.)
- Work with school district, administration, and student health to distribute current pandemic and influenza information
- Provide regular situational updates concerning the novel pandemic strain to appropriate school contacts (e.g. school district, administration, student health)
- Provide pandemic health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts
- As needed, work with Ventura Office of Education to implement basic health guidelines:
 - Symptomatic students stay home; suggest provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in)
 - Masks available at school for those who become symptomatic while on campus
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunchroom, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas
- Schools implementing tiered influenza response and pandemic plans should at minimum:
 - Distance learning
 - Webinars, internet course work, classes by mail, assignments over the phone
 - Class size restrictions
 - Class time restrictions (e.g. < 1 hour)
 - Restaurants closed
 - Library access restricted

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria
- If available, distribute current vaccination guidelines for pandemic strain as well as information on how to obtain vaccine
- Advise use of masking and enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms
- Issue any updated isolation and PPE guidelines for suspected and confirmed cases
- Disseminate hotline number for clinical provider use only
- Disseminate confidential telephone bridge access number to all invited participants for Public Health pandemic updates
- Strongly discourage prescribing of antiviral medications not in accordance with CDC and CDPH guidelines
- Emphasize use of social distancing and non-pharmaceutical interventions
- Issue any updated guidance or recommendations from CDC and CDPH for:
 - Monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases
 - Reporting occurrence of pandemic strain and other influenza-like illness in patients
 - Guidelines for sample submission for testing and laboratory confirmation
 - Specimen handling guidelines
 - Updated treatment and chemoprophylaxis guidelines for suspect and confirmed pandemic cases

- Conduct regularly scheduled query to hospitals and any alternate care sites through ReddiNet for reporting of pandemic indicators, reduce queries as situation stabilizes

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders
- As they become available, distribute vaccine and vaccination guidelines for pandemic organism and seasonal influenza
- Provide OES with the details of the vaccine distribution system and tier schedule
- Continuously update OES on impact of the pandemic on Ventura County
- Send OES a list of actual and anticipated logistical needs
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura County Health Officer or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of disease caused by pandemic organism and circulating influenza strains
- Given availability and current epidemiologic information on at risk populations, update strategy for utilization of antiviral medications (i.e. prophylaxis vs. treatment) and revise as needed
- Track outcomes of those administered currently available antiviral medication
- Ongoing inventory of all antiviral supplies within the county

Vaccine Management

- Maintain a running inventory of vaccine supply for pandemic strain
- If needed, revise tiered vaccination distribution system based on current epidemiologic indicators
- Continue implementation of tiered vaccine distribution system
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, Calif. Department of Food and Agriculture) for implementation of any animal vaccination protocols
- Emphasize need for implementation current clinical guidelines for vaccination against routine seasonal influenza as influenza season commences

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control (as needed for pandemic control)

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pandemic strain
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures
- Reissue recommendations for reporting unusual animal deaths or die-offs

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities (Appendix F)

Part 2: Local Origin of Influenza Activity

Stages of Influenza Pandemic Activity: Local Epicenter

Pandemic Phases	Ventura County Public Health Goals
<p>Interpandemic Period</p> <p>Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p> <p>Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	<ul style="list-style-type: none"> • Strengthen communicable disease surveillance, response, education and outreach to the public • Assure communication & notification processes are exercised to regional partners, state • Review and assess COOP plans for needed updates/revisions • Review and assess Influenza Response Plan for needed updates/revisions
<p>Pandemic Alert Period</p> <p>Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact occurring locally.</p> <p>Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5: Large cluster(s) but human-to-human transmission spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> • Increase surveillance & threat analysis • Provide situation updates to appropriate entities • Assess resource inventory of local stockpile • Assure PPE quantities are current & order increased quantities • Assure staff training for PPE, case finding and investigation • Re-establish pandemic preparedness committee to increase community action planning • Consider low level activation of the DOC • Activate the Influenza Response Plan • Activate the EPI response plan • Activate isolation/quarantine plan • Activate antiviral management plan • Risk communication messaging to healthcare providers, facilities, community partners and public • Low level activation of DOC • Risk Communication Messaging • PPE recommendations to healthcare facilities • Social distancing measures to be implemented
<p>Pandemic Period</p> <p>Phase 6: Pandemic: Increased and sustained human-to-human transmission in general population within Ventura County.</p>	<ul style="list-style-type: none"> • Consider high activation of the VCPH DOC • Activation of alternate care sites as appropriate • Coordinate healthcare facilities' requests for aid, communication • Coordinate risk communication messaging • Isolation & quarantine as appropriate

PHASE 1 - RESPONSE TO LOCAL ORIGIN OF INFLUENZA ACTIVITY

Interpandemic Period

Definition

No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Critical Response Activities

- Annual review and update of response plans
- In absence of an actual event, annual drill or exercise to test response plans
- Respond to health events as they occur

Surveillance Activities

- Daily review of alerts generated through the Epi-X system
- Review alerts generated through the CAHAN
- Weekly monitoring for unusual activity via the EpiCenter
- Daily response to alerts generated by pre-hospital surveillance reporting system
- Institute surveillance for reports of unusual animal disease and death
- Weekly monitoring of worldwide disease activity
- Review cause of death (COD) data

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Communication

As appropriate:

Public

- Routine seasonal influenza health messages
- Encourage routine seasonal influenza vaccination for all segments of the public

Health Care Providers and First Responders

- Provide updates on routine seasonal influenza prevention and treatment guidelines

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Disseminate standard mechanism for immediate reporting of unusual animal deaths or die-offs
- Disseminate information regarding unusual animal deaths or die-offs

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza

Vaccine Management

- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 2 - RESPONSE TO LOCAL ORIGIN OF INFLUENZA ACTIVITY

Interpandemic Period

Definition

No new influenza virus subtypes have been detected in humans. However, a locally circulating animal influenza virus subtype poses a substantial risk of human disease.

Critical Response Activities

- **LOW LEVEL ACTIVATION OF DOC IF APPROPRIATE**
- Partner with other agencies to develop and implement control measures in animals (i.e. culling, vaccination)
- Establish mechanisms for immediate notification of unusual animal deaths or die-offs
- Activate Epidemiological Response Team to coordinate all surveillance, tracking, monitoring, and analysis activities as delineated in the **Epidemiologic Response Plan**
- Coordinating with appropriate agencies, and as deemed appropriate, ensure real time reporting of confirmed or suspected animal cases occurs
- Determine locations, migration patterns, and importation routes of affected animal species within the County
- Develop press releases and PSAs to address public alarm and misinformation
- Review, revise as necessary, plans to ensure that all aspects of the circulating strain are adequately addressed
- Respond to health events as they occur

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding DOC, refer to Ventura County Public Health Emergency Response Plan

Surveillance Activities

- Establish reporting mechanism available to all providers for immediate notification of influenza-like illness of suspect cases meeting reporting criteria or that are otherwise concerning
- Partner with appropriate agencies for testing of susceptible animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks)
- Institute surveillance for reports of unusual animal disease and death
- Review alerts generated through the CAHAN
- Weekly monitoring for unusual activity via the EpiCenter
- Daily review of alerts generated through the Epi-X system
- Daily response to alerts generated by pre-hospital surveillance reporting system
- Weekly monitoring of worldwide influenza activity focusing on geographic spread of the animal infection and/or transmission to humans or other animal species

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Case Investigation

- Monitor those in contact with affected animals for symptoms consistent with influenza
- Partner with appropriate agencies to determine origin, spread of disease in affected animal populations, and potential forward spread in animal populations

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Communication

As appropriate:

Public

- Issue guidelines for handling of sick and dead animals, or high risk species
- Issue guidelines for reporting of animal illness or human illness following handling of sick animals
- Provide regular updates of novel influenza activity in Ventura County as appropriate
- Release PSAs and public health messages as needed to address alarm and misinformation
- Encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and reporting criteria
- Issue isolation and PPE guidelines for suspected cases
- Issue guidelines for reporting of influenza-like illnesses
- Issue guidelines for sample submission for testing and laboratory confirmation
- Public Health Laboratory issues specimen handling guidelines
- Provide updates on routine seasonal influenza prevention and treatment strategies

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to issue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures
- Issue recommendations for immediate reporting of unusual animal deaths or die-offs

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

Antiviral Management

- Continuously track susceptibility of novel pathogen to currently available medication
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine influenza

Vaccine Management

- Implement current clinical guidelines for vaccination against routine seasonal influenza
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) to determine availability, efficacy, and utilization of animal vaccine

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 3 - RESPONSE TO LOCAL ORIGIN OF INFLUENZA ACTIVITY

Pandemic Alert Period

Definition

Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact occurring locally.

Critical Response Activities

- **CONSIDER LOW LEVEL ACTIVATION OF THE DOC** depending on the population impacted
- Continue working with partner agencies to update and implement control measures in animals (i.e. culling, vaccination)
- Epidemiological Response Team to continue coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the **Epidemiological Response Plan** as part of DOC Planning Section
- Define case criteria
- Consider the feasibility and utility of establishing a dedicated facility for treatment of novel strain influenza cases
- Establish and staff hotline for clinical provider use only
- Develop press releases and PSAs to address public alarm and misinformation
- Coordinate with appropriate agencies, and as deemed appropriate, to ensure real time reporting of confirmed or suspected animal and human cases occurs
- Follow locations, migration patterns, and importation routes of affected animal species within the County
- Review, revise as necessary, plans to ensure that all aspects of the circulating strain are adequately addressed
- Coordinate with Behavioral Health to address current needs
- Respond to health events as they occur

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding DOC, refer to Ventura County Public Health Emergency Response Plan

Surveillance Activities

- Active surveillance of hospital and pre-hospital providers
- Monitor reporting system available to all providers for immediate notification of influenza-like illness of cases meeting reporting criteria or that are otherwise concerning
- Review alerts generated through the CAHAN
- Weekly monitoring for unusual activity via the EpiCenter
- Partner with adjacent counties to conduct regional animal and human surveillance
- Partner with appropriate agencies for testing of susceptible animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks)
- Monitor mechanisms for immediate notification of unusual animal deaths or die-offs

- Institute surveillance for reports of unusual animal disease and death
- Daily review of alerts generated through the Epi-X system
- Daily response to alerts generated by pre-hospital surveillance reporting system
- Weekly monitoring of worldwide influenza activity focusing on geographic spread of the animal infection and/or transmission to humans or other animal species
- Monitor ReddiNet hospital ILI surveillance queries

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Case Investigation

- Case investigation including: source of exposure, incubation period, symptom progression, clinical syndrome characterization, laboratory screening and results, contact tracing, protective measures used at time of exposure, others present at exposure site, medical history, influenza vaccination history, treatment history, and outcomes
- Monitor and/or quarantine those in contact with affected animals
- Monitor and/or quarantine close contacts of human cases
- Partner with appropriate agencies to determine origin, spread of disease in affected animal populations, and potential forward spread in animal populations

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Communication

As appropriate:

Public

- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Issue guidelines for handling of sick and dead animals, or high risk species
- Issue guidelines for reporting of animal illness or human illness following handling of sick animals
- Strongly discourage individual stockpiling of antiviral medications
- Regular updates of influenza activity and outcomes in Ventura County as appropriate
- Issue general case criteria including credible exposure and protocols for seeking care (i.e. Influenza Clinic locations, respiratory etiquette)
- Strongly encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)
- If a Public Information Hotline has been deemed necessary, disseminate contact number
- Release PSAs and public health messages as needed to address alarm and misinformation

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria
- Distribute current antiviral guidelines for influenza prevention and treatment
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms

- Disseminate hotline number for clinical provider use only
- Reissue isolation and PPE guidelines for suspected and confirmed cases
- Disseminate monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases
- Strongly discourage prescribing of antiviral medications not in accordance with disseminated guidelines
- Reissue guidelines for reporting of influenza-like illness in patients
- Reissue guidelines for sample submission for testing and laboratory confirmation
- Public Health Laboratory reissues specimen handling guidelines
- Consider sending query to hospitals through ReddiNet for reporting of ILI and other pandemic indicators

Schools (K through Post-Graduate)

- Provide resources, expertise, and collaboration with which schools can develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures
- Reissue recommendations for immediate reporting of unusual animal deaths or die-offs

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Disseminate to OES current and anticipated impact of novel influenza on Ventura County
- Provide OES a list of actual and anticipated logistical needs
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura County Health Officer or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities (Appendix F)

Antiviral Management

- Develop utilization strategy for antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information
- Develop guidelines for clinicians on utilization of antiviral medication for suspect influenza cases
- Inventory all antiviral supplies within the county and conduct a gap-analysis
- Undertake a feasibility assessment to determine viability of developing and maintaining a countywide antiviral stockpile
- If results of analysis suggest a stockpile is reasonable, begin acquisition of antivirals
- Implement system to track all recipients of antiviral medications and monitor for adverse reactions or chemoprophylaxis/treatment failure
- Continuously track susceptibility of novel pathogen to currently available medication
-

Vaccine Management

- If a licensed vaccine exists, develop utilization strategy given current epidemiologic information and develop tiered vaccine distribution system
- Conduct a feasibility study and if a vaccine stockpile is indicated, begin acquiring vaccine
- Maintain an inventory of vaccine supply
- Implement tiered vaccine distribution system if appropriate
- Implement system to track all recipients of vaccine and monitor for adverse reactions or vaccine failure
- Continue to partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) to ensure effective implementation of animal vaccine strategy
- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 4 - RESPONSE TO LOCAL ORIGIN OF INFLUENZA ACTIVITY

Pandemic Alert Period

Definition

Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Critical Response Activities

- **CONSIDER LOW LEVEL ACTIVATION OF THE DOC depending on the population impacted**
- Epidemiological Response Team to continue coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the **Epidemiological Response Plan** as part of DOC Planning Section
- Review and revise case criteria
- Re-evaluate the feasibility and utility of a dedicated facility for treatment of novel strain influenza
- Develop press releases and PSAs to address public alarm and misinformation
- Consider opening influenza referral clinics to limit exposure in health care settings, and centralize case tracking and treatment
- Coordinate with appropriate agencies, and as deemed appropriate, to ensure real time reporting of confirmed and/or suspected animal and human cases occurs
- Continue working with partner agencies to update and implement control measures in animals (i.e. culling, vaccination)
- Follow locations, migration patterns, and importation routes of affected animal species within the County
- Review, revise as necessary, plans to ensure that all aspects of the circulating strain are adequately addressed
- Coordinate with Behavioral Health to address current needs
- Respond to health events as they occur

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding DOC, refer to Ventura County Public Health Emergency Response Plan

Surveillance Activities

- Active surveillance of hospital and pre-hospital providers
- Partner with adjacent counties to conduct regional animal and human surveillance
- Monitor reporting system available to all providers for immediate notification of influenza-like illness that meet case criteria
- Review alerts generated through the CAHAN
- Weekly monitoring for unusual activity via the EpiCenter
- Partner with appropriate agencies for testing of susceptible animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks)
- Monitor reporting mechanism for animal-related illnesses
- Modify alert criteria of pre-hospital surveillance reporting system

- Institute surveillance for reports of unusual animal disease and death
- Daily review of alerts generated through the Epi-X system
- Monitor ReddiNet hospital ILI surveillance queries

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Case Investigation

- Case investigation including: source of exposure, incubation period, symptom progression, clinical syndrome characterization, laboratory screening and results, contact tracing, protective measures used at time of exposure, others present at exposure site, medical history, influenza vaccination history, treatment history, and outcomes
- Detailed Contact Tracing to determine at risk human populations
- GIS mapping of all suspected, probable, and confirmed cases to determine points of commonality
- Monitor and/or quarantine contacts of human cases
- Monitor and/or quarantine those in contact with affected animals
- Partner with appropriate agencies to determine origin, spread of disease in affected animal populations, and potential forward spread in animal populations

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Communication

As appropriate:

Public

- Issue Public Health messages on general respiratory etiquette
- Issue general case criteria including credible exposure and protocols for seeking care (i.e. Influenza Clinic locations, respiratory etiquette)
- Strongly discourage individual stockpiling of antiviral medications
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- Provide guidelines for caring for sick and/or symptomatic individuals including protective measures
- Disseminate Public Information Hotline contact number
- Provide regular updates of influenza activity and outcomes in Ventura County as appropriate
- Reissue guidelines for handling of sick and dead animals, or high risk species
- Reissue guidelines for reporting of animal illness or human illness following handling of sick animals
- Strongly encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)
- Release PSAs and public health messages as needed to address alarm and misinformation

Employers

- Work with employers to develop basic health guidelines
 - Symptomatic employees stay home; those who must work should telecommute

- Masks available at work for those who become symptomatic while at work
- Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom

Schools (K through Post-Graduate)

- Provide updates on the worldwide situation concerning the novel pathogen to the appropriate school contacts (e.g. school district, administration, student health)
- Provide influenza health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts
- Provide resources, expertise, and collaboration with which schools can continue to develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria
- Distribute current antiviral guidelines for influenza prevention and treatment
- Distribute current vaccination guidelines for novel pathogen as well as information on how to obtain vaccine
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms
- Reissue isolation and PPE guidelines for suspected and confirmed cases
- Disseminate hotline number for clinical provider use only
- Disseminate monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases
- Strongly discourage prescribing of antiviral medications not in accordance with disseminated guidelines
- Reissue guidelines for reporting of influenza-like illness in patients
- Reissue guidelines for sample submission for testing and laboratory confirmation
- Public Health Laboratory reissues specimen handling guidelines
- Consider sending query to hospitals through ReddiNet for reporting of ILI and other pandemic indicators

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Partner with appropriate government agencies (i.e. Fish and Game, Calif. Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures
- Reissue recommendations for reporting unusual animal deaths or die-offs

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders
- Dispense vaccine availability information
- Disseminate to OES current and anticipated impact of novel influenza on Ventura County
- Provide OES a list of logistical needs
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura County Health Officer or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities (Appendix F)

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

Antiviral Management

- Analyze case data to determine if current utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) is appropriate, if not, develop new guidelines
- Implement current clinical guidelines for chemoprophylaxis and treatment of influenza
- If previously deemed inappropriate, reassess need for a countywide antiviral stockpile
- Continue to track all recipients of antiviral medications and monitor for adverse reactions or chemoprophylaxis/treatment failure
- Continuously track susceptibility of novel pathogen to currently available medication
- Maintain the inventory of all antiviral supplies within the county

Vaccine Management

- Maintain the inventory of vaccine supply
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary
- Continue implementation of tiered vaccine distribution system
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) for implementation of animal vaccination protocols
- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 5 - RESPONSE TO LOCAL ORIGIN OF INFLUENZA ACTIVITY

Pandemic Alert Period

Definition

Large cluster(s) but human-to-human transmission spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Critical Response Activities

- **LOW ACTIVATION OF THE DOC**
- Epidemiological Response Team continues coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the **Epidemiological Response Plan** as part of DOC Planning Section
- Review and revise case criteria
- Re-evaluate the feasibility and utility of a dedicated facility for treatment of novel strain influenza
- Establish a telephone bridge and develop participant list for Public Health influenza updates. If confidentiality not insured, find another mechanism for dissemination of information
- Routine confidential conference call for invited hospitals, care providers, and public health officials updating current influenza situation
- Develop press releases and PSAs to address public alarm and misinformation
- Work with law enforcement and hospitals to implement security plans
- If not already established, consider opening influenza referral clinics to limit exposure in health care settings, and to centralize case tracking and treatment
- Coordinate with appropriate agencies, and as deemed appropriate, to ensure real time reporting of confirmed and/or suspected animal and human cases occurs
- Review, revise as necessary, plans to ensure that all aspects of the circulating strain are adequately addressed
- Consider closure of schools, public venues, and/or public transportation in heavily impacted areas
- Consider geographic quarantine where appropriate
- Coordinate with Behavioral Health to address current needs
- Continue working with partner agencies to update and implement control measures in animals (i.e. culling, vaccination)
- Follow locations, migration patterns, and importation/exportation routes of affected animal species within the County
- Respond to health events as they occur

For additional information regarding DOC, refer to Ventura County Public Health Emergency Response Plan

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities (Appendix F)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

Surveillance Activities

- Active surveillance of hospital and pre-hospital providers

- Partner with adjacent counties to conduct regional animal and human surveillance
- Monitor reporting system available to all providers for immediate notification of influenza-like illness that meet case criteria
- Partner with appropriate agencies for testing of susceptible animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks)
- Review alerts generated through the CAHAN
- Weekly monitoring for unusual activity via the EpiCenter
- Monitor alerts generated by pre-hospital surveillance reporting system
- Institute surveillance for reports of unusual animal disease and death
- Daily review of alerts generated through the Epi-X system
- Monitor ReddiNet hospital ILI surveillance queries

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Case Investigation

- Case investigation including: source of exposure, incubation period, symptom progression, clinical syndrome characterization, laboratory screening and results, contact tracing, protective measures used at time of exposure, others present at exposure site, medical history, influenza vaccination history, treatment history, and outcomes
- Detailed Contact Tracing to determine at risk human populations
- GIS mapping of all suspected, probable, and confirmed cases to determine points of commonality
- Monitor and/or quarantine contacts of human cases
- Monitor and/or quarantine those in contact with affected animals
- Partner with appropriate agencies to determine origin, spread of disease in affected animal populations, and potential forward spread in animal populations

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Communication**As appropriate:****Public**

- Recommend limiting non-essential activities, social interactions, and trips to public places (i.e. restaurants, malls, movie theatres...)
- Issue influenza health messages with emphasis on strict adherence to respiratory etiquette
- Strongly discourage individual stockpiling of antiviral medications
- Provide guidelines for caring for symptomatic individuals including protective measures
- Provide information regarding where to obtain appropriate PPE and health care supplies (i.e. masks, home care kits, anti-microbial gels...)
- Distribute updated vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available
- As appropriate issue guidelines on quarantine and home quarantine protocols

- Update and reissue general case criteria including credible exposure and protocols for seeking care (i.e. Influenza Clinic locations, respiratory etiquette)
- Disseminate Public Information Hotline contact number
- Provide regular updates of influenza activity and outcomes in Ventura County as appropriate
- Reissue guidelines for handling of sick and dead animals, or high risk species
- Reissue guidelines for reporting of animal illness or human illness following handling of sick animals
- Issue routine seasonal influenza health messages and encourage routine influenza vaccination
- Release PSAs and public health messages as needed to address alarm and misinformation

Employers

- Limit face-to-face contact where possible, substitute with teleconferencing or other modalities where possible
- Define ways for non-essential personnel to work from home in highly impacted areas
- Discourage congregation of employees (i.e. lunch rooms, break rooms, smoking areas)
- Work with Employee Health, if applicable, to distribute current influenza information and to institute employee health monitoring program
- Work with employers to develop basic health guidelines
 - Symptomatic employees stay home; those who must work should telecommute
 - Masks available at work for those who become symptomatic while at work
 - Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom

Schools (K through Post-Graduate)

Based on locale of novel strain in US, schools may be closing to facilitate social distancing

- Provide regular situational updates concerning the novel pathogen to appropriate school contacts (e.g. school district, administration, student health)
- Provide influenza health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts
- Work with appropriate contacts to implement appropriate health guidelines:
 - Symptomatic students stay home; provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in)
 - Masks available at school for those who become symptomatic while on campus
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas
- Provide support and collaboration with which schools can implement influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening
 - Class size restrictions
 - Class time restrictions (e.g. ≤ 1 hour)
 - Webinars, internet course work, classes by mail, assignments over the phone
 - Pubs, restaurants, closed
 - Library access restricted

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria
- Distribute current antiviral guidelines for influenza prevention and treatment
- Distribute current vaccination guidelines for novel pathogen as well as information on how to obtain vaccine
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms
- Update and reissue isolation and PPE guidelines for suspected and confirmed cases
- Disseminate hotline number for clinical provider use only

- Disseminate confidential telephone bridge access number to all invited participants for Public Health influenza updates
- Disseminate monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases
- Strongly discourage prescribing of antiviral medications not in accordance with disseminated guidelines
- Reissue guidelines for reporting of influenza-like illness in patients
- Reissue guidelines for sample submission for testing and laboratory confirmation
- Public Health Laboratory reissues specimen handling guidelines
- At least daily query to hospitals through ReddiNet for reporting of ILI and other pandemic indicators

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pathogen
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures
- Reissue recommendations for reporting unusual animal deaths or die-offs

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders
- Dispense vaccine availability information
- Disseminate to OES current and anticipated impact of novel influenza on Ventura County
- Provide OES a list of logistical needs
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura County Health Officer or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities (Appendix F)

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

Antiviral Management

- Analyze case data to determine if current utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) is appropriate, if not, develop new guidelines
- Implement current clinical guidelines for chemoprophylaxis and treatment of influenza
- Continue to track all recipients of antiviral medications and monitor for adverse reactions or chemoprophylaxis/treatment failure
- Continuously track susceptibility of novel pathogen to currently available medication
- Maintain the inventory of all antiviral supplies within the county

Vaccine Management

- Maintain the inventory of vaccine supply
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary (consider vaccinating entire county)
- Continue implementation of tiered vaccine distribution system
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) for implementation of animal vaccination protocols
- Implement current clinical guidelines for vaccination against routine seasonal influenza

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

PHASE 6 - RESPONSE TO LOCAL ORIGIN OF INFLUENZA ACTIVITY

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population within Ventura County.

Critical Response Activities

ACTIVATION OF THE DOC as deemed appropriate for long-term response to coordinate media messaging, risk communication, strategic planning, and response activities

- Review and revise case and testing criteria as required by any change to case definitions at the Federal level, availability of tests, or conditions of the local epidemic requiring an updated response strategy
- Surveillance for local occurrence of pandemic organism based on available epidemiologic data
- Conduct real-time case investigation; conduct contact tracing as resources allow and trajectory of local epidemic indicate
- Continue staffing a 24/7 public access hotline and clinical provider specific hotline
- Ensure direct 24/7 health officer availability
- Routine pandemic update for all health providers
- Routine conference call update for hospitals and care providers
- As needed, work with law enforcement and hospitals to implement security plans
- Develop press releases and PSAs to address public alarm and misinformation
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary
- Respond to health events as they occur

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding coordination with other agencies, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

Surveillance Activities

- Daily monitoring of worldwide pandemic activity focusing on geographic spread of human cases and animal cases if they become pertinent
- Review and respond as appropriate to alerts received from the CDC Health Alert Network (HAN), California Health Alert Network (CAHAN), and EpiCenter
- Monitor ReddiNet for concerning pandemic activity and trends at hospitals
- Consider and implement active surveillance of hospitals as needed for close to real time staffed patient beds available
- Monitor EpiCenter for any additional influenza-like illness activity of concern
- If indicated, monitor enhanced animal reporting and surveillance systems for unusual animal deaths or die-offs

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

Case Investigation

- Case investigation until such time as community acquired infection becomes so prevalent contact tracing is ineffective
- Case Investigations should include, at minimum: patient demographics, source and time of exposure, date of symptom onset, symptom assessment, complications, duration of illness (recovery date), laboratory screening and results, contact tracing, protective measures in place at time of exposure, medical history, influenza vaccination history, treatment, and outcomes
- Detailed contact tracing to determine at risk human populations
- Monitor and/or quarantine contacts of human cases

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

COMMUNICATION

As appropriate, consider the following recommendations for communication for the following groups:

Public

- Recommend limiting non-essential activities, social interactions, and trips to public places (i.e. restaurants, malls, movie theatres, etc.)
- Pandemic health messages with emphasis on strict adherence to respiratory etiquette
- Strongly discourage individual stockpiling of antiviral medications
- Provide guidelines for caring for symptomatic individuals including protective measures
- Provide information regarding where to obtain appropriate PPE and health care supplies (i.e. masks, home care kits, anti-microbial gels, etc.)
- Disseminate public information hotline contact number
- Update and reissue general case criteria including credible exposure and protocols for seeking care (i.e. pandemic clinic locations, hotline, respiratory etiquette)
- Distribute updated vaccination guidelines for novel pandemic strain as well as information on how to obtain vaccine if available
- Provide regular updates of pandemic activity and outcomes in Ventura County, and travel restrictions as appropriate
- Release PSAs and public health messages as needed to address alarm and misinformation
- As appropriate, issue guidelines on quarantine and home quarantine protocols
- Encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate)

Employers

- Limit face-to-face contact where possible, substitute with teleconferencing or other modalities
- Define ways for personnel to work from home in highly impacted areas
- Discourage congregation of employees (i.e. lunchrooms, break rooms, smoking areas)
- Work with Employee Health, if applicable, to distribute current pandemic strain information and to institute employee health monitoring program
- Work with employers to develop basic health guidelines:
 - Symptomatic employees stay home; those who must work should telecommute
 - Masks available at work for those who become symptomatic while at work
 - Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom

Schools (K through Post-Graduate)**There is a high likelihood of school closures to facilitate social distancing**

- Limit face-to-face contact where possible
- Define ways for non-essential personnel and faculty to work from home
- Discourage congregation of students and faculty (i.e. auditorium, break rooms, etc.)
- Work with school district, administration, and student health to distribute current pandemic and influenza information
- Provide regular situational updates concerning the novel pandemic strain to appropriate school contacts (e.g. school district, administration, student health)
- Provide pandemic health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts
- As needed, work with Ventura Office of Education to implement basic health guidelines:
 - Symptomatic students stay home; suggest provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in)
 - Masks available at school for those who become symptomatic while on campus
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunchroom, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas
- Schools implementing tiered influenza response and pandemic plans should at minimum:
 - Distance learning
 - Webinars, internet course work, classes by mail, assignments over the phone
 - Class size restrictions
 - Class time restrictions (e.g. < 1 hour)
 - Restaurants closed
 - Library access restricted

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria
- If available, distribute current vaccination guidelines for pandemic strain as well as information on how to obtain vaccine
- Advise use of masking and enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms
- Issue any updated isolation and PPE guidelines for suspected and confirmed cases
- Disseminate hotline number for clinical provider use only
- Disseminate confidential telephone bridge access number to all invited participants for Public Health pandemic updates
- Strongly discourage prescribing of antiviral medications not in accordance with CDC and CDPH guidelines
- Emphasize use of social distancing and non-pharmaceutical interventions
- Issue any updated guidance or recommendations from CDC and CDPH for:
 - Monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases
 - Reporting occurrence of pandemic strain and other influenza-like illness in patients
 - Guidelines for sample submission for testing and laboratory confirmation
 - Specimen handling guidelines
 - Updated treatment and chemoprophylaxis guidelines for suspect and confirmed pandemic cases
- Conduct regularly scheduled query to hospitals and any alternate care sites through ReddiNet for reporting of pandemic indicators, reduce queries as situation stabilizes

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders
- As they become available, distribute vaccine and vaccination guidelines for pandemic organism and seasonal influenza
- Provide OES with the details of the vaccine distribution system and tier schedule

- Continuously update OES on impact of the pandemic on Ventura County
- Send OES a list of actual and anticipated logistical needs
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura County Health Officer or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of disease caused by pandemic organism and circulating influenza strains
- Given availability and current epidemiologic information on at risk populations, update strategy for utilization of antiviral medications (i.e. prophylaxis vs. treatment) and revise as needed
- Track outcomes of those administered currently available antiviral medication
- Ongoing inventory of all antiviral supplies within the county

Vaccine Management

- Maintain a running inventory of vaccine supply for pandemic strain
- If needed, revise tiered vaccination distribution system based on current epidemiologic indicators
- Continue implementation of tiered vaccine distribution system
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, Calif. Department of Food and Agriculture) for implementation of any animal vaccination protocols
- Emphasize need for implementation current clinical guidelines for vaccination against routine seasonal influenza as influenza season commences

For more detailed antiviral and vaccine management directives and plans, refer to the Ventura County Public Health Point of Dispensing Plan and the Ventura County Public Health First Responder Chemoprophylaxis Plan

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control (as needed for pandemic control)

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pandemic strain
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures
- Reissue recommendations for reporting unusual animal deaths or die-offs

For additional information regarding use of personal protective equipment, refer to the Ventura County Public Health Personal Protective Equipment Guidelines (Appendix A)

For additional information regarding Risk Communication Activities, refer to the Ventura County Public Health Crisis Emergency Risk Communication Plan

For additional information regarding Surveillance and Epidemiological Activities, refer to the Ventura County Public Health Epidemiology Response Plan

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the Ventura County Public Health Laboratory Response Plan (Appendix C)

For additional information regarding Isolation and Quarantine, refer to the Ventura County Public Health Isolation and Quarantine Plan; and Isolation and Quarantine Policy (Appendix E, E1, E2, E3)

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities (Appendix F)