Kansas Response Plan
Biological Incident Annex
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<td>Characterization</td>
<td>Identification of the strain of an influenza virus such as A/Panama</td>
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<td>DMORT</td>
<td>A coordinated effort of forensic experts and mortuary personnel to effectively handle a mass fatality disaster</td>
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<tr>
<td>Endemic</td>
<td>A disease that is continually present in a community or a region</td>
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<tr>
<td>Enzootic</td>
<td>Affecting or peculiar to animals of a specific geographic area.</td>
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<tr>
<td>Epidemic</td>
<td>The occurrence of a disease in a community or region clearly in excess of normal expectations</td>
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<tr>
<td>Epizootic</td>
<td>Affecting a large number of animals at the same time within a particular region or geographic area.</td>
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<tr>
<td>Health Alert Network</td>
<td>An Internet-based service used to communicate health and emergency messages</td>
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<td>Influenza-like illness (ILI)</td>
<td>The presence of fever (\geq 100^\circ) F, with a cough and/or sore throat</td>
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<tr>
<td>JIC</td>
<td>A central location for involved agencies to coordinate public information activities and a forum for news media representatives to receive disaster or emergency information</td>
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<tr>
<td>Novel virus</td>
<td>A virus rarely or not previously known to infect humans</td>
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<tr>
<td>Pandemic</td>
<td>The occurrence of a disease in excess of normal expectations in extensive regions, countries and continents</td>
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<tr>
<td>PCR</td>
<td>Polymerase Chain Reaction is a laboratory method used to isolate and amplify a fragment or sequence of DNA. The technique allows for the rapid identification of organisms such as bacteria, fungi and viruses.</td>
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<td>Strategic National Stockpile (SNS)</td>
<td>A federal cache of medical supplies and equipment to be used in emergency and disaster situations</td>
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<tr>
<td>Subtype</td>
<td>Identification of influenza A viruses according to the hemagglutinin (H) and neuraminidase (N) components of the virus, such as H1N1 or H3N2</td>
</tr>
<tr>
<td>Surveillance</td>
<td>The collection, analysis and dissemination of data</td>
</tr>
<tr>
<td>Syndromic</td>
<td>Occurring as part of a complex of signs and symptoms suggesting the existence of an undesirable condition or disease</td>
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<tr>
<td>ACRONYMS</td>
<td>Description</td>
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<tr>
<td>ACIP</td>
<td>Advisory Committee on Immunization Practices</td>
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<td>BDCP</td>
<td>Bureau of Disease Control and Prevention</td>
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<tr>
<td>BIA</td>
<td>Biological Incident Annex</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<td>CERC</td>
<td>Crisis/Emergency Risk Communications</td>
</tr>
<tr>
<td>COOP</td>
<td>Continuity of Operations Plan</td>
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<td>CPHP</td>
<td>Center for Public Health Preparedness</td>
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<td>DHS</td>
<td>U.S. Department of Homeland Security</td>
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<tr>
<td>DOH</td>
<td>Division of Health</td>
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<tr>
<td>DMORT</td>
<td>Disaster Mortuary Operational Response Team</td>
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<tr>
<td>EIS</td>
<td>Epidemic Intelligence Service</td>
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<tr>
<td>EMT</td>
<td>Emergency Medical Technician</td>
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<tr>
<td>EOC</td>
<td>Emergency Operations Center</td>
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<td>EOP</td>
<td>Emergency Operations Plan</td>
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<tr>
<td>ESF</td>
<td>Emergency Support Function</td>
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<td>FDA</td>
<td>Food and Drug Administration</td>
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<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<td>HHS</td>
<td>U.S. Department of Health and Human Services</td>
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<tr>
<td>HA/BED</td>
<td>Kansas Hospital Bed Availability System</td>
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<td>HSEEP</td>
<td>Homeland Security Exercise Evaluation Program</td>
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<td>IAL</td>
<td>Incident Action Level</td>
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<td>ICP</td>
<td>Infection Control Professional</td>
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<td>ICS</td>
<td>Incident Command System</td>
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<td>IILI</td>
<td>Influenza-like illness</td>
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<td>IND</td>
<td>Investigational New Drug</td>
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<td>JIC</td>
<td>Joint Information Center</td>
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<td>KAHD</td>
<td>Kansas Animal Health Department</td>
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<td>KBEMS</td>
<td>Kansas Board of Emergency Medical Services</td>
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<td>KDA</td>
<td>Kansas Department of Agriculture</td>
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<tr>
<td>KDEM</td>
<td>Kansas Division of Emergency Management</td>
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<td>KDHE</td>
<td>Kansas Department of Health and Environment</td>
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<td>KHEL</td>
<td>Kansas Health and Environmental Laboratories</td>
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<td>KS-HAN</td>
<td>Kansas Health Alert Network</td>
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<tr>
<td>LHD</td>
<td>Local Health Department</td>
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<td>LIN</td>
<td>Laboratory Information Network</td>
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<td>NIMS</td>
<td>National Incident Management System</td>
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<td>NRP</td>
<td>National Response Plan</td>
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<tr>
<td>NREVSS</td>
<td>National Respiratory and Enteric Virus Surveillance System</td>
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<tr>
<td>OIE</td>
<td>World Organization for Animal Health</td>
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<tr>
<td>OLRH</td>
<td>Office of Local and Rural Health</td>
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<tr>
<td>OSE</td>
<td>Office of Surveillance and Epidemiology</td>
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INTRODUCTION

Influenza viruses are unique in their ability to cause sudden illness among humans in all age groups on a global scale. The importance of influenza viruses as biologic threats is due to a number of factors including the high degree of transmissibility, the presence of a vast reservoir of novel variants (primarily aquatic birds) and the unusual properties of the viral genome. The infamous “Spanish flu” of 1918-19 was responsible for more than 20 million deaths worldwide, primarily among young adults. Mortality rates associated with recent pandemics of 1957 and 1968 were reduced in part by the use of antibiotic therapy for secondary bacterial infections and aggressive supportive care of infected patients. However, these later pandemics were associated with high rates of morbidity and social disruption. The Centers for Disease Control and Prevention (CDC) estimates the economic loss associated with the next pandemic will be in the billions of dollars.

Experts agree an influenza pandemic is inevitable. To prepare for the next pandemic, the Kansas Department of Health and Environment (KDHE) Center for Public Health Preparedness (CPHP), in cooperation with local and state partners, has developed this Kansas Pandemic Influenza Preparedness and Response Plan, which provides an overview of strategies to reduce pandemic influenza-related morbidity, mortality and social disruption in the state.

Influenza Background

Influenza is an illness caused by viruses that infect the respiratory tract of humans. Signs and symptoms of influenza infection include rapid onset of high fever, chills, sore throat, runny nose, severe headache, nonproductive cough and intense body aches followed by extreme fatigue. Influenza is a highly contagious illness and can be spread easily from one person to another. It is spread through contact with droplets from the nose and throat of an infected person during coughing and sneezing. The period between exposure to the virus and the onset of illness is
usually about two days, although it can range from 1-5 days. Patients are most infectious during the 24 hours before the onset of symptoms and for 3-5 days after onset of illness. Influenza is highly contagious and persons who are sub-clinically infected (show no signs of illness) can transmit the virus. Influenza is not an endemic disease, but in the Northern Hemisphere annual epidemics usually occur from December through April.

There are two types of influenza viruses that cause significant disease in humans: type A and type B. Only influenza A has been known to cause pandemics. Influenza A viruses are composed of two major antigenic structures essential to the production of influenza vaccines and the induction of immunity: hemagglutinin (H) and neuraminidase (N). Influenza A viruses are unique because they can infect both humans and animals; most influenza A viruses are considered to be avian in origin. Worldwide avian influenza control efforts are coordinated by World Organization for Animal Health (OIE), and the state animal agency (i.e., Kansas Animal Health Department (KAHD)) would play a role in these efforts.

**Pandemic Influenza**

Pandemic influenza is a unique public health emergency. No one knows when the next influenza pandemic will occur. However, when it does occur it will likely be with little warning. Since the novel virus may be identified in any region of the world, experts believe that no more than 1-6 months would pass from the identification of a novel influenza virus to widespread outbreaks in the United States. Outbreaks are expected to occur simultaneously throughout much of the nation, so re-allocation of human and material resources is not a practical option.

Historically, influenza pandemics have occurred in ‘waves’ and it is expected this will happen with future pandemics. A pandemic wave (a time period during a pandemic when increased numbers of people are becoming sick) can last as long as 6-8 weeks. Because of this, the World Health Organization (WHO) and the CDC have defined phases of a pandemic in order to facilitate coordinated plans. The United States has also established stages of federal government response that correlate with the WHO phases. These actions are described throughout this plan and are summarized on the PandemicFlu.gov website (www.pandemicflu.gov) under ‘Federal Response Stages’ (www.pandemicflu.gov/plan/federal/fedresponsestages.html).

In addition, Kansas is continually integrating the use of federally defined planning ‘intervals’ and ‘stages.’ Tied to surveillance, this integration will allow for a timelier response at the local and state levels. This “trigger” system further sensitizes the response infrastructures and ties actions directly to those already linked to the Pandemic Severity Index. Decision process algorithms will be utilized in conjunction with both local and state standard operating guidelines to better orient the state response to a pandemic.

The following are assumptions that provide a basis for preparedness activities pertaining to pandemic influenza:

- Influenza pandemics are expected but unpredictable and arrive with very little warning.
- Outbreaks can be expected to occur simultaneously throughout much of the U.S., making shifts in human and material resources that usually occur in response to other disasters untenable.
  - Localities should be prepared to rely on their own resources to respond.
As with many public health emergencies the effect of influenza on individual communities will be relatively prolonged (weeks to months) in comparison with other types of disasters.

- Because of the high attack rate associated with pandemic influenza viruses, the number of persons affected in the U.S. is expected to be similarly high and it is estimated that:
  - Up to 200 million people will become infected
  - Between 38 million and 89 million will be clinically ill
  - Between 18 million and 42 million will require outpatient care
  - Between 314,000 and 733,000 will require hospitalization
  - Between 89,000 and 207,000 will die

- In Kansas it is estimated that:
  - Between 208,000 and 486,000 persons will require outpatient care
  - Between 4,600 and 10,700 will require hospitalization
  - Between 1,100 and 2,500 individuals will die

- Health care workers and other first responders may be at higher risk of exposure and illness than the general population, further straining the health care system.
- Effective prevention and therapeutic measures, including vaccine and antiviral agents, will be delayed and in short supply.
- Widespread illness in the community could increase the likelihood of sudden and potentially significant shortages of personnel in other sectors that provide critical public safety services.
- Public and private partners have been brought into the planning process and systems for communications among the partners are in place.
- Pandemic influenza planning will be integrated into all-hazards preparedness activities.
- Influenza-like illness (ILI) surveillance is already in place.
- Mass prophylaxis clinic protocols are developed.

Federal Roles in Pandemic Influenza Preparedness and Response
- Surveillance in the U.S. and globally.
- Epidemiological investigation in the U.S. and globally.
- Development and use of diagnostic laboratory tests and reagents.
- Development of reference strains and reagents for vaccines.
- Vaccine evaluation and licensure.
- Determination of populations at highest risk and strategies for national vaccination and antiviral use.
- Assessment of measures to decrease transmission (such as travel restrictions, isolation and quarantine).
- Purchase and deployment of federal cache of antivirals and vaccine.
• Evaluation of the efficacy of response measures.
• Deployment of the Commissioned Corps Readiness Force and Epidemic Intelligence Service officers.
• Medical and public health communications.
• Identification and training of Principal Federal Officers (PFO) and Federal Coordinating Officers (FCO) to work with State Coordinating Officers (SCO) during pandemic response.
• Provide federal guidance and expectations for exercises.

State Roles in Pandemic Influenza Preparedness and Response
• Identification of statewide public and private sector partners needed for effective planning and response.
• Development of key components of the pandemic influenza preparedness plan; planning and coordination, situation monitoring and assessment, prevention and containment, health system response, and communications.
• Epidemiologic investigations and analysis statewide.
• Identify priority groups for vaccination.
• Maintain influenza surveillance system.
• Maintain and store state purchased antiviral cache.
• Logistics planning for distribution of antivirals and vaccine.
• Integration of pandemic influenza planning with other planning activities conducted at the local and state levels.
• Coordination with local areas to ensure development of local plans as called for by the state plan and provision of resources, such as templates to assist in the planning process.
• Development of data management systems needed to implement components of the plan.
• Assistance to local areas in exercising plans.
• Participation with local areas in exercising their plans.
• Coordination with adjoining jurisdictions.
• Training state staff on roles and responsibilities identified in this plan.
• Conducting preparedness exercises to test plans, procedures, and training.
• Evaluating exercises and developing improvement plans to maximize response coordination.
• Cooperation with federal partners to enhance laboratory monitoring of seasonal Influenza viruses.
• Conducting year-round surveillance activities, including seasonal Influenza analysis and testing to detect novel subtypes of Influenza viruses.
• Education of laboratory staff on safe handling of specimens suspected to contain novel Influenza viruses and surveillance for Influenza-like illness among laboratory personnel.

Local Roles in Pandemic Influenza Preparedness and Response
• Identification of local public and private sector partners needed for effective planning and response.
• Coordination with adjoining jurisdictions.
• Maintain and exercise the ESF 8 component of the County Emergency Operations Plan (EOP), the Biological Incident Annex (BIA), and the Mass Dispensing Standard Operating Guide (SOG).
• Continue to emphasize annual influenza vaccine and the routine administration of pneumococcal vaccine for recommended risk groups during the preparation phases of the pandemic.
• Develop a system to estimate the number of persons in priority groups for vaccination and deliver vaccine.
• Assure the security of influenza vaccine during storage and delivery when it becomes available.
• Plan for the potential of civil unrest due to resource scarcity.
• Maintain the Risk Communications SOG and ensure coordination of information with local emergency management coordinators, hospitals and special populations in the area.
• Maintain media relations at the local Joint Information Center (JIC).
• Maintain a 24/7 contact list of key health department staff, local partners and media contacts.
• Work with the KHEL to address laboratory surge capacity issues.
• Train personnel in the management of respiratory specimens during an influenza pandemic.
• Institute surveillance for influenza-like illness among laboratory personnel working with influenza virus.
• Scale up to manage increased numbers of requests for Influenza testing.
• Send selected specimens from possible pandemic Influenza patients to KHEL.
• Clinical laboratories that receive diagnostic specimens from patients with suspected novel Influenza (based on clinical and epidemiologic data) should contact KDHE.

Organization of the Kansas Pandemic Influenza Preparedness and Response Plan

This plan is organized according to the World Health Organization (WHO) Pandemic Phases along with the corresponding U.S. Government Stages and CDC Intervals. The following functions are described in each applicable phase/stage: planning and coordination, situation monitoring and assessment, prevention and containment, health system response, and communications.

All state and local governments are required to have an emergency management plan, which addresses all hazards. However, pandemic influenza is likely to pose unique challenges that may not be addressed in current emergency management plans. Because of these challenges, emergency management plans will incorporate the pandemic influenza elements contained within the BIAs that are maintained by local and state health agencies. Some of the issues addressed within these annexes include:

• Medical services and healthcare workers may be overwhelmed during the influenza pandemic and medical supplies may be insufficient.
• Healthcare workers may not be able to provide essential care to all patients in need.
• Unlike the typical disaster, because of increased exposure to the virus, essential community services personnel such as healthcare personnel, law enforcement officers, firefighters, emergency medical technicians and other first responders may be more likely to be affected by influenza than the general public.
• An influenza pandemic may also pose significant threats to the human infrastructure responsible for critical community services. This threat will be due in part to widespread absenteeism in the workforce. Significant decreases in the workforce could impact
distribution of food, home meal deliveries, day care, garbage collection, utilities and other critical services.

- Physical infrastructure may be threatened or destroyed if there is civil disorder.

KDHE-CPHP staff have developed local and state SOGs that address details of implementing local and state response plans, including contact lists for partner organizations and resource owners, step-by-step operational procedures, job action sheets for key staff and notification procedures. Local health departments have completed the Mass Dispensing SOG, which describes how mass vaccination and pharmaceutical dispensing clinics will be conducted. They have also completed SOGs that describe specific actions regarding community disease containment, risk communications and continuity of operations.
### INTERPANDEMIC PERIOD

<table>
<thead>
<tr>
<th>WHO Phases</th>
<th>U.S. Government Stages</th>
<th>CDC Interval</th>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>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 disease is considered to be low.</td>
<td>0</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</td>
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### Planning and Coordination

Kansas has adopted the Incident Command System (ICS) and National Incident Management System (NIMS) for responding to disasters and emergencies (Executive Order 05-03). The NIMS was published in March 2004 and the National Response Plan (NRP) became finalized in December 2004. Local and state agencies have revised plans to include NIMS-compliant activities and to align with the NRP. This is a challenging process that requires cross-agency and cross-jurisdictional coordination in order to be successful.

KDHE has established the current system of coordination based on the ICS to organize the response to public health and medical emergencies in Kansas. Throughout this plan, ICS titles are used to identify roles and responsibilities for responding to a pandemic influenza event. Day-to-day position titles are used in the preparation phases of the plan to clearly indicate planning responsibilities.

The State Health Officer will lead the state response to pandemic influenza or any other infectious disease emergency in Kansas. Local health departments will also develop and implement a structured parallel system of pandemic influenza preparedness.

The State Health Officer has designated a Pandemic Influenza Preparedness Committee (PIPC) to develop this Kansas Pandemic Influenza Preparedness and Response Plan and to provide guidance to local health departments regarding local plan development. The members of the PIPC will advise the State Health Officer on issues related to their specific areas of expertise for implementation of the state’s public health response to pandemic influenza. Members of the PIPC are listed in Table 1.

<table>
<thead>
<tr>
<th>Table 1 Pandemic Influenza Preparedness Committee (PIPC) Members</th>
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<tbody>
<tr>
<td>State Health Officer, Director KDHE Division of Health</td>
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<tr>
<td>State Epidemiologist</td>
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<tr>
<td>Deputy Director, KDHE Division of Health</td>
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<tr>
<td>Director, Center for Public Health Preparedness</td>
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All of the members of the PIPC are housed within KDHE. Many other subject matter experts within and outside KDHE are available to provide advice and support to the PIPC.

The PIPC will review this Kansas Pandemic Influenza Preparedness and Response Plan at least semi-annually and recommend updates. The CPHP Operations Director will be responsible for updating the plan document.

The Kansas Pandemic Influenza Task Force was formed in 2005 and serves as the Executive Committee to provide feedback and agreement on the work products of the PIPC. Activities of the PIPC are also briefed at the Kansas Bioterrorism Coordinating Council, which meets quarterly. The Clinical Resource Network, a group of practicing physicians who are available for consultation during a public health emergency will also review the plan and provide feedback as needed. The agencies represented for each of these committees are listed in Appendix D.

This plan and the corresponding SOGs will be exercised at least annually. Evaluations of the exercises will be conducted and improvement plans will be developed in accordance with the Homeland Security Exercise Evaluation Program (https://hseep.dhs.gov/pages/HSEEP_Home.aspx). The recommended updates will be made to this plan and the corresponding SOGs upon completion of after-action reviews.

The KDHE utilizes Incident Activation Levels (IALs) to determine and iterate the proper levels of activation of the KDHE Departmental Operations Center and ICS. A chart outlining the IALs is provided in Appendix B. When conditions require a Level 3 activation, (which is not expected to occur in USG 0), KDHE will activate its ICS. This process will be further described later in this plan. CPHP has developed job action sheets and training materials for the Command and General Staff roles.

Local health departments are required to maintain and update plans and SOGs regarding response to public health emergencies. These plans and SOGs contain specific information regarding mass vaccination clinic activities, communications and treatment center coordination. The Local Mass Dispensing SOG Template can be found on the KDHE public website: www.kdheks.gov/cphp/operating_guides.htm.

The Kansas Division of Emergency Management (KDEM) is responsible for helping to promulgate standards for local emergency planning. Staff from KDHE and KDEM collaborated to develop the standards for Emergency Support Function (ESF) 8 – Health and Medical and for the local BIA template. Local pandemic influenza response is described in local BIAs. The Kansas Pandemic Influenza Preparedness and Response Plan is housed within the state BIA as Attachment 1.

Agencies of the State of Kansas participate in the Kansas Continuity of Operations (COOP) Committee. Through this committee, the Kansas Department of Administration has produced and released a reference guide to provide technical assistance on human resource topics to State of Kansas executive branch agencies. Executive branch agencies should use the information
contained in the guide during the development of their agency-specific Continuity of Operations Plan (COOP) to ensure the continuation of internal critical services should buildings/facilities and support infrastructure (staff, Information Technology, and business systems) become unusable or unavailable. In the event a COOP emergency is declared in the State of Kansas, individual agency human resource offices will be the central points of contact for state employees. State agency human resource offices will be required to determine which workers are essential, how payroll will be processed, what leave options will be granted, and how various staffing issues will be addressed. The reference guide provides material for agencies to evaluate against their own current COOP. This reference guide provides direction in the following areas: essential functions and staffing, telecommuting, human resource policies, and communication with employees.

The Kansas Department of Agriculture (KDA) is responsible for food safety in Kansas, and the food safety program is designated as a priority 1 essential service in the KDA COOP. Staff from a variety of programs outside of food safety may be utilized to conduct inspections and ensure compliance with federal statutes administered by United States Department of Agriculture (USDA) and KDA.

The contact for food safety issues in the event of a pandemic is the Homeland Security Coordinator, Office of the Secretary, Kansas Department of Agriculture. The KDA is currently revising the agency COOP to include a pandemic as a possible threat. This new plan will ensure that each position designated as critical will be backed up with at least three trained individuals. Currently, the KDA legislative researcher and the KDA Public Information Officer (PIO) serve as backup should the KDA Homeland Security Coordinator be unavailable during a food safety emergency. The KDA also works closely with KDHE Office of Surveillance and Epidemiology (OSE). The OSE will most likely receive initial notification of foodborne illness activity and will be a critical component to an effective response to a food safety emergency during a pandemic or any other time. These responsibilities occur on a day-to-day basis and are outlined in statute, the Kansas Response Plan, and agency protocols and procedures.

The KDA COOP ensures that two additional personnel are trained and identified for each position currently charged with essential food safety functions. A just-in-time training program is under development that can be used if more than twice the number of staff would be needed in the event of a pandemic.

Food Safety Reporting

In all emergencies in Kansas, local entities report problems and request resources through the local Emergency Operations Center (EOC). This process would not change in a pandemic. Issues are first resolved at the local level, and then mutual aid is utilized if available. Problems and resource requests that cannot be handled at the local level are reported to the Operations Section in the State EOC (SEOC). Issues with food safety specifically will be tasked to the ESF 11 desk.

Strategic Goal – Food Safety

Operating objectives for the Kansas Department of Agriculture:

- Ensure all food producers, transporters, retailers and consumers are aware of information and educational resources before, during and after a pandemic.
• Assist farm-to-fork operators with planning for the human resource challenges that may affect their businesses during a pandemic.
• Serve as a source of information for stakeholders regarding state and local actions and resources available to producers.
• Engage in vigorous continuity of operations planning to ensure that the department can continue to provide the necessary services in order to maintain the integrity and safety of the food supply.

The KDA Homeland Security Specialist serves as the coordinator assigned to prepare the state to carry out critical agriculture programs (ESF 11). The operating objectives for this goal are:

• Ensure that the KDA and KAHD COOPs are trained and tested on an annual basis.
• Ensure that USDA nutrition assistance programs are identified as priority programs within each responsible agency.
• Ensure that all COOPs relating to ESF 11 include the identification of backup personnel, cross-training, checklists and notification rosters.
• Ensure that local units of government, the public and agricultural producers are aware of assistance that will and will not be available from the state during a pandemic.

Many Kansans depend on nutritional assistance programs. These programs are managed by a variety of governmental and nongovernmental organizations. In the event of a pandemic, many people will be unable to report to work and this may have a major impact on the ability to carry out state-administered programs. The KDA Homeland Security Specialist is working with the various state program managers to develop and expand on alternate models of delivering these services. Agency COOPs are currently in development and these nutritional assistance programs will be a priority for each agency responsible for implementing these programs. Local guidance will be developed that describes alternate ways to implement nutritional assistance at the local level. Waivers and executive orders will be drafted that may be utilized to streamline some processes in the event of a pandemic.

Nutritional assistance program status will be reported on a weekly basis to the ESF 11 desk in the SEOC. If there are problems or needs, program managers will also report these to the ESF 11 desk as they occur. In the event of an agriculture emergency, the producers will notify their local EOC. Animal disease emergencies are reported to the local veterinarian and are reported to the SEOC based on diagnosis. Animal disease events will be also be coordinated through the SEOC, staff from the KAHD will respond to support the ESF 11 function. Requests for assistance will be routed to the ESF 11 desk in the SEOC.

Kansas has a decentralized system of 117 enhanced 9-1-1 centers, which serve as the Public Safety Answering Points (PSAPs) for Kansas communities. To facilitate local preparedness, KDHE has updated its website at www.kdheks.gov/cphd/download/Pandemic_Recommendations_for_Protocol_Development.pdf to include the U.S. Department of Transportation document “Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPs).” The Kansas Highway Patrol has agreed to allow its own agency pandemic preparedness and response plan to be utilized as a guide for local public safety planners. The Patrol has a central communication center that conducts activities similar to PSAPs (with respect to dispatching emergency responders) and may serve as a beneficial guide to local entities.
The Kansas Board of Emergency Medical Services (KBEMS) is currently writing EMS pandemic influenza operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza. This plan will be a part of the overall all hazards response plan which forms the basis of the agency’s internal and external operating procedures in a contingency environment for ensuring Emergency Medical Service Systems ability to respond to an emergency. A key mission of the agency is to ensure the provision of expedient, effective and efficient assessment, treatment, transport and accountability of casualties of natural or made disaster while ensuring employee health and safety.

The State of Kansas continues to build relationships with the private sector, including hospitals and other industries. Various outreach measures have occurred including forums with industry leaders to discuss further cooperation efforts as well as providing pandemic influenza specific information for industry on websites. CPHP has updated its website to include a section specifically targeting business and industry and preparedness efforts at www.kdheks.gov/cphp/business.htm. KDHE will continue to work with the Kansas Adjutant General’s Department, Division of Homeland Security and the Department of Homeland Security Protective Security Advisor to share information relevant to protecting critical infrastructure, key resources, and industry in general to promote preparedness efforts and try to increase response cooperation and coordination.

Planning and coordination activities during the Inter-pandemic Period include:
- Identifying issues specific to pandemic influenza
- Meeting with the Pandemic Influenza Task Force and other emergency planners
- Ensuring that specific challenges posed by an influenza pandemic are addressed in hospital response plans
- Reviewing pertinent legal authorities including:
  - Isolation and quarantine laws
  - Laws and procedures for closing businesses or schools and suspending public meetings during a declared state of emergency
  - Medical volunteer licensure and liability
  - Compensation laws for in-state, out-of-state, and returning retired medical and non-medical volunteers.
- Conducting and participating in exercises with hospitals, local communities, EMS, industry, volunteer groups, state agencies, federal agencies, and private businesses.
- Incorporating lessons learned from exercises into improvement plans that are tracked and implemented.

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<thead>
<tr>
<th>State Health Officer, KDHE</th>
<th>Planning and Coordination – U.S. Government Stage 0</th>
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<tbody>
<tr>
<td>Convene state-level task force to review plan and provide input ✓</td>
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<tr>
<td>Provide direction and leadership to KDHE PIPC ✓</td>
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<tr>
<td>Work with KDHE Attorney to review legal authorities ✓</td>
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<tr>
<td>SNS Coordinator, KDHE-CPHP</td>
<td>Identify warehouse space to be used for antiviral and vaccine storage and distribution ✓</td>
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<td>Train and exercise the distribution plans ✓</td>
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<tr>
<td>Operations Specialist, KDHE-CPHP</td>
<td>Ensure the KDHE Department Operations Center is functional ✓</td>
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<tr>
<td>Track NIMS compliance of plans and training of staff at KDHE ✓</td>
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<tr>
<td></td>
<td>Revise this plan on an annual basis (January)</td>
<td>✓</td>
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<tr>
<td></td>
<td>Work with state and local agencies to ensure all are aware of various roles and responsibilities identified in this plan and the Kansas Response Plan (KRP)</td>
<td>✓</td>
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<tr>
<td>Director, KDHE-CPHP</td>
<td>Lead the KDHE Continuity of Operations Planning group with the assistance of the CPHP Contingency Planner</td>
<td>✓</td>
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<tr>
<td>KDA</td>
<td>Ensure all food producers, transporters, retailers, and consumers are aware of information and educational resources before, during, and after a pandemic</td>
<td>✓</td>
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<tr>
<td></td>
<td>Assist farm-to-fork operators with planning for the human resource challenges that may affect their businesses during a pandemic</td>
<td>✓</td>
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<tr>
<td></td>
<td>Serve as a source of information for stakeholders regarding local and state actions and resources available to producers</td>
<td>✓</td>
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<tr>
<td></td>
<td>Engage in vigorous continuity of operations planning to ensure that KDA can continue to provide the services necessary to maintain the integrity and safety of the food supply</td>
<td>✓</td>
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<td></td>
<td>Ensure that the KDA and KAHD COOPs are trained and tested on an annual basis</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Ensure that USDA nutrition assistance programs are identified as priority programs within each responsible agency</td>
<td>✓</td>
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<tr>
<td></td>
<td>Ensure that all COOPs relating to ESF 11 include the identification of backup personnel, cross-training, checklists and notification rosters</td>
<td>✓</td>
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<tr>
<td></td>
<td>Ensure that local units of government, the public and agricultural producers are aware of what assistance will and will not be available from the state in a pandemic</td>
<td>✓</td>
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<tr>
<td>All local and state agencies</td>
<td>Continue continuity of operations planning efforts including training staff and exercising of COOPs</td>
<td>✓</td>
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<tr>
<td>KBEMS</td>
<td>Develop local EMS planning guidelines and templates</td>
<td>✓</td>
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</table>

**Situation Monitoring and Assessment**

Influenza viruses have constantly changing antigenic properties. Surveillance for pandemic influenza must include both laboratory surveillance, in which influenza viruses are isolated for antigenic and genetic analysis, and disease surveillance, in which the epidemiologic features and clinical impact of new variants are assessed. The goals of influenza surveillance are to detect the earliest appearance of a novel influenza virus in Kansas and to describe the epidemiologic features of novel virus circulation.

Since most influenza A viruses are avian in origin it is essential that KDHE work with KAHD and USDA in monitoring circulating animal viruses, especially highly pathogenic avian influenza. KAHD has developed a plan to cull poultry in response to detection of highly pathogenic avian influenza. Plans include the provision of personal protective equipment (PPE) and prophylaxis of workers at risk for exposure to the viruses. KDHE will work with KAHD to
ensure that workers who have been exposed and become symptomatic are treated, to decrease the risk of producing a pandemic strain of influenza by re-assortment of virus.

The OSE, in cooperation with the Kansas Health and Environmental Laboratories (KHEL), maintains Kansas' involvement in year round national influenza surveillance coordinated by the CDC. The OSE and KHEL assume primary responsibility for implementing and coordinating virologic, morbidity, and mortality surveillance components in Kansas and compliance with future recommendations for surveillance enhancement. Current national influenza surveillance activities include:

*Virologic Surveillance:* Each week, approximately 75 U.S. collaborating laboratories that are part of the WHO Influenza Surveillance Network and 50 National Respiratory and Enteric Virus Surveillance System laboratories report the number of clinical specimens tested for influenza and the number of positive results by virus type (A or B) and subtype (A/H1, A/H3N2 or not subtyped).

*Surveillance for influenza-like illness (ILI):* Approximately 1,100 ILI Net health care providers/clinics located in all 50 states regularly report the number of patient visits for ILI by age group and the total number of patient visits each week during the normal influenza season.

*Surveillance for influenza and pneumonia deaths:* The vital statistics offices of 122 U.S. cities report each week the percentage of total deaths that may be influenza-related.

State and territorial epidemiologists assess influenza activity levels each week and report it as "widespread," "regional," "local," "sporadic" or "no activity."

During the Inter-Pandemic Phase, KDHE will maintain Kansas' current influenza surveillance activities, which include:

- A state public health laboratory that:
  - Continues to perform viral culture and PCR analysis while providing guidance and interpretation on the increasing use of rapid Influenza diagnostic tests in private and public health care settings.
  - Isolates and subtypes Influenza viruses during the Influenza season.
  - Maintains the capability to isolate and sub-type Influenza viruses year-round and submits isolates to CDC for antiviral resistance analysis.
  - Transmits Influenza data (positives and negatives) electronically to CDC via the CDC/WHO Influenza Surveillance System Reporting Website (a secured site).
  - Provides regular updates on respiratory specimen testing status to the Influenza Coordinator throughout the Influenza season.
  - Conducts PCR testing for novel subtypes of Influenza viruses within BSL-2 biocontainment conditions.
  - Ensures prompt reporting of unusual or novel Influenza isolates, to facilitate control and management of local outbreaks to:
    - OSE, Influenza Surveillance Coordinator via phone, Fax, and/or email.
    - LRN Results Messenger for confirmed A/H5 strain.
    - CDC/WHO Influenza Surveillance System Reporting Website.
  - Submits increased numbers of Influenza isolates as requested to CDC for enhanced monitoring for antiviral resistance.
• Is actively involved in contingency planning for surge capacity (staffing and reporting) and safety issues.
  - Implement enhanced cross-training of existing laboratory staff in PCR and viral culture methods.
  - Educating clinical laboratorians on the safety and handling of specimens suspected to contain novel Influenza viruses.
  - Instituting an Influenza vaccination policy and surveillance for Influenza-like illness among laboratory personnel.
• An ILI Net provider program with at least the minimum number of health care providers (1 per 250,000 persons) that report their weekly data to KDHE or directly to CDC via the Internet year-round. These providers are encouraged to send specimens collected from patients with ILI at the beginning, middle and end of the normal season to the state laboratory for viral culture at no charge to the provider or patient. A map of counties with ILI Net surveillance sites can be found in Attachment C.
• A disease reporting hotline that is available and is staffed at all times by an epidemiologist, including nights and weekends at 877-427-7317.
• Information on the Board of Healing Arts list of physicians.
• Kansas Health Alert Network system.
• An active State Influenza Surveillance Coordinator in OSE who:
  - Monitors ILI Net provider data weekly for completeness and/or errors.
  - Provides feedback and maintains contact with ILI Net providers weekly to encourage reporting and follow-up on unusual reports.
  - Contributes to state pandemic planning issues and activities.
  - Maintains a strong working relationship with the KHEL.
  - Encourages ILI Net providers to submit specimens for viral culture to the state laboratory.
  - Conducts a weekly assessment of overall influenza activity level in the state during the normal flu season and reports the data to the CDC.

Kansas uses WebEOC, a Web-based system to manage information and resource requests. Hospital data is collected in EMSSystems. The current system can collect the following statewide data:
• Available (or needed) staffed beds (specifies adult or pediatric):
  • ICU/CCU beds
  • Medical beds
  • Emergency Department (monitored and unmonitored)
• Available or needed number of ventilators
• Available or needed negative-pressure air isolation rooms
• Number of cases (confirmed, suspect, probable)
• Number of cases under investigation
• Number of contacts under investigation
• Number of deceased individuals that met case definitions
• Number of individuals discharged that met case definition
• Number of individuals hospitalized that currently meet case definition
• Number of health care professionals affected
• Morgue capacity
• Available or needed medical supplies, equipment, and personal isolation equipment
• Number of hospitals on Emergency Department Diversion
• Number of patients waiting for inpatient beds (to include average wait time)

The electronic screens used to collect this data will be based on forms that will be available in paper format if the Internet-based system fails. Planners are currently working with vendors to integrate the two systems to reduce the need for data to be entered multiple times.

KDHE currently has a secure on-line Web-based death certificate system that is in use by funeral directors across the state. Funeral directors enter the demographic information of the deceased with KDHE Office of Vital Statistics (OVS) staff entering the cause of death upon submission by the local funeral director. KDHE is currently in the process of finalizing the software piece to allow physicians to enter the cause of death, pandemic influenza or otherwise, on the death certificate. This software is scheduled to be in place and operational by June 1, 2009. Both OVS and OSE can access the system and build queries regarding deaths from specific causes, such as influenza or pneumonia. In the event that the electronic death reporting system is not operational, influenza-associated deaths will be tabulated manually, using traditional, paper-based methods. OSE, with assistance from the OVS, may utilize bridged estimates from the National Center for Health Statistics to calculate estimated rates of influenza-associated hospitalization.

In the event of a suspect or confirmed case of pathogenic avian influenza, the KAHD Livestock Commissioner will contact the State Public Health Veterinarian directly or via telephone, in addition to contacting the Adjutant General’s Department via email. This connection between KAHD and KDHE seeks to maintain a continuous and coordinated connection between animal and human health surveillance systems.

During this period, KDHE, KBEMS and PSAP representatives will discuss the utility of managing and collecting patient and system data for pandemic influenza surveillance. If developed, an EMS and 9-1-1 data collection and reporting system could become an enhanced component of a comprehensive influenza surveillance system. This collaborative effort may also address and define EMS policies, procedures and legal authorities for sharing EMS and 9-1-1 data with public health agencies as part of the comprehensive surveillance system and address any legal and technological barriers to participating in the disease surveillance process. The system should include a mechanism for rapid modification of data elements and reporting mechanisms based upon updated information on an emerging pathogen (e.g., during the SARS epidemic, questions pertaining to foreign travel were pertinent).

Improved situational awareness through information sharing regarding both patients and resources will enable better management of assets during a pandemic and provide for real time epidemiological analysis. KDHE will utilize the Kansas Health Alert Network (KS-HAN) to communicate relevant pandemic influenza information to health and medical providers. The need for a statewide patient tracking system continues to be demonstrated through many emergency incidents. KDHE and the state’s regional homeland security councils continue to work on a patient tracking system that can be utilized at all levels of the medical system to track an individual from first contact with professional medical care through eventual dismissal from care.

An initial phase of data collection software and hardware is being disseminated to EMS providers throughout the state as well as training in the software to facilitate acquisition of patient data and its documentation. Information acquired can be used for patient care report
generation, individual system analysis and when submitted to KBEMS, specific casualty information such as monitoring of injuries, patient dispositions Additional funding is available from KBEMS to augment or enhance capabilities locally.

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<tr>
<th>Situation Monitoring and Assessment – U.S. Government Stage 0</th>
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<tbody>
<tr>
<td>Influenza Surveillance Coordinator, KDHE-OSE</td>
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<tr>
<td>Maintain the ILI Net surveillance program with providers</td>
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<tr>
<td>Maintain a strong working relationship with the KHEL</td>
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<tr>
<td>Participate in CDC training regarding surveillance and adverse events reporting</td>
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<tr>
<td>Operations Specialist, KDHE-CPHP</td>
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<tr>
<td>Develop boards in WebEOC to interface with EMSSystems and to track bed availability and other scarce resources</td>
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<tr>
<td>KDHE-KHEL</td>
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<tr>
<td>Continue to isolate and sub-type influenza viruses year round and perform viral cultures</td>
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<tr>
<td>KDHE-OVS</td>
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<tr>
<td>Finalize the software piece to allow physicians to enter cause of death into KDHE secure on-line death certificate system</td>
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<tr>
<td>KBEMS</td>
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<tr>
<td>Continue development of the statewide patient care report system for use by local EMS agencies</td>
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<tr>
<td>Surveillance Coordinator, KDHE-OSE</td>
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<tr>
<td>Development of a secure system for managing and collecting patient and system data</td>
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<tr>
<td>Development of a just-in-time training for use of surveillance system and associated tools</td>
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**Health System Response**

Emergency response, including maintenance of critical services and surge capacity issues in the health care system, is addressed in the state and local response plans and SOGs.

There are 125 community hospitals in Kansas and the staffed beds in these facilities range from 10 to 1,451. The average daily census indicates that there are approximately 5,000 available beds in Kansas on any given day. It is estimated that during a pandemic influenza event, approximately 5,000 beds to 10,000 beds would be needed to provide care for influenza patients.

Hospitals in Kansas use a regional planning process to prepare for an increase in acutely ill patients. The state is divided into seven regions and each region has designated a regional planning hospital. The regional plans for increasing available bed capacity to accommodate a surge of 500 acutely ill infectious patients (per 1 million population) in the region over a short period of time includes the following steps:

- Hospitals will cancel non-emergency surgeries and other elective procedures.
- Hospitals will discharge non-infected patients to other acute care facilities out of the affected geographical area, or to long-term care or home care while assuring that the level of care required by these patients can be met.
- Hospitals will transfer patients to other hospitals in the region with available beds. Hospitals may need to send patients to several other hospitals depending on bed availability. Hospitals will start by transferring patients to hospitals in nearby counties, then to other hospitals in the region.
- If all hospital beds in the region are at capacity, then hospitals will transfer patients to hospitals in other regions.
Finally, if hospitals in other regions are full, the hospital will send patients to alternate locations based upon their partnerships (Long Term Care (LTC) Facilities, schools, etc.).

Hospital and county emergency planners have identified and continue to identify alternate care sites. Home health care agencies will play an important role, given the potentially high number of ill persons. Family members will need to provide care to family members that are unable to be hospitalized. Instructions for home (family) care can be found in Appendix F.

In planning for an influenza pandemic, it must be recognized that persons with medical conditions unrelated to influenza will continue to require emergency, acute and chronic care. Alterations to an EMS system’s practices during an influenza pandemic will likely impact all EMS patients, regardless of the nature of their illness. Planners should consider modifying PSAP call-taker and dispatch protocols and developing pandemic-specific pre-hospital triage and treatment protocols. It is important to keep the EMS system functioning as effectively as possible and to deliver optimal care to both these patients (e.g. motor vehicle crashes and cardiac events) as well as to patients with influenza related symptoms. Illness and absenteeism during a pandemic may impact an EMS agency’s ability to satisfy demand for services.

One of the challenges that the medical system including hospitals and EMS may face during an influenza pandemic is to keep operations functioning despite increases in call volume, workforce shortages and absenteeism, supply chain disruptions and other threats to continued operations. The foundation of a viable COOP program is the development and documentation of a COOP that, when implemented, will provide for the continued performance of an organization’s essential functions under all circumstances. Agencies should continue to develop, refine and test their COOPs based on guidance from Federal, State and local government. COOPs should be coordinated with emergency management agencies. Pre-established delegations of authority are vital to ensuring that all organizational personnel know who has the authority to make key decisions in a COOP situation. An order of succession is essential to an organization’s COOP. Personnel should know who has authority and responsibility if the leadership is incapacitated or unavailable. COOPs should address workforce health protection. Health agencies should establish policies for flexible worksite (e.g. telecommuting) and flexible work hours (e.g. staggered shifts) whenever possible. Agencies should establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive liberal leave).

Healthcare and pre-hospital systems might consider a variety of mechanisms to augment their workforce including:

- Mechanisms for temporary licensure of medical or EMS providers from other jurisdictions
- Innovative mechanisms to rapidly recruit, train and license new providers
- Consider non-traditional system configurations and alternate staffing configurations
- Utilization of retired EMS and healthcare personnel
- Coordination with local Medical Reserve Corps (MRC)
- Community Emergency Response Teams (CERT), or cross staffing between EMS, healthcare and other sectors
- Proactively determine competencies and bridge courses from other professions and levels of EMS licensure
- Temporary modification of licensure and credentialing procedures to meet the exigencies of the situation while assuring public health and safety
- Engaging temporary workers, contractors and recent retirees, and/or cross-training the
existing workforce
• Support telecommuting when feasible.

To protect the health of laboratory workers during a pandemic, public health, clinical, and hospital laboratories should maintain enhanced safety practices. These include:

• Conducting laboratory procedures under appropriate biocontainment conditions.
  o Commercial antigen detection testing for Influenza should be conducted using BSL-2 work practices.
  o If new or re-emergent human Influenza strains with pandemic potential are suspected, laboratories should conduct RT-PCR only under BSL-2 containment conditions and viral culture only under BSL-3 conditions with enhancements.
  o Because of the danger that HPAI strains present to the U.S. agricultural industry, USDA regulations require that HPAI strains such as H5N1 (which are classified as select agents) must be cultured using BSL-3 biocontainment conditions with enhancements.
• Encouraging routine vaccination of all eligible laboratory personnel who are exposed to specimens from patients with respiratory infections.
• Staffing and training laboratories for increased staffing needs.
  o Cross-training personnel during the regular Influenza season in the use of rapid diagnostic tests and RT-PCR protocols and in reporting results through existing surveillance systems.
  o Arranging to recruit and train temporary staff for employment during a pandemic.
• Supplies and equipment.
  o Laboratories are likely to require additional diagnostic supplies and equipment to process large numbers of samples during the initial stages of a pandemic. Some preparedness strategies include:
    ▪ Establishing the current level of diagnostic supplies, including personal protective equipment for laboratorians (e.g., gloves, masks).
  o Assessing anticipated equipment and supply needs, and determining a trigger point for ordering extra resources.
• Specimen management.
  o State and local health departments should inform and educate public health staff (including laboratorians), local physicians, and hospital workers on safe and effective methods for specimen collection and management, making use of the guidelines detailed on KHIL’s website, packaging and shipping section, under virus shipper guide (www.kdheks.gov/labs/packaging_and_shipping.html).
  o Procedures for specimen collection, handling, and shipping during a pandemic will be the same as those used for seasonal disease surveillance. However, laboratory staff should anticipate shipping a much larger number of specimens in a very short time, especially during the early stages of a pandemic.

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<th>Health System Response – U.S. Government Stage 0</th>
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<td>Kansas hospitals</td>
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<td>SNS Coordinator, KDHE-CPHP</td>
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<td>All health care and pre-hospital agencies</td>
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**Communications**

In an emergency, accurate, consistent and timely messages are key in notifying and educating the public, notifying and facilitating movement of emergency staff to their assigned duties and stations, and in activating the emergency plan as intended. The following delineates communication-related issues that pertain to pandemic influenza. Assuring adequate communication systems will be a joint responsibility of federal, state and local agencies.

- During a pandemic, the public will likely encounter some unreliable and possibly false information in the media and on the Internet. KDHE and local health departments will communicate accurate, reliable information regarding the influenza pandemic.
- Mechanisms for communication with the public will vary depending on the phase of the pandemic and its impact on Kansas communities.
- KDHE will continually strive to communicate with all essential partners, realizing that this will be difficult during the pandemic.

CDC will make a number of materials available before and during an influenza pandemic, including:
- Basic communication materials (such as question and answer sheets and fact sheets) on influenza, influenza vaccine, antivirals and other relevant topics in various languages.
- General preventive measures such as “dos and don’ts” for the general public.
- Information and guidelines for health care providers.
- Training modules (Web-based, printed and video).
- Presentations, slide sets, videos and documentaries.
- Symposia on surveillance, treatment and prophylaxis.

Because of anticipated shortages of vaccine and antivirals, messages to inform the population about availability, the rationale for priority groups and measures to be taken will be critical.

Other important topics include:
- Basic information about influenza (including symptoms and transmission).
- Information about the course of the pandemic (contagiousness, geographic spread, case counts).
- Information about which symptoms should prompt seeking medical attention and which symptoms should be managed at home.
- Information about school and business closures and suspended public meetings.
• Information about travel restrictions as well as isolation and quarantine laws.

KDHE will:

• Maintain KS-HAN to effectively communicate with public health officials, healthcare professionals and other target audiences.
• Establish lines of communication and define KDHE staff roles and responsibilities clearly to facilitate the best possible communication with partners.
• Regularly distribute informational updates to all appropriate partners.
• Maintain the list of media spokespersons and contact information from each state agency and the KHEL.
• Coordinate with KDEM to provide information to the media via the state JIC when activated.
• Develop an operational plan to distribute communications and educational messages to the public.
• Educate public health officials, elected officials and the media about what information will and will not be available during a pandemic.
• Review CDC materials and adapt and revise as needed.

The State Health Officer has convened the Kansas Pandemic Influenza Task Force to ensure that the medical community is made aware of issues related to pandemic influenza. This task force consists of representatives from public health, the state medical society, the nurses association, the pharmacy association, the hospital association, emergency management, corrections, long term care representatives, and a variety of other stakeholders (See attachment D for a list of agencies represented). The committee will address such issues as education for the medical community and the public, planning for pandemic at a community level, and medical surge capacity. During this Inter-pandemic Period, KDHE is coordinating with local and state Chambers of Commerce to ensure that private businesses and workers are informed about pandemic preparedness, prevention and response activities. This information will also be communicated to government workers across the state of Kansas.

The Kansas Department of Agriculture (KDA) is a regulatory agency that is charged by law to ensure: a safe food supply; responsible and judicious use of pesticides and nutrients; the protection of Kansas’ natural and cultivated plants; integrity of weighing and measuring devices in commerce; and, that the state’s waters are put to beneficial use. Communication with all of the regulated entities occurs on a regular basis. Regulated entities include: meat and poultry processors, grocery and convenience stores, restaurants, food manufacturers, food wholesalers, lodging facilities, wineries, bottlers, dairies, milk haulers, fuel stations, grain elevators, pesticide and fertilizer products, pesticide applicators, feed manufacturers, seed dealers, nurseries, and plant wholesalers and retailers. The department also is responsible for managing the state’s water resources and for regulating manmade activities that impact the flow of rivers and streams. In the event of a pandemic, KDA will share information provided by KDHE with all appropriate stakeholders. The process for reporting status of facilities and resource requests will also be clearly communicated to stakeholders during all phases of the pandemic. KDA also coordinates with the Kansas Animal Health Department (KAHD) and the Kansas Department of Wildlife and Parks (KDWP) regarding animal health (domestic and wild).

The Kansas State Department of Education (KSDE) communicates with local educational agencies in the event of an emergency using the KSDE website, email listervs, automated phone
trees, fax, print media and commercial broadcasts. This communication takes place primarily with public schools and school districts, though some private schools can be contacted through the automated phone tree and listervs. KSDE’s Communications & Recognition Team handles message creation and distribution, ensuring consistency and quality control of messages. The Director of KSDE’s Communications & Recognition Team is the state-level education spokesperson for media relations and communication with local educational agencies.

<table>
<thead>
<tr>
<th>Role</th>
<th>Task</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Health Officer, KDHE</td>
<td>Review materials developed by staff to ensure medical accuracy</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Provide informational presentations to stakeholders</td>
<td>✓</td>
</tr>
<tr>
<td>Director of Communications, KDHE</td>
<td>Develop educational materials to be distributed in later stages. Materials include: (1) Family (Home) care of symptomatic individuals, when to go to the hospital, infection control in the home, when to call the hotline (2) Information for businesses: Social distancing recommendations in the workplace, how to manage increased absenteeism. (3) Information regarding handling of human remains, hotline numbers, process for burial, death certificates, what to expect</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Provide training and resources to local health and medical staff who may be called to speak to the media during a pandemic</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Monitor the KDHE website to ensure that the preparedness and influenza information is up-to-date and accurate</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Prepare “message maps” for anticipated questions</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Continue to update the KDHE Crisis/Emergency Risk Communications (CERC) Plan</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Establish a mechanism to activate hotline capabilities during a pandemic response</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Develop just-in-time training for hotline operators</td>
<td>✓</td>
</tr>
<tr>
<td>KS-HAN Administrator, KDHE-CPHP</td>
<td>Assist KDHE Director of Communications with development and implementation of systems to facilitate communications with the public and key stakeholders</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Conduct monthly tests of KS-HAN</td>
<td>✓</td>
</tr>
<tr>
<td>Exercise and Training Coordinator, KDHE-CPHP</td>
<td>Develop and conduct exercises to test the state’s ability to use the systems developed to enhance communications. Monitor progress on improvement plans and retest capabilities and tasks that are not completed to standard</td>
<td>✓</td>
</tr>
<tr>
<td>Operations staff, KDHE-CPHP</td>
<td>Work with the CPHP Exercise and Training Coordinator to implement actions identified in Improvement plans as a result of exercise activities</td>
<td>✓</td>
</tr>
<tr>
<td>KDA</td>
<td>Maintain communication avenues with regulated entities for the provision of emergency information</td>
<td>✓</td>
</tr>
<tr>
<td>KSDE</td>
<td>Maintain communication systems with school districts and private schools</td>
<td>✓</td>
</tr>
<tr>
<td>Communications &amp; Recognition Team, KSDE</td>
<td>Prepare message maps for anticipated questions regarding school dismissal and other pandemic influenza educational system related questions</td>
<td>✓</td>
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</table>
Prevention and Containment

There are three actions that can be taken to prevent and contain outbreaks of pandemic influenza: nonpharmaceutical interventions (NPI), use of antivirals and vaccination.

Nonpharmaceutical Interventions

The CDC has recommended an early, targeted, layered use of nonpharmaceutical interventions as a key strategy to mitigate the effects of a pandemic on a community. The guidance document can be found on the Pandemicflu.gov website. KDHE staff prepared a guidance document for local community planners that linked the CDC guidance to the Community Containment for Disease Tool Box that was provided to local health department planners in 2006. This guidance document is located at www.kdheks.gov/cphp/comm_containment_sog.htm. The interventions recommended by the CDC are:

- Isolation and treatment (as appropriate) with antivirals of all persons with confirmed or probable pandemic influenza
- Voluntary home quarantine of members of households with confirmed or probable influenza cases
- Dismissal of students from school coupled with social distancing
- Use of social distancing measures in the workplace and in the community

KDHE has established the Community Containment Workgroup to focus on issues related to public health interventions and report recommendations to the Pandemic Influenza Task Force. Projects being addressed include the development of:

- Algorithms to determine when to cancel large gatherings
- Algorithms to determine when to dismiss students
- Educational materials for employers regarding social distancing and infection control
- Training and educational materials for local health officers

Kansas planners recognize that community containment measures must be implemented at the local level. Staff from the CPHP worked with local health department representatives to develop the Community Disease Containment SOG. This SOG is provided as Attachment N to this plan. Local health department personnel worked with their community partners to develop guides and processes that were specific to their communities. These SOGs were exercised in 2006 and communities are now in the process of refining their plans and procedures based on improvement plans that were written as a part of the exercise evaluation process. This comprehensive community mitigation strategy is intended to slow the spread of pandemic influenza, ultimately saving lives and reducing demand on health care resources including EMS.

KDHE has worked closely with the KSDE and the Kansas Association of School Boards (KASB) to develop a Pandemic Action Kit for local school districts. The kit is posted on the KASB website located at www.kasb.org/panflu/. The kit contains sample parent letters, checklists for schools, media material, fact sheets, guidance documents, and other useful materials.

KSDE anticipates families will need to focus on basic, immediate physical and emotional needs during times of crisis, rather than on educational needs. Once a decision is made to dismiss a school and depending on when that happens, suggestions might include:
1. If the closing occurs during a school day, identify materials that could be easily and readily taken home. For instance, students could take library books, textbooks, journals, content notebooks, etc., for use during the time of a school closing.

2. Should the emergency closing occur during a time when students were not present, there might be some distribution of materials via the Internet. Each district could post items in the content areas by grade level on their website. KSDE resources could also be accessed at www.ksde.org. During a time of extended school closing, areas may be operating with limited availability of many things. Educational content could be made available through the state website and/or respective district websites.

_Influenza Vaccine_

During the initial months of an influenza pandemic, no vaccine will be available because it is not possible to produce a vaccine without knowing the characteristics of the novel virus. Unlike annual production of influenza vaccine, wherein strains are selected in the spring leading to vaccine distribution in the late summer, a pandemic strain could be detected at any time. Current manufacturing procedures require at least 6-8 months before large amounts of vaccine are available for distribution. Nevertheless, vaccine administration could become an important preventive strategy during the next influenza pandemic, once an effective vaccine is developed.

Contrasts between delivery of pandemic vaccine and the annual influenza vaccine include the following:

- The target population will be modified, possibly to include the entire U.S. population.
- It is impossible to predict how quickly the novel virus would arrive in the U.S. Because of the minimum 6-8 month period to produce a vaccine, it is anticipated that demand for vaccine will be greater than the supply early in the course of the pandemic. It is also possible that no vaccine will be available.
- Once vaccine is available, it will need to be distributed as quickly as possible.
- Immunologic responses following initial vaccination of serologically negative individuals is poor and represents a priming of the immune system. The emergence of a pandemic strain with new hemagglutinin and or neuraminidase antigens will likely require a second (booster) dose of vaccine to be administered 2-4 weeks after the first dose is given.

A final decision regarding the degree of federal vaccine purchase during a pandemic may not be made until the pandemic vaccine is being produced. The Kansas plan for delivery and administration of vaccine addresses many possible scenarios, including: complete federal purchase and distribution to states, partial federal purchase with distribution to states, and minimal federal purchase (similar to the current annual influenza vaccination program). Currently influenza vaccine is primarily administered through the private sector. Coordination with and education of the private sector is a key aspect of our planning.

Because a relative shortage of vaccine is expected early in the pandemic, vaccine recipients will be prioritized. Recommendations will be made at the national level, which will be adapted by the State Health Officer. The CDC released guidance on allocating and targeting of pandemic influenza vaccine in July 2008. The Federal Vaccine Priority Recommendations are provided as Appendix I. KDHE’s Vaccine Prioritization Workgroup continues to review the federal recommendations related to adopting a plan specific to Kansas.
Eventually, it is assumed that sufficient vaccine will be available for mass vaccination of the total population. Local health departments have conducted detailed planning activities that have culminated in the creation of the local Mass Dispensing SOG. This guide explains the specific operations of large-scale clinic management and can also be used for developing the Smallpox, Chemo-prophylaxis, and Influenza Vaccination Clinic functions.

The KDHE Adverse Events Coordinator is actively involved in vaccination planning. KDHE is upgrading its immunization registration, inventory management and smallpox vaccination reporting infrastructures. KDHE will utilize the Kansas Immunization Registry to monitor adverse events related to the pandemic influenza vaccine.

An influenza pandemic may pose significant threats to the human infrastructure responsible for critical community services due to widespread absenteeism and exhaustion in the workforce. Examples include highly specialized workers in the public safety, utility, transportation and food service industries, and will likely vary from jurisdiction to jurisdiction. The CDC has issued guidelines recommending certain priority groups to receive vaccine and antivirals. The KDHE Vaccine Prioritization and Antiviral Distribution work groups are reviewing the guidelines and will make its recommendations in the next iteration of this plan. The CDC priority group recommendations can be found in Appendix I.

The success of the pandemic influenza vaccination program will be determined in large part by the strength of local and state vaccination programs during the Inter-pandemic Period for three main reasons: (1) increased acceptance of and public confidence in the vaccine; (2) stimulation of vaccine production by manufacturers to meet demand; and (3) strengthening of distribution channels.

During the Inter-pandemic Period, efforts to increase pneumococcal polysaccharide vaccination (which can reduce the incidence of invasive pneumococcal disease secondary to influenza) is recommended and emphasized. Because large-scale pneumococcal vaccination may not be feasible once a pandemic alert has occurred, the Inter-pandemic Period is the ideal time to deliver this preventive measure.

*Antivirals*

Vaccine will likely not be available when the novel influenza virus first affects communities; antivirals might play an important role in the control of influenza, especially – but not only – during the period before vaccine is available. Existing production capacity for influenza antiviral drugs is less than would be needed to provide prophylaxis or treatment for the entire population and the current supply of antivirals in the federal cache is limited to enough courses to treat 15 percent of the U.S. population. Kansas has purchased enough antivirals to treat another 10 percent of the state’s population and so combined there are enough antiviral courses for one course of treatment for 25 percent of Kansans. Current federal guidance requires that antivirals in this program are to be used for treatment only.

Therapy is effective at decreasing severe complications and reducing hospitalizations only if offered within two days of developing symptoms. Distribution of drugs for therapy is a challenge given the limited amount available, the large number of points of care and the need to initiate the course of treatment within 48 hours of onset of symptoms.
Antivirals from the SNS will be distributed to points of care utilizing the distribution system that is detailed in the Kansas SNS Plan. The State Health Officer will determine whether controls for dispensing (such as positive rapid test) will be required. He or she will also provide guidelines on appropriate use of antivirals that are distributed. Public education will be very important given the scarcity of this resource.

Prioritizing within priority groups will be necessary given the limited supply. For antivirals purchased with public funds, the state will be responsible for local distribution of the antivirals in collaboration with the private sector. As with vaccine, it will be critical to clearly communicate with the public about the rationale for priority groups. Coordination with and education of the private sector is a key component of the plan.

Identification of influenza within a community (based upon either isolation of the pandemic strain or an increase in ILI) will be the trigger for initiating prophylaxis. In order to be effective, prophylaxis must be continued until the exposure has ceased. Use of antivirals for prophylaxis would be limited in scope and only at the direction of the State Health Officer.

<table>
<thead>
<tr>
<th>Prevention and Containment – U.S. Government Stage 0</th>
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<tbody>
<tr>
<td><strong>State Health Officer, KDHE</strong></td>
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<tr>
<td>Lead work group efforts to define and recommend containment activities to local communities</td>
</tr>
<tr>
<td>Enhance influenza vaccination coverage levels in traditional high-risk groups, especially subgroups in which coverage levels are particularly low (e.g. minorities and persons younger than 65 years of age with chronic underlying medical conditions). Increasing routine, annual vaccination coverage levels in these groups will further reduce the annual toll of influenza and will facilitate access to these populations when the pandemic occurs</td>
</tr>
<tr>
<td>Enhance pneumococcal vaccination coverage levels in traditional high-risk groups to reduce the incidence and severity of secondary bacterial pneumonia</td>
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<tr>
<td><strong>SNS Coordinator, KDHE-CPHP</strong></td>
</tr>
<tr>
<td>Ensure vaccine distribution plans are coordinated with the bordering states of Missouri, Nebraska, Colorado and Oklahoma, as well as the Kansas City Metro Area.</td>
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<tr>
<td>Continue to review, modify and exercise the SNS SOGs at the state level and mass dispensing SOGs at the local level</td>
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<tr>
<td>Ensure that contingency plans have been considered for emergency distribution of unlicensed vaccines using emergency Investigational New Drug (IND) provisions</td>
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<tr>
<td>Train and exercise state and community partners on the antiviral distribution plan</td>
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<tr>
<td><strong>Attorney, KDHE</strong></td>
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<tr>
<td>Ensure that state laws continue to allow for important elements of vaccination plans</td>
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<tr>
<td><strong>Immunization Program Director, KDHE</strong></td>
</tr>
<tr>
<td>Maintain the Kansas Immunization Registry to track vaccine and facilitate reminder notification to track the administration of two doses per person (if recommended) and to track adverse events</td>
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<tr>
<td>Educate the medical community and the public regarding appropriate prescribing information during a pandemic event</td>
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<td>WHO Phases</td>
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</table>

During WHO Phase 3, the U.S. Government may be at Stage 0 or Stage 1. The assumption for the actions detailed below is that the federal government has declared Stage 1.

**Planning and Coordination**

The State Health Officer will meet with the PIPC and the Pandemic Influenza Task Force to review major elements of the plan and assess and evaluate the state and local levels of preparedness. Changes to the plan will be made as needed. Communication with the border states of Missouri, Oklahoma, Colorado and Nebraska, as well as the Kansas City Metro Area, should be maintained. Internal operating guides will be reviewed and updated to ensure that staff are available and contact information is current.

KDHE will initiate ICS at Level 2 – Watch in preparation for pandemic influenza response. Operations and Logistics Section staff will ensure that facilities listed in the plan are ready. The Finance and Administration staff will begin the process of documenting expenses related to pandemic response. Notification of a possible biological emergency will be communicated to KDHE and a Liaison Officer will be requested. Kansas Health Alert messages will be sent to all appropriate state and local response partners of preparedness activities.

According to the “Implementation Plan for the National Strategy for Pandemic Influenza,” the federal government will be utilizing the National Response Framework as the primary mechanism for coordinating the federal response to a pandemic. Roles of key federal agencies are described in the implementation plan; the roles of U.S. Department of Health and Human Services (HHS) and U.S. Department of Homeland Security (DHS) are repeated here.

The U.S. Secretary of Health and Human Services will be responsible for the overall coordination of the public health and medical response during a pandemic, to include coordination of all federal medical support to communities; provision of guidance on infection control and treatment strategies to local, state and tribal entities, and the public; maintenance prioritization, and distribution of countermeasures in the SNS; ongoing epidemiologic assessment, modeling of the outbreak, and research into the influenza virus, novel countermeasures, and rapid diagnostics.
The U.S. Secretary of Homeland Security will be responsible for coordination of the federal response as provided by the National Strategy for Pandemic Influenza (Strategy), the Homeland Security Act of 2002, and Homeland Security Presidential Directive #5, and will support the Secretary of Health and Human Services’ coordination of overall public health and medical emergency response efforts. The Secretary of Homeland Security will be responsible for coordination of the overall response to the pandemic, implementation of the policies that facilitate compliance with recommended social distancing measures, the provision of a common operating picture for all departments and agencies of the federal government, and ensuring the integrity of the nation’s infrastructure, domestic security, and entry and exit screening for influenza at the borders.

The Incident Commander will convene the PIPC and review the plan and corresponding SOGs.

- Maintain surveillance.
- Activate the Crisis/Emergency Risk Communications (CERC) Plan.
- Begin vaccine and antiviral distribution (if available).
- Notify Kansas Emergency Management of the need for additional resources.
- Activate SOGs for operational priorities.
- Arrange for facilities use.
- Document expenses of pandemic response.

<table>
<thead>
<tr>
<th>State Health Officer, KDHE</th>
<th>Convene the PIPC and the Pandemic Influenza Task Force to review major elements of the plan and assess preparedness level</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>KDHE-PIPC</td>
<td>Review and revise KDHE operating guides and procedures including contact information</td>
<td>✓</td>
</tr>
<tr>
<td>KDHE Operations and Logistics Section</td>
<td>Ensure that facilities are ready and available</td>
<td>✓</td>
</tr>
<tr>
<td>KDHE Epidemiology Branch</td>
<td>Maintain surveillance</td>
<td>✓</td>
</tr>
<tr>
<td>PIO, KDHE</td>
<td>Activate CERC Plan</td>
<td>✓</td>
</tr>
<tr>
<td>KDHE Operations Section</td>
<td>Begin antiviral and vaccine distribution (if available)</td>
<td>✓</td>
</tr>
<tr>
<td>Liaison Officer, KDHE</td>
<td>Notify emergency management of response and needed support</td>
<td>✓</td>
</tr>
<tr>
<td>KDDEM</td>
<td>Provide a Liaison Officer to KDHE ICS</td>
<td>✓</td>
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</tbody>
</table>

**Situation Monitoring and Assessment**

The CDC continuously monitors surveillance data reported nationally and frequently communicates with public health colleagues around the world so that novel viruses are detected and investigated as quickly as possible. If Kansas is notified by CDC that a novel influenza virus has been identified, but efficient transmission of the virus from person-to-person is not yet established (that is, a novel virus alert), Kansas will enhance inter-pandemic surveillance activities by:
• Increasing case detection among persons who recently traveled to the outbreak area and present with clinical illness possibly caused by influenza including pneumonia, acute respiratory distress syndrome or other severe respiratory illness. Appropriate specimens will be collected to diagnose influenza infection. In some situations, if the novel influenza virus is a highly pathogenic avian strain, such as with the 2004 H5N1 influenza virus in Asia, local hospital laboratories should not attempt viral isolation because of the risk that the strain could spread. Specimens will be sent to KHEL or to CDC where isolation and sub-typing can be done under more stringent bio-safety conditions. Influenza infection can be diagnosed locally using antigen detection, immunofluorescence, or PCR; see Appendix M. CDC will provide guidance appropriate to each specific novel virus alert.

• The OSE will work with local health departments to investigate early cases and clusters of suspect pandemic influenza identified through ILI Net or passive surveillance. OSE will be responsible for forwarding case reports to the local health department, and for specifying which CDC form (e.g. the Pandemic Influenza Case Investigation Form, the Novel Human Influenza Case Report Form, or an alternative form suggested by the CDC) to use for case investigations, and for timely reporting. The local health department will be responsible for collecting the histories from the patient and/or the patient’s physician as soon as possible, and for immediately forwarding complete case investigation forms to KDHE via fax or via Kansas’ electronic disease reporting system, KS-EDSS.

• Reporting of early novel and pandemic influenza cases to CDC, likely via an on-line CDC case reporting system.

• Ensuring that all inter-pandemic influenza surveillance activities are underway regardless of the time of year and that all participating laboratories and ILI Net providers are reporting data to CDC each week.

• Sub-typing all influenza A viruses identified in clinical specimens and immediately reporting to CDC any influenza A viruses that cannot be sub-typed. CDC will provide instructions on the safe handling of a potential novel influenza virus.

• Obtaining reagents from CDC (as these become available) to detect and identify the novel strain.

• Reviewing contingency plans for further enhancement of influenza surveillance if efficient person-to-person transmission of the novel virus is confirmed.

If efficient person-to-person transmission of a novel influenza virus is confirmed, the following additional surveillance enhancements will be made:

• Assessing the need to screen travelers arriving in the U.S. from affected countries.

• Investigating the epidemiology of all early cases either originating in the U.S. or that are imported into the country.

• At hospitals and emergency departments, increasing laboratory diagnosis of influenza, including use of rapid antigen detection tests, for persons with compatible clinical syndromes, particularly those who may have had recent exposure at the site of an outbreak. CDC will provide guidance to assist with triage of specimens for testing and for choosing which isolates to send to CDC.

• The completeness and timeliness of reports from all participating laboratories and ILI Net providers will be assessed, and non-reporters will be contacted to improve their performance as necessary.
- The OSE will investigate outbreaks and increases in ILIs, including those detected through the ILI Net surveillance system and those reported through traditional passive surveillance.

<table>
<thead>
<tr>
<th>Situation Monitoring and Assessment – U.S. Government Stage 1 &amp; 2</th>
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<tbody>
<tr>
<td><strong>KDHE-OSE</strong></td>
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<tr>
<td>Increase case detection among persons who recently traveled to</td>
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<tr>
<td>the outbreak area and present with clinical illness possibly</td>
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<tr>
<td>caused by influenza including pneumonia, acute respiratory</td>
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<td>distress syndrome or other severe respiratory illness</td>
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<td>Reporting of early novel and pandemic influenza cases to CDC</td>
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<tr>
<td>Monitoring and instituting recommendations from CDC for any</td>
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<tr>
<td>additional surveillance activities that should be undertaken</td>
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<td>given the specific circumstances</td>
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<td>Review contingency plans for further enhancing influenza</td>
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<tr>
<td>surveillance if efficient person-to-person transmission of the</td>
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<td>novel virus is confirmed</td>
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<td>Assess the need to screen travelers arriving in the U.S. from</td>
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<td>affected countries</td>
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<td>Investigate the epidemiology of all early cases either</td>
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<td>originating in the U.S. or imported into the country</td>
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<td>Investigate early cases and clusters of suspect pandemic</td>
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<tr>
<td>influenza identified through ILI Net or passive surveillance</td>
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<tr>
<td>Forward case reports to the local health department, and specify</td>
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<tr>
<td>which CDC form to use for case investigations and timely</td>
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<tr>
<td>reporting</td>
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<tr>
<td>Ensuring that all Inter-pandemic Period influenza surveillance</td>
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<tr>
<td>activities are underway regardless of the time of year and that</td>
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<tr>
<td>all participating laboratories and ILI Net providers are</td>
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<tr>
<td>reporting data to CDC each week</td>
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<td>Investigate outbreaks and increases in ILIs</td>
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<td>Assess the completeness and timeliness of reports from all</td>
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<tr>
<td>participating laboratories and ILI Net providers and determine</td>
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<tr>
<td>if improvement measures are necessary</td>
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<tr>
<td><strong>KDHE-KHEL</strong></td>
</tr>
<tr>
<td>Isolation and subtyping of novel viruses</td>
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<tr>
<td>Subtyping all influenza A viruses identified in clinical</td>
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<tr>
<td>specimens and reporting any influenza A viruses that cannot be</td>
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<td>subtyped to CDC immediately</td>
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<tr>
<td>Obtaining reagents from CDC (as reagents become available) to</td>
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<tr>
<td>detect and identify the novel strain</td>
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<tr>
<td><strong>Kansas hospitals</strong></td>
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<tr>
<td>At hospitals and emergency departments, increase laboratory</td>
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<tr>
<td>diagnosis of influenza, including use of rapid antigen</td>
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<tr>
<td>detection tests for persons with compatible clinical</td>
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<tr>
<td>syndromes, particularly those who may have had recent</td>
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<tr>
<td>exposure at the site of an outbreak</td>
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</table>

**Health System Response**

Healthcare system providers will review their emergency plans and procedures and ensure they are current and workable. Medical surge portions of the plan may be exercised and improvement plans will be developed and implemented. Isolation procedures will be reviewed and...
communicated to all staff. The importance of infection control procedures will be emphasized to staff, patients and visitors. PPE will be inventoried and additional stocks may be ordered.

The Planning Section within the KDHE ICS will monitor the Kansas Hospital Bed Availability (HAVBED) system. KDHE, in cooperation with the Kansas Hospital Association, will increase promoting use of this system by Kansas hospitals. Procedures for HAVBED use are in place and additional training will be made available to local hospital staff. Hospital bed availability, in concert with other situational data, will help planners at the local and state levels determine the need for additional care sites and supplies.

Additional training will be made available related to K-SERV. This system coordinates the deployment and tracking of volunteer medical and other professionals in an emergency and provides primary source verification for these professionals. The K-SERV system has been developed in accordance with the federal Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) standards. Requests for additional volunteers will be coordinated through the local EOCs, like other requests for additional support. Local volunteer coordinators have access to K-SERV and will be able to utilize the system according to procedures already developed and disseminated.

The PIPC will review this plan and the corresponding SOGs. Procedures and equipment in the KDHE Department Operations Center will be tested to ensure operational readiness.

<table>
<thead>
<tr>
<th>Health System Response – U.S. Government Stages 1 &amp; 2</th>
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<tr>
<td>Kansas hospitals</td>
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<tr>
<td>Volunteer Coordinator, KDHE-CPHP</td>
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<td>KDHE Planning Section</td>
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<tr>
<td>Kansas Hospital Association</td>
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<tr>
<td>KDHE-PIPC</td>
</tr>
<tr>
<td>KDHE Logistics and Operations Sections</td>
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**Communications**

The KDHE Director of Communications serves as the PIO under the ICS. The PIO and his or her staff maintain a system to effectively communicate with public health officials, healthcare professionals and other targeted audiences. This system is described in the KDHE CERC Plan and describes the following activities that would be conducted by the PIO and his or her staff:
• Review materials and revise as needed.
• Activate public hotline, if needed
• Disseminate information to public and partners on an ongoing basis.
• Educate public health officials, elected officials, community leaders, and the media about what information will and will not be available during a pandemic.
• Prepare spokespersons.
• Coordinate with bordering jurisdictions.

Once sustained human-to-human transmission is confirmed anywhere in the world, the Public Information staff will:
• Review major elements of the CERC Plan with partners and stakeholders.
• Disseminate information to public, partners and the media on an ongoing basis.
• Monitor media coverage and address misinformation.
• Coordinate with bordering jurisdictions.

<table>
<thead>
<tr>
<th>Communications – U.S. Government Stage 1 &amp; 2</th>
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<tbody>
<tr>
<td>Director of Communications, KDHE</td>
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<tr>
<td>Review materials and revise as needed</td>
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<tr>
<td>Activate public hotline</td>
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<tr>
<td>Disseminate information to public and partners on an ongoing basis</td>
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<tr>
<td>Educate public health officials, elected officials, community leaders, and the media about what information will and will not be available during a pandemic</td>
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<tr>
<td>Prepare spokespersons</td>
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<tr>
<td>Coordinate communications plan with bordering jurisdictions</td>
</tr>
<tr>
<td>Review major elements of the CERC plan with partners and stakeholders</td>
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<tr>
<td>Monitor media coverage and address misinformation</td>
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Prevention and Containment
Local and state health authorities will meet with appropriate partners and stakeholders and review major elements of SNS plans and SOGs. Plans will be modified to account for any updates on recommended target groups, projected vaccine supply and human resources.

Once a novel virus has been identified, KDHE staff will review the distribution and priority prophylaxis and treatment plans to ensure they are updated. The medical community will be notified of the status of the plans and the availability of antivirals. KDHE will distribute guidelines to the medical community and conduct training for public health staff involved in antiviral distribution protocols and procedures.

Containment plans and SOGs will be reviewed and updated. State and local public health departments will continue to stress prevention messages and provide social distancing education to businesses, schools and community leaders.

Once human transmission is confirmed, local public health agencies will ensure that human resources and logistics are in place to begin vaccination, taking into account the need for additional staff due to illness and relief for workers. Refresher training will be provided to
relevant agencies and partner groups regarding vaccine delivery protocols and procedures. Activities will be coordinated with border states and the Kansas City Metro Area.

HHS will deploy the antiviral stockpile to state and tribal entities and to federal departments and agencies, along with prioritization and treatment recommendations. HHS will notify the Kansas SNS Coordinator to coordinate receipt.

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<tr>
<th>Prevention and Containment – U.S. Government Stage 1 &amp; 2</th>
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<tr>
<td><strong>SNS Coordinator, KDHE-CPHP</strong></td>
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<td><strong>Local health departments</strong></td>
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<td><strong>KDHE-PIPC</strong></td>
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<td><strong>State Health Officer, KDHE</strong></td>
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<td><strong>PIO, KDHE</strong></td>
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<td><strong>Local health departments</strong></td>
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<td>WHO Phases</td>
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<td><strong>PANDEMIC PERIOD</strong></td>
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**Planning and Coordination**

KDHE has developed pandemic influenza triggers that delineate staffing and appropriate actions for various trigger points during the pandemic alert period. Those trigger points are as follows:

1. World Health Organization declares Pandemic Alert, U.S. Government moves to Stage 3 and identifies the Pandemic Severity Index (PSI) for the particular causative virus. HHS notifies SNS Coordinator that they will ship the federal cache of antiviral medications to Kansas. Kansas identifies itself as Interval Investigation.

2. The Kansas Receipt, Staging, and Storage (RSS) Warehouse is activated to receive assets.


4. The U.S. Government declares Stage 5 – Spread throughout the United States – First case in Kansas. Actions based upon federal guidance for respective stage, PSI and respective intervals.
   a. Kansas asynchronously identifies affected geographic area as Interval Investigation/Affected area with concomitant actions surrounding the initiation element. Kansas continues to identify the rest of the state as Interval Investigation/Unaffected.
   b. Kansas detects secondary clusters and identifies as Interval Recognition. Kansas continues asynchronously local and regional interval designations.
   c. Kansas declares “Mitigation Standby” if PSI 1-3, and “Alert” if PSI 4-5 identifies as Interval Initiation/Acceleration as surveillance warrants. Kansas activates community mitigation interventions for affected communities.
   d. Kansas declares Peak Interval and extensive community transmission as indicated by one or more of the three guidance based criteria for the interval. PSI based actions taken in affected areas.

   a. Asynchronously within the state evident signs of infection rate reductions become apparent and affected areas are identified as Interval Deceleration.
   b. As cases become more sporadic, interval designations of resolution are declared for areas and communities of the state where surveillance supports the identified interval.
The complexity and variability of action surrounding the WHO phases, and the U.S. Government stages tied to the PSI and resulting intervals, will result in the development of “operational” decision algorithms. Appendix M represents a sample algorithm for use asynchronously within the state. It is based upon a WHO phase 4, U.S. Government-designated PSI 5 event, with resulting interval-based actions tied to state and local BIAs, resulting local SOGs and the Community Containment Tool Box and the school-based tool kit.

These trigger points were used for deciding staffing of the KDHE ICS. Since the antiviral shipment will necessitate activating an RSS Warehouse, KDHE will activate the Departmental Operations Center and additionally staff the ICS.

The KDA is responsible for all food safety programs in Kansas. Food Safety has been identified as the number 1 priority for KDA in the event of any crisis that would affect the ability of the agency to carry out essential functions, which would include a pandemic. Personnel assigned to food safety responsibilities are located throughout the state and cross-training has occurred with all staff. These staff will be used in place of current staff if they are unavailable to provide inspections. Inspections will be conducted during all phases of a pandemic.

All state-inspected slaughter/processing establishments will be directed to communicate problems and resource requests to their local EOCs. It is anticipated that many of these facilities will still contact their assigned inspector or the KDA directly, and that information will be shared with the local EOC. The ESF 11 coordinator in the SEOC, will coordinate resource requests with other ESF Coordinators and the logistics personnel, as needed. Status of food producers will be maintained by the ESF 11 Coordinator and provided to the planning section in the SEOC as requested. Due to the large number of regulated facilities, only those experiencing problems will be included in the status reports. Facilities able to continue business as usual will not be tracked or reported on.

It is unlikely that state-level response teams would be needed (or available) to carry out state-administered nutritional assistance and agriculture emergency response support responsibilities, during a pandemic. The nutritional assistance programs are managed by a handful of state-level managers on a day-to-day basis. The overwhelming majority of program implementation activity is done at the local level. School districts administer school nutrition programs, the local and state health departments manage WIC, hundreds of nongovernmental entities implement commodities programs, and the food stamp program is administered in Topeka. If the local agencies have not prioritized these programs in their continuity of operations planning, there is little that can be done from the state level. As mentioned previously, the newly formed group will be working to develop some guidance, but there are few regulatory avenues that would be available to require local entities to administer these programs during a pandemic, with the exception of the food stamp program. The state agency is required to accept and process applications, even in the event of a pandemic. Kansas Department of Social and Rehabilitation Services (SRS) field staff would carry out these functions with alternative methods as deemed necessary in a pandemic.

Agriculture emergency response support would be provided the same way in a pandemic as it is for other disasters and emergencies in Kansas. Critical response activities are prioritized in all state agency COOPs. It is anticipated that state agencies will be able to provide very little additional support to local jurisdictions during a pandemic. Plans are being developed to ensure that essential public safety and public health programs can continue, even with a potential
50 percent reduction in staff. It would not be prudent to assume that resources above and beyond that would be available.

The newly formed Nutritional Assistance group is currently working to develop procedures for alternative approaches for carrying out state-administered nutritional assistance during a pandemic. The KDA will serve as the ESF 11 coordinating agency in the event of a pandemic. Nutritional assistance program status will be reported on a weekly basis to the ESF 11 desk in the SEOC. If there are problems or needs, program managers will also report these to the ESF 11 desk as they occur. In the event of an agriculture emergency, the producers will notify their local EOC. Requests for assistance will be routed to the ESF 11 desk in the SEOC. Animal disease events will be also be coordinated through the SEOC and staff from the KAHD will respond to support the ESF 11 function.

The KDA and the KAHD are currently developing standard operating procedures as part of each agency’s continuity of operations planning. The Food Safety and Agriculture Emergency programs are currently listed as priority-level critical functions in each agency. The procedures under development will include what actions each agency will take to ensure these programs are able to be continued in the event of a pandemic. Both agencies are responsible for functions that may not be critical and each is developing contingency plans to surge staff and resources into the priority programs.

After the KDHE Incident Commander advises the Governor through The Adjutant General of the State of Disaster Emergency, a recommendation that all state government agencies implement their COOPs will be made. A major focus of these COOPs shall include the limiting of personnel working to COOP functions and personnel. This limiting of state workers is expected to have the effect of limiting the disease spread among the workforce and be part of the state’s overall layered disease mitigation strategy.

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<thead>
<tr>
<th>Planning and Coordination – U.S. Government Stages 3, 4 &amp; 5</th>
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<td><strong>KDA</strong></td>
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<td>The Incident Commander</td>
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<td>The Operations Section Chief</td>
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<td>The Incident Commander</td>
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<td>The KHEL</td>
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<td>The Planning Section Chief</td>
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**Situation Monitoring and Assessment**

In an effort to reduce and delay the spread of infection through the state workforce, the KDHE Incident Commander will recommend the implementation of COOP measures to the Governor’s Office, through the Adjutant General’s Department, for all state agencies. The implementing of these measures will be dictated by the PSI and result in the reductions of state functions corresponding to that severity. Each agency implementing COOP measures will identify which services to reduce in coordination with the appropriate ESF Coordinator at the SEOC. ESF Coordinators will then provide all of the service reduction information to the SEOC Manager and the state JIC. The JIC will coordinate the release of this information with the Governor’s Office to the citizens of Kansas.

Studies have demonstrated a dramatic increase in antiviral resistance in some commonly circulating Influenza strains to certain antiviral medications. The technology required to perform antiviral resistance testing is not available to most laboratories, including KHEL. In response, CDC has implemented an enhanced antiviral resistance testing and surveillance program. Each of the CDC Collaborating Laboratories is asked to submit a certain portion of Influenza isolates to CDC. KHEL is participating in this surveillance program and will submit an increased number of isolates for antiviral resistance monitoring.

The Epidemiological Branch Director in the KDHE ICS will ensure that studies are in place to monitor vaccine effectiveness as well as assess the quality of surveillance and make recommendations for improvement during the period between pandemic waves and after the pandemic. In addition, the Epidemiological Branch will be responsible for tracking adverse events to vaccine and treatment. The Epidemiological Branch Director will also coordinate the monitoring of health impacts, including deaths and hospitalizations, from influenza.

KDHE-OVS has implemented an electronic death reporting system. Both OVS and OSE can access the system, and build queries regarding deaths from specific causes, such as influenza or pneumonia. In the event that the electronic death reporting system is not operational, influenza-associated deaths will be tabulated manually, using traditional, paper-based methods.
During the early period of the pandemic, the Epidemiological Branch will use information gathered from local health departments’ case investigations, WebEOC, and the Office of Vital Statistics electronic death reporting system to determine the disease’s attack and case-fatality rates, the number and rate of pandemic-associated hospitalizations, the number of pandemic-associated deaths, and the numbers of newly isolated and quarantined citizens. Tabulated data may be transmitted to the CDC as requested.

The Epidemiological Branch, with assistance from the Office of Vital Statistics, may utilize bridged estimates from the National Center for Health Statistics to calculate estimated rates of influenza-associated hospitalization.

The Planning Section in cooperation with the Kansas Division of Homeland Security will measure absenteeism in key industries.

In the event of a suspect or confirmed case of pathogenic avian influenza, the Kansas Animal Health Department Livestock Commissioner will contact the State Public Health Veterinarian directly or via telephone, in addition to contacting the Adjutant General’s Department via email.

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<tr>
<th>Situation Monitoring and Assessment – U.S. Government Stages 3, 4 &amp; 5</th>
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<tr>
<td><strong>KDHE Incident Command</strong></td>
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<td><strong>KDHE Epidemiological Branch</strong></td>
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<tr>
<td><strong>KDHE Planning Section and Kansas Division of Homeland Security</strong></td>
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**Health System Response**

KDHE will implement generic elements of the response plans and specific plans for identified pandemic influenza issues, including continuous collection of data concerning medical and material supplies and their allocation, in order to rapidly identify changing patterns of need and modify or redirect policy.

Depending upon the severity of the pandemic, communities may choose to utilize alternate care facilities for patients presenting with symptoms of pandemic influenza. These alternate care sites may be utilized to facilitate congregate care of similarly symptomatic patients whom do not require intensive medical treatments. The use of these facilities by communities could prove effective in maintaining the hospital for those with severe complications or other non-pandemic
related medical emergencies such as labor and delivery, traumas, and normal daily emergency room situations.

In the event of mass fatalities caused by a pandemic influenza, it may be necessary to have a virtual family assistance center where information can be received and disseminated by means other than personal contact to reduce exposure.

The Disease Containment Branch will coordinate the provision of infection control measure messages to health care delivery personnel as well as the general public. KDHE will coordinate best practice recommendations from the CDC, HHS, and Association of Practitioners of Infection Control (APIC). This information will be shared via a variety of avenues including the JIC and KS-HAN, in partnership with the Kansas Hospital Association, the Kansas APIC Chapter and KBEMS.

The role of behavioral health professionals in pandemic response is important for the health of Kansans. Continuity of operations planning efforts across all sectors describe the reduction of services during this time. This reduction of services will likely have many effects to the employment statuses of Kansans. Behavioral health providers will have a role in drafting messages and providing services to established clients and the general population during this time. These messages may also include the increased expectation of deaths outside of medical care facilities, depending on the severity of the pandemic.

Once the pandemic is underway and healthcare providers rely on clinical criteria rapid test kits, more diagnostic activities may be conducted locally and fewer shipments may be needed. Public health laboratories should continue to build partnerships with healthcare providers in their jurisdictions, including physicians who participate in the ILI Net during the regular influenza season.

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<thead>
<tr>
<th>Health System Response – U.S. Government Stages 3, 4 &amp; 5</th>
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<tbody>
<tr>
<td><strong>KDHE Disease Containment Branch</strong></td>
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<tr>
<td>Provide infection control messages to health care personnel</td>
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<tr>
<td>Coordinate best practice recommendations and share this information with the State JIC and local partners</td>
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<tr>
<td><strong>Kansas communities</strong></td>
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<tr>
<td>Activate and staff alternate care sites, if applicable</td>
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**Communications**

Using the communication systems identified during the Inter-Pandemic Period, public information staff will update appropriate agencies and the public at least weekly and as needed regarding any new information regarding the novel virus and its impact. Materials and messages will be reviewed and modified as needed with information from the CDC, HHS, and infection control specialists. When the SEOC is activated, the state JIC will also be activated. KDHE’s PIO will serve with the JIC to ensure consistency of information from the State of Kansas. JIC activities will be coordinated with bordering states and the Kansas City Metro Region.

KDA will coordinate with partner agencies to ensure that all applicable nutrition assistance program information is provided to stakeholders during the pandemic period. In addition to the messages provided by KDHE, KDA will coordinate with the nutritional assistance program managers and advise the public regarding availability of nutritional assistance programs.
KDA will assume the role as the ESF 11 coordinating agency during the pandemic response. A key component of this role is to coordinate the response to agricultural emergencies. Should an agricultural emergency coincide with a pandemic, KDA will work with KDEM to assist KAHD with any needs identified in the animal producer sector. KDA will continue to monitor the agriculture sector and provide necessary information and resources, if available, to ensure the continuity of food production in Kansas.

KDA will ensure that all applicable food safety information is provided to stakeholders during the pandemic period. In addition to the messages provided by KDHE, KDA will advise the public regarding food product recalls, safe food handling procedures, and any issues regarding shortages, substitutions, etc. KDA will also communicate with agricultural producers and other regulated entities to help KDHE provide messages regarding disease containment in the workplace and updates on the status of the pandemic.

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<tr>
<th>Communications – U.S. Government Stages 3, 4 &amp; 5</th>
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<tr>
<td>State JIC</td>
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<td>KDA</td>
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**Prevention and Containment**

KDHE will activate the Department Operations Center and distribute vaccine and supplies necessary for influenza vaccine administration (e.g., needles and syringes) through a centralized distribution system to local health departments using SNS infrastructure. Distribution of a specified number of doses of vaccine and medical supplies is based upon population and distribution of prioritized essential services personnel. Supplies to support vaccination efforts may be shipped separately from vaccine, depending on the availability of supplies.

KDHE will consult with KDEM and SEOC staff to help coordinate the storage, security, and transportation of vaccine and supplies. As previously mentioned, this distribution effort will be in accordance to previously planned and exercised SNS infrastructure. It will be crucial to continue close coordination with local, state and federal partners.

KDHE will implement vaccination of those state government officials and state and federal personnel deemed as priority for maintaining essential services. Utilizing similar methodologies as local jurisdictions, the State of Kansas will have identified these personnel. Utilizing the medical staff available within the state government system, KDHE will coordinate the provision of vaccine to these individuals to promote continuity of government.

Epidemiological Branch staff will monitor adverse reactions to influenza vaccine using the Kansas Immunization Registry. This effort will be in coordination with the monitoring of infection and fatality rates associated with the virus. Epidemiological studies of cases, adverse reactions, trends, and effectiveness of containment measures will be conducted using standard epidemiological techniques and methodologies. This information will assist state planners and response staff in determining the effectiveness of the vaccine and the need for additional disease containment measures.
The Disease Containment Branch will assist in the distribution of pneumococcal vaccine for high-risk individuals. It is anticipated that there will also be a shortage of these supplies as well. Those high-risk individuals will be identified and prioritized at the local level in much the same way as the vaccine. The SNS infrastructure will be utilized for distributing these measures.

Once the onset of a pandemic is confirmed, KDHE will fully activate the antiviral drug distribution plan. These medications will be provided to healthcare facilities for the treatment of pandemic influenza patients.

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<tr>
<th>Prevention and Containment – U.S. Government Stages 3, 4 &amp; 5</th>
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<tr>
<td>KDHE SNS and RSS Units</td>
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<tr>
<td>KDHE Epidemiological Branch</td>
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<td>KDHE Disease Containment Branch</td>
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**U.S. Government – Stage 6**

*Recovery and preparation for subsequent waves*

Improvement plans for the KDHE Department Operations Center, RSS Warehouse and SEOC will be made based on the after action reviews for each of those venues. Specific modification of the response plans and operating guides or procedures will be implemented as needed.

Epidemiological studies and reports will identify strengths and weaknesses of response measures.

Food supply system assets will be assessed on an as-needed basis. Inspections will be conducted on the same schedule as the Inter-pandemic Period, unless problems or issues are reported to KDA in accordance with current procedures. In the final stages of the pandemic, KDA will ensure that all applicable food safety, agriculture and nutritional assistance information is provided to the public and regulated entities to continue the precautions identified in previous phases.

It is important to recognize that an influenza pandemic will likely have a significant mental health effect on Kansas citizens, responders and government officials. During the times between pandemic waves, behavioral health professionals will be needed across all sectors of society to promote resiliency, and provide crisis counseling and stress management opportunities for individuals. Considering the likely economic impact workers will face as a result of the pandemic, behavioral health providers will likely be called upon by industry to assist with individuals being returned to work, or with workers displaced because of reductions in work load.

State ESFs will continue activities into the recovery phase as outlined in the base Kansas Response Plan. Restoration of services for the health and medical community, including
congregate living services, behavioral health, health care, public health, EMS, and laboratory services, will be coordinated by the State ESF 8 Coordinator. The focus will be to get local communities back to Inter-pandemic Period capabilities as quickly and efficiently as possible. ESF 8 will work with licensure entities in Kansas to restore applicable levels of oversight to those disciplines. Within the KDHE ICS is a Health Recovery Branch, which promotes coordinated community restoration efforts by working with the KDHE Division of Health. Regulatory inspections of hospitals and other KDHE-regulated entities will resume as scheduled and defined in procedure. Recommendations concerning standards of care for both medical care and pre-hospital care arenas will continue to be revised and released as information related to infection and best practices becomes available.

The SEOC will continue to monitor and coordinate with identified critical infrastructure and key assets. Recovery of these assets will promote recovery of the entire state. As assets begin to return to Inter-pandemic Period operations, the interaction with the SEOC will decrease.

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<tr>
<th>Recovery and preparation for subsequent waves – U.S. Government Stage 6</th>
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<tr>
<td>All responding organizations</td>
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<td>Regulating agencies</td>
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<td>ESF 8 Coordinator</td>
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<td>KDHE</td>
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<td>SEOC</td>
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**POSTPANDEMIC PERIOD**

When the pandemic has been declared ‘over,’ local and state response will return to Inter-pandemic Period activities.
## Appendices

### Appendix A - KDHE NIMS – Position Title Crosswalk

(First title listed is primary position, other position is the second shift/back-up)

<table>
<thead>
<tr>
<th>Command Staff</th>
<th>State Health Officer, KDHE</th>
<th>Deputy Incident Commander</th>
<th>Director, Center for Public Health Preparedness (CPHP)</th>
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<tbody>
<tr>
<td>Incident Commander</td>
<td>Asst. Dir DOH, KDHE</td>
<td>Operations Director, CPHP</td>
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<tr>
<td>Political Liaison Officer</td>
<td>Special Asst. to the Secretary</td>
<td>Departmental Liaison Officer</td>
<td>Director, Office of Local and Rural Health</td>
</tr>
<tr>
<td>Safety Officer</td>
<td>KS TRAIN Administrator</td>
<td>Public Information Officer</td>
<td>Director, Public Information KDHE</td>
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<td></td>
<td>Workforce Development Coordinator</td>
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<td>Communications and Training Specialist</td>
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<tr>
<th>Operations Section Staff</th>
<th>Operations Specialist, CHPH</th>
<th>Disease Containment Branch Director</th>
<th>Surveillance Director, OSE</th>
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<td>Environmental Health Officer, OSE</td>
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<td>Adult Immunizations Epidemiologist, OSE</td>
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<tr>
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<td>State Epidemiologist, OSE</td>
<td>RSS Branch Director</td>
<td>Rural Planning Specialist, CPHP</td>
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<td></td>
<td>Deputy State Epidemiologist, OSE</td>
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<td>Lead Prevention Specialist,</td>
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<tr>
<td>Laboratory Branch Director</td>
<td>KHEL Bioterrorism Program Manager</td>
<td>Mass Fatality Branch Director</td>
<td>Executive Director, KFDA</td>
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<td></td>
<td>KHEL Laboratory Preparedness Coordinator</td>
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<td>Executive Secretary, BOMA</td>
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<tr>
<th>Planning Section Staff</th>
<th>Hospital and Volunteer Outreach Coordinator, CPHP</th>
<th>SNS Unit Leader</th>
<th>SNS Coordinator, CPHP</th>
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<td>Planning Section Chief</td>
<td>Contingency Planner, CPHP</td>
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<td>Training &amp; Exercise Coordinator, CPHP</td>
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<td>Resource Unit Leader</td>
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<th>Logistics Section Staff</th>
<th>Grant Specialist, CPHP</th>
<th>Supplies Unit Leader</th>
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<td>Logistics Section Chief</td>
<td>Public Service Administrator 1, BCCIF</td>
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<td>Facilities Unit Leader</td>
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<td>Communications Unit Leader</td>
<td>Communications Interoperability Coordinator, CPHP</td>
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<tr>
<th>Finance/Administration Section Staff</th>
<th>Director of Administration, CPHP</th>
<th>Procurement Unit Leader</th>
<th>CPHP Fiscal Officer</th>
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Appendix B – Public Health Emergency Activation Levels

**Public Health Emergency Activation Levels**

**Level 1 – Normal Operations**
- Day-to-day operations
- ESS monitors surveillance system statewide
- Epidemiologist-on-call is notified of reportable diseases or unusual events
- Contact with the Epidemiologist-on-call is made 24/7 via the Epi Hotline (1-877-427-7317)
- Influenza surveillance coordinator gathers information on ILI activity in the state on a weekly basis

**Level 2 – Watch**
- Passive and sentinel surveillance indicates that an unusual event or outbreak has occurred and further case ascertainment is needed
- Active and enhanced surveillance initiated at the State and/or Local levels
- Decision makers are able to mobilize internal resources to identify and contain diseases
- KS-HAN notifications sent to appropriate health departments, physicians, hospitals, and sentinel sites
- Epidemiological Investigation is conducted by state and local health department staff
- Law enforcement may be notified if the event has potential law enforcement implications

**Level 3 – Response**
- Emergency Public Health Response is necessary
- KDHE Department Operations Center is activated
- Limited outside resources needed
- Decision makers are able to mobilize internal resources to identify, contain, or mitigate the disease
- Public Information is handled through the KDHE Office of Communications
- Public Information Phone Bank may be activated

**Level 4 – Full-Scale Activation**
- Resources outside of Public Health and Medical agencies are needed
- State Emergency Operations Center is activated
- KDHE Emergency Operations Center is activated
- Kansas Emergency Response Team (KERT) is notified and activated if necessary
- Biological Incident Annex and ESF #8 are activated
- Governor may issue a proclamation declaring a state of disaster emergency
- Federal resources may be requested (e.g. SNS, NDMS)
- Joint Information Center is staffed and operational
### Appendix C – Crosswalk of Activities

<table>
<thead>
<tr>
<th>Response Phases</th>
<th>I Normal Operations</th>
<th>II Watch</th>
<th>III Response</th>
<th>IV Full-Scale Activation</th>
<th>V Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Pandemic Phases</td>
<td>Inter-pandemic Period Phase 1 &amp; 2</td>
<td>Pandemic Alert Period Phase 3, 4 &amp; 5</td>
<td>Pandemic Alert Period Phase 5</td>
<td>Pandemic Period Phase 6</td>
<td>Postpandemic Period</td>
</tr>
<tr>
<td>US Government Phases</td>
<td>USG Phase 0</td>
<td>USG Phase 1, 2</td>
<td>USG Phase 2, 3, 4</td>
<td>USG Phase 5</td>
<td>USG Phase 6</td>
</tr>
<tr>
<td>CDC Interval</td>
<td>Investigation</td>
<td>Investigation</td>
<td>Recognition</td>
<td>Initiation, Acceleration, Peak, Deceleration</td>
<td>Resolution</td>
</tr>
<tr>
<td>Planning and Coordination</td>
<td>Planning with state agencies and task forces. Training and exercising of plan.</td>
<td>Notify KDEM and other partners. Activate Plan.</td>
<td>Minimal or Extended Response. DOH Resources. DOC and activated to Level 3, request KDEM Liaison</td>
<td>Ask for Governor’s Declaration of Emergency</td>
<td>Demobilization and conduct AAR.</td>
</tr>
<tr>
<td>Situation Monitoring and Assessment (Disease Investigation)</td>
<td>Normal operation</td>
<td>Broad dissemination of case definition for active case finding of novel virus in KS resident</td>
<td>Case finding of pandemic strain in KS residents</td>
<td>Case investigation limited to determining age-specific attack rates, morbidity and mortality</td>
<td>Epidemiological studies as outlined in the plan</td>
</tr>
<tr>
<td>Health System Response</td>
<td>Review and revise hospital emergency operations plans. Train and exercise surge portions of plan.</td>
<td>Review applicable surge sections of plan. Revise as necessary with community partners</td>
<td>Activate Hospital Incident Command System (HICS) in affected healthcare facilities</td>
<td>HICS continue to operate in hospitals. ESF 8 coordinates temporary facilities</td>
<td>Continues until patient load normalizes and disease transmission is interrupted</td>
</tr>
<tr>
<td>Prevention and Containment (Vaccination/Prophylaxis) (Quarantine/Isolation)</td>
<td>PIPC review and update the Vaccine and Antiviral Delivery section of the plan as needed</td>
<td>Initiate vaccine and antiviral acquisition</td>
<td>Continue to identify high-risk groups for possible treatment with antivirals and prepare for mass vaccination.</td>
<td>Conduct mass immunizations when vaccine is available. Continue treatment with antivirals if available.</td>
<td>Assess the effectiveness of vaccine and antivirals.</td>
</tr>
<tr>
<td></td>
<td>Prepare and distribute Isolation and Quarantine Order Templates to LHD.</td>
<td>Advise hospitals and clinicians of control measures, including quarantine and isolation orders for novel virus cases.</td>
<td>Review community control measures. Consider group isolation measures.</td>
<td>Implement community control measures including group isolation.</td>
<td>Review effectiveness of control.</td>
</tr>
<tr>
<td>Communications</td>
<td>Review and update CERC plan and the communications section of this plan</td>
<td>KDHE PIO will review CERC Plan with PIPC.</td>
<td>KDHE PIO conducts communication activities outlined in the plan.</td>
<td>KDHE PIO conducts communication activities outlined in the CERC plan.</td>
<td>KDHE PIO reviews communication strategies used during the pandemic.</td>
</tr>
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</table>
### Appendix D - State Preparedness Committees

#### Kansas Pandemic Influenza Task Force

<table>
<thead>
<tr>
<th>Director, Division of Health and State Health Officer</th>
<th>Kansas Hospital Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas Division of Emergency Management</td>
<td>Kansas Department of Transportation</td>
</tr>
<tr>
<td>The Adjutant General’s Department</td>
<td>Kansas Department of Agriculture</td>
</tr>
<tr>
<td>Kansas Department of Corrections</td>
<td>Kansas Animal Health Department</td>
</tr>
<tr>
<td>Kansas Board of Emergency Medical Services</td>
<td>Kansas Corporation Commission</td>
</tr>
<tr>
<td>Kansas Highway Patrol</td>
<td>Kansas Association of Osteopathic Medicine</td>
</tr>
<tr>
<td>Kansas State Board of Nursing</td>
<td>Kansas Department of Wildlife and Parks</td>
</tr>
<tr>
<td>State Nurses Association</td>
<td>Kansas Medical Society</td>
</tr>
<tr>
<td>Kansas Board of Pharmacy</td>
<td>Kansas Chamber of Commerce</td>
</tr>
<tr>
<td>Kansas Pharmacists Association</td>
<td>Kansas Department on Aging</td>
</tr>
<tr>
<td>Kansas Health Institute</td>
<td>Kansas Dental Association</td>
</tr>
<tr>
<td>Kansas State Department of Education</td>
<td>Kansas State Fire Marshall</td>
</tr>
<tr>
<td>Kansas Association of School Boards</td>
<td>League of Kansas Municipalities</td>
</tr>
<tr>
<td>Kansas Association of Counties</td>
<td>Kansas Board of Healing Arts</td>
</tr>
<tr>
<td>Kansas Governor’s Office</td>
<td>Kansas Department of Commerce</td>
</tr>
<tr>
<td>KS Association for the Medically Underserved</td>
<td>KS Assn. of Homes &amp; Services for the Aged</td>
</tr>
<tr>
<td>Kansas Health Care Association</td>
<td>KS Dept. of Social and Rehabilitation Services</td>
</tr>
<tr>
<td>Kansas Home Care Association</td>
<td>Kansas Funeral Directors and Embalmers Assoc.</td>
</tr>
<tr>
<td>Kansas Juvenile Justice Authority</td>
<td>Kansas Respiratory Care Society</td>
</tr>
<tr>
<td>Kansas Association of Local Health Departments</td>
<td>Kansas Association of Public Safety</td>
</tr>
<tr>
<td></td>
<td>Communications Officials</td>
</tr>
</tbody>
</table>

#### Kansas Bioterrorism Coordinating Council

<table>
<thead>
<tr>
<th>State EMS</th>
<th>American Red Cross</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian health care facilities</td>
<td>KS Society for Clinical Laboratory Science</td>
</tr>
<tr>
<td>Veteran’s Administration</td>
<td>KSNA – Clinical Professional Society</td>
</tr>
<tr>
<td>State Trauma Coordinator (Advisory Council)</td>
<td>KMS – Clinical Professional Society</td>
</tr>
<tr>
<td>Local health departments</td>
<td>Poison Control Centers</td>
</tr>
<tr>
<td>State Primary Care Association</td>
<td>Community health centers</td>
</tr>
<tr>
<td>State Mental Health Agency</td>
<td>Police departments</td>
</tr>
<tr>
<td>Academic health centers</td>
<td>Local EMS</td>
</tr>
<tr>
<td>SRS – Health Care Policy</td>
<td>Association for Practitioners in Infection Control</td>
</tr>
<tr>
<td>KHA – Clinical Professional Society</td>
<td>Military treatment facilities</td>
</tr>
<tr>
<td>State Maternal Child Health Advocate</td>
<td>MMRS</td>
</tr>
<tr>
<td>State Emergency Management Agency</td>
<td>Community hospitals</td>
</tr>
<tr>
<td>Tertiary hospitals</td>
<td>Fire departments</td>
</tr>
<tr>
<td>pharmacist</td>
<td>Research organizations</td>
</tr>
<tr>
<td>State Office of Rural Health</td>
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<tr>
<td>Clinical Resource Network</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td>(Specialties)</td>
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</tr>
<tr>
<td>Dermatology</td>
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<tr>
<td>Infectious Disease</td>
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</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
</tr>
<tr>
<td>Pulmunoogy</td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td></td>
</tr>
<tr>
<td>Toxicology</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E – Coordination List

COORDINATION OF PANDEMIC INFLUENZA PREPAREDNESS WITH STATE AND FEDERAL AGENCIES

State Agencies
- Kansas Department of Health and Environment (KDHE)
- Kansas Department of Transportation (KDOT)
- Kansas Department of Social and Rehabilitative Services (SRS)
- The Kansas National Guard (KSNG)
- The Kansas Division of Emergency Management (KDEM)
- The Kansas Board of Emergency Medical Services (KBEMS)
- Kansas Department of Corrections (KDOC)
- Kansas Highway Patrol (KHP)
- Kansas Board of Emergency Medical Services (BEMS)
- Kansas Department of Agriculture (KDA)

Divisions and offices within the Kansas Department of Health and Environment
- The Office of the Secretary
- The Division of Health
- The Kansas Health and Environmental Laboratories
- The Center for Health and Environmental Statistics
- The Office of Surveillance and Epidemiology (OSE)
- The Bureau of Disease Control and Prevention (BDCP)
- The Bureau of Family Health (BFH)
- The Office of Health Promotion (BHP)
- The Office of Local and Rural Health (OLRH)
- Center for Public Health Preparedness (CPHP)

Federal Agencies
- The Department of Health and Human Services (HHS)
- The Centers for Disease Control and Prevention (CDC)
- The Federal Emergency Management Agency (FEMA)
- The Food and Drug Administration (FDA)
- The Department of Homeland Security (DHS)
- The United States Department of Agriculture (USDA)

Other Agencies
- Other State Health Departments
- Kansas Veterinary Diagnostic Laboratory
- Kansas Hospital Association
- Kansas Medical Society
- Salvation Army
- American Red Cross
- Kansas Association of Local Health Departments
Appendix F – Family (Home) Care for Symptomatic Individuals

Home care will be the predominant mode of care for most people infected with influenza. During the Pandemic Alert Period, individuals should discuss with their health care provider specific recommendations for both vaccination and chemoprophylaxis.

The single best way to prevent influenza is to get vaccinated each fall. In the absence of vaccine, however, there are other ways to protect against influenza. Four antiviral drugs (amantidine, rimantadine, oseltamivir and zanamivir) are approved and commercially available for use in treating influenza. Three of them (amantidine, rimantadine, and oseltamivir) are approved for prevention (chemoprophylaxis) against influenza. All of these drugs are prescription drugs, and a doctor should be consulted before their use.

The public should receive frequent and repetitive health communications that emphasize the simple steps that individuals and families may take to prevent the spread of respiratory illnesses like influenza:
1. Avoid close contact with people who are sick.
2. Wash hands often. If sick, stay at home and keep at least three feet away from others.
3. Cover mouth and nose with a tissue when coughing or sneezing.

Individuals who are cared for at home should:
1. Get plenty of rest.
2. Drink a lot of fluids.
3. Avoid using alcohol and tobacco.
4. Consider taking over-the-counter medications to relieve the symptoms of influenza (but never give aspirin to children or teenagers who have influenza-like symptoms).
5. Stay home and avoid contact with other people.
6. Cover nose and mouth with a tissue when you coughing or sneezing.

In a pandemic influenza event, some individuals who are cared for at home may develop complications. Should complications develop, these individuals should seek medical care immediately, either by calling the doctor or going to an emergency room. Upon arrival, the receptionist or nurse should be told about the symptoms so that precautions can be taken (providing a mask and or separate area for triage and evaluation).

Warning signs to seek urgent medical care:
   In children, these include:
   1. High or prolonged fever
   2. Fast breathing or trouble breathing
   3. Bluish skin color
   4. Not drinking enough fluids
   5. Changes in mental status, somnolence, irritability
   6. Seizures
   7. Influenza-like symptoms improve but then return with fever and worse cough
   8. Worsening of underlying chronic medical conditions (for example, heart or lung disease, diabetes)

   In adults, these include:
   1. High or prolonged fever
   2. Difficulty breathing or shortness of breath
   3. Pain or pressure in the chest
   4. Near-fainting or fainting
   5. Confusion
   6. Severe or persistent vomiting
### Appendix G – Legal Authority

<table>
<thead>
<tr>
<th>Statute</th>
<th>Section</th>
<th>Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposition of Human Remains</td>
<td>65-123</td>
<td>Disposal of human remains during state of emergency relating to public health</td>
</tr>
<tr>
<td></td>
<td>65-101</td>
<td>Duties of the Secretary of Health and Environment</td>
</tr>
<tr>
<td></td>
<td>65-Articles 1 and 2</td>
<td>Public health system</td>
</tr>
<tr>
<td></td>
<td>65-101</td>
<td>Powers and duties of the department (KDHE) (Powers of the secretary)</td>
</tr>
<tr>
<td></td>
<td>65-101</td>
<td>Powers and duties of the department as public health authority</td>
</tr>
<tr>
<td>Local Health Officials</td>
<td>65-201</td>
<td>Local board of health; powers and duties</td>
</tr>
<tr>
<td></td>
<td>65-119 and 202</td>
<td>Local health officer; qualifications and duties</td>
</tr>
<tr>
<td>Communicable Diseases</td>
<td>65-101</td>
<td>Powers and duties of department (given as powers of the secretary)</td>
</tr>
<tr>
<td></td>
<td>65-119</td>
<td>Duties of local health officers</td>
</tr>
<tr>
<td></td>
<td>65-119 and 126</td>
<td>Isolation and quarantine</td>
</tr>
<tr>
<td></td>
<td>65-118</td>
<td>Communicable diseases; suspected cases; protection of the public (reporting suspected case)</td>
</tr>
<tr>
<td></td>
<td>65-127, 128, and 129</td>
<td>Violation of law relating to health</td>
</tr>
<tr>
<td>Investigation of Deaths</td>
<td>65-123</td>
<td>Funeral for someone who dies of communicable disease</td>
</tr>
<tr>
<td>Control of Communicable Diseases</td>
<td>65-118</td>
<td>Reports of communicable diseases (protection against liability and the necessity of reporting)</td>
</tr>
<tr>
<td></td>
<td>65-119</td>
<td>Investigation and control of communicable diseases</td>
</tr>
<tr>
<td></td>
<td>65-119</td>
<td>General statement of powers for control of communicable diseases</td>
</tr>
</tbody>
</table>
Appendix H – Internet Sites Referenced

CDC FluAid
FluAid is a test version of software created by programmers at the Centers for Disease Control and Prevention (CDC). It is designed to assist state and local level planners in preparing for the next influenza pandemic by providing estimates of potential impact specific to their locality.
http://www2.cdc.gov/od/fluaid/default.htm

Kansas State Statutes (index)
http://www.kslegislature.org/legsrv-legisportal/index.do

World Health Organization Pandemic Preparedness

Kansas Response Plan (KRP)

Mass Clinic (SNS) Standard Operating Guide Template for Local Health Departments
http://www.kdheks.gov/cphp/mass_dispensing_sog.htm

Federal website with Pandemic Influenza planning tools and resources
http://www.pandemicflu.gov/

Valuable Links from pandemicflu.gov
Antiviral Allocations for each state:
http://www.pandemicflu.gov/plan/states/antivirals.html

State and Local Planning Checklist
http://www.pandemicflu.gov/plan/states/statelocalchecklist.html

National Strategy for Pandemic Influenza: Implementation Plan
http://www.whitehouse.gov/homeland/pandemic-influenza-implementation.html
### Appendix I – HHS Vaccine Priority Recommendations

Table 2. Vaccination target groups, estimated populations, and tiers for severe, moderate and less severe pandemics as defined by the Pandemic Severity Index (PSI).

<table>
<thead>
<tr>
<th>Category</th>
<th>Target group</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Tier 5</th>
<th>Not targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeland and national security</td>
<td>Deployed and mission critical pers.</td>
<td>700,000</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Essential support &amp; sustainment pers.</td>
<td>650,000</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Intelligence services</td>
<td>150,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Border protection personnel</td>
<td>100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>National Guard personnel</td>
<td>500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other domestic national security pers.</td>
<td>50,000</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Other active duty &amp; essential supp.</td>
<td>1,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care and community support services</td>
<td>Public health personnel</td>
<td></td>
<td>300,000</td>
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</tr>
<tr>
<td></td>
<td>Inpatient health care providers</td>
<td></td>
<td>3,200,000</td>
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</tr>
<tr>
<td></td>
<td>Outpatient and home health providers</td>
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<td>2,000,000</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Health care providers in LTCFs</td>
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<td>800,000</td>
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<tr>
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<td>Community supp. &amp; emergency mgt.</td>
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<td>600,000</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Other important health care personnel</td>
<td></td>
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<td></td>
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<tr>
<td>Critical infrastructure</td>
<td>Emergency Medical Service personnel</td>
<td></td>
<td>2,000,000</td>
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<tr>
<td></td>
<td>Law enforcement personnel</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Fire services personnel</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Mfrs of pandemic vaccine &amp; antivirals</td>
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<td></td>
<td></td>
<td>50,000</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Key government leaders</td>
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<td></td>
<td></td>
<td>50,000</td>
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</tr>
<tr>
<td></td>
<td>Electricity sector personnel</td>
<td></td>
<td>1,900,000</td>
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<td></td>
<td>4,400,000</td>
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</tr>
<tr>
<td></td>
<td>Natural gas personnel</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Communications personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Water sector personnel</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Critical government personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transportation sector personnel</td>
<td></td>
<td>1,400,000</td>
<td></td>
<td></td>
<td>3,500,000</td>
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</tr>
<tr>
<td></td>
<td>Food and agriculture sector personnel</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Banking and finance personnel</td>
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<tr>
<td></td>
<td>Pharmaceutical sector personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemical sector personnel</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oil sector personnel</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Postal and shipping personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other important government personnel</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>General population</td>
<td>Pregnant women</td>
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<td>3,100,000</td>
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<tr>
<td></td>
<td>Infants &amp; toddlers 6–35 mo old</td>
<td></td>
<td>10,300,000</td>
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<tr>
<td></td>
<td>Household contacts of infants &lt; 6 mo</td>
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<td>4,300,000</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Children 3–18 yrs with high risk cond.</td>
<td></td>
<td>6,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children 3–18 yrs without high risk</td>
<td></td>
<td>58,500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persons 19–64 with high risk cond.</td>
<td></td>
<td>36,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persons &gt;65 yrs old</td>
<td></td>
<td>38,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healthy adults 19–64 yrs old</td>
<td></td>
<td>121,800,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 1. Vaccination tiers and target groups for a severe pandemic. This figure illustrates how vaccination is administered by tiers until the entire U.S. population has had the opportunity to be vaccinated, and how tiers integrate target groups across the four categories balancing vaccine allocation to occupationally defined groups and the general population.
# Appendix J – Local Pandemic Influenza Response Checklist

<table>
<thead>
<tr>
<th>ACTION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inter-pandemic Period</strong></td>
<td></td>
</tr>
<tr>
<td><em>Goals: Strengthen influenza pandemic preparedness, Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs</em></td>
<td></td>
</tr>
<tr>
<td>Establish a local health care task force as a focus for planning, preparedness and coordinated response. The task force should include representatives from hospitals, physician and nursing organizations, home health care, long-term care facilities, pharmacists, EMS and local public health officials.</td>
<td></td>
</tr>
<tr>
<td>Develop strategies to increase the demand for influenza vaccine among your county’s residents and especially healthcare workers.</td>
<td></td>
</tr>
<tr>
<td>Continue to develop and refine the local Mass Dispensing SOG.</td>
<td></td>
</tr>
<tr>
<td>Work with the local chamber of commerce and large employers to increase awareness in the community.</td>
<td></td>
</tr>
<tr>
<td>Conduct training and exercises to ensure the local Mass Dispensing SOG is operational.</td>
<td></td>
</tr>
<tr>
<td>Educate health department staff and health care providers about Pandemic Influenza.</td>
<td></td>
</tr>
<tr>
<td>Estimate target populations (priority groups) of essential personnel, including health care workers, first responders and public safety workers.</td>
<td></td>
</tr>
<tr>
<td><strong>Pandemic Alert Period</strong></td>
<td></td>
</tr>
<tr>
<td><em>Goal: Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases. Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development. Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.</em></td>
<td></td>
</tr>
<tr>
<td>Review Mass Dispensing SOG, ensure contacts are updated and potential vaccination clinic facilities are available.</td>
<td></td>
</tr>
<tr>
<td>Review local Point of Dispensing sites on Pharmfinder and update, if necessary.</td>
<td></td>
</tr>
<tr>
<td>Convene local health task force and brief on the status of the Pandemic Alert and local preparedness efforts.</td>
<td></td>
</tr>
<tr>
<td>Review message maps relating to pandemic influenza and make sure they are current.</td>
<td></td>
</tr>
<tr>
<td>Review priority group estimates.</td>
<td></td>
</tr>
<tr>
<td>Ensure Mass Dispensing SOG addresses vaccine distribution to tribal entities, military installations, and correctional facilities, if applicable.</td>
<td></td>
</tr>
<tr>
<td>Ensure city police departments and the county sheriff’s offices are aware of the potential for civil unrest to occur in the event of a pandemic.</td>
<td></td>
</tr>
<tr>
<td>Meet with adjoining jurisdictions to ensure actions will be coordinated in Phase 6. Special considerations include: priority group recommendations, vaccination clinic operations (hours of operation, locations, policies, and forms).</td>
<td></td>
</tr>
<tr>
<td>Local health task force reviews the priority group recommendation of the State Health Officer and provides guidance to local health officer on any changes.</td>
<td></td>
</tr>
</tbody>
</table>
Once priority groups are identified, estimate the number of local citizens in each group.

Health department ensures that all agencies and volunteers tasked in the plan are aware of the Pandemic Alert Phase and the potential for escalation.

Ensure all personnel who may have contact with the media are trained on the message maps.

Ensure all media contacts are up to date.

Log into WebEOC and familiarize staff with the system.

Review security component of the SNS SOG and ensure security assets are available and briefed.

### Pandemic Alert Period
*Goal: Minimize the impact of the pandemic*

- Activate local Emergency Operations Center (EOC) and the local Joint Information Center (JIC).
- Administer influenza vaccine as it becomes available. Ensure a second dose of vaccine is administered if necessary.
- Assist KDHE with obtaining data to determine age-specific attack rates, morbidity and mortality.
- Work with KDHE to determine vaccine efficacy.
## Appendix K – State Pandemic Influenza Response Checklist

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
</table>
| **Inter-pandemic Period**  
*Goal: Strengthen influenza pandemic preparedness, Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs* |
| Establish a state task force as a focus for planning, preparedness and coordinated response. The task force should include representatives from hospitals, physician and nursing organizations, home health care, long-term care facilities, pharmacists, EMS and local public health officials. |
| Develop strategies to increase the demand for influenza vaccine among state residents; especially healthcare workers. |
| Continue to develop and test the KDHE Internal Operating Guides. |
| Ensure all KDHE – Division of Health staff with response roles are trained on the National Incident Management system. *(Complete IS-700 through KS TRAIN or provide certificate to training staff)* |
| Establish the Pandemic Influenza Preparedness Committee (PIPC) to draft and maintain the plan for a coordinated state response to an occurrence of pandemic influenza. |
| Conduct exercises to test the state’s ability to respond to large-scale outbreaks at least annually. |
| Continue passive surveillance of influenza-like illness using the ILI Net Surveillance System. |
| KHEL will continue to isolate and sub-type influenza viruses year round and perform and perform viral cultures. |
| Continue to transmit information on influenza-like illness and influenza viruses isolated to CDC. |
| Continue to conduct training and exercises to ensure the plan and corresponding SOGs are operational. |
| Educate health department staff and health care providers about pandemic influenza. |
| Estimate target populations (priority groups) of essential personnel, including health care workers, first responders and public safety workers. |
| Continue to conduct laboratory and disease surveillance activities described in Phase 1. |
| **Pandemic Alert Period**  
*Goal: Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases. Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development. Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures* |
| Review the Kansas Response Plan to include: Emergency Support Function 8 – Health and Medical Annex and the Biological Incident Annex. |
| Review Mass Dispensing SOG, ensure contacts are updated and potential vaccination clinic facilities and state warehouses are available. |
| Review local Point of Dispensing sites on Pharmfinder and ensure local entities have updated, if necessary. |
| Convene state health task force and brief on the status of the Pandemic Alert and local preparedness efforts. |
| Review message maps relating to pandemic influenza and make sure they are current. |
Review priority group estimates.

Make contact with state health departments in Missouri, Nebraska, Oklahoma and Colorado to update on status of planning and preparedness efforts. Ensure contact numbers are updated.

Continue to conduct laboratory and disease surveillance activities described in Phase 1. Monitor and institute recommendations from CDC for any additional surveillance activities that should be undertaken given the specific circumstances.

Ensure state law enforcement agencies (KBI and KHP) are aware of the potential for civil unrest to occur in the event of a pandemic.

Test the functionality of the health and medical boards in WebEOC and update if needed.

Ensure pandemic influenza information is available on the KDHE website.

Activate public hotline if needed.

Begin case detection among people who have recently traveled to the outbreak area and present with influenza-like illness and/or pneumonia.

Continue disease surveillance activities described in Phase 1 regardless of the time of year.

Meet with adjoining jurisdictions to ensure actions will be coordinated in Phase 6. Special considerations include: priority group recommendations, vaccination clinic operations (hours of operation, locations, policies, and forms).

State health task force provides the priority group recommendation to the local health officers.

KDHE collects information from the local agencies regarding the estimated numbers of people in the various priority groups.

KDHE ensures that all agencies tasked in the plan are aware of the Pandemic Alert Phase and the potential for escalation.

Ensure all personnel who may have contact with the media are trained on message maps.

Ensure all media contacts are up to date.

Log into WebEOC and familiarize staff with the system.

Review security component of the Mass Dispensing SOG and ensure security assets are available and briefed.

Educate public health officials, elected officials and the media about what information will and will not be available during a pandemic.

Assess the need to screen travelers arriving in the U.S. from affected countries.

Investigate the epidemiology of all early cases either originating in the U.S. or that are imported into the country.

Recommend that hospitals and emergency departments increase laboratory testing of influenza, particularly those who may have had recent exposure at the site of an outbreak.

The Office of Surveillance and Epidemiology will investigate outbreaks and increases in ILIs.

Pandemic Alert Period – Phase 6

Goal: Minimize the impact of the pandemic
<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activate Kansas Response Plan (KRP), Emergency Support Function 8</td>
</tr>
<tr>
<td>Activate State Emergency Operations Center (SEOC) and the Joint Information Center (JIC).</td>
</tr>
<tr>
<td>Distribute or administer influenza vaccine as it becomes available. Ensure a second dose of vaccine is administered if necessary.</td>
</tr>
<tr>
<td>Assist local health departments with data collection to determine age-specific attack rates, morbidity and mortality rates.</td>
</tr>
<tr>
<td>Work with CDC to determine vaccine efficacy</td>
</tr>
<tr>
<td>Monitor health impacts of the pandemic including deaths and hospitalizations from influenza</td>
</tr>
<tr>
<td>Assess the quality of surveillance and make recommendations for improvement during the period between pandemic waves and after the pandemic.</td>
</tr>
</tbody>
</table>
Appendix L – Community Containment for Disease Tool Box

http://www.kdheks.gov/cphp/comm_containment_sog.htm

The link provided directs the user to the Kansas Community Containment Standard Operating Guide template developed by KDHE, the Kansas Association of Local Health Departments, and the Kansas Association of Counties. Included on this website is a template Standard Operating Guide (SOG) and the Community Containment Tool Box for local health department and community use in planning for any disease outbreak, including pandemic influenza.

Appendix M – Diagnostic Assays during Pandemic Influenza

Rapid Diagnostic Tests
a. Several rapid diagnostic test kits based on antigen detection are commercially available for Influenza. Laboratories in outpatient settings and hospitals can use these tests to detect Influenza viruses within 30 minutes. Some tests can detect Influenza A viruses (including avian strains); others can detect Influenza A and B viruses without distinguishing between them, and some can distinguish between Influenza A and B viruses. The type of specimens used in these tests (i.e., nasal wash/aspirate, nasopharyngeal swabs, or nasal swab or throat swab) may also vary. Like RT-PCR, rapid diagnostic tests do not require in vitro growth or isolation of virus. During a pandemic, rapid diagnostic tests will be widely used to distinguish Influenza A from other respiratory illnesses.
   i. Biocontainment level: BSL-2

b. RT-PCR Subtyping
   i. Influenza specimens may also be typed and subtyped using RT-PCR, which does not require in vitro growth or isolation of virus. As of October 2005, CDC has trained scientists from 48 states to use RT-PCR subtyping to identify human and avian HA subtypes of public health concern. APHL members can access protocols and sequences of primers and probes that can be used for typing and subtyping on the APHL website.
   ii. Biocontainment level: BSL-2

c. Virus Isolation
   i. Virus isolation—growing the viral strain in cell culture—is the “gold standard” for Influenza diagnostics because it confirms that the virus is infectious. During a pandemic, virus isolation followed by antigenic and genetic (sequencing) analysis will be used to characterize the earliest pandemic isolates, as well as to monitor their evolution during the pandemic. Laboratories that participate in the WHO Global Influenza Surveillance Network typically use virus isolation followed by hemagglutination inhibition (HAI), IFA staining, or RT-PCR to monitor circulating seasonal strains of Influenza. If clinical and epidemiologic data suggest that a human case of Influenza might be due to infection with avian Influenza A (H5N1) or another highly pathogenic avian Influenza strain (see Box 3), the virus should not be cultured except under BSL-3 conditions with enhancements. Laboratories that lack BSL-3 enhanced facilities may either perform RT-PCR subtyping using BSL-2 containment procedures or send the specimen to CDC for isolation and characterization.

   ii. Biocontainment level: Inter-pandemic and Pandemic Alert Periods – BSL-3 with enhancements; Pandemic Period – BSL-2

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d. Immunofluorescence Antibody Staining
   i. IFA staining following virus isolation can be used to identify Influenza types (A, B) and Influenza A HA subtypes using a panel of specific antisera. In some cases, IFA can be used for direct testing of cells pelleted from original clinical samples. CDC’s Influenza Branch produces and distributes a reagent kit to WHO collaborating laboratories that includes monoclonal antibodies for typing and subtyping currently circulating Influenza viruses by IFA. Many laboratories use commercially available reagents to type Influenza viruses by direct immunofluorescence tests (DFA).
   ii. Immunofluorescence Assays
        Biocontainment level: BSL-2 when performed directly on clinical specimens; if used on cultures for earlier detection of virus, biocontainment recommendations for viral culture apply

e. Serological Tests
   i. Tests based on detection of antibodies in patient sera—e.g., enzyme-linked immunosorbent assay (ELISA), HAI, and microneutralization assay—can be used to retrospectively confirm Influenza infection. Although microneutralization assay is the most comprehensive test for detection in humans of antibodies to avian Influenza viruses, it is available in only a few state public health laboratories.
   ii. Hemagglutination Inhibition (HAI)
        Biocontainment level: BSL-2
   iii. KHEL does not perform these tests.
Appendix N – KDHE Sentinel Laboratories and ILINet Sites

KDHE Sentinel Labs and ILINet Sites

[Map showing KDHE Sentinel Laboratories and ILINet Sites in Kansas with markers for ILINet Sites and Sentinel Laboratories]
Kansas Pandemic Influenza Preparedness Action Kit For Schools

Produced To Assist Kansas School Systems In The Event of Pandemic Influenza

Adapted from the Contra Costa California Health Services Agency “Pandemic Action Kit for Schools” and the Tulsa Oklahoma School Preparedness Plan Template

Version 1.6
February 2007
# Pandemic Action Kit for School Contents

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- U.S. Department of Education Pandemic Influenza Planning Policy Letter Page 2

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- Appendix I. Kansas School Closure Recommendations Page 4
- Attachment 1. CDC Guidelines for Schools from the National Pandemic Influenza Mitigation Guidance-Appendix 6 Page 12

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- School Tabletop Exercise

*All materials are available electronically on a CD and online at [http://www.kasb.org/panflu/index.html](http://www.kasb.org/panflu/index.html)
December 1, 2006

Dear School Official,

This Action Kit is designed to provide you with practical tools you and your staff can use to prepare for an outbreak of pandemic influenza. While presently there is no pandemic flu in the United States, public health authorities consider the threat to be real. The threat ranges from a pandemic at the level of the 1960's “Asian Flu” to that of the 1918 “Spanish Flu.” It is not a matter of if a influenza pandemic will occur, but when.

It is important to understand that every year a large number of people get sick with seasonal influenza and around 36,000 people in the United States die annually from seasonal flu. Many of the tools in this Kit were designed for and can be used for seasonal flu, as flu viruses causing pandemics are transmitted, treated, and controlled by the same mechanisms as the seasonal flu virus. Flu vaccines are also effective ways to prevent people from getting sick with seasonal flu, however; at present there are limited vaccines for viruses thought to represent a potential threat.

At this time, there is also an avian/bird flu (H5N1) virus circulating in several countries. It is not in the United States now but is thought to be the most likely candidate for causing a pandemic at present. When cases of any bird flu are identified in the United States, there may be confusion and concern; however, the presence of the virus in birds doesn’t necessarily mean there will be human cases. There also is no conclusive evidence that the disease spreads easily from person-to-person at this time.

At some point, whether it is the H5N1 or another virus, health experts believe that there will be a new virus that spreads easily among people for which most people have no immunity and for which there is no vaccine. When that happens and people begin to get sick, we will have a flu pandemic. There is a great deal of planning for this pandemic underway at the federal, state and local level. The tools in this binder will help your school begin planning and preparedness efforts. They should also help parents and families begin their preparations. As a bonus, you will find that many of these tools can also be helpful in the creation of foundational elements of emergency preparedness planning that will be useful in any situation.

We hope you will work with us and help us educate the community about the importance of preparation. Please adapt this document to your local needs in whatever way you deem best and contact your local health department to coordinate your actions. We are all engaged in planning for the unexpected and your health department can provide you with assistance in your efforts.

Sincerely,

Howard Rosenberg, M.D., M.P.H.
Director, Division of Health
Key Policy Letters Signed by the Education Secretary or Deputy Secretary

March 2006

Dear Colleague:

Recently, I traveled with Health and Human Services Secretary Mike Leavitt to North Carolina to call on State and local education officials to make emergency preparedness planning for pandemic influenza a priority. Scientists predict that the world is due for an influenza pandemic. We are asking you to build on your emergency crisis plans by integrating specific pandemic influenza measures.

Pandemic influenza could have a profound effect on our nation's school systems. Children would be expected to have high rates of infection and are more likely than adults to spread infection. Our schools are centers of community life, and educators must be integrally involved in State and local efforts to plan and prepare for a potential pandemic. In preparation for a pandemic, our schools are uniquely equipped to disseminate preventative health information to teachers, students, parents, and the local community. Our schools also must be ready to deal with possible school closings, staff and student absences, medical care for children, and the need to maintain and restore the student-learning environment.

Under the leadership of President George W. Bush, the White House and each Federal agency are engaged in planning for pandemic influenza. At the U.S. Department of Education, we are developing a pandemic plan to ensure continued services and assistance to State education agencies, local education agencies, and public and private school communities. I urge you to integrate pandemic influenza preparedness into your ongoing crisis management planning efforts.

State and local preparedness is critical. Secretary Leavitt and I have announced the availability of planning checklists prepared by the Department of Health and Human Services through the U.S. Centers for Disease Control and Prevention. These checklists are intended to be a first step in helping the education community prepare for a possible pandemic. The enclosed School District (K - 12) Pandemic Influenza Planning Checklist may serve as a helpful tool to begin those vital conversations in your community, if they have not happened already. This checklist, as well as current and up-to-date information on influenza pandemic can be found at www.pandemicflu.gov.

In addition, the U.S. Department of Education has resources, tools, and promising practices in emergency response and crisis planning available at www.ed.gov/emergencyplan.

The U.S. Department of Education is committed to assisting you in planning for the possibility of pandemic influenza in order to ensure that we all fulfill our most important duties -- protecting and educating our children.

Sincerely

Margaret Spellings
Pandemic Influenza Interim Guidance Analysis
And Recommendations

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| Partners and Roles                               | Page 4 |
| 2nd and 3rd Order Impacts on the Community & Communications | Page 6 |
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Chart 1
Chronology of Kansas Incident Command System Response  Page 15

Attachment 1
CDC Guidelines for Schools from National Pandemic Influenza Mitigation Guidance-Appendix 6  Page 16
From this, a set of goals can, however be created\(^7\)\(^8\). These are to:

1. Delay disease transmission and outbreak peak
2. Decompress peak burden on healthcare infrastructure
3. Diminish overall cases and health impacts

These goals assume also that:
- Our best countermeasure – vaccine – will probably be unavailable during the first wave of a pandemic
- Antiviral treatment may improve outcomes but will have only modest effects on transmission\(^9\)

Other key parameters\(^{10}\) include:

<table>
<thead>
<tr>
<th>Epidemiologic</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case incidence rate</td>
<td>Mixing patterns</td>
</tr>
<tr>
<td>Case fatality rate</td>
<td>Mobility</td>
</tr>
<tr>
<td>Incubation period</td>
<td>Acceptability of collective actions</td>
</tr>
<tr>
<td>Infectious Period</td>
<td>Acceptability of imposed restrictions</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Expectations</td>
</tr>
<tr>
<td>Age distribution</td>
<td>Affordability</td>
</tr>
<tr>
<td>Reproductive rate</td>
<td>Resiliency</td>
</tr>
<tr>
<td>Intergeneration time</td>
<td></td>
</tr>
<tr>
<td>Susceptibility/Immunity</td>
<td></td>
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</tbody>
</table>

**Timing and Robustness of Policy Options**

A parameter or variable that is key to effectiveness of NPI’s is the timing of actions. The intrinsic uncertainties of a pandemic and the effectiveness of NPI’s can result in a tentative response.

Tied closely with this and of importance, is the need to have “Robust” policy options that decision makers can have confidence in. “Uncertainties are frequently underestimated” in the process of human decision making. “Human probability judgments (are) subject to systematic bias over confidence and even quantitative uncertainty calculations tend to be too small.”\(^{11}\) Robust in this case means that the portfolio of NPI’s we choose must be capable of mitigating a pandemic across a wide range of assumptions.

\(^8\) Targeted Layered Containment: Scientific Underpinnings, Martin Cetron, Centers for Disease Control and Prevention powerpoint; Modeling Community Containment, IOM workshop October 25, 2006
\(^9\) ibid 5 and 6
\(^{10}\) ibid 6
\(^{11}\) Robust Models of non-pharmaceutical interventions for Pandemic Influenza, Steve Banks, The Rand Corporation powerpoint, Modeling Community Containment, IOM workshop October 25, 2006
Having said there are no easily identifiable or quantifiable triggers, it is recognized that some qualitative method of assessing potential impact is necessary. And that this measure can be used as a trigger for levels of response. The new guidance from the federal government \(^4\) has created a Pandemic Severity Index (PSI) to help address the need for some form of trigger. The Pandemic Severity Index (PSI) is a domestic planning tool to help categorize a pandemic by severity. Communities can then make decisions on what measures to take based on how harmful the pandemic is projected to be. The index is divided into five categories: a category 1 pandemic is as harmful as a severe seasonal influenza season, while a pandemic with the same intensity as the 1918 flu pandemic (thought to have killed anywhere from 20 million to 100 million people around the world), would be classified as category 5. Estimating the severity of a pandemic will be primarily based on the percentage of deaths among ill persons. Based on this projection, the government and health officials may recommend different actions communities can take in order to try to limit the spread of disease by reducing contact between sick and well individuals.

**The Kansas Situation**

This document serves as an initial attempt to provide guidance in Kansas for school closure based upon information derived from that report and other research. The recommendations should work in conjunction with other standard operating guidelines (SOG’s) and tools developed in association with community containment in Kansas. This document concentrates solely upon guidance elements for school closure although it must be understood that the tactical component of TLC does not exist within a vacuum.

The use of non-pharmaceutical interventions including school closure need to be understood in the context of a geographically large state with large urban population concentrations contrasted with vast expanses of geography and very low population concentrations.

Although concentrating on school closure as an NPI within a TLC based strategy, there may also be a need to further target urban areas and rural areas of the state differently. \(^5\) \(^6\)

One historical element that stands out from the 1918 pandemic, was that even though schools were closed, children continued to mingle on street corners furthering transmission outside of the school setting. That historical notation is why the TLC interventions note “keeping children at home for the duration…” This may have an impact in Kansas and needs to be considered.

**Operational Goals and Parameters**

Certain foundational assumptions can be made from the research. The first is that a Pandemic cannot be stopped or sharply curtailed unless there was vaccine (for the appropriate variant) and/or anti-virals for every person. It will happen.

\(^4\) Department of Health and Human Services/Centers for Disease Control and Prevention - Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions February 1, 2007

\(^5\) World Health Organization Writing Group, “Nonpharmaceutical Interventions for Pandemic Influenza, National and Community Measures” Emerging Infectious Diseases Vol. 12, No 1. January 2006 pg. 90

\(^6\) Targeted Social Distancing Design for Pandemic Influenza Emerging Infectious Diseases Vol. 12, Number 11, November 2006
Kansas Department of Health and Environment (KDHE)
School Closure as a pandemic influenza approach (federal interim guidance study)

The International Situation:

Social distancing as viable strategy for mitigating the impact of pandemic influenza is an integral part of the national strategy for non-pharmaceutical interventions (NPI). Since the introduction of that strategy, a core component of the strategy has involved a concept called Community Containment that can involve isolation and quarantine as the most extreme measures. A core element or tactic of social distancing would involve the closure of schools.

Until recently, there has been no consensus and very little quantifiable data to support any of the known NPI’s. Recently, many historical documents and studies have been re-visited and extensive epidemiological modeling has been done to attempt to assess the effectiveness of social distancing strategies. In October of 2005, the Institute of Medicine convened an expert committee to specifically look at these issues and their letter report came to conclusions that now allow for first attempts to establish guidelines for initiating NPI’s in the event of a Pandemic.

The most compelling concept to arise from that report is the introduction of what was termed “Early Targeted Layered Containment” or TLC. This concept or variant as quoted below will very likely come to represent the core strategy for combating pandemic influenza in country’s with well developed socio-political and public health infrastructures such as Europe and North America.

“TLC includes a combination of interventions that includes: targeted antiviral treatment and isolation of ascertained cases, targeted prophylaxis and quarantine of household contacts of index cases, school closure and keeping children at home for the duration of the closure; social distancing in the workplace (e.g. telecommuting), and social distancing in the community (e.g. cancellation of public events).”

Perhaps of most importance, is the fact that the IOM report notes specifically “It is almost impossible to say that any of the community interventions have been proven ineffective…. However, it is also almost impossible to say that the interventions, either individually or in combination, will be effective in mitigating an influenza pandemic.”

So, there are no easy answers or easily identifiable or quantifiable triggers for implementing school closure or any other NPI’s. We are moving into new fields of endeavor and can only generally rely on data and models that are rife with uncertainties. As noted in the Center for Infections Disease Research and Policy newsletter speaking to the IOM Report Letter (Ropert Roos/News Editor/ December 14, 2006), “…the panel warned that public health officials…should take care not to overstate the evidence for their effectiveness.” and further said, “any plans to use such measures should be linked with plans for mitigating their side effects.”

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2 Modeling Community Containment for Pandemic Influenza: A Letter Report, Institute of Medicine, December 10th, 2005
3 ibid 2 pg. 5
“Closing schools early in the epidemic has the biggest impact.”\textsuperscript{12} When does a system respond? A great deal of training has been provided on the mechanics and structure of responding to crisis over the last few years. Most of this has centered on a National Incidence Management System (NIMS) approach that incorporates an Incident Command Structure (ICS) that must be activated when a situation arises to the level where a structured and organized public health response is necessary. A failure to recognize when to respond to a public health event can place the decision makers in a reactive posture.

An example of this might relate to the Kansas Mumps Outbreak in 2006. Kansas, utilizing a National Incidence Management Systems (NIMS) based approach to the Mumps outbreak chose to activate its state Incident Command System (ICS) at a point in time that in retrospect might have been able to be improved upon. Internal after action review of the public health response to the outbreak illustrate this (chart 1). The point to be learned from this is that to be pro-active in a situation such as a pandemic, it is better to err on the side of deciding to take preparatory actions early rather than late. In a pandemic situation once placed in a reactive mode of operation, the situation is likely irretrievable from the standpoint of "mitigation" as represented in this document.

In all likelihood, even within Kansas, there will be examples of both types of localized responses after the fact. There will be lessons to be learned from all. A core objective of present planning will be to minimize the number of "reactive" approaches caused by a failure to act.

**Partners and Roles**

In a pandemic, a public health infrastructure charged with "mitigating" the impact of pandemic influenza must be clear. The National Association of County and City Health Officials (NACCHO) and Infectious Diseases Society of America have stated that, "Guidance on community mitigation strategies must include clear and practical recommendations such as specific thresholds and criteria for implementation, discontinuation, and modification of individual measures and combinations of measures, and on how the impact of the strategies will be assessed."\textsuperscript{13} This is the core expectation of local public health authorities and at the state level in Kansas we have heard similar requests.

To this point, key stakeholders including the Kansas Association of Counties and the Kansas Association of Local Health Departments have been instrumental in the development of the Kansas standard operating guidelines and the Community Containment Tool Box designed to provide local authorities with the portfolio of NPI’s that will be needed in the event of an outbreak of infectious disease with potentially dire consequences. The Kansas Department of Health and Environment (KDHE) has also worked with the Kansas Association of School Boards (KASB) and created a Pandemic Influenza Preparedness Action Kit to assist Kansas school systems in the event of a pandemic. These documents are dynamic and will be edited over time to reflect the state of the art.

\textsuperscript{12} Sensitivity Analysis of Pandemic Influenza Models, Ira Longini, University of Washington powerpoint, Modeling Community Containment, IOM workshop October 25, 2006

\textsuperscript{13} The Role of Community Based Mitigation During an Influenza Pandemic, NACCHO Infectious Diseases Society of America powerpoint, Jeffrey Duchin, Seattle-King County and University of Washington, Modeling Community Containment, IOM workshop October 25, 2006
knowledge reflecting NPI’s and their use as discrete or combined tools for mitigating the impact of a pandemic.

Recent research and re-evaluation of historical studies and records have led to a degree of consensus at the national level on a range of policies and non-pharmaceutical interventions that will be robust and "...work well enough across the feasible range of assumptions"\textsuperscript{14}

It will be the role of KDHE to set the tone, gain the expertise in the use of a range of NPI’s and recommend the monitoring and initiation of action at the state level in the case of a pandemic. Local Health Departments will be responsible for activating their local Health and Medical Task Forces in association with their Biological Incidence Annex SOG’s determining the local array of NPI’s that will need to be deployed with the assistance and guidance of KDHE.

Local health departments will need to base their actions on the biological incidence annex, community containment SOG and supporting Community Containment/Isolation and Quarantine Tool Box. Coordination with other emergency preparedness authorities and community partners is integral to the process.

The role of the local school system(s) and individual schools will be to work closely with the local public health authorities and implement the tools like those in the preparedness action kit adapted for local use. Training at various levels in the implementation of NIMS would be an essential element of appropriate structural preparedness and should be prioritized as this training also has a great deal of value in all hazards types of response.

Active implementation of crisis communications plans at all levels will be essential for transparent information provision to the community at large.

The citizen’s and community based organizations individually and in the whole, will determine the success of all efforts. In association with the October IOM workshop, a presentation was also made on public opinion regarding cooperating with authorities in the case of a pandemic.\textsuperscript{15}

In that survey when asked, about their "willingness to cooperate with public health officials", 88% - or higher indicated that they would follow recommendations for one month to avoid air travel, avoid public events, avoid malls/department stores, not use public transport, cancel non-critical doctors appointments and reduce contact with people outside of the household. 82% indicated they would avoid church services and 79% said they would postpone family events.

Overall, including much more detailed questions, the survey indicated a high degree of willingness to actively cooperate with public authorities in the event of a pandemic.

\textsuperscript{14} ibid 7
\textsuperscript{15} Pandemic Influenza and the Public: Survey Findings, Harvard School of Public Health powerpoint, Robert J. Blendon et al, Modeling Community Containment, IOM workshop October 25, 2006
2nd and 3rd Order Impacts Upon the Community and Communications

Communications will be the foundation for obtaining the required cooperation of the citizens and community in a Pandemic situation. Proactive transparency will be the key. There must be nothing to hide and this point must be explicit. Present communications plans including that of KDHE emphasize this point. And that begins with documents of this type that need to acknowledge first, “the scientific basis and public health rationale for the prescribed measures...encompassing discussion of limitations, assumptions, and potential social and economic consequences of such measures on local communities.”

The consequences are described as 2nd and 3rd order impacts in the December IOM Letter Report and associated workshop. These consequences include the direct physical consequences that will stress the healthcare infrastructures and cause increased mortality to issues associated with closure of schools and sequestration of children, alteration of the services schools provide, job related absenteeism particularly as it relates to school closure and child minding. Children that receive meals through school systems, parents living at or below poverty levels with few resources to prepare are other examples. The impacts will ripple through our world, as we know it in ways we may not even comprehend yet.

The U.S. Department of Labor 2006 Household Survey estimated that 40 million households (1 or 2 parents with children <18 at home) would have to potentially deal with the issue of minding the children in the case of school closures. Unrelated to sickness or infrastructure breakdown issues, this third order impact alone will send its own shock wave through our society.

Those who are in emergency preparedness and charged with directing the preparedness for society are aware of these issues as checklists on other checklists that are addressed to greater or lesser degrees in our areas of responsibility. How do we communicate all of this to the community in such a way that they internalize the reality but respond rationally?

The Chief Medical Officer for Australia defined the problem well in a presentation stating, “The competing temptations are “it won’t happen here complacency, “there’s nothing we can do” fatalism, or “no precaution is too great” alarmism...Even so, it’s hard to discuss potential disasters outside of people’s ordinary experience without generating the sort of lurid headlines which make some scoff and others panic. It’s important not to over-react to potential threats. On the other hand, people and governments need to take credible threats seriously and take reasonable and proportionate precautions against them.”

“We all face dilemmas in the face of societal shaking events. We must all assume that we will all be severely shaken by a moderate to severe influenza pandemic. This plan is part of the process of mitigating the impact.

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16 ibid 12
17 2nd and 3rd Order Consequences of Mitigation Strategies, United States Department of Veterans Affairs powerpoint, Carter Mecher, Modeling Community Containment, IOM workshop October 25, 2006
18 ibid 16
19 Kansas Department of Health and Environment, Crisis Emergency Risk Communications Plan Appendix 12 “Avian And Pandemic Influenza” Pg. 5
Summary
This analysis and the attached recommendations are designed around the purpose of justifying and creating a plan of action with community mitigation strategies that are “…acceptable and can be endorsed by, key stakeholders” as stated by the National Association of County and City Health Officials. In their presentation, that organization also stated their request that this can be “…facilitated by stakeholder participation in the development of recommendations and through public discussion of the recommended strategies, including their scientific and public health rationale, remaining uncertainties and costs of implementation.

KDHE has been working closely and directly with partners including the Kansas Association of Counties, the Kansas Association of Local Health Departments and the Kansas Association of School Boards to develop the Annexes, Plans, standard operating guidelines, Community Containment Tool Kits and Action Kits that will comprise the foundation for a localized and resilient community response. Indirectly, the Department has made great effort to involve and inform many other affected organizations, agencies and community bodies of the potential impact we face.

We have only begun. The attached recommendations are nothing more than an outgrowth of the existing dynamic plans we all continue to implement to better serve our communities and ourselves.

20 ibid 12
Appendix I

Kansas School Closure Recommendations

Introduction
Kansas will utilize a portfolio of early targeted and layered non-pharmaceutical interventions to contain a pandemic influenza event. The non-pharmaceutical intervention (NPI) types are listed in the Kansas Department of Health, Kansas Association of Counties and Kansas Association of Local Health Departments “Kansas Community Containment for Diseases Tool Box” in section II which is designed to work in conjunction with local health department standard operating guidelines for community containment.

Early Targeted Layered Containment (TLC) is a combination of interventions that have been determined by consensus of international experts to be able to influence the course of a pandemic in the United States.

School closure will represent a foundational intervention associated with the category of social distancing. Targeting of school closures as an NPI in a TLC based strategy may also be oriented around geographic/population density as this has been indicated as a possible distinction of import in a pandemic situation. School closure will be but one facet of the larger effort to mitigate the impact.

Goals
1. Delay disease transmission and outbreak peak
2. Decompress peak burden on healthcare infrastructure
3. Diminish overall cases and health impacts

Assumptions
• Our best countermeasure – vaccine – will probably be unavailable during the first wave of a pandemic
• Antiviral treatment may improve outcomes but will have only modest effects on transmission

Key Parameters

<table>
<thead>
<tr>
<th>Epidemiologic</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case incidence rate</td>
<td>Mixing patterns</td>
</tr>
<tr>
<td>Case fatality rate</td>
<td>Mobility</td>
</tr>
<tr>
<td>Incubation period</td>
<td>Acceptability of collective actions</td>
</tr>
<tr>
<td>Infectious Period</td>
<td>Acceptability of imposed restrictions</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Expectations</td>
</tr>
<tr>
<td>Age distribution</td>
<td>Affordability</td>
</tr>
<tr>
<td>Reproductive rate</td>
<td>Resiliency</td>
</tr>
<tr>
<td>Intergeneration time</td>
<td></td>
</tr>
<tr>
<td>Susceptibility/Immunity</td>
<td></td>
</tr>
</tbody>
</table>

The relative interaction of the above noted variables will determine the extent and nature of the NPI's to be used in the event of a pandemic.

21 Reference listed in text
Timing of Closures
The timing of closures will be a function of the dynamic nature of the event as determined by the parameters above. Recommendations will be based upon guidance documents and direction from the national level and use of present and evolving state of the art analyses of the mitigating impact of school closures within a given pandemic situation.

On February 3rd, 2007, the U.S. Department of Health and Human Services (HHS) in conjunction with the Centers for Disease Control and Prevention (CDC) provided guidance on mitigating the impact of pandemic influenza in the U.S. As part of that guidance, HHS created a Pandemic Severity Index similar to the classification structure for hurricanes. 22

The Pandemic Severity Index (PSI) is a domestic planning tool to help categorize a pandemic by severity. Communities can then make decisions on what measures to take based on how harmful the pandemic is projected to be. The index is divided into five categories: a category 1 pandemic is as harmful as a severe seasonal influenza season, while a pandemic with the same intensity as the 1918 flu pandemic (thought to have killed anywhere from 20 million to 100 million people around the world), would be classified as category 5. Estimating the severity of a pandemic will be primarily based on the percentage of deaths among ill persons. Based on this projection, the government and health officials may recommend different actions communities can take in order to try to limit the spread of disease by reducing contact between sick and well individuals. Table 1 below is from the guidance and illustrates the PSI in relation to various severity levels.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
<th>Category 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Fatality Ratio (percentage)</td>
<td>&lt;0.1</td>
<td>0.1~0.5</td>
<td>0.5~1.0</td>
<td>1.0~2.0</td>
<td>≥2.0</td>
</tr>
<tr>
<td>Excess Death Rate (per 100,000)</td>
<td>&lt;30</td>
<td>30~150</td>
<td>150~300</td>
<td>300~600</td>
<td>≥600</td>
</tr>
<tr>
<td>Illness Rate (percentage of the population)</td>
<td>20~40</td>
<td>20~40</td>
<td>20~40</td>
<td>20~40</td>
<td>20~40</td>
</tr>
<tr>
<td>Potential Number of Deaths (based on 2006 U.S. population)</td>
<td>&lt;90,000</td>
<td>90,000~450,000</td>
<td>450,000~900,000</td>
<td>900,000~&lt;1.8 million</td>
<td>≥1.8 million</td>
</tr>
<tr>
<td>20th Century U.S. Experience</td>
<td>1918</td>
<td>1918</td>
<td>None</td>
<td>None</td>
<td>1918 Pandemic</td>
</tr>
</tbody>
</table>

Table 1.

The PSI is designed to also relate to the World Health Organizations Pandemic Influenza Phases as are indicated in Table 2. below and these trigger points indicate action that needs to be taken at the KDHE level.

<table>
<thead>
<tr>
<th>Pandemic Severity Index</th>
<th>WHO Phase 6, U.S. Government stage 3*</th>
<th>WHO Phase 6, U.S. Government Stage 4† and First human case in the United States</th>
<th>WHO Phase 6, U.S. Government Stage 5§ and First laboratory confirmed cluster in state or region¶</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alert</td>
<td>Standby</td>
<td>Activate</td>
</tr>
<tr>
<td>2 and 3</td>
<td>Alert</td>
<td>Standby</td>
<td>Activate</td>
</tr>
<tr>
<td>4 and 5</td>
<td>Standby**</td>
<td>Standby/Activate††</td>
<td>Activate</td>
</tr>
</tbody>
</table>

Table 2.

Alert: Notification of critical systems and personnel of their impending activation.
Standby: Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.
Activate: Implementation of the community mitigation strategy.
*Widespread human outbreaks in multiple locations overseas.
†First human case in North America.
§Spread throughout the United States.
¶Recommendations for regional planning acknowledge the tight linkages that may exist between cities and metropolitan areas that are not encompassed within state boundaries.
**Standby applies. However, Alert actions for Category 4 and 5 should occur during WHO Phase 5, which corresponds to U.S. Government Stage 2.
††Standby/Activate Standby applies unless the laboratory-confirmed case cluster and community transmission occurs within a given jurisdiction, in which case that jurisdiction should proceed directly to Activate community interventions defined in Table 2.

KDHE will monitor surveillance data available and provide recommendations to areas of the state while local Health and Medical Task Forces will monitor local situational aspects in conjunction with local school systems to determine specific closure recommendations.

As the CDC guidance notes, "Determining the likely time frames for progression through Alert, Standby, and Activate postures is difficult. Predicting this progression would involve knowing 1) the speed at which the pandemic is progressing and 2) the segments of the population most likely to have severe illness. These two factors are dependent on a complex interaction of multiple factors, including but not limited to the novelty of the virus, efficiency of transmission, seasonal effects, and the use of countermeasures. Thus it is not possible to use these two factors to forecast progression prior to recognition and characterization of a pandemic outbreak, and predictions within the context of an initial outbreak investigation are subject to significant limitations. Therefore, from a pre-pandemic planning perspective and given the potential for exponential spread of pandemic disease, it is prudent to plan for a process of rapid implementation.
of the recommended measures.

In addition, other information will need to be considered when making decisions locally. It must be remembered, that closure without compliance regarding interactions outside of school settings has the potential for causing more harm than good.

Other present state of the art documents on this issue include:


The table from the Glass RJ article (below) illustrates the types of data that need to be taken into account when considering closure.

<table>
<thead>
<tr>
<th>Table 2: Results for a particular mitigation strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Case 1: Base case pandemic influenza</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>Case 2: Schools closed after 10 symptomatic cases, compliance 90%</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>% reduction from base case</td>
</tr>
<tr>
<td>Case 3: Schools closed after 10 symptomatic cases, non-school contacts double, compliance 90%</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>% reduction from base case</td>
</tr>
<tr>
<td>Case 4: Schools closed after 10 symptomatic cases, children and teenagers kept home, household contacts double, compliance 90%</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>% reduction from base case</td>
</tr>
<tr>
<td>Case 5: Schools closed after 10 symptomatic cases, children and teenagers kept home, household contacts double, compliance 50%</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>% reduction from base case</td>
</tr>
<tr>
<td>Case 6: Schools closed after 10 symptomatic cases, children kept home, household contacts double, compliance 90%</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>% reduction from base case</td>
</tr>
<tr>
<td>Case 7: All with symptomatic cases stay at home, compliance 90%</td>
</tr>
<tr>
<td>SD</td>
</tr>
<tr>
<td>% reduction from base case</td>
</tr>
</tbody>
</table>

*Cases 2-7 are targeted social distancing strategies. Negative percent reductions reflect percent increases. Epidemics are defined as >100 infected. SD: standard deviation.

Authority for Closure, Key Considerations and Roles
State and Local County Health Officials

Kansas’s statute 65-129 provides local health officers or the Secretary of the Kansas Department of Health and Environment (KDHE) with the authority to act in the presence of an infectious or contagious disease. An analysis performed by the Kansas Association of Counties notes: “After the passage in 2005 of 65-129, the local health officer or secretary of health and environment has clearer authority to take action for the treatment, isolation and quarantine of any individual or group when they have reason
to believe one of the infectious or contagious diseases is involved. Although it is expected that compliance with the directives of the local health officer will be voluntary, the statute provides for the circumstances when an individual or group may not be cooperative. 23

Although the statute driven decision for school closure might lie with the local or state public health authorities, the de facto decisions on how and specifically when to close lie with local school officials. The state will advise the local health departments on when schools, universities and childcare facilities should close when a pandemic reached their area to reduce the spread of infection among children and students but local officials should be cognizant of local circumstances that may require action irrespective of state guidance.

Once again, school closure as a social distancing tactic is not a panacea. It is but one element of an early targeted layered containment strategy. It is designed to reduce human interactions that might facilitate the transmission of influenza. As can be learned from the 1918 pandemic, closure without compliance outside of controlled school settings could potentially enhance transmission if students continue to come together in uncontrolled settings. Crisis communications messages should anticipate and address second order elements of this type. This represents another example where population density, geographic and socio-economic factors could complicated decision making.

The Community Containment/Isolation and Quarantine Tool Box utilized in conjunction with the local health department Standard Operating Guidelines for addressing pandemic influenza provides a tool to assist in understanding the feasibility of certain actions in the midst of an infectious or contagious disease outbreak. That tool is adapted for school closure and repeated below to assist decision makers.

If disease transmission in a jurisdiction is significant and sustained or portends to be, state and local public health authorities working with school systems should consider implementing community-based containment measures. Community-based containment measures can be grouped into two broad categories: measures that affect groups of exposed or at-risk persons and measures that affect entire communities. Prior to implementing large-scale community wide measures key considerations need to be consciously asked.

Key Considerations:

- Do Public Health, medical and targeted layered containment analyses warrant the imposition of school closure?
- Are implementation and maintenance feasible?
- Is there a plausible way to determine specifically who should be affected?
- In your judgment as decision maker(s), is it likely that compliance regarding social distancing will be adhered to outside of the school setting?
- Can the defined group maintain social distancing for the duration of the public health emergency within parameters that will reduce transmission? (see R. J. Glass table above)
- Do the potential benefits outweigh the possible adverse consequences?

Adapted from the Journal of the American Medical Association Vol. 286 No. 21, Ded 5, 2001 “Large Scale Quarantine Following Biological Terrorism in the US;” 286:2711-2717

23 ibid 1. Section V
If, as a decision making body or person, you are able to answer yes to all of these considerations in consultation by state and/or local public health, emergency preparedness, and education authorities, immediately implement emergency preparedness plans for closure including crisis communications and ensure that all affected authorities are informed.

If, as a decision making body or person, you answer no to any of these considerations consult with partners noted above to assess barriers to implementation and determine what level of community containment measures may be warranted by the circumstances. Communications must be ongoing. The situation would be reviewed locally and at the state level after a period of time, such as two to three weeks.24

Local School Officials
Local school officials should actively involve themselves as either members or advisors to the local Health and Medical Task Force convened by local health departments. These entities are created to address situations such as an influenza pandemic. The local county health department as part of their Biological Incidence Annex should have this incident command system element in place as part of their funding for this purpose.

Local School officials should implement training at locally appropriate levels (schools and/or school systems) regarding the National Incident Management System (NIMS) and develop incident command structures to better coordinate actions at the school and community level for all potential crises.

It must be noted that NIMS training is required nationally of all local health departments, and other emergency preparedness agencies that might receive federal funding including fire, police and even local hospitals. NIMS’ training is not only for pandemic influenza emergency preparedness but also for all potential crises faced by schools and school systems. Having this training locally will ensure that if and/or when some serious event should occur, that schools and/or school systems will be able to integrate their internal responses and communicate effectively with other emergency preparedness officials as all will be functioning from the same tactical framework.

Schools and/or systems should also utilize resources such as the Kansas Pandemic Influenza Preparedness Action Kit For Schools developed by the Kansas Association of School Boards and the Kansas Department of Health and Environment to assist Kansas school systems in the event of a pandemic. This resource can be found at kasb.org/panflu/index.html. The Action Kt provides templates for local Pandemic Flu plan development and examples of communications elements that can be used locally including for yearly influenza in schools and or in communication with parents and teachers. Other links and resources are also available through this site including training for NIMS.

Schools will also be responsible for coordinating with local public health officials in preparing parents for the event of a pandemic and may play a critical part in communicating the importance of preparation to a large part of the public.

Schools will need to ensure that they tie the resources provided into their local communications plans.

Communications
Communications must be coordinated between public health, and emergency preparedness officials and schools and school systems. The communications should be transparent at all levels and inform the public of all aspects of the threat faced.
Dear Colleague

MMWR Data (2007) Kansas Mumps Response

Dear Colleague letter to health care providers w/quarantine info
Appendix 6 - Pandemic Influenza Community Mitigation Interim Planning Guide for Elementary and Secondary Schools

Purpose

This Interim Planning Guide for Elementary and Secondary Schools is provided as a supplement to the Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions. The guide is intended to assist in pre-pandemic planning. Individuals and families, employers, schools, and other organizations will be asked to take certain steps (described below) to help limit the spread of a pandemic, mitigate disease and death, lessen the impact on the economy, and maintain societal functioning. This guidance is based upon the best available current data and will be updated as new information becomes available. During the planning process, Federal, State, local, tribal, and territorial officials should review the laws, regulations, and policies that relate to these recommendations, and they should include stakeholders in the planning process and resolution of issues.

Schools will be essential partners in protecting the public's health and safety when an influenza pandemic occurs. This Pandemic Influenza Community Mitigation Interim Planning Guide for Elementary and Secondary Schools provides guidance to educational institutions, describing how they might prepare for and respond to an influenza pandemic. When an influenza pandemic starts, public health officials will determine the severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be cared for in a hospital. However, most people with influenza will be safely cared for at home.

Community mitigation recommendations will be based on the severity of the pandemic and may include the following:

1. Asking ill people to voluntarily remain at home and not go to work or out in the community for about 7-10 days or until they are well and can no longer spread the infection to others (ill individuals will be treated with influenza antiviral medications, as appropriate, if these medications are effective and available).

2. Asking members of households with a person who is ill to voluntarily remain at home for about 7 days (household members may be provided with antiviral medications, if these medications are effective and sufficient in quantity and feasible mechanisms for their distribution have been developed).

3. Dismissing students from schools (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs for up to 12 weeks, coupled with protecting children and teenagers through social distancing in the community to
include reductions of out-of-school social contacts and community mixing. Childcare programs discussed in this guidance include centers or facilities that provide care to any number of children in a nonresidential setting, large family childcare homes that provide care for seven or more children in the home of the provider and small family childcare homes that provide care to six or fewer children in the home of the provider.  

4. Recommending social distancing of adults in the community, which may include cancellation of large public gatherings; changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services; ensuring work-leave policies to align incentives and facilitate adherence with the measures outlined above.

**Recommendations for dismissing students from schools will depend upon the severity of the pandemic. The current three-tiered planning approach includes:**

1) no dismissals in a Category 1 pandemic,  
2) short-term (up to four weeks) dismissal of students from schools during a Category 2 or Category 3 pandemic, and  
3) prolonged (up to 12 weeks) dismissal of students from schools during a severe influenza pandemic (Category 4 or Category 5 pandemic).

In the most severe pandemic, the duration of these public health measures would likely be for 12 weeks, which would have educational implications for students. Planning now for a prolonged period of student dismissal may assist schools to be prepared as much as possible to provide opportunities for continued instruction and other assistance to students and staff. Federal, State, local, tribal, and territorial laws, regulations, and policies regarding student dismissal from schools school closures, funding mechanisms, and educational requirements should be taken into account in pandemic planning. If students are dismissed from school but schools remain open, school- and education-related assets, including school buildings, school kitchens, school buses, and staff, may continue to remain operational and potentially be of value to the community in many other ways. In addition, faculty and staff may be able to continue to provide lessons and other services to students by television, radio, mail, Internet, telephone, or other media. Continued instruction is not only important for maintaining learning but also serves as a strategy to engage students in a constructive activity during the time that they are being asked to remain at home.

Planning now for a severe pandemic will ensure that schools are prepared to implement the community interventions that may be recommended. Be prepared to activate the school district's crisis management plan for pandemic influenza that links the district's incident command system with the local and/or State health department/emergency management system's incident command system(s).

is available in English and Spanish, 24 hours a day, 7 days a week. TTY: 1-888-232-6348. Questions can be e-mailed to cdcinfo@cdc.gov.

1. Plan for ill individuals to remain at home

- Develop a plan for faculty and staff absences due to personal illness. Plan for alternative staffing:
  - Identify critical job functions and plan for alternate coverage of those functions during a pandemic.
  - Review and analyze Federal and State employment laws that identify employer obligations and options for personnel.
- Establish and clearly communicate policies on sick leave and employee compensation.
- Encourage ill persons to stay home during a pandemic and establish return-to-work policies after illness.
- Establish policies for sick-leave absences unique to a pandemic (e.g., libera/unscheduled leave).
- Develop policies on observation for illness and what to do when a student or staff member becomes ill at the workplace.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on www.pandemicflu.gov.

2. Plan for all household members of a person who is ill to voluntarily remain at home

- Develop a plan for faculty and staff absences related to family member illness. Plan for alternate staffing:
  - Identify critical job functions and plan now for coverage of those functions.
  - Establish policies for alternate or flexible worksite (e.g., videoconferencing and teleworking) and flexible work hours.
  - Review Federal and State employment laws that identify your employer obligations and options for employees.
- Establish and clearly communicate policies on family leave and employee compensation.
- Establish policies for sick-leave absences unique to a pandemic (e.g., libera/unscheduled leave).
- Establish policies for employees who have to stay home because someone in their household is ill with pandemic influenza.
- Be familiar with Federal and State laws regarding leave of workers who need to care for an ill family member or voluntarily remain at home.
- Advise employees to look for information on taking care of ill people at home. Such information will be posted on www.pandemicflu.gov.

3. Plan for dismissal of students and childcare closure for employees

- Develop a plan for school operations during all levels of pandemic severity. Even if students are dismissed, schools may remain operational.
- Identify and plan for employees and staff who may have to stay home if schools and childcare programs dismiss students/children during a pandemic.
- Plan for alternate staffing based on your assessment.
  - Identify critical job functions and plan now for coverage of those functions in case of
prolonged absenteeism during a pandemic.
  • Establish policies for employees to possibly work flexible work hours and schedules (e.g., staggered shifts) to accommodate their childcare needs.
  • Encourage your employees who have children to make their own plans to care for children if officials recommend dismissal of students from schools and closure of childcare programs. Advise that employees plan for an extended period (up to 12 weeks) in case the pandemic is severe. Instruct employees not to bring their children to the workplace if childcare cannot be arranged.
  • In a severe pandemic, parents would be advised to protect their children by reducing out-of-school social contacts and mixing with other children. Although limiting all outside contact may not be feasible, families may be able to develop support systems with co-workers, friends, families, or neighbors if they continue to need childcare. For example, they could prepare a plan in which two to three families work together to supervise and provide care for a small group of infants and young children while their parents are at work (studies suggest that childcare group size of less than six children may be associated with fewer respiratory infections).
  • Determine if schools must, may, or cannot compensate, continue benefits, and extend leave to employees who are not working during the pandemic. Inform employees of the decision.
  • Work with your State legislatures if modifications to State laws are needed for flexibilities regarding, for example, requirements for the number of instruction days, amount of instruction time, and length of the school day.
  • Work with State and local governments and faith-based and community-based organizations to provide any needed assistance to staff who cannot report to work for a prolonged period.

4. Plan for dismissal of students
  • Develop a plan for continuity of instruction
  • Inform teachers, students and parents how alternate learning opportunities will be provided.
    • This may include assignments by radio, television, regular mail, e-mail, telephone, and teleconferencing or through the media
    • Consider potential restructuring of the school calendar
  • Provide school nurses, counselors, school psychologists, special-needs teachers, and social workers guidance on maintaining needed health, counseling, and social services for students with physical and mental/emotional healthcare needs.
  • Identify and inform parents on how students who need free meals may qualify for other types of nutrition assistance in the community.
  • Provide systematic emergency communications to school staff and families during the pandemic, using a telephone calling tree, an e-mail alert, call-in voice recording, or regular mail to communicate.

5. Plan for workplace and community
   social distancing measures
  • Become familiar with social distancing actions that may be used during a pandemic to modify frequency and type of person-to-person contact (e.g., reducing hand-shaking, limiting face-to-face meetings, promoting teleworking, liberal/unscheduled leave policies, and staggered shifts).
• Plan to operate the workplace using social distancing and other measures to minimize close contact between employees.
• Review and implement guidance from the Occupational Safety and Health Administration (OSHA) on appropriate work practices and precautions to protect employees from occupational exposure to influenza virus during a pandemic. Risks of occupational exposure to influenza virus depends in part on whether jobs require close proximity to people who may be infectious with the pandemic influenza virus or whether employees are required to have either repeated or extended contact with the general public. OSHA will post and periodically update such guidance on www.pandemicflu.gov.
• Encourage good hygiene at the workplace. Provide students, faculty, and staff with information about the importance of hand hygiene (information can be found at http://www.cdc.gov/cleanhands/) as well as convenient access to soap and water and alcohol-based hand gel in your facility. Educate employees and students about covering their cough to prevent the spread of germs (see http://www.cdc.gov/flu/protect/covercough.htm).
• Promote social distancing of children and teens outside the school setting by advising they reduce their social interaction and contacts to the greatest extent possible. This may include cancelling after-school and extracurricular group activities.

6. Communicate with faculty, staff, students, and parents/families

• Make sure your school’s pandemic plan is explained and understood by faculty, staff, and parents in advance of a pandemic, including expected roles/actions for employees and others during implementation.
• Provide information to school staff and parents/families on what they can do to prepare themselves and their families for the pandemic. Resources are available at http://www.pandemicflu.gov/plan/individual/checklist.html and www.ready.gov/america/index.html.
  o Be prepared to provide parents/families with information discussing student dismissal from school and the importance of keeping students from congregating with other students in out-of-school settings.
• Provide staff with information on the school district’s plan for
  o Assuring that essential central office functions, including payroll, and communications with staff, students, and families will continue.
  o Adapting school facilities to supplement healthcare delivery if needed by local public health officials.
  o Encouraging school nurses, counselors, school psychologists, and social workers to establish supportive long-distance relationships with particularly vulnerable students via the phone, e-mail, or regular mail.
• Coordinate strategies with other districts in your region.

7. Help your community

• Coordinate your pandemic plans and actions with local health and community planning.
• Find volunteers in your school who want to help people in need, such as elderly neighbors, single parents of small children, or people without the resources to get the medical or other
help they will need.

- Think of ways your school others in your community to help them plan for a pandemic.
- Participate in community-wide exercises to enhance pandemic preparedness.

8. Recovery

- Establish the criteria and procedure with State and local planning teams for resuming school activities.
- Develop communication for advising employees, students, and families of the resumption of school programs and activities.
- Develop the procedures, activities, and services needed to restore the learning environment.

References:

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Kansas
TEMPLATE OUTLINE

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Appendices

1. Kansas Pandemic Action Kit for Schools
   (Adapted from the Contra Costa California Pandemic Action Kit for School)
Introduction
School continuity means ensuring that essential functions can survive a natural disaster, technological failure, human error, or other disruption. Many existing school continuity plans anticipate disruptions such as fires, earthquakes, and floods; these events are restricted to certain geographic areas, the time frames are fairly well defined and limited and resources can flow in from other areas. Pandemic flu, however, demands a different set of continuity assumptions since it will be widely dispersed geographically and potentially arrive in waves that could last several months at a time.

Depending on the flu strain and based on previous pandemics, public health officials project cumulative absentee rates of 25-30 percent over three to four months in the first wave. Absentees will include sick employees and students, and those who must care for others who are sick. Fear will also impact rates of absenteeism.

If a pandemic flu strikes, national, state and local government health officials will issue information, warnings and work with the media to disseminate advice on how to avoid becoming ill. Company managers, human resource departments, and employees should pay close attention to the guidance provided by local and state health departments.

In a worse case scenario, “school as usual” may cease. Government health officials may have to implement dramatic measures, including shutting down certain School that involve high levels of interaction with the public, such as restaurants and theatres. Health officials may also have to restrict travel, cancel public events such as concerts or sports, and close schools. (See Appendix A)

The size and type of schools will be the deciding factors for the type of plan that a school needs to develop. All school continuity plans for a pandemic should include the following components at a minimum:
- Provide each employee the resources to prepare themselves, students and their families
- Prevent/minimize the spread of influenza in the school.
- Monitor worker/student absentee rates
- Create a system to notify/share the information with worker/students/parents during pandemic
- Develop a plan to address essential resources to maintain minimal operations

Resources for plan development:
http://www.pandemicflu.gov/plan/tab5.html
Pandemic Influenza Action Kit for Schools (being developed) (will have web site/CD Rom Discs)

Assumptions
A pandemic flu will spread rapidly and easily from person to person, affecting all School due to absenteeism. Schools that are relied upon by other School will be facing the same massive absentee rates, and will be unable to provide essential components to maintain the daily operations.

Risk assessments to identify the essential/critical components of your School operation need to be conducted. Develop partnerships, alliances, third parties and suppliers to support continuity arrangements that will maintain operations and ensure these components are available during a pandemic.
Recognize in the School impact assessment that the new paradigm includes for example:

- Healthcare services not being available (they are already full at present with the usual ailments).
- Schools, churches and other public places not being open.
- Borders are partially or fully closed, especially airports, leaving people (our families, employees, School partners, customers and suppliers) “stranded”.
- Essential materials and supplies may be limited due to distribution chains that are affected by the travel restrictions or absentee workers supporting those transportation means.
- Essential services around utilities, food distribution/access and banking systems may not be at “normal levels”; access to cash flow could be tight.
- People may not be willing to or able to come to work.

Communications
Communications during a Pandemic involves both internal communications and external communications. Developing a separate communication annex is often useful so that all communications documentation is readily available for supporting updates, advisories, and alerts.

**Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Advisory:** provides key information for a specific incident or situation; might not require immediate action.

**Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

Internal & External Communications
- Notification to employees/students/parents of operational changes
- Provide frequent updates about the pandemic status
- Provide advisories and alerts as conditions change
- Ensure vendors and suppliers have a dedicated communications contact
- Monitor local, state, and federal pandemic updates
- Establish and maintain communications with other local emergency preparedness authorities

Using phone systems that can perform automatic dialing from a database with each employees contact number is useful to send notifications and messages about alerts. Many phone systems have the capacity to create a message center for staff to call-in and receive important updates. Computer systems have many options available for alerting and notifying key stakeholders through e-mails, pagers, etc. The use of the school web-site could serve as a portal for sharing information with employees and vendors. Other less capital intensive systems may already be in place. What improvements can be made?

Resources Pandemic Updates:
Appendix A – Kansas Pandemic Influenza Action Kit for Schools (will have web site/CD Rom Discs)

Command and Control
During an emergency, employees look to management to provide leadership for the school. Schools that don't have emergency plans often struggle with the chain of command because the school leaders have not had an opportunity to think through the effects of a crisis. Your school needs to demonstrate to the employees that the leadership has a plan and are able to work together.
During a pandemic, many administrators may be out sick or are home taking care of ill family. A plan should include redundancy for the specific measures identified as part of the response plan and those additional responsibilities need to be designated in the management structure.

Many large organizations, school systems and individual schools have well developed disaster plans that mirror the Federal governments National Incident Management System (NIMS). **NIMS is an emergency management tool that works for any crisis type of management and relies on a flexible structure similar to a School Organizational Chart. Training for NIMS is available through the KS Train Website [http://ks.train.org](http://ks.train.org)**. A description is provided in the Appendix A Process Section. NIMS is a foundational tool for any type of crisis management situation. Below is an example of a NIMS organizational structure. This type of system should be adapted as local circumstances dictate. Other local emergency preparedness organizations including public health and emergency responders will also be using this approach. Work with them on coordination.

However your school decides to structure during an emergency, share this with your employees so that they will have a clear understanding of who has the responsibility for various functions. Once employees are aware of this and know the school has a plan, their fears will be greatly reduced and will be more likely to support the school in an emergency.
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Adapted from Tulsa Oklahoma and CDC Guidance

Resources for Emergency Management:

Timing of Closures
The timing of closures will be a function of the dynamic nature of the event as determined by the parameters above.
Recommendations will be based upon guidance documents and direction from the national level and use of present and evolving state of the art analyses of the mitigating impact of school closures within a given pandemic situation.

On February 3rd, 2007, the U.S. Department of Health and Human Services (HHS) in conjunction with the Centers for Disease Control and Prevention (CDC) provided guidance on mitigating the impact of pandemic influenza in the U.S. As part of that guidance, HHS created a Pandemic Severity Index similar to the classification structure for hurricanes.

The Pandemic Severity Index (PSI) is a domestic planning tool to help categorize a pandemic by severity. Communities can then make decisions on what measures to take based on how harmful the pandemic is projected to be. The index is divided into five categories: a category 1 pandemic is as harmful as a severe seasonal influenza season, while a pandemic with the same intensity as the 1918 flu pandemic (thought to have killed anywhere from 20 million to 100 million people around the world), would be classified as category 5. Estimating the severity of a pandemic will be primarily based on the percentage of deaths among ill persons. Based on this projection, the government and health officials may recommend different actions communities can take in order to try to limit the spread of disease by reducing contact between sick and well individuals. Table 1 below is from the guidance and illustrates the PSI in relation to various severity levels.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Pandemic Severity Index (PSI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Category 1</td>
</tr>
<tr>
<td>Case Fatality Ratio (percentage)</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Excess Death Rate (per 100,000)</td>
<td>&lt;30</td>
</tr>
<tr>
<td>Illness Rate (percentage of the population)</td>
<td>20–40</td>
</tr>
<tr>
<td>Potential Number of Deaths (based on 2006 U.S. population)</td>
<td>&lt;90,000</td>
</tr>
<tr>
<td>20th Century U.S. Experience</td>
<td>Seasonal Influenza (illness rate 5–20%)</td>
</tr>
</tbody>
</table>

Table 1.

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The PSI is designed to also relate to the World Health Organizations Pandemic Influenza Phases as are indicated in Table 2. below and these trigger points indicate action that needs to be taken at the KDHE level.

<table>
<thead>
<tr>
<th>Pandemic Severity Index</th>
<th>WHO Phase 6, U.S. Government stage 3*</th>
<th>WHO Phase 6, U.S. Government Stage 4† and First human case in the United States</th>
<th>WHO Phase 6, U.S. Government Stage 5§ and First laboratory confirmed cluster in state or region¶</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alert</td>
<td>Standby</td>
<td>Activate</td>
</tr>
<tr>
<td>2 and 3</td>
<td>Alert</td>
<td>Standby</td>
<td>Activate</td>
</tr>
<tr>
<td>4 and 5</td>
<td>Standby**</td>
<td>Standby/Activate††</td>
<td>Activate</td>
</tr>
</tbody>
</table>

Table 2.

Alert: Notification of critical systems and personnel of their impending activation.
Standby: Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.
Activate: Implementation of the community mitigation strategy.
*Widespread human outbreaks in multiple locations overseas.
†First human case in North America.
§Spread throughout the United States.
¶Recommendations for regional planning acknowledge the tight linkages that may exist between cities and metropolitan areas that are not encompassed within state boundaries.
**Standby applies. However, Alert actions for Category 4 and 5 should occur during WHO Phase 5, which corresponds to U.S. Government Stage 2.
††Standby/Activate Standby applies unless the laboratory-confirmed case cluster and community transmission occurs within a given jurisdiction, in which case that jurisdiction should proceed directly to Activate community interventions defined in Table 2.

KDHE will monitor surveillance data available and provide recommendations to areas of the state while local Health and Medical Task Forces will monitor local situational aspects in conjunction with local school systems to determine specific closure recommendations.

As the CDC guidance notes, “Determining the likely time frames for progression through Alert, Standby, and Activate postures is difficult. Predicting this progression would involve knowing 1) the speed at which the pandemic is progressing and 2) the segments of the population most likely to have severe illness. These two factors are dependent on a complex interaction of multiple factors, including but not limited to the novelty of the virus, efficiency of transmission, seasonal effects, and the use of countermeasures. Thus it is not possible to use these two factors to forecast progression prior to recognition and characterization of a pandemic outbreak, and predictions within the context of an initial outbreak investigation are subject to significant limitations. Therefore, from a pre-pandemic planning perspective and given the potential for exponential spread of pandemic disease, it is prudent to plan for a process of rapid implementation of the recommended measures.”
Kansas
Pandemic Influenza
School Preparedness Plan Template
Adapted from Tulsa Oklahoma and CDC Guidance

Resources for Pandemic Phases:

Monitoring & Reporting
Monitoring absenteeism and identifying the number of ill workers/students will provide useful information regarding operational decisions that need to be made during all phases of a pandemic. Reporting these numbers to the local public health department will also provide them with a community wide surveillance to implement necessary public health measures. For this reason, developing a monitoring and reporting system will be essential for most school continuity of operations. (See Appendix A - Surveillance/Reporting section)

- Schools should designate a staff person to be the Influenza Manager, i.e. school nurse/receptionist. This person would be responsible for tracking the employees/students who call in sick or get ill at work. Weekly or daily reports would be provided to upper management for determining policy issues that may need to be implemented. In addition, these reports should be provided to the local health department for community wide surveillance per previously agreed procedures.

- Pandemic reporting will be developed during the alert phases to identify community clusters. Self reporting forms may be made available on-line, and provided to institutional settings, long-term care homes, public schools, responder agencies, and large businesses. Examples for schools are included in Appendix A (process section).

Information generated through this type of integrated surveillance program will be used to: determine when a pandemic begins, track its course globally, nationally, regionally, and locally; guide antiviral use, and evaluate management efforts including when to institute community containment measures or lift them.

Resources for Surveillance:

Public Health Measures
Access to vaccines and antiviral drugs during a pandemic will be extremely limited, non-medical interventions may be the only way to delay the spread of the disease. Many of the interventions, however, may affect human behavior and human rights and therefore need a strong educational and legal basis. Moreover, most of the interventions are based on limited evidence. Therefore, transparent decision-making and frank information-sharing should go hand-in-hand with the measures discussed in this section.

The key to make public health measures effective, involves providing information to staff on the threat of a pandemic, limitations of resources to combat the disease, and educational awareness of the measures that need to be implemented before a pandemic begins. These efforts are intended to modify behavior so that utilizing these measures will be effective.

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Examples of public health measures include;
- Utilize good hygiene by following recommended protection and infection control measures
- Minimize exposure by avoiding public gatherings, public places, and areas considered high risk
- Update vaccinations including seasonal flu and pneumonia
- Keep physically healthy; eat right, drink plenty of fluids, exercise, and get plenty of sleep
- Maintain a positive mental attitude
- Stay home and seek medical care when sick

Utilize experts from the field of public health and emergency management to resolve questions about the plans. Appendix A (Public Information section) contains several useful examples of public health measures that can be initiated within the school. At a minimum, create signage to place in the school for employees and students recommending good hygiene measures.

References for public health measures:
DHS http://www.pandemicflu.gov/
CDC http://www.cdc.gov/flu

Infection Control Measures
Guidelines for infection control are important to clarify the routes of transmission and the ways to interrupt transmission through measures of hygiene. Infection control is an essential component of pandemic management and a component of public health measures. Utilize training sessions, and signage to make staff/students/parents aware of the essential measures. More information is available in Appendix A (surveillance/reporting section).

Examples of Infection Control Measures;
1. Stay at home when you are sick. If possible, stay away from work, school and from running errands. You will help others from catching your illness.
2. Cover your coughs and sneeze into tissue, or cough into your shirt sleeve.
3. Wash your hands often to avoid spreading and getting germs.
4. Enhance existing housekeeping service by wiping down and disinfecting work areas (i.e. keyboards, telephones, desks, doorknobs, etc.) frequently.
5. Enhance housekeeping services for general public use areas several times throughout the work period.
6. Use personal protective equipment where appropriate to minimize exposure (i.e. gloves- handling money, masks- for ill employees)

References for Infection Control measures:
CDC http://www.cdc.gov/infectioncontrol
VA PH http://www.publichealth.va.gov/infectioncontrol/index.htm
Department of Health and Human Services Pandemic Influenza Supplement 4 Infection Control http://www.hhs.gov/pandemicflu/plan/sup4.html

Maintaining Essential Services (Continuity of Operations Planning [COOP])
Planning for Pandemic Influenza is distinctly different from other potential crises that might occur. While a good solid NIMS based command and control element is the foundation for an effective response to any crisis, most situations will be localized geographically and therefore resources outside of the crisis area will be available for use. In a pandemic, all
areas of the country will be affected and those resources generally taken for granted will likely not be available as they would under other circumstances. Thinking through this difference is essential for an effective response. Local health departments should be able to provide assistance in this area.

Perform a risk assessment. Utilize the risk assessment to identify the critical components to maintaining your operation. Prioritize these components (services and materials) and begin identifying provisions to support those components during an emergency.

The assessment of critical operations needs to include supplies and human resources. Identify the essential staff necessary to continue operations in emergency situations (4 to 6 weeks). Develop a method to cross-train or back-fill these essential employees should the impact of absenteeism during a pandemic minimize worker availability. Look for creative solutions to operational needs such as, creating partnerships with vendors, suppliers, personnel management agencies, and neighboring school districts, in developing a robust plan.

The key to maintaining essential services is to identify the critical components that may become scarce during a pandemic. By identifying these early, you can begin looking for ways to create back-up systems, supplies, and other resources.

**Implementation, Testing, and Revision of the Plan**

Writing the plan may seem the most difficult but ensuring the plan works can only be achieved in testing the plan. There are numerous ways are available to accomplish this, without having to wait for an actual emergency.

Implement the policy measures necessary to minimize the spread of influenza during the upcoming flu season. Begin conducting trainings, and place signage to stimulate good hygiene. Other policies like staying at home when ill, and tracking employee/student absenteeism during the seasonal flu period would also be a good place to begin testing the plan.

Testing the plan can also be accomplished by conducting exercises. Exercises range from loss stress to actual full scale hands on drills. A tabletop exercise is the easiest way to begin testing a plan. This type of exercise involves having discussions regarding a scenario that challenges the plan and the decision makers during an emergency. Functional exercises take on an additional level of complexity, in that they actually require participants to conduct functional components of the plan. This usually involves planning specific scenarios, creating pretend data and issues that target an area within the plan to be tested. A sample tabletop exercise for schools can be found in Appendix A (other resources). Each of these methods of testing the plan requires appropriate planning for the exercise and the evaluation. The evaluation is critical to revising the plan, by capturing actual responses during the exercise or drill objectively. Once this data is captured, an after-action report with recommendations to revising the plan should be completed.

Assistance for implementing and testing a plan is available through Emergency Management at federal, state and local levels, and public health. Additionally, there are many consultant agencies available to assist in full exercise design and facilitation. The tabletop scenario attached and discussion questions can be helpful and can also be tailored to your specific plan or needs. Instructions on facilitating the exercise are also included.

**Resources for Implementation**

Whitehouse [http://www.whitehouse.gov/infocus/pandemicflu/](http://www.whitehouse.gov/infocus/pandemicflu/)

Appendix A

Process Documents

Surveillance/Reporting Documents and Samples

Parent Information Documents and Samples

Media Material

Public Information

Other Resources
Process Resources
Work with Local Health Department

SCHOOL ACTION STEPS FOR PANDEMIC FLU
Will need to be adapted around
Department of Health and Human Services requirements for state established thresholds

The following is a chronological list of important step-by-step actions schools should take before, during and after a pandemic flu outbreak. Pandemic flu can have several cycles or waves so this list may need to be repeated.

PRIOR TO OUTBREAK/PREPAREDNESS & PLANNING PHASE

- Create a pandemic flu plan. (Use the Department of Health and Human Services School Pandemic Flu Planning Checklist in this section and included plan template to begin the process.

- Work with local health officials and emergency preparedness officials. They may want to use the schools as a way to disseminate information to families. You can begin with Parent Letter #1 in the Parent Section of this binder.

- Decide the roles and responsibilities of school staff (including all ancillary staff) to prevent the spread of flu.

- Work with the Local Health Department to train nurses and staff in flu-symptom recognition. (See Surveillance Section of this binder). Remember that a person who is infected does not show symptoms right away.

- Understand the different types of disease surveillance and how your school may be asked to help track influenza. (See Surveillance Section of this binder)

- Improve the hygiene of students and staff. Use simple non-medical ways to reduce the spread of flu such as “respiratory etiquette,” frequent hand washing, and keeping work areas clean. (See Public Information Section of this binder for posters)

- Decide to what extent you will encourage or require children and staff to stay home when they are mildly ill.

- Identify students who are most vulnerable to serious illness (immune compromised, chronic illness, etc.)

- Review the health needs of students. Some students may have a greater risk of infections. Encourage those families to talk to their health care provider. Some parents may need to be more cautious in keeping their children out of school.

- Consider developing alternative learning strategies that children could utilize in the case of closed schools.

- Educate staff, students and parents about the differences between seasonal flu, bird flu and pandemic flu; best hygiene practices to prevent any sort of flu; what could occur in a pandemic. (Use the information in the Public Information Section of this binder).
SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST

Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district’s staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities [http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf]).

Further information on pandemic influenza can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

1. Planning and Coordination: Work closely with your Local Health Department on all items

<table>
<thead>
<tr>
<th>Completed</th>
<th>In Progress</th>
<th>Not Started</th>
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</table>

- Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district’s pandemic influenza response plan.
- Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
- As part of the district’s crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district’s operational pandemic plan.
- Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district’s pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district’s established ICS and the local/state health department’s and state education department’s ICS. (See School Preparedness Plan Template, page 4)
- Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
- Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community’s pandemic plan as well as the state department of education’s plan.
- Test the linkages between the district’s Incident Command System and the local/state health department’s and state education department’s Incident Command System.
- Contribute to the local health department’s operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA’s healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.
- Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.
- Participate in exercises of the community’s pandemic plan.
- Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

37
1. Planning and Coordination (cont.):

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Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.
Implement an exercise/drill to test your pandemic plan and revise it periodically.
Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

2. Continuity of Student Learning and Core Operations:

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Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.
Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.
Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.

3. Infection Control Policies and Procedures:

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Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.
Provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based/waterless hand hygiene products, tissues and receptacles for their disposal).
Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).
Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.
Establish policies for transporting ill students.
Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan).

4. Communications Planning:

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Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.
Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.
Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.
4. Communications Planning (cont.):

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- Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.
- Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.
- Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
- Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
- Disseminate information about the LEA’s pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
- Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).
- Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.

*This information is for guidance only and all activities must be performed in compliance with Kansas statutes, regulations and contractual agreements that would affect the implementation of the activities.
(use this document with appropriate parent, teacher or student communications)

Public Health Instructions During a Pandemic Flu

Throughout a pandemic flu, people may be asked or required to do things to help hold back the spread of the disease in our community.

Public health authorities will be communicating with all of us during a Pandemic. Here are some examples of what public health authorities may ask people to do:

STAY HOME

People who are sick should stay home. Children should not go to school if they are sick. Staying home will be absolutely necessary during a pandemic flu to limit the spread of the disease.

AVOID LARGE GROUPS

People, even those who are well, should stay away from gatherings of people such as sporting events, movies and festivals. During a pandemic flu these kinds of events could be cancelled because large gatherings of people help spread the flu virus.

Isolation and quarantine are public health actions used to contain the spread of a contagious disease. If asked, it will be important to follow isolation and/or quarantine instructions. These actions will likely be used rarely, if they are used at all. In some cases, public health authorities might ask for voluntary or self-directed isolation and/or quarantine like staying at home.

ISOLATION is for people who are already ill. When someone is isolated, they are separated from people who are healthy. Isolating the sick person from family members who are well can help to slow or stop the spread of disease. People who are isolated can be cared for in their homes, in hospitals, or other healthcare facilities. Isolation is usually voluntary, but local, state and federal authorities have the power to require the isolation of sick people to protect the public.

QUARANTINE is for people who have been exposed to the disease but are not sick. When someone is placed in quarantine, they are also separated from others. Even though the person is not sick at the moment, they were exposed to the disease and may still become infectious and then spread the disease to others. Quarantine can help to slow or stop this from happening. Local public health officers generally have the power to enforce quarantines within their borders.
Pandemic Influenza:

CHARACTERISTICS & CHALLENGES

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide.

Historically, the 20th century saw three pandemics of influenza:

- 1918 influenza pandemic caused at least 500,000 U.S. deaths and up to 50 million deaths worldwide
- 1957 influenza pandemic caused at least 70,000 U.S. deaths and 1-2 million deaths worldwide
- 1968 influenza pandemic caused about 34,000 U.S. deaths and 700,000 deaths worldwide

Characteristics and Challenges in a Pandemic:

1. There Will Be Rapid Worldwide Spread
   - When a pandemic influenza virus emerges, its global spread is considered inevitable.
   - Preparedness activities should assume that the entire world population would be susceptible.
   - Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but cannot stop it.

2. Health Care Systems Will Be Overloaded
   - Most people have little or no immunity to a pandemic virus. Infection and illness rates soar.
     A substantial percentage of the world’s population will require some form of medical care.
   - Nations unlikely to have the staff, facilities, equipment and hospital beds needed to cope with large numbers of people who suddenly fall ill.
   - Death rates are high, largely determined by four factors: the number of people who become infected, the virulence of the virus, the underlying characteristics and vulnerability of affected populations and the effectiveness of preventive measures.
   - Past pandemics have spread globally in two and sometimes three waves.

3. Medical Supplies Will Be Inadequate
   - The need for vaccine is likely to outstrip supply.
   - The need for antiviral drugs is also likely to be inadequate early in a pandemic.
   - A pandemic can create a shortage of hospital beds, ventilators and other supplies. Surge capacity at non-traditional sites such as schools may be created to cope with demand
   - Difficult decisions will need to be made regarding who gets antiviral drugs and vaccines.

4. There Will Be Economic and Social Disruption
   - Travel bans, closings of schools and businesses and cancellations of events could have major impact on communities and citizens.
   - Care for sick family members and fear of exposure can result in significant worker absenteeism.

www.pandemicflu.gov
Fact Sheet: National Incident Management System (NIMS)

Release Date: 03/01/04 00:00:00

U. S. Department of Homeland Security Secretary Tom Ridge today announced approval of the National Incident Management System (NIMS), the Nation's first standardized management approach that unifies Federal, state, and local lines of government for incident response.

**NIMS makes America safer, from our Nation to our neighborhoods:**

NIMS establishes standardized incident management processes, protocols, and procedures that all responders -- Federal, state, tribal, and local -- will use to coordinate and conduct response actions. With responders using the same standardized procedures, they will all share a common focus, and will be able to place full emphasis on incident management when a homeland security incident occurs -- whether terrorism or natural disaster. In addition, national preparedness and readiness in responding to and recovering from an incident is enhanced since all of the Nation's emergency teams and authorities are using a common language and set of procedures.

**Advantages of NIMS:**

NIMS incorporates incident management best practices developed and proven by thousands of responders and authorities across America. These practices, coupled with consistency and national standardization, will now be carried forward throughout all incident management processes: exercises, qualification and certification, communications interoperability, doctrinal changes, training, and publications, public affairs, equipping, evaluating, and incident management. All of these measures unify the response community as never before.

**NIMS was created and vetted by representatives across America including:**

- Federal government,
- States,
- Territories,
- Cities, counties, and townships,
- Tribal officials,
- First responders.

**Key features of NIMS:**

- **Incident Command System (ICS).** NIMS establishes ICS as a standard incident management organization with five functional areas -- command, operations, planning, logistics, and finance/administration -- for management of all major incidents. To ensure further coordination, and during incidents involving multiple jurisdictions or agencies, the principle of unified command has been universally incorporated into NIMS. This unified command not only coordinates the efforts of many jurisdictions, but provides for and assures joint decisions on objectives, strategies, plans, priorities, and public communications.
• **Communications and Information Management.** Standardized communications during an incident are essential and NIMS prescribes interoperable communications systems for both incident and information management. Responders and managers across all agencies and jurisdictions must have a common operating picture for a more efficient and effective incident response.

• **Preparedness.** Preparedness incorporates a range of measures, actions, and processes accomplished before an incident happens. NIMS preparedness measures including planning, training, exercises, qualification and certification, equipment acquisition and certification, and publication management. All of these serve to ensure that pre-incident actions are standardized and consistent with mutually-agreed doctrine. NIMS further places emphasis on mitigation activities to enhance preparedness. Mitigation includes public education and outreach, structural modifications to lessen the loss of life or destruction of property, code enforcement in support of zoning rules, land management, and building codes, and flood insurance and property buy-out for frequently flooded areas.

• **Joint Information System (JIS).** NIMS organizational measures enhance the public communication effort. The Joint Information System provides the public with timely and accurate incident information and unified public messages. This system employs Joint Information Centers (JIC) and brings incident communicators together during an incident to develop, coordinate, and deliver a unified message. This will ensure that Federal, state, and local levels of government are releasing the same information during an incident.

• **NIMS Integration Center (NIC).** To ensure that NIMS remains an accurate and effective management tool, the NIMS NIC will be established by the Secretary of Homeland Security to assess proposed changes to NIMS, capture, and evaluate lessons learned, and employ best practices. The NIC will provide strategic direction and oversight of the NIMS, supporting both routine maintenance and continuous refinement of the system and its components over the long term. The NIC will develop and facilitate national standards for NIMS education and training, first responder communications and equipment, typing of resources, qualification and credentialing of incident management and responder personnel, and standardization of equipment maintenance and resources. The NIC will continue to use the collaborative process of Federal, state, tribal, local, multi-discipline and private authorities to assess prospective changes and assure continuity and accuracy.
Surveillance/Reporting Resources
Surveillance and Reporting

In the event of a pandemic flu outbreak, KDHE may ask schools to monitor the number of students, staff, and faculty who are absent due to influenza. Tracking the disease in Kansas schools, in addition to surveillance of hospitals and private health care providers, will help health officials determine the scope and magnitude of the epidemic.

KDHE offers following documents to aid schools in monitoring and managing the outbreak:

- A brief overview of influenza surveillance
- Criteria used to define a case of Influenza-Like Illness
- Examples of reporting form(s) to submit to KDHE or your County Health Department

Examples of forms with the type of information that will be needed are included. Updated forms will be provided in the advent of a pandemic event. Please contact your local health department prior to using any forms.
Influenza Surveillance Explained

Kansas law requires doctors and laboratories to report many types of infectious disease to the Kansas Department of Health and Environment (KDHE). This is called “passive” surveillance.

Although it is an important, highly communicable disease, influenza is not reportable by law. (There is one exception; influenza deaths in children under 18 years old is reportable by law.) KDHE uses a different type of surveillance, known as “sentinel” surveillance, to track the illness throughout the year.

Sentinel Surveillance

KDHE recruits different types of organizations to be sentinel sites for flu surveillance, including hospitals, physicians’ offices, nursing homes, and county health departments.

Each sentinel site tracks the number of individuals with Influenza-Like Illness (ILI) that they have seen in their facility. The symptoms of ILI are defined as:

- Fever 100° degrees Fahrenheit or higher, AND
- Cough, AND / OR
- Sore throat

Every week, the sentinel sites report the total number of ILI cases seen at their facility to KDHE; in turn, KDHE reports the amount of ILI seen in the state to the Centers for Disease Control and Prevention (CDC).

In the event of an influenza pandemic, schools may also be asked to become emergency sentinel sites, and report flu activity to KDHE or to your county health department.

A sentinel school will be asked to:

- Monitor daily attendance for flu-like illness and flu-related absences
- Log absences due to flu-like illness
- Send a weekly report (via fax) to KDHE or to your county health department

Active Surveillance

A third type of surveillance, “active” surveillance, may also be employed during a severe outbreak of influenza. When implemented, KDHE or your county health department may contact hospitals, physicians, or schools directly to ask questions about flu activity. KDHE may develop new forms, tailored specifically to the new outbreak, to aid schools in data collection.
Influenza-Like Illness Case Definition And Infection Control

Definition and Procedure
The Centers for Disease Control and Prevention defines an Influenza-Like Illness as an individual with the following symptoms:

- Fever 100° degrees Fahrenheit or higher, AND
- Cough, AND / OR
- Sore throat

In the absence of a physician’s diagnosis or laboratory test results, individuals that meet the above criteria should be managed as cases of influenza.

A student with flu-like symptoms must be sent to the school nurse for screening (symptom check and/or temperature check). If the student meets the case definition as described above, he/she should remain in the nurse’s office (or another designated area) until a parent or guardian takes the child home; the student should not be allowed back into his/her classroom. The student must be excluded from school until symptom-free.

Pandemic Influenza Infection Control Information
http://www.hhs.gov/pandemicflu/plan/sup4.html

Recommendations For Infection Control in Schools and Workplaces

- In schools and workplaces, infection control for pandemic influenza should focus on:
  - Keeping sick students, faculty, and workers away while they are infectious.
  - Promoting respiratory hygiene/cough etiquette and hand hygiene as for any respiratory infection. The benefit of wearing masks in these settings has not been established.
- School administrators and employers should ensure that materials for respiratory hygiene/cough etiquette (i.e., tissues and receptacles for their disposal) and hand hygiene are available. Educational messages and infection control guidance for pandemic influenza are available for distribution. (CDC will develop educational materials appropriate to various audiences.)

Infection control in the community should focus on “social distancing” and promoting respiratory hygiene/cough etiquette and hand hygiene to decrease exposure to others.

INFLUENZA*
(flu) Incubation, Signs and Symptoms
Incubation Period: Usually 1-5 days.

Signs and Symptoms: Sudden onset of an acute viral disease with symptoms of fever, chills, headache, sore muscles, and a general feeling of being unwell. Associated with runny nose, sore throat, and cough. Cough is often severe and lasts longer than other symptoms which generally subside in 2-7 days. Nausea, vomiting and diarrhea may occur in children.
Methods of Transmission

Direct contact with respiratory secretions or droplets from an infected person. Indirect contact with articles freshly soiled by discharges from an infected person. The virus is excreted in discharges from the nose and throat and can live in dried mucus for several hours.

Minimum Control Measures

Communicable Period: Probably 3-5 days after onset of symptoms; can be up to 7 days after the onset of symptoms in younger children.

Control: EXCLUDE child who has fever or feels unwell (See Definition and Procedure above). Otherwise, exclusion is not generally practical. Antiviral medications, if given within 2 days of illness onset to otherwise healthy individuals, can reduce the duration of uncomplicated influenza illness.

Influenza is generally more severe in very young children who have had no prior exposure. Influenza can also be severe in elderly populations. Sometimes influenza resembles a cold or other respiratory virus.

Because young, otherwise healthy children are at increased risk for influenza-related hospitalizations, it is encouraged that healthy children aged 6-59 months receive influenza vaccination when feasible. It is also strongly recommended that children aged six months and greater with certain medical conditions receive influenza vaccination. Annual immunizations are effective in preventing infections. Physicians may prescribe antiviral medications for exposed individuals to reduce influenza transmission. Individuals exposed to influenza should consult with their physicians.

Other Information

Children must not be given aspirin or salicylate-containing compounds because administration of these products increases the risks of subsequent Reye syndrome. Acetaminophen may be used for fever control. Reye syndrome is a rare but life-threatening illness. Early signs and symptoms are vomiting and confusion. Medical care should be sought immediately if Reye syndrome is suspected.

*Work with your local Health Department regarding surveillance of the number of diagnosed cases and any patterns of illness which are unusual or an increased number of illnesses/cases.

Adapted from the state of Utah Preventing Communicable Diseases in the Day Care/School Setting web fact sheet.
http://health.utah.gov/epi/cddepidaycareschool.htm#influenza
After pandemic flu has been confirmed in Kansas, school surveillance may be implemented. A form of this type may be used to report weekly influenza-like illness information to KDHE through your County Health Department.

**Periodic Flu Census Form**

Name of School ___________________________ Week Ending ____/____/____

Elementary _____ Middle _____ High School _____

City____________________________ School District ___________________________

Reporting Individual ___________________________ Phone _______________________

**Students**

Number of students absent with flu-like illness* for the week __________

Average daily attendance for the week __________

Total number of students enrolled in your school __________

**Staff/Faculty**

Number of staff/faculty absent with flu-like illness* this week __________

Total number of staff/faculty employed in your school __________

*Influenza-like illness is defined as a fever of 100°F or higher and at least one of the following: cough, sore throat.

Comments:

In the event of an outbreak, fax this form each Monday to KDHE (877-427-7318) through your County Health Department (_____ - _____ - _______)

If you have questions regarding this form or disease reporting please call KDHE at 877-427-7317
This form is an example of what may be used during “active” surveillance to log student, faculty, and staff absences due to influenza.

**Flu-related Absence Log**

<table>
<thead>
<tr>
<th>Date Absent</th>
<th>Last Name</th>
<th>First Name</th>
<th>Student / Staff / Faculty</th>
<th>Grade / Classroom</th>
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School ________________________________

Reported by ____________________________
Parent Information
Resources
Pandemic Flu Planning
Checklist for Individuals and Families

You can prepare for an influenza pandemic now. You should know both the magnitude of what can happen during a pandemic outbreak and what actions you can take to help lessen the impact of an influenza pandemic on you and your family. This checklist will help you gather the information and resources you may need in case of a flu pandemic.

1. To plan for a pandemic:

- Store a supply of water and food. During a pandemic, if you cannot get to a store, or if stores are out of supplies, it will be important for you to have extra supplies on hand. This can be useful in other types of emergencies, such as power outages and disasters.

- Ask your doctor and insurance company if you can get an extra supply of your regular prescription drugs.

- Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.

- Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home.

- Volunteer with local groups to prepare and assist with emergency response.

- Get involved in your community as it works to prepare for an influenza pandemic.

2. To limit the spread of germs and prevent infection:

- Teach your children to wash hands frequently with soap and water, and model the correct behavior.

- Teach your children to cover coughs and sneezes with tissues, and be sure to model that behavior.

- Teach your children to stay away from others as much as possible if they are sick. Stay home from work and school if sick.
3. *Items to have on hand for an extended stay at home:*

<table>
<thead>
<tr>
<th>Examples of food and non-perishables</th>
<th>Examples of medical, health, and emergency supplies</th>
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<tbody>
<tr>
<td>☐ Ready-to-eat canned meats, fruits, vegetables, and soups</td>
<td>☐ Prescribed medical supplies such as glucose and blood-pressure monitoring equipment</td>
</tr>
<tr>
<td>☐ Protein or fruit bars</td>
<td>☐ Soap and water, or alcohol-based hand wash</td>
</tr>
<tr>
<td>☐ Dry cereal or granola</td>
<td>☐ Medicines for fever, such as acetaminophen or ibuprofen</td>
</tr>
<tr>
<td>☐ Peanut butter or nuts</td>
<td>☐ Thermometer</td>
</tr>
<tr>
<td>☐ Dried fruit</td>
<td>☐ Anti-diarrheal medication</td>
</tr>
<tr>
<td>☐ Crackers</td>
<td>☐ Vitamins</td>
</tr>
<tr>
<td>☐ Canned juices</td>
<td>☐ Fluids with electrolytes</td>
</tr>
<tr>
<td>☐ Bottled water</td>
<td>☐ Cleansing agent/soap</td>
</tr>
<tr>
<td>☐ Canned or jarred baby food and formula</td>
<td>☐ Flashlight</td>
</tr>
<tr>
<td>☐ Pet food</td>
<td>☐ Batteries</td>
</tr>
<tr>
<td></td>
<td>☐ Portable radio</td>
</tr>
<tr>
<td></td>
<td>☐ Manual can opener</td>
</tr>
<tr>
<td></td>
<td>☐ Garbage bags</td>
</tr>
<tr>
<td></td>
<td>☐ Tissues, toilet paper, disposable diapers</td>
</tr>
</tbody>
</table>
Plan Para Una Gripe
Pandémica
Lista para Individuos y Familias

Usted puede prepararse para una influenza pandémica ahora. Usted debería saber ambas, la magnitud de lo que puede suceder durante un brote pandémico y que acciones usted puede tomar para ayudar a aminorar el impacto de una influenza pandémica en usted y su familia. Esta lista le ayudará a juntar información y recursos que puede necesitar en caso de una gripe pandémica.

1. Plan para una pandemia:

☐ Guarde una cantidad de agua y comida. Durante una pandemia, si usted no puede llegar a la tienda, o si la tienda no tiene abastecimiento, será importante para usted tener provisiones a mano. Esto puede ser muy útil en otro tipo de emergencias, como un corte de electricidad y desastres.

☐ Pregunte a su doctor y asegúrese médica si usted puede tener un abastecimiento extra de sus medicinas regulares.

☐ Tener medicinas sin prescripción médica y otros a mano, incluyendo remedios para los dolores, para problemas de estómago, remedios para las resfriados, líquidos con electrolitos, y vitaminas.

☐ Hablar con miembros de la familia acerca de cómo ellos deberían cuidarse por si se enferman, o que deberán necesitar en caso que hay que cuidarlos en casa.

☐ Ser voluntario con grupos locales para preparar y asistir con una reacción de emergencia.

☐ Envolverse con su comunidad como ésta trabaja preparándose para una influenza pandémica.

2. Limitar el esparcimiento de gérmenes y prevenir infecciones:

☐ Enseñar a sus niños a lavarse las manos frecuentemente con jabón y agua, sea un modelo de esta práctica/conducta.

☐ Enseñar a sus niños cuando tosan y estornuden a cubrirse la boca con un pañuelo desechable/kleenex y asegúrese de ser un modelo en esta práctica/conducta.

☐ Enseñar a sus niños a estar alejados lo más posible de otros si estos están enfermos. Quedarse en casa si se está enfermo. (No asistir al trabajo o escuela).
3. **Artículos para tener a mano para una estadía prolongada en casa:**

<table>
<thead>
<tr>
<th>Ejemplos de comidas no peresibles</th>
<th>Ejemplos de medicinas para la salud y abastecimiento para emergencias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carnes, frutas, vegetales y sopas enlatadas.</td>
<td>Abastecimiento de medicinas prescritas, como glucosa y monitor para la presión arterial sanguínea</td>
</tr>
<tr>
<td>Barras de proteína o frutas</td>
<td>Jabón y agua, o líquido para lavar manos en seco a base de alcohol.</td>
</tr>
<tr>
<td>Cereales secos o granolas</td>
<td>Medicinas para la fiebre como acetaminofén o ibuprofen</td>
</tr>
<tr>
<td>Crema de maní o frutos secos (almendras, nueces, etc.)</td>
<td>Termómetro</td>
</tr>
<tr>
<td>Fruta disecada</td>
<td>Medicina para la diarrea</td>
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<tr>
<td>Galletas</td>
<td>Vitaminas</td>
</tr>
<tr>
<td>Jugos enlatados</td>
<td>Líquido con electrolitos</td>
</tr>
<tr>
<td>Agua en botella</td>
<td>Agentes de limpieza/jabón</td>
</tr>
<tr>
<td>Comida de bebes enlatadas o en jarros y fórmula</td>
<td>Linternas</td>
</tr>
<tr>
<td></td>
<td>Baterías</td>
</tr>
<tr>
<td></td>
<td>Radio portable/portátil</td>
</tr>
<tr>
<td></td>
<td>Abridor de latas manual</td>
</tr>
<tr>
<td></td>
<td>Bolsas de basura</td>
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</tbody>
</table>

[www.pandemicflu.gov](http://www.pandemicflu.gov)
Hoja de Información Para la Salud de la Familia

Es importante pensar acerca de asuntos de salud que podrían ocurrir si una influenza pandémica ocurre, y cómo esto podría afectarlo a usted y los suyos. Por ejemplo, si una clínica masiva es instalada para vacunas usted tiene que porveer la más información que pueda acerca de su historia médica cuando vaya, especialmente si usted tiene serios problemas o alergias.

Cree un plan familiar para la salud usando esta información. Complete la información requerida por cada miembro de la familia en los espacios proveidos. Así como se planea para una pandemia, esto puede también ayudar a prepararse para otras emergencias.

1. Información de Miembros de Familia:

<table>
<thead>
<tr>
<th>Miembro de familia</th>
<th>Tipo/grupo sangre</th>
<th>Alergias</th>
<th>Pasado/presente condición médica</th>
<th>Actual dósis de medicinas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
2. **Contactos En Caso De Emergencia**:

<table>
<thead>
<tr>
<th>Contactos</th>
<th>Nombre/Número De Teléfonos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacto personal local para emergencias</td>
<td></td>
</tr>
<tr>
<td>Contacto personal fuera de la ciudad para emergencias</td>
<td></td>
</tr>
<tr>
<td>Hospital cerca del: Trabajo</td>
<td></td>
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<tr>
<td>Escuela</td>
<td></td>
</tr>
<tr>
<td>Casa</td>
<td></td>
</tr>
<tr>
<td>Médico de la familia(s)</td>
<td></td>
</tr>
<tr>
<td>Departamento de Salud Pública del Estado (Vea la lista en <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a>)</td>
<td></td>
</tr>
<tr>
<td>Farmacia</td>
<td></td>
</tr>
<tr>
<td>Contacto con Empleador e información en emergencias</td>
<td></td>
</tr>
<tr>
<td>Contacto con la Escuela e información en emergencias</td>
<td></td>
</tr>
<tr>
<td>Religión/organización espiritual</td>
<td></td>
</tr>
<tr>
<td>Veterinarios</td>
<td></td>
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</tbody>
</table>
Tips for Parents on coping with pandemic flu

Plan for an extended stay at home during a flu pandemic.

- Ask your employer about how business will continue during a pandemic.
- Ask your employer if you can work from home during a flu pandemic.
- Plan for a possible reduction or loss of income, if you are unable to work or your place of employment is closed.
- Check with your employer or union about leave policies.
- Plan home learning activities and exercises. Have materials, such as books, on hand.
- Plan recreational activities that your children can do at home.

Items to have on hand for an extended stay at home:

Examples: Non-perishable foods

- Ready to eat canned meats, fruits, vegetables, soups
- Protein or fruit bars
- Dry cereal or granola
- Peanut butter and jelly
- Dried fruit, nuts, trail mix
- Crackers
- Canned juices
- Bottled water
- Canned or jarred baby food
- Baby formula
- Pet food

Health and emergency supplies

- Prescribed medical supplies such as glucose and blood pressure monitoring
- Soap and water or alcohol based hand wash
- Medicines for fever, such as acetaminophen (Tylenol) or ibuprofen (Motrin)
- Thermometer
- Vitamins
- Fluids with electrolytes, such as Pedialyte®
- Flashlight with extra batteries
- Portable radio with extra batteries
- Manual can opener
- Garbage bags
- Tissues, toilet paper, disposable diapers

If someone in your home develops flu symptoms (fever, cough, muscle aches):

✓ Encourage family members who are ill to drink plenty of fluids.
✓ Keep the ill person as comfortable as possible. Rest is important.
✓ For adults with fever, sore throat and muscle aches, use ibuprofen (Motrin) or acetaminophen (Tylenol).
✓ Do not use aspirin in children or teenagers; it can cause Reye’s syndrome, a life-threatening illness.
✓ Sponging with tepid (wrist-temperature) water lowers fever only during the period of sponging. Do not sponge with alcohol.
✓ Keep tissues and a trash bag for their disposal within reach of the patient.
✓ All members of the household should wash their hands frequently.
✓ Keep other family members and visitors away from the person who is ill.
✓ Contact a healthcare provider for further advice. If the ill person is having difficulty breathing or is getting worse, contact the healthcare provider right away.

For more information, call your healthcare provider or visit the KDHE Web site at www.kdheks.gov, the DHHS Web site at http://www.pandemicflu.gov/ or call the local Emergency Information Line: INSERT HOTLINE NUMBER.
SAMPLE PARENT LETTER#1 (PLACE ON DISTRICT LETTERHEAD)

Prevention Letter

Use this "type" of letter to help prepare parents for pandemic flu — before there are human pandemic flu or bird flu cases in the U.S. Work with your local Health Department on the timing of this type of letter.

Dear Parents,

This letter will help your family prepare for a flu pandemic that could make many people sick. Please use the information to begin preparation.

It is important to know that at this time, there is no pandemic flu of any kind in the United States. There is also no bird/avian flu in the United States at this time.

Public health officials are worried the avian/bird flu virus may change so that it can infect people and spread easily from person-to-person. This would cause a worldwide flu outbreak, called a pandemic.

Public health officials want people to protect themselves against pandemic flu.

Here are some ways to protect your family:

- Keep children who are sick at home. Don’t send them to school.

- Teach your children to wash their hands often with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.

- Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.

- Teach your children to stay at least three feet away from people who are sick.

- People who are sick should stay home from work or school and avoid other people until they are better.

Enclosed with this letter is a checklist to help families prepare for a pandemic flu outbreak. This information can also help your family prepare for any kind of emergency.

If you have questions, please contact your School Nurse or healthcare provider. You can call the school hotline (INSERT NUMBER)

You can get more information from:
(Your local health department):
Visit online at (URL local or state health department) or call the Information Line: 1-####-####-####.

The DHHS Web site with information on planning for individuals and families:

American Red Cross
http://www.redcross.org
Even though the confirmation of a bird infected with avian/bird flu in the United States does not signal a pandemic, there will be confusion and concern when this happens. Work with your local health department on the timing for mailing out this type of letter. Send brochures and handouts as determined locally.

SAMPLE PARENT LETTER #2 FIRST BIRD CASE: Use this letter to help prepare parents for pandemic flu after first bird case is found in United States

Dear Parents,

As expected, birds sick with avian/bird flu virus are now in the United States. It is important to know that, at this time, there are no known human cases of avian/bird flu in the United States.

Health officials are worried that the avian/bird flu virus may change so that people can get sick from it. If that happens, it could spread from person-to-person. This would cause a worldwide flu outbreak, called a pandemic.

So even though there is no flu pandemic now, we want to remind you about some ways to protect your family from getting sick:

- Keep children who are sick at home. Don’t send them to school.

- Teach your children to wash hands often with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.

- Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.

- Teach your children to stay at least three feet away from people who are sick.

- People who are sick should stay home from work or school and avoid other people until they are better.

- Do not touch sick or dead birds.

Enclosed with this letter is a checklist to help families get ready for a pandemic flu outbreak. This information can also help your family get ready for any kind of emergency.

If you have questions, please contact your School Nurse or healthcare provider. You can call the school hotline (INSERT NUMBER)

You can get more information from:
(Local health department information)
Visit online at (state or local health department Web site) or call the Emergency Information Line: 1-888-####-####

The DHHS Web site with information on planning for individuals and families:
http://www.pandemicflu.gov

American Red Cross
http://www.redcross.org
SAMPLE LETTER TO PARENTS
Initial Pandemic Flu Outbreak #3: Use this type of letter to let parents know schools are open. Work with your local Health Department regarding the timing of a letter of this type.

Dear Parents,

This letter will give you information about a flu outbreak in (your county). Every year, some people get sick with the flu during the fall and winter months. This year, there is a new flu virus that is making many people in (your county) sick. So many people are sick in (your county) and the United States that health officials call it a “pandemic flu.”

A lot of students and teachers in our school are sick with the flu. We hope they will all get better quickly.

At this time, the county health department tells us that students who are not ill can safely come to school. The schools will remain open. We will keep you updated with any important information.

To keep the flu from spreading to more people, we ask you to keep sick children home. Any children who are sick in school will be sent home.

Public health officials want you to protect yourself and your family against pandemic flu. Here are some ways to stop the spread of germs and sickness:

- Keep children who are sick at home. Don't send them to school.
- Teach your children to wash hands often with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- Teach your children to stay away at least three feet away from people who are sick.
- People who are sick should stay home from work or school and stay away from other people until they are better.
- Stay away from shopping malls, movie theaters or other places where there are large groups of people.

We are also giving you some tips about how to care for your family if they are ill.

If you have questions, please contact your School Nurse or healthcare provider. You can call the school hotline (INSERT NUMBER). You can get more information from the (local health department contact info): Visit online at (local or state department of health Web site address) or call the Emergency Information Line: 1-#### #### ####.

If the pandemic flu continues to spread and more students become ill, schools may close for days or weeks. The purpose of closing schools will be to keep children from getting sick. Begin planning now for childcare in your home.

Recommendations may change during the course of a pandemic flu outbreak.
SAMPLE LETTER TO PARENTS #4 Expanded Outbreak:
Use this letter to let parents know schools are open and urge ill children to stay home. Your local Health Department will advise you of the need to provide this letter and/or may be using the media to communicate this information. Work with them on the timing of this type of letter.

Dear Parents,

We wrote to you recently to tell you about a pandemic flu outbreak in our community. Here is some new information. There are now even more students in our school who are ill with this flu virus. Still the county health department tells us that students who are not ill can continue to attend school. The schools will remain open. We will keep you updated with any important information.

To keep the flu from spreading to more people, we ask you to keep sick children home. Any children who are sick in school will be sent home.

Public health officials want you to protect yourself and your family against pandemic flu. Here are some ways to stop the spread of germs and sickness and take care of your family

- Keep children who are sick at home. Don’t send them to school.
- If some of the people in your home are sick with the flu, keep them away from the people who are not sick.
- If some of the people in your home are sick with the flu and you cannot see a health provider, some things you can do to help them are:
  - Have them drink a lot of liquid (juice, water)
  - Keep the ill person as comfortable as possible. Rest is important.
  - For fever, sore throat and muscle aches, in adults, use ibuprofen (Motrin) or acetaminophen (Tylenol). Do not use aspirin with children or teenagers; it can cause Reye’s syndrome, a life-threatening illness.
  - Keep tissues and a trash bag within reach of the sick person.
  - Be sure everyone in your home washes his or her hands frequently.
  - Contact a healthcare provider for further advice. If the ill person is having difficulty breathing or is getting worse, contact the healthcare provider right away.

Call the school hotline (INSERT NUMBER) or visit the (state or local health department) online at (website address) or call the Emergency Information Line: 1-###-###-####.

If the pandemic flu continues to spread and more students become ill, schools may close for days or weeks. The purpose of closing schools will be to keep children from getting sick. If schools are closed, children should stay at home. Begin planning now for childcare in your home. Address these issues with your employers if they have yet to provide guidance in this area. They will be affected also.
SAMPLE LETTER TO PARENTS School closure #5:
Use this letter to inform parents schools are closed. The local Health Department will advise you on the need to perform this action.

Dear Parents,

(Local County or State) health officials have ordered all schools in (Insert school district) to close. This order is because of the pandemic flu situation in (Local) County. All schools are immediately closed until further notice and children should stay home.

Schools may be closed for days or even weeks to reduce contact among children and stop the spread of the flu.

We know that many students and their families are very sick. We know this is a hard time for our community, and our hearts go out to those who are ill.

Because the flu is easily spread from person-to-person, it is not safe for large groups of people to gather. During this time, both children and adults should stay away from other people and groups as much as possible. They should not gather in other locations such as shopping malls, movie theaters or community centers.

We know that it may be hard to get a doctor’s appointment, go to a clinic or even be seen in a hospital emergency room. Here are some tips for helping those who are sick with the flu:

- Have them drink a lot of liquid (juice, water)
- Keep the sick person as comfortable as possible. Rest is important.
- For fever, sore throat and muscle aches, use ibuprofen (Motrin) or acetaminophen (Tylenol). Do not use aspirin with children or teenagers; it can cause Reye’s syndrome, a life-threatening illness.
- Keep tissues and a trash bag within reach of the sick person.
- Be sure everyone in your home washes his or her hands frequently.
- Keep the people who are sick with the flu away from the people who are not sick.

For more information, call your healthcare provider or visit www.kdheks.gov, the DHHS Web site at www.pandemic.flu.gov) or call the district’s Emergency Information Line: INSERT HOTLINE NUMBER

We will contact you as soon as we have information about when school will reopen.
SAMPLE LETTER TO PARENTS School Re-Opens #6:
Use this letter to inform parents schools are re-opened. The local Health Department will advise you when this action can be performed. Media communications will likely also be utilized for this action.

Dear Parents,

(local or state) County health officials have declared the pandemic flu is presently at a point where children may now go back to school. Our school will open again on _________________. At this time, students may safely return to class.

Even though school is opening, there are still some people who are sick from the flu virus. Health officials say that pandemic flu outbreaks sometimes happen in waves. This means more people could become sick soon again. If more people get sick, schools may need to close again. We will continue to give you any important information.

Because the flu can still be spread from person-to-person, please keep children who are sick at home. Don't send them to school.

We are looking forward to seeing your children again.
What is Pandemic Flu?
A "pandemic" is a disease that spreads all over the world and affects a large number of people. If you are caring for a loved one during a pandemic, it's important to take steps to protect yourself and others. Always follow the most current advice of the U.S. Department of Health and Human Services and your local health department.

Prevent the Spread of Pandemic Flu
These healthy habits will help keep you and others from getting and passing on the virus:
> Clean your hands often with soap and water or alcohol-based hand sanitizer.
> Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward. Put used tissues in a wastebasket.
> Cough or sneeze into your upper sleeve if you don’t have a tissue.
> Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.
Also, a person with signs of the flu should:
> Stay home from work, school and errands and avoid contact with others.
> Consider wearing a surgical mask when around others. There may be benefits.

When a Household Member Is Sick
The flu virus is spread when contaminated droplets exit the mouth and nose of an infected person and the virus comes in contact with others. So, follow these tips to protect yourself and others in your home:
> Keep everyone’s personal items separate. All household members should avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.
> Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home or workplace.

Disinfectant:
1 gallon water
¾ cup bleach
Mix up a fresh batch every time you use it.

> It is okay to wash everyone’s dishes and clothes together. Use detergent and very hot water. Wash your hands after handling dirty laundry.
> Wear disposable gloves when in contact with or cleaning up body fluids.
> One person should be the caregiver. He or she may benefit by wearing a mask when giving care.

Practice Hand Hygiene
Caregivers should always wash their hands before providing care. Afterward, wash again and apply alcohol-based hand sanitizer as well. Follow these steps for proper hand hygiene:
1. Wet hands with warm, running water and apply liquid soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse your hands with water.
5. Dry your hands thoroughly with a paper towel and use it to turn off the faucet. A shared towel will spread germs.

Recognize Pandemic Flu Symptoms
Watch for these symptoms:
> Fever
> Cough
> Runny nose
> Muscle pain
Call your health-care professional at the first sign of the flu. Many symptoms can be treated by the health-care professional over the telephone.

Care for a Loved One with the Flu
A person recovering from flu should have:
> Rest and plenty of liquids
> No alcohol or tobacco
> Medications to relieve flu symptoms
In some cases, a health-care professional may prescribe antiviral drugs to treat the flu. Antibiotics (like penicillin) don’t cure it.
Monitor Pandemic Flu Symptoms

Keep a care log. Write down the date, time, fever, symptoms, medicines given and dosage. Make a new entry at least every 4 hours or when the symptoms change. Call your healthcare professional again if your loved one has:

> A high fever
  - Children and Adults: Greater than 105°F (40.5°C)
  - Babies 3 to 24-months-old: 103°F (39.4°C) or higher.
  - Babies up to 3 months: Rectal temperature of 100.4°F (38°C) or higher.
> Shaking chills
> Coughing that produces thick mucus
> Dehydration (feeling of dry mouth or excessive thirst)
> Worsening of an existing serious medical condition (for example: heart or lung disease, diabetes, HIV, cancer)

If you cannot reach your health-care professional, call 9-1-1 or local emergency number for any of the signs below:

> Irritability or confusion
> Difficult breathing or chest pain with each breath
> Bluish skin
> Stiff neck
> Inability to move an arm or leg
> First-time seizure

Prevent Dehydration

Dehydration occurs when the body loses too much water and it’s not replaced quickly enough. It can be serious. Begin giving soothing drinks at the first signs of the flu and follow these tips:

> In addition to plenty of liquids, give ice and light, easily digested foods, such as soup and broth.

If your loved one has diarrhea or vomiting, give fluids that contain electrolytes. These are available at your pharmacy or grocery store. Or you can make your own rehydration electrolyte drink for someone over the age of 12.

**Electrolyte Drink:**
1 quart water
½ tsp. baking soda
½ tsp. table salt
3 to 4 tbsp. sugar
¼ tsp. salt substitute
Mix well and flavor with lemon juice or sugar-free Kool-Aid®.

If drinking liquids makes nausea worse, give one sip at a time until your loved one can drink again.

Reduce Fever

To help reduce a fever, do the following:

> Give plenty of fluids.
> Give fever-reducing medication, such as acetaminophen, aspirin or ibuprofen, as directed on the container’s label.
> Do not give aspirin to anyone younger than 20.
> Keep a record of your loved one’s temperature in your care log.
> To relieve discomfort, give a sponge bath with lukewarm water.

After you have called your doctor or emergency number for a fever, continue to follow the home treatment recommendations above. If there is a delay in getting help, ask a health-care professional if you should start an additional dose of an alternate fever-reducing medication (acetaminophen, ibuprofen or aspirin) between the doses described on the label. Always continue to give plenty of fluids.

Prepare for a Flu Pandemic

Make a plan now for a flu pandemic. Figure out what you will do if members of your household have to stay home from work or school or stay separated from others for a period of time. Keep extra supplies of food, water, medications and your disaster supply kit on hand.

**Pandemic Flu Caregiving Supplies:**

> Thermometer
> Soap
> Box of disposable gloves
> Acetaminophen
> Ibuprofen
> Bleach
> Alcohol-based hand sanitizer
> Paper towels
> Tissues
> Surgical masks
  (one for each person)
> Sugar, baking soda, salt, salt substitute

For more information, contact your local American Red Cross chapter, visit www.redcross.org or call 1-800-RED-CROSS.

Many of the recommendations in this brochure are from the U.S. Department of Health and Human Services. This information is not intended as a substitute or professional medical care or current public health advice. Seek advice from your health-care provider, the CDC and your local health department. Visit www.pandemicflu.gov.

As with all medications and treatments, there are side effects and potential complications. Seek professional advice from your health-care professional to make sure any medication or vaccination is appropriate to your health.
Media Resources
SAMPLE NEWS RELEASE A:
Health Services will use this type of news release to announce schools remain open

For release (DATE) Contact: (PIO name and number)

Parents should be prepared for possibility of school closing due to pandemic

(School District #) schools remain open despite the pandemic flu outbreak in the county but parents are asked to prepare for possible closures if the virus continues to spread.

School and county health officials are working together to monitor the situation and parents will be updated with any important information.

“At this time, we believe students can safely attend classes, and schools will remain open. Our thoughts are with all of our families and children who are affected,” said (health official)

If the pandemic flu continues to spread and more students become ill, health officials say they may need to order schools closed for a period of time. They urge parents to begin planning now for childcare in their home.

Health officials say parents can help protect their children and prevent the spread of pandemic flu as they would colds and seasonal flu by taking the following precautions:

➢ Teach your children to wash hands frequently with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.

➢ Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.

➢ Teach your children to stay at least three feet from people who are sick. People who are sick should stay home from work or school and avoid other people until they are better.

Health officials point out that recommendations may change during the course of a pandemic flu outbreak. For school updates, parents can call the school district’s hotline at (INSERT HOTLINE NUMBER or the local county number) For more information on pandemic flu, visit (state or local health department) Web site at (insert URL) or the Department of Health and Human Services pandemic influenza Web site at www.pandemicflu.gov.
SAMPLE NEWS RELEASE B:
Health Services will use this type of press release to announce school closures
A similar press release will be issued when school reopens

For immediate release (DATE) Contact: (PIO name and number)

Health officials order closure of schools in (School District #)

(Local) County health officials have ordered the closure of schools as a result of the pandemic flu outbreak in the county.

Schools may be closed for a period of time - days or even weeks. Because the virus is easily spread from person-to-person, (Local County health department) has also ordered colleges, day care centers and preschools to close. Because it is unsafe for large groups of people to gather, health officials warn people to stay away from shopping malls, community centers and other places where germs can be spread.

“We know this is an anxious time for our community and our hearts go out to those who are ill. We are working closely with the schools to deal with the situation and will keep parents updated with any important information,” said (Local Health Official)

According to LOCAL HEALTH OFFICIAL, the purpose of closing schools is to limit contact among children to decrease their risk of getting sick and to limit the spread of infection.

Because so many people are sick with the flu, health officials acknowledge that it may be hard to get a doctor's appointment, go to a clinic or even be seen in a hospital emergency room. They provided some tips for residents to care for the sick at home:

- Have them drink plenty of liquids (juice, water)
- Keep the sick person as comfortable as possible. Rest is important.
- For adults with fever, sore throat and muscle aches, use ibuprofen (Motrin) or acetaminophen (Tylenol). Do not use aspirin in children or teenagers; it can cause Reye's syndrome, a life-threatening illness.
- Keep tissues and a trash bag within reach of the sick person.
- Be sure everyone in your home washes his or her hands frequently.
- Keep the people who are sick with the flu away from the people who are not sick.

For school updates, parents can call the school district's hotline at (INSERT HOTLINE NUMBER).

For more information on pandemic flu, visit (state or local health department) Web site at (insert URL) or the Department of Health and Human Services Web site at www.pandemicflu.gov.
SAMPLE KEY MESSAGES FOR SCHOOL OFFICIALS A- OUTBREAK

- We know this is an anxious time for our community and our hearts go out to those who are ill. We are working closely with local health officials to deal with the situation and will keep parents updated with any important information.

- At this time, under the guidance of the county health department, we believe students can safely attend classes and schools will remain open. Our thoughts are with all of our families and children who are affected.

- If pandemic flu continues to spread and more students become ill, health officials may need to close schools for an extended period of time (for example, up to 6 weeks).

- The purpose of closing schools will be to decrease contact among children in order to decrease their risk of getting sick and to limit the spread of infection. If schools are closed, children should stay at home.

- We urge parents to plan now for the possibility of schools closing. Arrange day care, and home schooling.

- Parents can help protect their children and prevent the spread of pandemic flu as they would colds and other flu by taking the following precautions:
  
  - Teach your children to wash hands frequently with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
  - Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow.
  - Teach your children to stay away from people who are sick and stay home from work or school if you are sick.

- Recommendations may change during the course of a flu pandemic. We will make public announcements through the media and parents can call the school district’s hotline at (INSERT HOTLINE NUMBER).

- For more information on pandemic flu and prevention, visit (local or state department of health website with URL) or call the Health Emergency Information Line: 1-###-###-####. Information may also be found at the Department of Health and Human Services pandemic influenza Web site: www.pandemicflu.gov
SAMPLE KEY MESSAGES FOR SCHOOL OFFICIALS B- SCHOOL CLOSURES

- (Local County) health officials have ordered the closure of schools as a result of the pandemic flu outbreak in our county.

- Schools may be closed for an extended period of time (for example, up to 6 weeks).

- We know this is a difficult time for our community, and our hearts go out to those who are ill. We are working closely with health officials to deal with the situation and will keep parents updated with any important information.

- Because pandemic flu is easily spread from person-to-person, it is unsafe for large groups of people to gather and children should stay home. The purpose of closing schools is to decrease contact among children in order to decrease their risk of getting sick and to limit the spread of infection.

- During this time, children and adults should stay away from other people and groups, as much as possible. Health officials also advise that people should not gather in other locations such as homes, shopping malls, movie theaters or community centers.

- Parents can help protect their children and prevent the spread of pandemic flu as they would colds and other flu by taking the following precautions:
  - Teach your children to wash hands frequently with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
  - Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow.
  - Teach your children to stay at least three feet from people who are sick and stay home from work or school if you are sick.

- Recommendations may change during the course of a flu pandemic. We will make public announcements through the media and parents can call the school district's hotline at (INSERT HOTLINE NUMBER)

For more information on pandemic flu and prevention, visit (local or state department of health website with URL) or call the Health Emergency Information Line: 1-####-####-####. Information may also be found at the Department of Health and Human Services pandemic influenza Web site: www.pandemicflu.gov
Public Information Resources
BE PREPARED!
Pandemic Influenza Is Inevitable

What Can I Do?
* Develop a home preparedness kit that includes a supply of medications, water, food, a battery-powered radio, a hardwired phone and a plan for checking on family members;
* Wash your hands often;
* Cover your cough;
* Get a flu shot;
* Stay home when sick;
* Limit your contact with large crowds during the height of the flu season;
* Contact your medical provider if you have flu symptoms requiring medical attention.

What Could The Impact Be In Kansas?

1 million may become ill
500,000 may need outpatient care
5,000 may be hospitalized
2,500 may die

To find out how to prepare for the next influenza pandemic, contact your local health department or visit the KDHE Web site at: www.kdheks.gov
Pandemic Flu Q&A

What is ‘pandemic’ flu?
A “pandemic” is a worldwide epidemic, or outbreak of a disease, usually one that is new or has not been seen in a long time. “Pandemic flu” is very different from the “regular,” or seasonal flu.

Pandemic flu involves a new strain of the influenza virus where there is no resistance or very little resistance. Flu pandemics can last much longer than a regular flu season, usually spanning many more months. Pandemic flu episodes have been noted for at least the last 300 years of history.

Is there a vaccine to prevent pandemic flu?
Because the exact characteristics of a pandemic flu virus are not yet known, a specific vaccine for it would have to be developed after the virus emerges. It is generally believed that it would take six months or more to produce a vaccine for a pandemic flu virus after it is identified in humans. Because a pandemic flu would be a virus that people have no immunity against, two vaccinations against the pandemic strain of flu would probably be needed.

An experimental vaccine for one of the potential influenza viruses that could cause a pandemic, H5N1 virus, is being tested and might provide limited immunity, although this is uncertain.

What are some ways to prevent the spread of pandemic flu?
Just because a virus can be spread around the world does not mean it cannot be stopped. A pandemic flu virus would cause more serious illness than a seasonal flu virus, but it would still be just that – an influenza virus. There are some simple actions that people can take to limit the spread of almost any virus, including pandemic flu.

 Flu viruses are often spread when we cough or sneeze into our hands, and then shake hands with someone else. That person then touches their mouth or nose, or uses their hands to eat, eventually transferring the virus that is now on their hands into their throat and lungs. Viruses that get into the air when a sick person coughs or sneezes can also spread the virus.

Frequently washing hands with soap and warm, running water for at least 20 seconds will effectively remove flu viruses from our hands so that we do not pass it on to others. In order for handwashing to be most effective, all hand surfaces must be thoroughly washed, including both sides of the hands, between the fingers, and the nails and fingertips. Also, avoiding touching our own nose and mouth will help keep viruses that may be on our hands away from our throat and lungs.
Covering our cough or sneeze with the crook of our elbow instead of our hands will also ensure that the virus is not on our hands when we come into contact with other people. It will also stop a large portion of the virus from being released into the air that other people are breathing. Covering our cough is just plain “good manners.”

Staying home from work or school when sick with a high fever that might be the flu is another good way to stop spreading viruses to others. We might be concerned about what people will think if we call in sick, but if there is a chance that we could prevent spreading a pandemic flu virus, staying home is absolutely essential.

What is being done about the threat of pandemic flu?
The Kansas Pandemic Influenza Preparedness and Response Plan has been newly developed with guidance from the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO). The state plan provides guidance for local health departments.

The plan would direct the investigation and management of pandemic flu cases, and provide guidance to agencies on how to communicate with the public and with each other. The plan will be exercised at least once every year.

The plan would also call upon Kansans to help fight pandemic flu by taking specific actions, if it strikes. These actions include the preventive measures described above. They also could include such things as following a health department quarantine request (voluntary quarantine) if health professionals determine you may have been exposed to a pandemic flu virus (even if you are not sick or do not feel sick), to prevent possible spread of the virus to others. Kansans would also be asked to stay tuned to the media for new information as it develops, because there are many things about pandemic flu that will not be known until it does occur.

What is ‘avian’ flu, and what does it have to do with ‘pandemic’ flu?
Avian, or bird, flu is a virus that is spread among birds. There is concern that a strain of avian flu virus found in parts of Southeast Asia and Europe known as H5N1 could mutate to spread easily among people, causing the next flu pandemic.

Avian flu is spreading widely among birds in parts of Southeast Asia and Europe, and has been on rare occasions passed from birds to humans, resulting in severe illness that often leads to death for those who catch the disease.

National and international health agencies like CDC, WHO and the International Veterinary Health Organization (OIE) are actively monitoring the H5N1 virus.

Where can I learn more about pandemic flu?
For more information about avian flu and pandemic flu, visit the CDC Web site at www.cdc.gov/flu/avian, the Kansas Department of Health and Environment (KDHE) Web site at www.kdheks.gov, or call CDC’s toll-free hotline at 800-CDC-INFO (800-232-4636).
## HOW DOES SEASONAL FLU DIFFER FROM PANDEMIC FLU?

<table>
<thead>
<tr>
<th><strong>SEASONAL FLU</strong></th>
<th><strong>PANDEMIC FLU</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreaks follow predictable seasonal patterns; occur annually, usually in winter, in temperate climates.</td>
<td>Occurs rarely (three times in 20th century - last in 1968).</td>
</tr>
<tr>
<td>Usually some immunity built up from previous exposure.</td>
<td>No previous exposure; little or no pre-existing immunity.</td>
</tr>
<tr>
<td>Healthy adults usually not at risk for serious complications (the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications).</td>
<td>Healthy people may be at increased risk for serious complications.</td>
</tr>
<tr>
<td>Health systems can usually meet public and patient needs.</td>
<td>Health care systems may be overwhelmed</td>
</tr>
<tr>
<td>Vaccine developed based on known virus strains and available for annual flu season.</td>
<td>Vaccine probably would not be available in the early stages of a pandemic.</td>
</tr>
<tr>
<td>Adequate supplies of antivirals are usually available.</td>
<td>Effective antivirals may be in limited supply.</td>
</tr>
<tr>
<td>Average number of deaths in United States - approximately 36,000/year.</td>
<td>Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 500,000).</td>
</tr>
<tr>
<td>Symptoms: fever, cough, runny nose, muscle pain. Death often caused by complications, such as pneumonia.</td>
<td>Symptoms may be more severe and complications more frequent.</td>
</tr>
<tr>
<td>Generally causes modest impact on society (e.g., some school closings, encouraging people who are sick to stay home from work or school).</td>
<td>May cause major impact on society (e.g. widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings).</td>
</tr>
<tr>
<td>Manageable impact on domestic and world economy.</td>
<td>Potential for severe impact on domestic and world economy.</td>
</tr>
</tbody>
</table>

For additional information visit: [www.pandemicflu.gov](http://www.pandemicflu.gov)  
[http://www.kdheks.gov](http://www.kdheks.gov)
FACT SHEET

Stopping Germs at Home, Work and School

How Germs Spread

The main way that illnesses like colds and flu are spread is from person to person in respiratory droplets of coughs and sneezes. This is called "droplet spread."

This can happen when droplets from a cough or sneeze of an infected person move through the air and are deposited on the mouth or nose of people nearby. Sometimes germs also can be spread when a person touches respiratory droplets from another person on a surface like a desk and then touches his or her own eyes, mouth or nose before washing their hands. We know that some viruses and bacteria can live 2 hours or longer on surfaces like cafeteria tables, doorknobs, and desks.

How to Stop the Spread of Germs

In a nutshell: take care to

- Cover your mouth and nose
- Clean your hands often
- Remind your children to practice healthy habits, too

Cover your mouth and nose when coughing or sneezing

Cough or sneeze into a tissue and then throw it away. Cover your cough or sneeze if you do not have a tissue. Then, clean your hands, and do so every time you cough or sneeze.

The "Happy Birthday" song helps keep your hands clean?

Not exactly. Yet we recommend that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. That's about the same time it takes to sing the "Happy Birthday" song twice!

Alcohol-based hand wipes and gel sanitizers work too

When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.*


Germs and Children

Remind children to practice healthy habits too, because germs spread, especially at school.

February 1, 2004
Stopping Germs at Home, Work and School
(continued from previous page)

The flu has caused high rates of absenteeism among students and staff in our country's 119,000 schools. Influenza is not the only respiratory infection of concern in schools -- nearly 22 million schools days are lost each year to the common cold alone. However, when children practice healthy habits, they miss fewer days of school.

School administrators, teachers and staff: See Preventing the Spread of Influenza (the Flu) in Schools for CDC interim guidance.

More Facts, Figures, and How-Tos

CDC and its partner agencies and organizations offer a great deal of information about handwashing and other things you can do to stop the germs that cause flu, the common cold, and other illnesses. See Other Resources and Posters on this Stop the Spread of Germs site for a select listing of Web sites, materials, and contact information.

Stop the Spread of Germs in Schools
Fast Facts

- Approximately 1/5 of the U.S. population attends or works in schools. (U.S. Dept of Ed, 1999).
- Some viruses and bacteria can live from 20 minutes up to 2 hours or more on surfaces like cafeteria tables, doorknobs, and desks. (Ansari, 1988; Scott and Bloomfield, 1989)
- Nearly 22 million school days are lost annually due to the common cold alone. (CDC, 1996)
- Addressing the spread of germs in schools is essential to the health of our youth, our schools, and our nation.
- Students need to get plenty of sleep and physical activity, drink water, and eat good food to help them stay healthy in the winter and all year.

For more information, visit www.cdc.gov/flu, www.pandemicflu.gov or www.kdheks.gov

February 1, 2004

Page 2 of 2
Cover Coughs and Sneezes. Clean Hands.
Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot
• After you sneeze or cough
• After using the bathroom
• Before you eat
• Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the “Happy Birthday” song twice. Or, use gels or wipes with alcohol in them. This alcohol kills germs!

Stop germs. And stop colds and flu.

www.cdc.gov/germstopper
Parents Keep Our School Healthy

If your child is sick, keep your child home.

Stop the spread of disease at school.

Padres Mantenga Nuestra Escuela Sana

Si su niño está enfermo, manténgalo en casa.

Pare la transmisión de la enfermedad en la escuela.
Keep Our School Healthy

- Send sick kids home
- Teach kids not to cough on others
- Teach kids to wash hands often, with soap.
- Teach kids to cover their coughs.
Keep Our School Healthy

Check your students for these signs of illness:

☑ Coughing, with other signs of illness
☑ Fever or Chills
☑ Sore throat or trouble swallowing
☑ Headache
☑ Muscle aches
☑ Sneezing
☑ Vomiting
☑ Diarrhea
☑ Breathing trouble
☑ Unusual spots or rashes

Send a sick child home

Stop the spread of disease at school.
Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing.

Wash with soap and water or clean with alcohol-based hand cleaner.
Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

Clean your Hands after coughing or sneezing.

Wash hands with soap and warm water or clean with alcohol-based hand cleaner.

CDC

MDH

Minnesota Department of Health

APIC
¡Detén el contagio de gérmenes que te enferman a ti y a otros!

Cúbrete al toser

Cúbrete la boca y la nariz con un pañuelo cuando tosas o estornudes

o
cúbrete con la parte superior del brazo cuando tosas o estornudes, no con las manos.

Tira el pañuelo usado a la basura.

Quizás te pidan que uses una máscara quirúrgica para proteger a otros.

Lávate las manos después de toser o estornudar.

Lávate las manos con agua tibia y jabón

o

utiliza un limpiador de manos a base de alcohol.
Cover Coughs and Sneezes. Clean Hands.
Be a germ stopper at school — and home. Cover your mouth and nose when you cough or sneeze. Use a tissue and throw it away.

Clean your hands a lot
• After you sneeze or cough
• After using the bathroom
• Before you eat
• Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the “Happy Birthday” song twice. Or use gels or wipes with alcohol in them. This alcohol kills germs.

Stop germs. And stop colds and flu.

www.cdc.gov/germstopper
Alto a las enfermedades

Stop Disease
Other Resources
Kansas Pandemic Influenza Tabletop Exercise for Schools
(Adapted from the Tulsa County Oklahoma 2006 School Tabletop Exercise)

Set up:
Use a meeting room that will hold up to 20 people. Set aside a half day to a day for the exercise. Bring in individuals you either have designated for leadership positions if your plans are in place or ones you believe would be important in the event of a pandemic event. Ask your local health department and emergency management personnel to participate or attend to provide technical assistance. Consider involving, as an observer, union representation where applicable. Consider allowing others including local hospital administration, Red Cross and the media to audit the process and provide information or answer questions as needed.

Irrespective of your present level of planning, the exercise will lead to a list of priorities for addressing an event of this type. Many of the issues that will arise will be helpful for other "all hazards" preparedness planning. You will also be introduced to other "key partners" in the community who will also be affected by the event.

You can either present the entire scenario to participants or break out the particular modules and present them separately, in order, to participants as the scenario progresses. Adapt the scope and particulars as needed in relation to local circumstances. Set time limits for each module discussion.

Purpose:
- To raise awareness of issues associated with a Pandemic Influenza Outbreak
- To evaluate gaps in school plans
- To begin the process of internalizing the scope and magnitude of a relatively ‘worst case’ pandemic influenza event on the level of the “1918 Spanish Influenza”

Objectives:
- Illustrate the present level of Pandemic Preparedness Planning for your school and school system.
- Explain how priorities are established by an emergency planning committee during a Pandemic.
- Describe the challenges associated with a Pandemic.

Narrative (baseline setting):
- WHO (World Health Organization) has raised the Pandemic Alert level based upon evidence of sustained and increasing levels of human-to-human transmission.
- CDC (Centers for Disease Control and Prevention) has issued travel restrictions and is encouraging public health entities to implement enhanced surveillance for patients who traveled to these areas within the past ten days and may have flu symptoms.

Module 1 – Setting:
- Three weeks pass. Several patients have been laboratory confirmed to have the influenza virus that has been associated with the human-to-human transmission. These cases are initially identified on the East and West coasts of the United States.
CDC has issued Health Alerts to State and Local Public Health Departments urging them to take necessary public health measures to contain outbreaks.

Local and National media are running stories on flu cases and has increased concerns among the public.

Discussion
1. What are the issues for schools in your jurisdiction at this point in the scenario?
2. What measures does your plan call for? Do you have a plan?
3. Are your command and control systems in place (National Incident Management System based or other) to begin coordinating efforts?
4. What communications have you had with your local public health authorities?
5. How would you monitor and support your employees during this period of a pandemic?
6. Is your external communications plan functioning? What kinds of story’s will the media be running? How will you respond to their requests for information?
7. What special or unique issues exist within schools that need to be anticipated and dealt with? (e.g. legal, contractual, teachers, students, nursing, maintenance, food service)
8. Of the issues that arise, which ones would apply to other crisis management situations?
9. How did you respond upon initially hearing of cases in other parts of the world?
10. Identify which elements of crisis response infrastructure you have in place and which ones you do not. What are your strengths and weakness. Use this as your baseline for the rest of the scenario.

Module 2 – Setting

Three more weeks pass. Your State Health Department confirms five cases of the virus have been reported with the state.

Local Universities and other Public Schools are experiencing increased absentee rates. It is not known to what degree this is a self-quarantine situation or a result of actual disease.

The school nurse reports indications of symptoms in the student population.

Teachers and other staff begin calling in reporting symptoms for themselves and/or their own children or family members and cannot report to work.

Hospitals are reporting shortages in Personal Protective Equipment (PPE) and staff. Once again, it is unknown how much of this is due to disease, fear or other phenomena?

Discussion
1. What information do decision makers need to know at this point?
2. How or can you obtain the information?
3. What measures would the school implement at this time?
4. How will you maintain continuity of operations during this phase? Do you have a continuity of operations plan (COOP) in place?
4. What systems do you wish you had put in place prior to this situation?
Module 3 – Setting

- After four weeks to six weeks of widespread illness and an exponentially increasing number of cases, the public is fearful of going out into the community and public health has begun implementing “voluntary” community containment measures.
- Local hospitals have no beds available except for the extremely ill. Schools are being asked to assist by making their facilities available as alternate care sites.
- Emergency response providers are affected to the point where basic societal protective measures are becoming problematic (e.g., fire and police).
- Supply systems for your school including food and maintenance are no longer functioning.
- You have received word that some of your staff and students have died of complications.
- People within your family are sick and others are showing symptoms. Of the 10 people initially in your decision making system, some are absent. You have not heard from and cannot contact two of them. (If actually utilizing a NIMS based approach to the scenario, at some point in the scenario, you may want to randomly remove a number of individuals from the decision making process.)
- You have received an increasing number of calls from staff who have recovered from the flu.

Discussion

1. The Mayor, County Commissioners and/or City Council are urging the public to volunteer with community and faith based organizations to help out where they can.
2. What is the role of the school at this point in the event within your local community?

Summary

- Acknowledge that this scenario represents a “worst case” scenario and decide if future exercises (after improvement actions are taken) should function at this or a “better case” level based upon existing state planning estimates. This scenario is primarily to provide a baseline for planning purposes.
- Discuss how well your local community response plans are coordinated.
- Explain how you would prioritize needs at various points during the event (modules)?
- What role would, should or could the school and/or school system play within the local “formal” governmental and “not formal” non-governmental response to the event.
- Describe logistical challenges associated with a pandemic?
- Knowing that there will likely be a second wave of the pandemic influenza coming, how will you prepare for that? What will be different? What will be the same in that event?
- What planning elements will be helpful for other crisis/all hazards planning and might serve as a foundation for all preparedness planning?
- The exercise is designed to overwhelm your systems so you cannot fail. It will allow you to determine your present level of preparedness and illustrate what you need to do next.
- Provide an anonymous process evaluation form for participants and technical assistance providers to submit.