



**Biological Incident Plan  
PANDEMIC INFLUENZA GUIDELINES**

**County of Los Angeles  
Department of Health Services  
Public Health**

**January 2006**

**Executive Summary**

The Los Angeles County (LAC) Department of Health Services (DHS) Public Health (PH) Pandemic Influenza Plan guides the preparation and response for an outbreak and/or pandemic of influenza (flu) in LAC. The Plan follows the Federal Department of Health and Human Services (DHHS) and the California DHS pandemic flu plans structure and guidelines. The Plan will continue to evolve as new information and guidelines become available.

Compared to other natural infectious health threats, pandemic flu has great potential to cause large-scale social disruption. If a novel (new strain) and highly contagious strain of flu emerges, the resulting pandemic could lead to wide-ranging illness, death, and severe social and economic disruption worldwide. Because of the county's large, multicultural and diverse population, and its high population density, the potential consequences of pandemic flu in LAC require special actions for public health preparedness.

This Plan is a supplement to the LAC Public Health All Hazards Emergency Response Plan, which complements the Department of Health Services Emergency Plan and the LAC Emergency Operations Plan. The Plan identifies the coordinating and cooperating agencies involved in the preparedness for pandemic flu situation and their respective response roles in the event of a pandemic. Its recommendations help ensure a coordinated countywide response to the next flu pandemic. The actions detailed in the LAC Pandemic Flu Plan are based on the phases of pandemic flu as defined by the World Health Organization (WHO).

The essential components of the LAC DHS Pandemic Flu Plan are:

- **SURVEILLANCE** – The Acute Communicable Disease Control program (ACDC) regularly monitors flu and flu-like illness activity through a wide array of surveillance methods. If there is a flu outbreak or pandemic flu in LAC, enhanced surveillance, notification, and response will be carried out dependant on the phase of the pandemic.
- **LABORATORY** – Influenza (flu) surveillance information and diagnostic testing by private laboratories, state and local health departments, and the Centers for Disease Control and Prevention (CDC) provide critical information regarding the presence of flu viruses in the community. Laboratory testing, surveillance and data collection, communication issues and laboratory surge capacity are addressed for each WHO pandemic phase. Laboratory-based surveillance will identify the predominant circulating types, subtypes, and strains of flu, aid clinical judgment, and help guide treatment decisions.
- **VACCINE DELIVERY** – An effective vaccine against a pandemic flu may not be available in the early stages of a pandemic. The DHHS guidelines for Pandemic Influenza indicate that there will likely be federal control over the distribution of vaccine according to pre-determined grouping and risks. LAC's Pandemic Plan will implement, and, when appropriate, locally adapt these guidelines. The LAC Plan contains provisions for vaccine storage and distribution.
- **ANTIVIRAL MEDICATIONS** – Currently, CDC recommendations for the priority use of limited supplies of antiviral medications (e.g., oseltamivir [Tamiflu]) are primarily for treatment, although WHO considers there may be a role for their use in preventing a pandemic under certain situations. Changing information about the efficacy and safety of antiviral medications, along with concerns about the emergence of potential resistance, will require a flexible and evolving approach to the use of these medications in a pandemic flu setting. The LAC DHS has stockpiled some antiviral medications for immediate use in the event of a flu pandemic.

- **STRATEGIES TO LIMIT TRANSMISSION** - Isolation and quarantine may have limited use in a flu pandemic due to the short incubation period of influenza, (1-4 days) and the fact that flu transmission can occur before the onset of symptoms. There may, however, be a role for these public health measures upon the initial identification of the first cases and outbreaks. Thereafter, the most effective tool for reducing disease and controlling transmission in a flu pandemic will be an aggressive public information campaign emphasizing containment measures such as hand washing, cough and sneeze etiquette, social distancing and reduced social interactions, and guidelines for those being cared for at home.

Additional voluntary isolation and quarantine measures may be recommended in a pandemic as follows:

- Home isolation of cases for a minimum of 7 days after disease onset.
  - Monitoring of contacts for fever and respiratory symptoms for 5 days after exposure.
  - Asking health care workers with a fever and have been previously exposed to not go to work.
  - Closure of schools and work places with high incidence of influenza-like illness (ILI)
  - Community-wide suspension of large public gatherings.
- **COMMUNICATIONS** – The foundation for effective communication is a set of key messages that can be used consistently to instill public confidence and generate an appropriate response to minimize risk and ensure a strong and rapid response. There are multiple risk communication audiences and communication channels that are vital for pandemic flu preparedness including: the general public, vulnerable population groups, hospitals, healthcare providers, policy makers, and public health officials. Community leaders representing multicultural and socio-economic backgrounds in LAC will be informed and included in these communication efforts.
  - **EMERGENCY RESPONSE** – A flu pandemic affects and involves a variety of public and private agencies and organizations at the state, local and federal levels. These agencies must coordinate their activities and resources and share information in real time. To sustain coordinated efforts to control a flu pandemic at the local level, the following actions will be taken by LAC DHS:
    - The Health Officer will be notified when a novel (new strain) flu virus with pandemic potential has reached LAC. Once the novel virus has been identified in the local area, the Health Officer, in collaboration with Emergency Medical Services (EMS), may call upon County/City agencies and others to assist with the management of the public health response. This may include law enforcement, fire departments, social service and mental health agencies, local governments, nongovernmental agencies, businesses, and etc...
    - Hospital Surge Capacity – During a flu pandemic, the need for hospital beds will exceed the number of beds available. All hospitals are required to have a surge capacity plan to be used in the event of an emergency. In addition, the LAC DHS Plan identifies key components of surge capacity and the ability to meet an increased demand. Increased capacity can be generated by early discharge of patients, transferring patients to lower levels of care, canceling elective procedures, and redirecting staff to the inpatient units most affected. Redirecting staff from areas in the hospital where elective procedures/surgeries have been cancelled, possibly suspending nurse staffing ratios, and extending work hours will also assist in meeting the staffing demands.

A summary of LAC DHS activities for each of the Plan's essential components according to WHO Pandemic phases follows:

Activity Area	Phase 1 & 2 Interpandemic Period	Phase 3 Pandemic Alert  (No, or rare, human-to- human transmission)	Phase 4 Pandemic Alert  (Small clusters of human-to-human transmission)	Phase 5 Pandemic Alert  (Larger clusters of human to-human transmission)	Phase 6 Pandemic period
<b>Surveillance</b>	Surveillance for illness and resources utilization  Monitoring of world/national/state trends	Increase surveillance for influenza-like illness (ILI) among recent travelers to the affected region  Continue monitoring of world, national, and statewide trends Disease surveillance to detect a case of novel virus in LAC	Review of death related to ILI/pneumonia  Monitoring of international, national and statewide trends  Work with agencies to detect influenza in animals	Surveillance efforts increased for both influenza and the circulation of influenza virus	Monitoring demographic characteristics of influenza cases to respond more effectively to the pandemic
<b>Laboratory</b>	Surveillance of hospital lab activity	Subtype influenza A insulates obtained	Report unusual human influenza cases to state, DHS and CDC	Provide guidelines for lab reporting on influenza specimens	Continue working with public health staff, local physicians, and hospital workers to implement safe and effective methods for specimen collection and management

Activity Area	Phase 1 & 2 Interpandemic Period	Phase 3 Pandemic Alert  (No, or rare, human-to- human transmission)	Phase 4 Pandemic Alert  (Small clusters of human-to-human transmission)	Phase 5 Pandemic Alert  (Larger clusters of human to-human transmission)	Phase 6 Pandemic period
<b>Limiting Transmission</b>	Educate all on recommended strategies to prevent and limit the transmission of influenza	<p>Work with hospitals to develop pandemic influenza response plan in acute care settings</p> <p>Public information campaign emphasizing containment measures such as hand washing, cough and sneeze etiquette, reduced social interactions, and guidelines for those being cared for at home</p>	Continue activities of Phases 1 to 3	<p>Implement containment strategies, including recommendations for control of influenza in schools and health care settings</p> <p>Issue containment measure if cases are detected</p>	<p>Notify hospitals, physicians and health care clinics to restrict visitors and to institute strict cough and sneeze hygiene including masks, wipes, and tissues and hands-free receptacles available in waiting rooms</p> <p>Reduce social interaction</p> <p>Advise people to avoid crowds and large gatherings</p> <p>Monitor the effectiveness of containment measures and if indicated: Close schools, including universities. Cancel large public gatherings</p> <p>Discourage use of public transportation</p>

Activity Area	Phase 1 & 2 Interpandemic Period	Phase 3 Pandemic Alert  (No, or rare, human-to- human transmission)	Phase 4 Pandemic Alert  (Small clusters of human-to-human transmission)	Phase 5 Pandemic Alert  (Larger clusters of human to-human transmission)	Phase 6 Pandemic period
<b>Vaccine / Antiviral Medications</b>	Review major elements of the vaccine distribution plan, including plans for storage, transport, priorities, and administration of vaccines	Monitor CDC/California DHS recommendations for target groups for vaccine and antiviral administration; update plans accordingly  Work with CDC, state and representatives of the private medical sector to plan delivery and administration of vaccines when they become available	Continue to monitor the latest California DHS recommendations for priority groups for vaccine and antiviral allocation and modify as necessary based on current surveillance data	Once vaccine is available, the distribution plans will be activated  Review and update distribution plan	Continue to monitor availability of vaccine/antiviral  Review vaccine / antiviral distribution plan

Activity Area	Phase 1 & 2 Interpandemic Period	Phase 3 Pandemic Alert  (No, or rare, human-to- human transmission)	Phase 4 Pandemic Alert  (Small clusters of human-to-human transmission)	Phase 5 Pandemic Alert  (Larger clusters of human to-human transmission)	Phase 6 Pandemic period
<b>Communication</b>	<p>Develop and/or update press release templates</p> <p>Advise health care providers of the state of novel (new) virus alert and latest recommendations regarding target groups for antivirals</p>	<p>Develop a communication infrastructure to address pandemic influenza</p> <p>Establish and continually update as needed we-based information on the LA Public Health website</p> <p>Institute an aggressive influenza containment public information campaign emphasizing hand washing, cough and sneeze etiquette, early recognition of symptoms.</p> <p>In rare human-to-human transmission case or cases technical information public information, and press releases will be disseminated</p> <p>Public information will include travel alerts, guidelines and limiting the spread of the disease , and information about when and where to obtain care</p> <p>Prepare fact sheets detailing responses to questions coming from the media</p>	<p>Continue activities of Phase 1 to 3</p> <p>Notify hospitals, EMS, health care providers, emergency responders, coroner, mortuary organization &amp; labs</p>	<p>Continue and increase the information flow to medical providers, public, and local stakeholders</p>	<p>Intensify public information a campaign about containment measures, e.g., cough and sneezing etiquette, keeping ill persons at home and avoiding crowds</p>

<b>Activity Area</b>	<b>Phase 1 &amp; 2 Interpandemic Period</b>	<b>Phase 3 Pandemic Alert  (No, or rare, human-to- human transmission)</b>	<b>Phase 4 Pandemic Alert  (Small clusters of human-to-human transmission)</b>	<b>Phase 5 Pandemic Alert  (Larger clusters of human to-human transmission)</b>	<b>Phase 6 Pandemic period</b>
<b>Emergency Response</b>	<p>Develop and/or update local response plans</p> <p>Participate with national, state, and local agencies in pandemic influenza guidance efforts</p>	<p>Collaborate with CDC Quarantine station in developing their pandemic influenza response plan</p> <p>Ensure on going coordination among surveillance, epidemiology, laboratory, EMS, and other local response efforts</p>	<p>Continue to assist health care facilities</p>	<p>Activate the emergency response system plan</p>	<p>Continue the emergency response plan to manage the local response at the time of the pandemic</p>