

County of Plumas Emergency Operations Plan Functional Annex D

Pandemic Influenza Plan

Planning and Coordination:

The Public Health Preparedness (PH/P) team, under the direction of Mimi Hall, Director of Plumas County Public Health Agency (PCPHA), has planned and coordinated the Plumas County Pandemic Influenza plan. The plan was originally structured using the CDHS “*Smallpox and Pandemic Influenza Plan Guidance*”. It will continue to evolve, be reviewed and exercised annually. Through the PH/P Advisory Committee services between PCPHA and other agencies, hospitals and groups have been coordinated. Hospitals have shared their “surge capacity” plans with PCPHA to assist the coordination of public health and hospital services.

Coordination with other agencies has identified high-risk populations of high priority groups who would need assistance during an emergency. In Home Support Services, Adult Protective Services, California Children’s Services, private physicians’ offices, medical clinics, Home Health, Senior Nutrition and local Fire Departments will be contacted for names and telephone numbers of high-risk people who are a priority to receive the influenza vaccine.

Authorities, codes and policies for large-scale infectious disease epidemic response are on file.

Command:

Mimi Hall, Director of PCPHA and Incident Commander, is available 24/7 to activate the pandemic influenza response plan. She will work directly with the Plumas County OES and keep the local government alerted to the pandemic influenza emergency. She is in charge of the overall coordination of the activities of each core public health divisions; she will integrate the public health response with the rest of the local emergency management response (law, CHP, fire, etc.); she will have a direct line to the regional office, and therefore to the State Health Department; and she will be in charge of the public information notices/media relations. The pandemic flu response would be the priority of all public health staff.

Planning:

The Emergency Response Team, under the direction of the Director and Health Officer, or their designees, will coordinate planning with the local hospitals, the operational area,

regional area and the State level. Available vaccines and prophylaxis information; SNS availability and timing; hospital management; bed availability, and staffing status will be gathered ASAP and relayed to the Director and Health Officer when the information is proven reliable. In the case of a pandemic influenza outbreak, the Medical Health Operational Area Coordinator (MHOAC) team would respond. They will notify OES that a pandemic flu outbreak was imminent and necessary support might be needed for high rates of morbidity and mortality in Plumas County. Control measures at clinics, emergency rooms or for quarantine might be needed. The PCPHA PH/P Advisory Committee would be alerted and provide assistance and support as needed.

Operations:

Tina Venable, RN, PHN, Public Health Preparedness (PH/P) Coordinator, will coordinate pandemic flu operations (surveillance & epidemiology activities, vaccine and prophylaxis management and mass immunization/prophylaxis clinics, isolation & quarantine, communication with the hospitals, and health information for the PIO) with the nursing, environmental health, health educators, senior services and administration at the local level. She will coordinate with the local government OES through the Director to conduct her activities.

Logistics:

The procurement, distribution, maintenance and replacement of material and personnel will be managed by our staff clinic nurse. The MHOAC, or her designee, will contact the Operation area and Region III area Disaster Medical/Health Supervisor for direction on further assistance from the CDPH if it appears that all local resources will be exhausted before event is over.

Finance/Administration:

PCPHA Chief Fiscal Officer, will coordinate with the county auditor for fiscal and administrative activities needed for immediate situations and for post event situations.

Surveillance, Investigation and Containment:

Surveillance includes review of Vital Statistics, CMR's, CD Brief and MMWR's. Active surveillance of the schools, preschools, medical clinics and hospitals will be ongoing to assess the intensity and severity of the flu season; when the second wave might occur, and when the season is over. The intensity of the second wave will assess the effectiveness of control measures. The CD/BT Coordinator will communicate with surrounding jurisdictions for their county's present influenza disease status. All PCPHA staff will be able to assist with surveillance if necessary. A surveillance drill will be held annually.

All hospitals, emergency rooms, schools and clinics have posted "Cover the Cough" and have adopted respiratory hygiene practices. If a person, client or visitor, has a cough or a disease spread by droplets, they are asked to apply a mask when they enter the hospital or clinic.

Vaccines and Antivirals:

Strategic National Stockpile (SNS) and/or CDPH pandemic influenza vaccine and anti-viral medication will be stored at the PCPHA Annex clinic in a locked refrigerator in a locked room. A generator is at the Annex. The refrigerator has an alarm to notify staff if the electricity or motor fails. The Sheriff's Office has agreed to patrol the Annex clinic for security in case of an emergency. The Quincy Fire Department and Plumas County OES have agreed to provide transportation of vaccine, anti-viral drugs and/or antibiotics if necessary.

Private and hospital pharmacies will be called to assess the status of available anti-viral drugs and antibiotics. The Disaster Medical Coordinator, Plumas County Health Officer or her designee, will communicate with the regional Disaster Medical Supervisor to request medications and the status of SNS.

An efficient inventory computer system is in place that records the Lot numbers received or purchased; Lot numbers distributed to hospitals; Lot numbers returned from hospitals and Lot numbers of vaccine/medication given by PCPHA. The system will be expanded or a new system developed to include and track anti-viral drugs and antibiotics.

The Coordinator would coordinate with the regional Immunization Coordinator to determine the availability of CDPH pandemic influenza vaccine. If no CDPH vaccine was available and private vaccine was available, the Coordinator would work with local medical providers that purchase private pandemic influenza vaccine from drug companies, to help distribute the vaccine needed. Pandemic influenza vaccine is needed for:

- 3,725 People over 65 years of age
- 5,050 People between 60 and 65
- 6,245 People between 50 and 60
- 300 Children 6-23 months
- 900 Household contacts with infants 0-23 months
- 1,153 Essential Workers, including: healthcare providers, public health providers, school personnel, sheriff deputies, correctional officers, morticians, private pharmacists, OES personnel, Board of Supervisors, Chief Administrative Officer, Public Information Officer, CHP, mental health designated personnel, DSS and senior nutrition site personnel.

The Coordinator will coordinate with the hospital and local pharmacists to assess the availability of anti-viral and antibiotic medications available in the county. A limited supply of anti-viral neuraminidase inhibitors (oseltamivir and zanamivir) was added to the SNS. Anti-viral medications and antibiotics are required for 4,000 people (19% of the total population) who require an outpatient visit.

A PCPHA Flu Clinic Coordinator is assigned to every hospital for the influenza vaccination clinic in that community. The PH/P Coordinator will give each clinic coordinator medical direction for the vaccine and adverse reactions, clinic floor plan, job descriptions for personnel, required paperwork and necessary supplies – syringes, alcohol wipes, bandages, etc. Influenza mass immunization clinic contacts have been identified for each community

The following is the priority list for who will receive influenza vaccine and chemoprophylaxis during the early stages of the pandemic.

- a) In the presence of severe vaccine and medication shortages
 1. Healthcare providers and essential county workers.
 2. Adults and children with chronic disease and/or immune comprised (at least 300 known through oxygen suppliers, Linn Care, CCS and Home Health).
- b) In the presence of moderate shortages
 1. Healthcare providers and essential county workers.
 2. Adults and children with a chronic disease and/or is immune comprised
 3. Children 6-23 months old
 4. People over 60 years of age
 5. Parents of infants 0-23 months of age
- c) In the presence of no shortages
As recommended by CDC.

The Health Officer will develop short, concise recommendations so physicians and staff can quickly read and understand the importance of prioritizing who will receive the influenza vaccination and/or chemoprophylaxis. A fax or letter from the Health Officer recommending vaccines for at-risk individuals will be sent to those listed below. The following numbers will be called to 1) reinforce the faxed message; 2) assess how many vaccines have been given and how many are needed; 3) how many of their healthcare workers have been vaccinated or have had the flu; 4) do they need medical supplies and if so, what and how much and 5) to assist these agencies getting their high-risk clients the influenza vaccine.

- EPDH Home Health – 530- 832-4320,
- In Home Support Services – 530-283-6350,
- Portola Senior Nutrition Site – 530- 832-4173,
- Quincy Senior Nutrition Site – 530- 283-0643,
- Greenville Senior Nutrition Site – 530- 284-6608,
- Chester Senior Nutrition Site – 530- 258-3570
- California Children's Service – 530- 283-6330
- Quincy Family Medicine, – 530- 283-0650, (fax) 530-283-3541
- North Fork Family Medicine, – 530- 283-5640, (fax) 530-283-3541
- Eastern Plumas Health Care Clinic, – 530- 832-6508, (fax) 530-832-1438
- EPDH Graeagle Clinic, – 530-836-1122, (fax) 530-836-1642
- Greenville Rancheria, 530-284-6135, (fax) 530- 284-7594

- Indian Valley Medical Clinic, – 530- 284-6116, (fax) 284-6926
- Seneca District Hospital Clinics – 530- 258-4256
- Plumas Rural Services ALIVE program – 530- 283-4060
- Plumas Crisis Line – 530- 283-5515
- Local fire departments

Health Care and Emergency Response:

The Plumas County Health Officer or her designee would declare a public health emergency and the Emergency Operations Center will open. The Office of Emergency Services will provide necessary support. The OES office at the Health and Human Services Building has been used for public health preparedness drills and would be used in the pandemic influenza response. All three hospitals have “surge capacity” plans and locations. The hospitals additional locations have a large floor space; are handicap accessible; have bathrooms and kitchen facilities.

As PCPHA receives medical supplies clinics, hospitals, and private providers will be notified. The supplies may be picked up at the Annex clinic or if necessary PCPHA may arrange for them to be delivered. The medical supplies will be tracked by the same computerized system as the vaccinations. The Quincy Volunteer Fire department will assist PCPHA delivering vaccines and/or medical supplies if necessary.

Vaccine and medical supplies will be distributed to:

- Eastern Plumas District Hospital Clinic
500 First Street
Portola, California
530- 832-2477
The Eastern Plumas mass vaccination clinic is held at the Portola Veterans' Hall
* Edie O'Connor, P.A., will be the PCPHA coordinator.
- Plumas District Hospital
1065 Bucks Lake Road
Quincy, California
530- 283- 2121
The Quincy area mass vaccination clinic is held at the Plumas-Sierra County Fairgrounds
* Tina Venable, P.H.N., will be the PCPHA coordinator.
- Seneca District Hospital
199 Reynolds Road
Chester, California
530-258-4256
The Lake Almanor Basin mass vaccination clinic is held at the Chester Veterans' Hall
* , will be the PCPHA coordinator.

- Plumas County Public Health Agency
Annex Clinic
270 County Hospital Road
Quincy, California
530-283-6330

PCPHA is open 8:00 am to 5:00 pm Monday through Friday

PCPHA has joined California hospitals and health departments using the EMSytem website, which tracks availability of hospital beds and medical supplies. All Plumas County hospitals have submitted their Emergency Response Plans to the Health Officer. Guidelines and case definitions for triaging patients will help hospital staff better organize the available space and resources. Reverse triage would take place and additional treatment centers are planned in separate locations. Severe illnesses would be treated in the hospitals, while milder illnesses will be triaged to clinics in converted buildings. The regional Disaster Medical/Health Supervisor will monitor how hospitals and outpatient clinics are handling the increased patient loads.

Isolation and Quarantine:

The Health Officer has the power to proclaim isolation and quarantine measures in the county. PCPHA in conjunction with the Regional Epidemiologist from Shasta County and the other regional partners, has developed an I&Q policy and procedure. If the Health Officer declares this to be in effect, this plan will be utilized.

Communications:

The PCPHA Risk Communication Plan will be activated for distribution of information to the public - location of clinics, respiratory hygiene, prevention and home treatment of influenza and when to see a medical provider. The MMWR Weekly and the weekly DHS CD Brief are reviewed for updates about the pandemic flu progress in California and the United States. The PCPHA PH/P team will gather the most current influenza recommendations from CDPH and CDC. The most current information will be relayed to all physicians and clinic staff via emails, websites and teleconferences. PCPHA nursing staff will also have this information and be available to address any questions or concerns providers may have.

The PCPHA PIO will activate an Emergency Communication Center, equipped with multiple telephones, a fax machine, a computer, and a printer. PCPHA PH/P team will gather state and CDC influenza information suitable for the public.

The risk communication plan stresses the importance of maintaining trust and credibility with the public. Advance influenza education and communication with the public can reduce the level of public concern; increase the percentage that get vaccinated, and decrease the number of "worried well" seeking medical assistance.