

Denton County Health Department

# Health Emergency Alert Response Team



## Avian Influenza/Pandemic Influenza Response Plan

Draft 11/01/2005

## **Draft Plan**

Public review and comment is a vital part of the planning process.  
The DCHD is open to comment until December 7, 2005.

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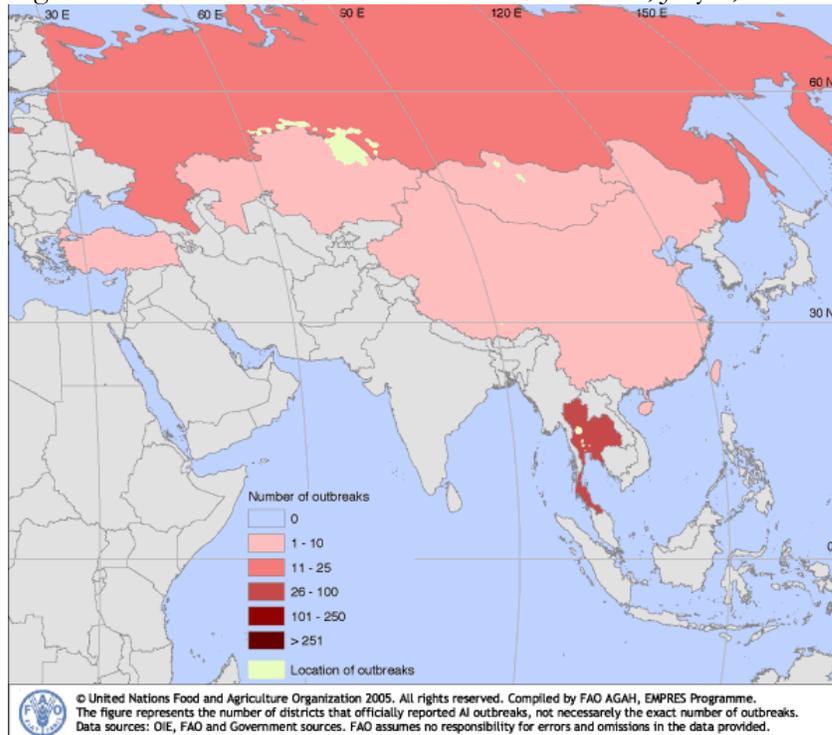
## Introduction

A new strain of highly-pathogenic avian influenza (HPAI), Influenza A H5N1, emerged in Asia in 2003. Late that year and early 2004, more than 100 million birds in the eight affected countries (Cambodia, China, Indonesia, Japan, Laos, South Korea, Thailand, and Vietnam) either died from the disease or were killed in attempts to control the outbreak. In June 2004, new outbreaks began to be reported in several Asian countries (Cambodia, China [Tibet], Indonesia, Kazakhstan, Malaysia, Mongolia, Russia [Siberia], Thailand, and Vietnam). It is believed that these outbreaks are ongoing. More recently, H5N1 has been identified in Turkey and Romania. The current outbreak of avian influenza is the largest and most severe on record. Never before have so many countries experienced outbreaks as a result of one HPAI virus, or the loss of birds been so great.

The widespread persistence of H5N1 is of concern to public health because of the potential for an influenza pandemic. While the H5N1 virus does not usually infect humans, as of October 20, 2005, 118 confirmed human cases have been identified. Of these, 61 died, resulting in a mortality rate of 51.7%. Human cases have been identified in Cambodia, Indonesia, Thailand, and Vietnam.

Evidence at this time suggests that H5N1 does not easily infect humans. Most of these cases occurred from direct contact with infected poultry. Possible human to human transmission has only been documented once and did not spread beyond one person. Nonetheless, because all influenza viruses have the ability to change, it is feared that this virus may one day be able to easily infect humans and spread from person to person.

Fig. 1: Worldwide Distribution of H5N1 Outbreaks, July 1, 2005 though Oct 12, 2005



In the absence of vaccine or natural immunity to avian influenza, the only currently available public health strategies to limit the impact of a human H5N1 outbreak are rapid identification of infected persons and activation of control measures that have proven effective in preventing transmission in previous respiratory-illness outbreaks. These measures include:

- Community surveillance
- Detection and isolation of cases
- Identification and monitoring of contacts
- Adherence to infection control precautions
- Measures (i.e. quarantine) to restrict movement of potentially infected persons

Human vaccine for H5N1 is currently under development. This plan includes guidelines for mass vaccination, should vaccine become available, and mass vaccinations be needed.

Using CDC's FluSurge 1.0, it is estimated that, should pandemic influenza occur, with an attack rate of 25%, between 358 and 1671 (most likely estimate of 1222) Denton County residents will require hospitalization and between 80 and 394 will die (208 most likely).

## Abbreviations

CDC – Centers for Disease Control and Prevention  
CDRT – Communicable Disease Response Team  
CERC – Crisis Emergency Risk Communication  
DCHD – Denton County Health Department  
DSHS – Department of State Health Services  
ERs – Emergency Rooms  
HEART – Health Emergency Alert Response Team  
HPAI – Highly pathogenic avian influenza  
ICP – Infection Control Practitioner  
MRC – Medical Reserve Corps  
SNS – Strategic National Stockpile  
POD – Points of Dispensing  
PPE – Personal Protective Equipment

## Definitions

Case – An individual with an illness clinically compatible with the features of avian influenza and with supportive laboratory evidence of avian influenza.

Close Contact – An individual who has cared for or lived with someone with avian influenza, or who has had direct contact with respiratory secretions of body fluids of a patient with avian influenza. Examples of close contact include: kissing or hugging, sharing

eating or drinking utensils, talking to someone within 3 feet, and touching someone directly. Close contact does **not** include activities such as walking by a person or sitting across an office or waiting room for a brief period of time.

Community Containment – Separation of infected or exposed persons from non-infected persons by use of isolation and quarantine, or other restrictions on movement and activities. May be used voluntarily or be compelled by public health authorities and can be applied on an individual or population level.

Contact – An individual who has been exposed to avian influenza during the infectious period. Contacts may be isolated or quarantined as necessary.

Contact Tracing – Identification, evaluation, counseling, and monitoring of persons who may have been exposed to a patient with avian influenza infection.

Healthcare Worker – Any employee who has close contact (i.e. within 3 feet) of

1. Patients,
2. Patient-care areas (e.g. patient rooms, procedure areas), OR
3. Patient-care items (e.g. linens and other waste).

High-Risk Exposure – An individual with pneumonia of unexplained origin AND

- Recent travel to a previously avian influenza affected area or close contact with ill persons with a history of travel to such areas
- Employment as a healthcare worker with recent direct patient contact
- Recent exposure to other persons with unexplained pneumonia

Influenza-Like Illness – The presence of fever  $>100^{\circ}\text{F}$ , with a cough and/or sore throat.

Isolation – Restriction of movement of SICK infected persons. When under home isolation, the individual should not leave home, not go to work, not go to school, and not go to church or any other public areas. The individual should follow infection control guidelines for the home if they are not hospitalized. Isolation may be voluntary or forced. Forced isolation must be coordinated between the Health Authority and the Denton County Civil District Attorney's Office, and requires a judge's approval. Any agency or physician who suspects avian influenza and places a patient on home isolation must contact the local health department.

Medical Reserve Corp – A voluntary organization comprised of both medical and non-medical staff to be used to supplement public health staff during an emergency or disaster.

Personal Protective Equipment – Personal protective equipment includes the use of gown, gloves, eye protection, and an N-95 respirator. All individuals who come in contact with a avian influenza patient should be instructed on the proper use of PPE, and should be fit-tested for an N-95 respirator prior to the contact.

Quarantine – Restriction of movement of WELL persons presumed to be exposed. Persons may be quarantined in home or in a dedicated quarantine facility. When under home

quarantine, the individual should not leave the home, go to work, go to school, go to church, or go to any other public areas. Quarantine may be forced or voluntary. Forced quarantine must be coordinated between the Health Authority and the Denton County Civil District Attorney's Office, and requires a judge's approval.

Strategic National Stockpile – A federal cache of pharmaceuticals and medical equipment to be used in emergency and disaster situations.

Telephone monitoring – Daily phone calls by a public health nurse to inquire about temperature and symptoms. Temperature should be taken at least twice daily, preferably upon waking in the morning and before bed in the evening.

## Command and Control

### **Priority Activities**

The HEART Coordinator will:

- Ensure that key stakeholders are aware of the DCHD Avian Influenza/Pandemic Influenza Response Plan and that they understand their role in the plan during an outbreak. Key stakeholders include, but are not limited to:
  - The Denton County Department of Emergency Management
  - The District Attorney's Office
  - Sheriff's Office
  - CDRT
  - Hospital ICPs, ERs
  - Municipal Emergency Managers
  - Area first responders, including fire, police, and EMS
  - Mass transit officials
  - Schools and school boards
- Conduct table-top drills of the Avian Influenza/Pandemic Influenza Response Plan
- Continue to reinforce relationships with neighboring county health departments to ensure prompt communication.
- Ensure that all members of the health department receive training in the proper use of PPE and that they are fit tested for masks.
- Maintain a stockpile of PPE.

The Epidemiologist will:

- Conduct surveillance of positive influenza tests at hospital labs.
- Conduct surveillance of school absences due to influenza-like illness.
- Conduct syndromic surveillance of persons with influenza-like illness presenting at hospital ERs.
- Monitor ProMed, Epi-X, and other national and international information sources for outbreak notifications.
- Continue to reinforce relationships with reporting partners.

- Modify and update this Plan as needed and provide updates to the HEART Coordinator and DCHD Director.

### **Activation**

The Epidemiologist, in coordination with the HEART Coordinator and the DCHD Director, will determine at what point the DCHD Avian Influenza/Pandemic Influenza Response Plan will be activated. Upon activation of the Plan the HEART Coordinator will inform the Denton County Emergency Manager and will provide updates to that office regularly.

The Health Authority, the Epidemiologist, the HEART Coordinator, and the DCHD Director will decide whether to declare a public health emergency. Legal orders will be signed by the Health Authority. The DCHD Director will provide updates to the County Judge and Commissioners.

## Clinical Aspect of Human H5N1 Infection

The reported symptoms of human H5N1 infection have ranged from typical influenza-like symptoms (e.g. fever, cough, sore throat, and muscle aches) to conjunctivitis, pneumonia, acute respiratory distress, and other serious complications.

### **Antiviral Medications**

Four different antivirals (amantadine, rimantadine, oseltamivir, and zanamivir) are approved by the FDA for the treatment of influenza. All have activity against influenza A viruses; however, analysis of some of the 2004 H5N1 viral isolates from poultry and humans have shown resistance to amantadine and rimantadine.

Should there be a shortage of antivirals, additional doses should be ordered following the DCHD Strategic National Stockpile Plan.

**Lab Diagnosis:** Specimens can be isolated by conventional viral culture methods. Health care providers should collect the specimen on viral media. DCHD will coordinate with DSHS Infectious Disease Control Unit to obtain approval to submit specimens. The health care provider will ship the specimen directly to DSHS labs.

## Surveillance

### **Goals**

- Ensure early detection of cases and clusters of respiratory infections that might signal a human H5N1 outbreak
- Maintain prompt and complete identification and reporting of potential cases to facilitate control and management during an outbreak

- Identify and monitor contacts of H5N1 cases to enable early detection of illness in persons at greatest risk for disease

## **Case Definition**

### Clinical Criteria

- Documented temperature of >100.4°F (>38°C), AND
- One or more of the following:
  - Cough
  - Sore throat
  - Shortness of breath

### Epidemiological Criteria

- Travel to affected areas, with history of contact with domestic poultry (e.g. visited a poultry farm or bird market) or contact with a known or suspected case of human H5N1 within 10 days of onset, OR
- Laboratory exposure to the H5N1 virus.

### Case Classification

#### Confirmed

- Isolation of H5N1 virus in clinical specimen.

#### Probable

- Meets the clinical and epidemiological criteria for H5N1 infection.

## **Surveillance Activities**

### Level I – No human-to-human H5N1 activity

1. Avian influenza should only be considered in patients who:
  - a. Present with influenza-like symptoms AND
  - b. Have recent evidence of the following:
    - Travel to affected areas, and history of contact with domestic poultry (e.g. visited a poultry farm or bird market) or contact with a known or suspected case of human H5N1 within 10 days of onset, OR
    - Laboratory exposure to the H5N1 virus.
2. Priority activities include:
  - a. Continued education for clinicians and public health workers on features that can assist in the early recognition of avian influenza and on guidelines for reporting avian influenza cases
  - b. Identification of surge capacity for investigation of cases and identification, evaluation, and monitoring of contacts in the event of a large avian influenza outbreak

### Level II --Low level human-to-human spread outside of the US

1. Distribute CDRT advisory with case definition and lab criteria for diagnosis
2. Passive surveillance of high risk exposures

3. Send out alert to EMS regarding the use of PPE for all patients with influenza-like illness.

Level III – Accelerated Activity or Activity within the US

1. Distribute CDRT alert with case definition, criteria for diagnosis, and reporting information
2. Advise for patient screening of broader range of clinical presentations.
3. Active surveillance of hospitals
  - a. Screen for suspect cases:
    - i. Has patient traveled outside the US in the 10 days before onset?
    - ii. Does patient have any close contacts who have been told they have avian influenza?
    - iii. Does the patient have any close contacts who became ill after traveling outside the US?
    - iv. Is patient employed as a healthcare worker with direct patient contact?
  - b. Consider placing surveillance staff in hospitals with multiple avian influenza admissions to facilitate reporting
4. Set up telephone hotline at DCHD

In the event of a suspected avian influenza case, the Epidemiologist will:

1. Contact DSHS to discuss control measures and viral testing.
2. Distribute CDRT alert with case definition, criteria for diagnosis, and reporting information.
3. Contact hospital ICP about infection control.
4. Coordinate interviewing patients about possible contacts.
5. Coordinate identification and interviewing of contacts about symptoms.
6. Coordinate the monitoring of contacts and healthcare workers, including EMS or anyone else who may have transported the patient, who have had direct care for the patient for symptoms for 10 days since last contact with patient OR until an alternative diagnosis is made.

The Epidemiologist will coordinate all activities related to the tracing, interviewing, evaluation, and monitoring of contacts. As needed, DCHD personnel will be re-assigned by the DCHD Director to the Epidemiologist, beginning with members of HEART and employees with field experience involving contact tracing (i.e. from HIV, TB, STD, and immunization programs). The Epidemiologist will also coordinate with neighboring county health departments, the DSHS Region 2/3 office for additional personnel, and the Denton County Medical Reserve Corps (MRC).

In the event that resources are limited, contacts will be prioritized on the basis of estimated risk of exposure. Priority groups will be determined by:

- a. the strength of evidence underlying the diagnosis of avian influenza in the index case
- b. the duration and nature of the contact's exposure to the case, including the case-patient's severity of illness at the time of the contact, and
- c. host factors.

## **Contact Tracing**

The safety of surveillance staff is of most importance. All surveillance staff must be instructed in the proper use of PPE prior to any close interaction with contacts. PPE must be worn during face-to-face interaction with contacts, regardless of the presence of symptoms.

All contacts whose name, address, and/or telephone number is provided must be traced.

In the event of missing information, staff should use work and school contact numbers, telephone directories, neighborhood interviews, site visits, “hang-outs,” etc. to trace contacts. If contacts cannot be found through these mechanisms, other sources of notification (such as media announcements) will be considered.

Every contact must be located and interviewed to confirm exposure to the avian influenza case, the presence or absence of fever and/or respiratory symptoms must be determined, and every contact should be interviewed about any additional contacts that may not have been listed by the case.

Any contact with symptoms should be counseled, interviewed, and reported as a suspected avian influenza case, and his/her contacts should be identified.

Any contact tracer who discovers that any contacts have left the county should inform the Epidemiologist immediately. The Epidemiologist will coordinate notification of the proper authorities.

## **Community Containment**

### **Goals**

- Reduce the risk of exposure to avian influenza by separating and restricting the movement of people suspected of having avian influenza (isolation).
- Reduce the risk of transmission of avian influenza by restricting the movement of persons who have been exposed to an infectious avian influenza patient but who are not yet ill (quarantine).
- Reduce the overall risk of transmission at the population level by limiting social interactions and preventing inadvertent avian influenza exposures.

### **Isolation Protocols**

1. Exposed persons that have developed symptoms within 10 days
  - a. Isolate and monitor until 10 days after resolution of fever, provided symptoms are improving or absent.
  - b. Exposed persons should be monitored by phone daily, and advised to take temperature checks when they wake up in the morning and before they go to bed.

2. Exposed persons that do **NOT** develop a fever or respiratory symptoms within 10 days
  - a. Isolation not recommended.
  - b. Exposed persons should be monitored by phone daily, and advised to take temperature checks when they wake up in the morning and before they go to bed.
  - c. Exposed healthcare workers should be screened daily at their place of employment prior to their shift.
  - d. Exposed persons should be informed to contact the health department immediately should symptoms develop.

### **Home Isolation**

A residence should meet the following minimum requirements for home isolation of an avian influenza patient:

- Availability of a primary caregiver to assist the patient with basic needs
- Functioning telephone, electricity, and potable water
- Separate bedroom that will be occupied only by the patient during the isolation period. The bedroom should have a floor-to-ceiling wall with a door that can be kept closed and a means for isolating a central air-conditioning unit that serves this room
- An accessible bathroom designated for use only by the patient

During the period of isolation, household members not providing care should be relocated if possible so that only the primary caregiver and the patient remain in the residence. If relocation of household members is not possible, their contact with the patient should be minimized. Persons at risk for serious avian influenza complications (e.g. persons with underlying heart or lung disease, persons with diabetes mellitus, elderly persons) should not have contact with the patient.

All persons in contact with the patient should be provided with adequate PPE and instructions for use. Ensure that they understand and adhere to appropriate infection control practices. They should also be instructed in hand hygiene and infection control precautions.

If possible, the patient should wear a surgical mask during close contact with uninfected persons.

All persons in the home should be monitored daily for symptoms.

Alternate housing must be provided for persons unable to be isolated in home, including travelers and homeless. Identification of alternate housing will be overseen by the HEART Coordinator.

### **Isolation in Designated Avian Influenza Facility**

If a surge in patients overwhelms healthcare capacity, or if home isolation is not feasible, designated avian influenza facilities should be considered. Possible sites include:

hospitals/hospital wings, community health centers, nursing homes, apartment buildings, schools, dormitories, and hotels.

A team will be assembled at the direction of the HEART Coordinator to locate an avian influenza facility. Considerations include:

- Sufficient space
- Sufficient potable water and electricity
- Space for ancillary equipment and services (e.g. exhaust fans support housing, security)
- Access for vehicles
- The availability of separate rooms for patients, or areas amenable to isolation of patients with minimal construction
- Independent ventilation for each room or isolation area
- Feasibility of modifying existing infrastructure as needed for engineering controls
- Feasibility of controlling access to the facility and to each room
- Availability of bathroom and shower facilities
- Facilities for patient evaluation, treatment, and monitoring
- Capacity for providing basic needs to patients
- Rooms and corridors that are amenable to disinfection
- Facilities for accommodating staff
- Facilities for collecting, disinfecting, and disposing of infectious waste
- Facilities for collecting and laundering infectious linens and clothing
- Ease of access for delivery of patients and supplies
- Legal/property considerations

Staffing considerations include:

- Staffing and administrative support
- Training required to use the facility
- Ventilation and other engineering controls
- Ability to support appropriate infection control measures
- Availability of food services and supplies
- Ability to provide an environment that supports the social and psychological well-being of patients
- Ability to provide appropriate security and access control
- Ability to support appropriate medical care, including emergency procedures
- Access to communication systems that allow for dependable communication within and outside the facility
- Ability to adequately monitor the health status of facility staff

### **Designation of an avian influenza hospital**

- An avian influenza hospital designation would be a joint decision of the Denton County Health Department leadership with DSHS and/or the CDC and the Dallas Fort Worth Hospital Council.
- If an avian influenza hospital is designated, all hospitalized avian influenza cases in the county would be transferred to that facility (if feasible), and non-avian

influenza cases would be transferred out or discharged as soon as medically feasible.

- In the event of a large avian influenza outbreak, an avian influenza hospital may be designated outside of Denton County, but within the Dallas/Fort Worth Metroplex. Should this occur, transfer to patients to that facility would be coordinated between local health departments.

Factors to take into consideration:

- Availability of specialty services (e.g. trauma care, pediatric care)
- Significant amounts of nosocomial transmission within a hospital
- Number of cases at each hospital

## Outbreak Response

### Criteria for Response

- Number of cases/exposed
- Exposure category
  - Travel
  - Close contact (health or household)
  - Unknown
- Generations of transmission
- Morbidity and mortality
- Rapidity of spread
- Movement in/out of community
- Resources
- Need for urgent public health action
- Risk of public panic

### Types of Quarantine

Home quarantine – Most suitable for contacts with a home environment in which basic needs will be met and where protection of unexposed household members is feasible.

Quarantine in designated facilities – Most appropriate for contacts without an adequate home environment, or for contacts who do not wish to be quarantined at home.

Work quarantine – Most appropriate for healthcare workers or other essential personnel who have been exposed to avian influenza patients but who may need to continue working (with appropriate infection control precautions). These individuals should be quarantined either at home or in a designated facility during off-duty hours.

### Minimum Criteria for Implementation of Quarantine

- Access to educational materials about avian influenza and quarantine
- Ability to monitor own symptoms, or have them monitored by a parent or guardian
- Basic utilities (water, electricity, garbage collection, heating/air-conditioning)

- Basic supplies (clothing, food, hand hygiene supplies, laundry services)
- Mechanisms for addressing special needs (e.g. filling prescriptions)
- Telephone
- Accessibility to healthcare workers or ambulance personnel
- Access to thermometer and phone numbers for reporting symptoms or accessing services, and emergency numbers (should be supplied by health department if necessary)
- Mental health and other psychological support services

### **Management of Household Members of Contacts in Home Quarantine**

- No specific precautions are needed for household members of contacts in home quarantine, AS LONG AS THE PERSON UNDER QUARANTINE REMAINS ASYMPTOMATIC. If the person develops symptoms, standard precautions for patients in home isolation should be followed and the health department should be immediately notified.
- Household members can go to school, work, etc. without restriction provided that the quarantined person does not develop symptoms. If the quarantined person develops symptoms, household members should stay at home and contact public health authorities.

### **Monitoring and Support of Persons Under Quarantine**

- Persons under quarantine should be monitored daily by telephone for symptoms
- They should be provided a contact number to call immediately if they develop symptoms
- If the person develops symptoms, they should be evaluated immediately for avian influenza. They should be asked to follow standard precautions for home isolation until they can be evaluated.
- Support should be provided as needed, including
  - Psychological support
  - Essential services (food, supplies, other basic needs)
  - Care for family members
  - Economic assistance

### **Outbreak Response Levels**

Response Levels to be determined by the Health Authority, the Epidemiologist, the HEART Coordinator, and the Health Department Director. Levels Orange and Red will be handled in conjunction with the Denton County Emergency Operations Center, and state and federal agencies, including DSHS and the CDC.

Response Level Green – No evidence of community-based transmission  
No restrictions

Response Level Yellow – Evidence of community-based transmission  
Consider targeted restrictions  
Population-specific (i.e. group gatherings or congregate settings)  
Begin daily teleconference with hospital ICPs  
Begin identification of possible isolation and/or quarantine facilities

Response Level Orange – Evidence of significant community-based transmission

- Voluntary general movement restrictions
  - “Snow Day” or “Shelter-in-Place”
- Close public places
- Suspend public gatherings
- Restrict mass transit schedules

Response Level Red – Evidence of significant community-based transmission, significant morbidity/mortality

- Compulsory movement and activity restrictions
  - Curfews on activities
  - Close mass transit
  - Close access routes
    - Roads, airports

### **Outbreak Considerations**

1. Coordinate with DSHS/CDC
2. Contact County Emergency Manager
3. Follow contact isolation protocols
4. Cancel public gatherings (e.g. school, workplace, sporting events)
5. Travel restrictions
6. Work quarantine for hospital workers
  - a. Provide essential services
  - b. Provide medical and mental health care
7. Short-term, voluntary home curfew
  - a. If needed, consider community-wide, enforced curfew
8. Closing of public places
9. “Snow days” or “shelter-in-place”
  - a. Encourage non-essential workers to stay home
  - b. Close schools and day-cares
  - c. Cancel large public events
10. Distribution of hand hygiene supplies/educational materials
11. Distribution of surgical masks
12. Set up medical screening stations away from hospitals
13. Institutional quarantine in selective settings (i.e. Jail, State School)
14. Enforcement may require fines, penalties, barricades, visible signs of boundary enforcement

## **Mass Vaccination**

While a vaccine is not currently available, vaccine administration is likely to serve as an important prevention strategy during the next influenza pandemic. Because a relative shortage of vaccine is expected early in the pandemic, DCHD will follow priority recommendations set by the CDC.

Prior to this event the HEART Coordinator will:

- Identify and contact law enforcement officials at the city and county levels to provide security for the vaccination sites.
- Identify points of dispensing (PODs) for vaccination clinics.
- Review and exercise SNS Plan. Ensure that all stakeholders are familiar with the SNS Plan.
- Identify medical waste service.
- Estimate and stockpile supplies needed for each POD.
- Assemble POD set-up packs with job-action sheets and just-in-time training materials.
- Establish an Incident Command Center to oversee clinic operations.
- Develop credentialing procedures to be used to identify clinic staff. Pre-credentialing is preferred.
- Ensure that all PODs have redundant communication systems for communication internally and with the Incident Command Center.
- Implement the DCHD CERC Plan.

The MRC Coordinator will:

- Identify and contact organizations and groups willing to provide volunteers who will participate in the non-medical functions of the vaccination clinic.
- Continue to recruit and train MRC volunteers on mass clinic operations.
- Identify and train potential clinic managers.

The Health Educator will:

- Obtain CDC developed vaccination information sheets when available.
- Collect information about vaccine risks and side effects when available.
- Establish a toll-free vaccination information hotline, to be staff with both English and Spanish speakers.
- Develop press releases and public service announcements in both English and Spanish advising the public about vaccination plans.

### **Operations**

All clinic staff and health department personnel and their families should be vaccinated upon arrival at the POD.

Clinic operations should be conducted as outlined in the DCHD SNS Plan.

## Health Education

### **Goals**

- Instill and maintain confidence in the public health system and its ability to respond to and manage an outbreak

- Contribute to the maintenance of order, minimization of public fear, and facilitate public protection through the provision of accurate, rapid, and complete information
- Provide accurate, consistent, and comprehensive information about avian influenza
- Address rumors, inaccuracies, and misperceptions as quickly as possible
- Prevent stigmatization of specific groups

**The following activities will be overseen by the HEART Health Educator unless otherwise noted. All requests for additional personnel should be made through the HEART Coordinator.**

### **Priority Activities**

- Ensure that MRC volunteers are trained on basic epidemiology, contact tracing, and proper use of PPE
- Identify key messages about avian influenza for specific audiences and the most effective methods to deliver these messages
- Prepare fact sheets, talking points (key messages), and question-and-answer documents in English and Spanish, and other languages as needed
- Coordinate with partner agencies to ensure an understanding of how the public health system will respond to an avian influenza outbreak, the roles and responsibilities of the different sectors involved, and the **reasonable expectations** regarding the scope and effect of public health actions
- Coordinate requests for spokespersons and subject matter experts
- Develop a portfolio of communication, information, and education sources and material on topics including: clinical and lab diagnostics, infection control, isolation and quarantine, stigmatization, management, travel control authority, legal issues, and agencies' roles and responsibilities
- Ensure that all probable health department spokespersons have had adequate risk communication training
- Establish database of media contacts
- Establish relationships with County and municipal public information officers
- Assessments to be performed on the following:
  - Information needs of healthcare workers
  - Information needs of the general public
    - Strategies include surveys, focus groups, consultation with community groups and organizations

### **Outbreak Activities**

- Consult with DSHS and CDC communications departments.
- Establish a toll-free telephone hotline with the assistance of the Denton County Information Services Department. Identify staff and/or volunteers to take hotline calls. Hotline should be staffed with both English- and Spanish-speaking staff. Train persons who will be taking calls and provide them with updated information regularly.

- Set up daily telephone conference calls between hospital ICPs and the Epidemiologist.
- Refer all media inquiries to the Health Department Director or to a designee thereof. Set up press conferences as needed.
- Disseminate information (in English, Spanish, and other languages as needed) on quarantine restrictions utilizing a variety of media, including: print/broadcast, posters, leaflets, flyers, door-to-door.
- Disseminate information on quarantine rationale, procedures, and restrictions to neighboring zones/communities
- Provide updated information to the HEART website daily.

## APPENDIX I

AVIAN INFLUENZA, HUMAN (133): WHO CASE DEFINITIONS  
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A ProMED-mail post

<<http://www.promedmail.org>>

ProMED-mail is a program of the

International Society for Infectious Diseases <<http://www.isid.org>>

Date: Wed 30 Aug 2006

From: Mary Marshall <[tropical.forestry@btinternet.com](mailto:tropical.forestry@btinternet.com)>

Source: World Health Organization (WHO), EPR, Tue 29 Aug 2006 [edited]

<[http://www.who.int/csr/disease/avian\\_influenza/guidelines/case\\_definition2006\\_08\\_29/en/index.html](http://www.who.int/csr/disease/avian_influenza/guidelines/case_definition2006_08_29/en/index.html)>

WHO case definitions for human infections with influenza A(H5N1) virus  
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### Background -----

Prompt and accurate reporting of H5N1 influenza cases to WHO is the cornerstone for monitoring both the global evolution of this disease and the corresponding risk that a pandemic virus might emerge. In collaboration with several partners, WHO has developed standardized case definitions to facilitate:

1. reporting and classification of human cases of H5N1 infection by national and international health authorities.
2. standardization of language for communication purposes.
3. comparability of data across time and geographical areas.

### Application of the H5N1 case definitions -----

1. The case definitions apply to the current phase of pandemic alert (phase 3) and may change as new information about the disease or its epidemiology becomes available.
2. National authorities should formally notify only probable and confirmed H5N1 cases to WHO. The case definitions for persons under investigation and suspected cases have been developed to help national authorities in classifying and tracking cases.
3. The case definitions are not intended to provide complete descriptions of disease in patients but rather to standardize reporting of cases.
4. In clinical situations requiring decisions concerning treatment, care or triage of persons who may have H5N1 infection, those decisions should be based on clinical judgment and epidemiological reasoning and not on adherence to the case definitions. While most patients with H5N1 infection have presented with fever and lower respiratory complaints, the clinical spectrum is broad.

### Case definitions -----

PERSON UNDER INVESTIGATION

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A person whom public health authorities have decided to investigate for possible H5N1 infection.

SUSPECTED H5N1 CASE

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A person presenting with unexplained acute lower respiratory illness with fever (>38 C) and cough, shortness of breath or difficulty breathing AND one or more of the following exposures in the 7 days prior to symptom onset:

(a) close contact (within one metre) with a person (for example: caring for, speaking with, or touching) who is a suspected, probable, or confirmed

H5N1 case;

(b) exposure (for example: handling, slaughtering, defeathering, butchering, preparation for consumption) to poultry or wild birds or their remains or to environments contaminated by their feces in an area where

H5N1 infections in animals or humans have been suspected or confirmed in the last month;

(c) consumption of raw or undercooked poultry products in an area where H5N1 infections in animals or humans have been suspected or confirmed in the last month;

(d) close contact with a confirmed H5N1 infected animal other than poultry or wild birds (e.g. cat or pig);

(e) handling samples (animal or human) suspected of containing H5N1 virus in a laboratory or other setting.

PROBABLE H5N1 CASE (notify WHO)

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Probable definition 1:

A person meeting the criteria for a suspected case AND one of the following additional criteria:

- a. infiltrates or evidence of an acute pneumonia on chest radiograph plus evidence of respiratory failure (hypoxemia, severe tachypnea) OR
- b. positive laboratory confirmation of an influenza A infection but insufficient laboratory evidence for H5N1 infection.

Probable definition 2:

A person dying of an unexplained acute respiratory illness who is considered to be epidemiologically linked by time, place, and exposure to a probable or confirmed H5N1 case.

CONFIRMED H5N1 CASE (NOTIFY WHO)

A person meeting the criteria for a suspected or probable case AND one of the following positive results conducted in a national, regional or international influenza laboratory whose H5N1 test results are accepted by WHO as confirmatory:

- a. Isolation of an H5N1 virus;
- b. Positive H5 PCR results from tests using 2 different PCR targets, e.g. primers specific for influenza A and H5 HA;
- c. A 4-fold or greater rise in neutralization antibody titer for H5N1 based on testing of an acute serum specimen (collected 7 days or less after symptom onset) and a convalescent serum specimen. The convalescent neutralizing antibody titer must also be 1:80 or higher;
- d. A microneutralization antibody

titer for H5N1 of 1:80 or greater in a single serum specimen collected at day 14 or later after symptom onset and a positive result using a different serological assay, for example, a horse red blood cell hemagglutination inhibition titer of 1:160 or greater or an H5-specific western blot positive result.

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[ProMED-mail will attempt to adhere to these definitions, particularly with regard to suspected cases, which will only be reported when there is some epidemiological uniqueness. - Mod.CP]

[see also:

Undiagnosed pneumonia - China (HK ex mainland): RFI 20060622.1734  
2004

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Avian influenza, human - East Asia (20) 20040212.0474 Avian influenza, human - Thailand (03) 20040123.0268]

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