

ANCHORAGE PANDEMIC INFLUENZA PLAN

VERSION I
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MUNICIPALITY OF ANCHORAGE
HEALTH AND HUMAN SERVICES



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I: Introduction and Background

About Pandemics

Influenza causes seasonal epidemics of disease resulting in an average of 36,000 deaths nationally each year. A pandemic – or global epidemic – occurs when a new strain of virus emerges which is passed easily from person to person and to which most of the world’s population has no natural immunity. Three pandemics occurred during the 20th century, the most severe of which, in 1918, caused over 500,000 U.S. deaths and more than 50 million deaths worldwide.

About the Plan

This plan is intended to be a guide to municipal response to an influenza pandemic affecting Anchorage. This plan was developed in accordance with the U.S. Department of Health and Human Services (HHS) Pandemic Influenza Plan and the State of Alaska Division of Public Health Pandemic Influenza Response Plan.

Plan Organization

The plan lays out a pandemic chronology based on the World Health Organization’s (WHO) 2005 Global Influenza Preparedness Plan, which establishes six phases across three pandemic periods.

- The Interpandemic Period contains the first two phases and is characterized by very low or no threat of pandemic.
- The Pandemic Alert Period, phases three, four, and five, is characterized by rising threat levels around the world and localized outbreaks.
- The sixth and final phase falls in the Pandemic period – a time of rapid, sustained human-to-human transmission of the pandemic strain.

FIGURE A: WORLD HEALTH ORGANIZATION PANDEMIC PHASES

Period	Description
Interpandemic	Phase 1: No new influenza strains have been detected in humans. An influenza strain that has infected humans may be present in animals but the risk of human infection is considered low.
	Phase 2: No new strains have been detected in humans but a circulating animal influenza strain poses a substantial risk of human disease.
Pandemic Alert	Phase 3: Human infection with a new strain but no human-to-human transmission.
	Phase 4: Small, localized clusters of limited human-to-human transmission.
	Phase 5: Larger clusters with human-to-human transmission still localized.
Pandemic	Phase 6: Increased, sustained human-to-human transmission.

Across the various phases of a pandemic, there are triggers built into the plan that will initiate the next level of response. Therefore, as the situation changes, so may the response effort.

II: Situation and Assumptions

Assumptions

The Municipality of Anchorage Pandemic Influenza Plan is based on the following assumptions:

1. An influenza pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
2. Public fear, misinformation, and rumors will create an atmosphere of anxiety necessitating an aggressive public information campaign.
3. No effective influenza vaccine will be available early in the course of the pandemic.
4. If an effective influenza vaccine becomes available, it will be in short supply.
5. Supplies of antiviral medications that are effective against influenza will also be inadequate and will be distributed based on current national guidelines and in consultation with the State of Alaska Department of Health and Social Services.
6. Infection control measures such as isolating the sick, screening travelers, social distancing and reducing the number of public gatherings may help to slow the spread of influenza early in the pandemic period if they are properly enforced.
7. Maintaining essential services and infrastructure may reduce influenza mortality. Sick persons who lack access to clean water, food, fuel, and medical care may suffer higher mortality.
8. Maintenance of critical infrastructure such as utilities and police and fire protection will be vital to maintain social order – the loss of which could add exponentially to the disaster of a pandemic.
9. Local collaboration with other health organizations will be crucial in attempting to deliver adequate medical care.
10. Federal and state declarations of emergency will change legal and regulatory aspects of providing public health services during a pandemic.
11. The tremendous social, psychological, economic, and political impacts of a pandemic may create pressure from many fronts to prematurely declare an end to the emergency and ease infection control measures.
12. Hospitals and other health care systems will be quickly overwhelmed with ill people requiring outpatient care and hospitalization.
13. Hospitals and clinics will have to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems, exploring altered standards of care and differentiated practice to increase capacity.

14. The health care system may have to respond to increased demands for service while the medical workforce experiences up to 40% absenteeism due to illness, caring for sick loved ones, and fear of infection.
15. Demand for inpatient beds and assisted ventilators will increase by 25% or more, and prioritization criteria for access to limited services and resources may be needed.
16. The health care system may need to develop alternative care sites or designated flu clinics to relieve demand on hospital emergency rooms and to care for persons who are not ill enough to merit hospitalization but cannot be cared for at home.
17. Emergency Medical Service responders will face extremely high call volumes for several weeks and may face up to 40% reduction in available staff.
18. The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of the medical examiner's office, hospital morgues, and funeral homes.
19. During the initial stages of a pandemic, aid from federal and state governments will be nearly non-existent.

Impact Estimates

An influenza pandemic has the potential for tremendous social, psychological, economic, and political effects. The Alaska Department of Health and Social Services estimates that Alaska could see 97,000 to 227,000 cases of clinical illness if infection rates are between 15% and 35%. In Anchorage that would translate to clinical cases numbering from 42,000 to 97,000.

Several characteristics of an influenza pandemic differentiate it from other public health emergencies. First, it has the potential to cause illness suddenly in a very large number of people, who could easily overwhelm the health care system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services, such as health care, law enforcement, fire, emergency response, communications, transportation, and utilities, could be disrupted during a pandemic. Finally, the pandemic, unlike many other emergency events, could last for several weeks, if not months. It is also likely to occur in a sequence of waves as witnessed in past pandemics.

III: Responsibilities

Private Sector

1. Establish an ethic of infection control at the workplace, including hand washing and other public health measures.
2. Establish contingency systems and continuity of operations plans to ensure the ability to maintain delivery of essential goods and services.
3. Establish feasible options for working offsite to include policy and technical infrastructure to allow for telecommuting, so that ill staff, staff caring for ill family members, or staff working offsite to maintain social distancing can remain isolated and maintain productivity.

Individuals and Families

1. Take precautions to prevent the spread of infection to others.
2. Be prepared to follow public health guidance that may include limitations on travel or large gatherings.
3. Store supplies, including food water, and medications, at home, as recommended to support essential needs for at least five to seven days.

Municipality of Anchorage

1. Facilitate citywide pandemic planning and preparation efforts by creating a pandemic influenza cabinet to advise the mayor on policy issues and a pandemic influenza working group to address the logistics and mechanics of pandemic flu preparedness and response.
2. Educate the public, health care system partners, response partners, businesses, community based organizations and elected leaders about influenza pandemics, expected impacts and consequences, and preventive measures. Identify the roles each sector would have in preparation and response to a pandemic influenza outbreak.
3. Conduct disease surveillance and investigation as personnel and resources allow and in conjunction with state and federal agencies.
4. Coordinate planning for and implementation of disease containment strategies and authorities.
5. Provide medical care for victims when hospital resources are overwhelmed. See the MOA Emergency Operations Plan for details about congregate care centers.
6. Based upon all available scientific evidence develop and implement policies to prevent the spread of disease through closing non-essential services, limiting public access to facilities and rights of way, closing public gatherings, and other acts designed to change public behavior.

7. Support the health care system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents through exercises, joint training and regular coordination meetings.
8. Support the development and management of local antiviral medication stockpiles consistent with state and federal protocols.
9. Develop and implement protocols for the use of limited supplies of influenza vaccine and antiviral medicines consistent with national guidelines and in consultation with the Alaska Department of Health and Social Services.
10. Direct distribution and administration of vaccine or antivirals, including mass vaccination efforts.
11. Deliver timely, accurate, and useful information to the public, the media, elected officials, health care providers, business and community leaders through all phases of pandemic.
12. Cultivate relationships with key private sector partners regarding public awareness, infection control, and continuity of operations.
13. Activate the DHHS Command Center and the Municipal Emergency Operations Center (EOC) to manage emergency response.
14. Maintain vital public services including police, fire, public health, and utilities during a pandemic.
15. Enforce quarantine and isolation orders issued by the State of Alaska for persons within the Municipality of Anchorage as appropriate.

Monitor essential resources such as food, fuel, and supplies to ensure appropriate allocation and timely re-supply.

MOA Department of Health and Human Services

1. Facilitate Municipality-wide pandemic planning and preparedness efforts
2. Coordinate the community's public health response.
3. Educate the public, health care system partners, response partners, businesses, community based organizations and elected leaders about influenza pandemics, expected impacts and consequences, and preventative measures.
4. Through coordination with the State Division of Public Health, facilitate Municipality-wide disease surveillance and monitor surveillance data.
5. Identify and declare diseases of public health significance and communicate such declarations to health system partners.
6. Coordinate planning for and implementation of disease containment strategies and authorities.

7. Provide ongoing technical support to the health care system including current surveillance guidelines, recommendations for clinical case management, and infection control measures.
8. Support the health care system's planning and response efforts for medical surge capacity.
9. Support the development and management of local antiviral medication stockpiles.
10. Develop and implement protocols for the use of limited supplies of influenza vaccine and antiviral medicines consistent with national guidelines and in consultation with the State Division of Public Health.
11. Direct distribution and administration of vaccine, including mass vaccination efforts.

Local Hospitals, Clinics, Providers, and Other Health System Partners

This section is under development in cooperation with the local health care system providers. The details of this section will be included in a subsequent version of this plan.

State of Alaska

1. Identify public and private sector partners needed for effective planning and response.
2. Develop key components of pandemic influenza preparedness plan: surveillance, distribution of vaccine and antivirals, and communications.
3. Integrate pandemic influenza planning with other planning activities conducted under the Centers for Disease Control and Prevention (CDC) and the US Department of Health and Human Services, Health Resources and Service Administration's (HRSA) bioterrorism preparedness cooperative agreements with states.
4. Coordinate with local areas to ensure development of local plans as called for by the state plan and provide resources, such as templates to assist in planning process.
5. Coordinate with the Municipality of Anchorage Department of Health and Human Services in planning pandemic services and activities.
6. Coordinate with the Alaska Department of Environmental Conservation for animal health issues related to pandemic influenza.
7. Coordinate with tribal health organizations to insure equitable delivery of medications, vaccine, and other health services to Alaska Natives.
8. Develop data management systems to implement components of the plan.

9. Provide assistance to local areas and the Alaska State Hospital and Nursing Home Association Preparedness Program in exercising plans.
10. Exercise authority related to isolation and quarantine as outlined in AS 18.15.355 through 18.15.385.
11. Coordinate with the adjoining jurisdictions of British Columbia, Yukon Territory, and the State of Washington.

U.S. Department of Health and Human Services (HHS)

1. Provide overall guidance on pandemic influenza planning within the United States.
2. Coordinate the national response to an influenza pandemic.
3. Provide guidance and tools to promote pandemic preparedness planning and coordination for states and local jurisdictions.
4. Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.
5. Determine and communicate the pandemic phase for the U.S. based on the global pandemic phase (established by WHO) and the extent of disease spread throughout the country.

Centers for Disease Control and Prevention (CDC)

1. Conduct national and international disease surveillance.
2. Serve as a liaison to the WHO.
3. Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.
4. Develop, evaluate, and modify disease control and prevention strategies.
5. Support vaccination programs; monitor vaccine safety.
6. Investigate pandemic outbreaks; define the epidemiology of the disease.
7. Monitor the nation-wide impact of a pandemic.
8. Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.
9. Coordinate the implementation of international – U.S. travel restrictions.

World Health Organization (WHO)

1. Monitor global pandemic conditions and provide information updates.
2. Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.
3. Declare global pandemic phase and adjust phases based on current outbreak conditions.

IV: The Interpandemic Period

The Interpandemic Period is the time prior to any new influenza threat to the human population. There may be some new disease in animals, but it is not much of a threat to them. There are two phases in this period.

Description
Phase 1: No new influenza strains have been detected in humans. An influenza strain that has infected humans may be present in animals but the risk of human infection is considered low.
Phase 2: No new strains have been detected in humans but a circulating animal influenza strain poses a substantial risk of human disease.

Municipal response in the Interpandemic Period will consist primarily of planning and preparation. Close cooperation with state and federal agencies as well as the private sector will be important. At this point, in accordance with the Municipality of Anchorage Emergency Operations Plan, municipal readiness should be at the watch condition.

Planning and Coordination, Phases 1 and 2

1. Designate a pandemic influenza planning coordinator within the Department of Health and Human Services.
2. Develop the Municipality of Anchorage Pandemic Influenza Plan and update at least annually. (See Appendix H)
3. Identify crucial gaps in infrastructure and resources that, if not corrected in advance, may interfere with an effective response. Resources may include available hospital bed space, alternate care facilities, stockpiles of food and supplies, and available pharmaceuticals. (See Appendix D)
4. Identify municipal policies and ordinances that, if not corrected in advance, may interfere with an effective response. Such policies may include executive succession, transfer of powers, and emergency powers and declarations. An approach must then be developed to inform key government officials and stakeholders of the need to address and resolve these gaps in advance of the pandemic.
5. Identify key public and private sector partners and involve them in the planning process. Partners should include representatives from the health care, business, utility, transportation, law enforcement, emergency response, and education sectors as well as community leaders and elected officials. (See Appendix J)
6. Develop a public information campaign that keeps the public abreast of current issues and new developments through all phases of a pandemic. Important information will include how to prepare and protect themselves during an outbreak, where to go for help, as well as when and where vaccines and antiviral drugs may be available.

7. Maintain lists and contact information of partners, resources, and facilities to ensure rapid assessment of available resources and efficient dissemination of vital information. (See Appendices D, J)
8. Exercise the Anchorage Pandemic Influenza Plan in collaboration with partners on a periodic basis.
9. Identify essential functions within each municipal agency and key personnel required to perform those functions. (See Appendix E)
10. Establish methods of regular communication among local, state, and federal government agencies. This may include getting key municipal personnel on the State of Alaska's "First Class" system, regular participation in the Incident Management Team meetings, and participation in the CDC's Public Health Alert Network.

Surveillance, Investigation, and Protective Measures, Phases 1 and 2

1. Work with clinicians, hospitals, and infectious disease specialists to enhance case detection, according to CDC screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the clinical criteria for influenza.
2. Identify outbreak control measures with guidance from state and federal authorities. These measures may include isolation and quarantine, voluntary social distancing, or mandatory restrictions on public gatherings or school closures. (See Appendices C, G)
3. Train public health, public safety workers, first responders and other essential workers in infection prevention and the use of personal protective equipment as appropriate. (See Appendix C)
4. Support the Alaska State Public Health Laboratories in conducting influenza testing, as requested.

Vaccine and Antivirals, Phases 1 and 2

1. Develop strategies to increase the number of seasonal influenza vaccinations, particularly among potential high-risk populations. These strategies may include development of funding to purchase greater stocks of seasonal vaccine, education and awareness campaigns to increase public interest in vaccination, or using seasonal vaccine to exercise plans for delivery of a pandemic vaccine.
2. Define criteria for determining priority groups for vaccination and antiviral drugs as well as protocols for their delivery in the event of a pandemic. Priority groups were developed using guidance from the U.S. Department of Health and Human Services Pandemic Influenza Plan. Priority groups should be re-evaluated at least annually. (See Appendix A)
3. Determine the size of priority groups and develop, refine, and exercise strategies for rapidly vaccinating them to aid in assessing how far limited supplies of vaccine can be stretched.

Healthcare and Emergency Response, Phases 1 and 2

1. Assess surge capacity of health care, community resources, and emergency response systems to meet expected needs during a pandemic. (See Appendices D, F)
2. Assess surge capacity of community and Municipal public health assets such as the availability of PPE, volunteers, etc.
3. Identify surge areas such as staffing or bed space by creating an inventory of available assets and an assessment of needed assets in the event of a pandemic. (See Appendices D, F)
4. Develop plans to enhance surge capacity of public health assets.
5. Work with hospitals, state and federal officials to address the need for alternate standards of care and differentiated practice.

Public Information and Education, Phases 1 and 2

1. Inform and educate the public about seasonal influenza, including ways to protect themselves – like vaccination and frequent hand washing and staying home when they are ill.
2. Develop communications strategies and materials to support pandemic response, promote public trust, and decrease fear and anxiety.
3. Develop educational materials for healthcare and human services providers, the media, and the public on pandemic preparedness and response.
4. Educate public health officials, elected officials and the media about what information will and will not be available during a pandemic.

V: The Pandemic Alert Period

The Pandemic Alert period is a time of increased threat to the human population.

Description
Phase 3: Human infection with a new strain but no human-to-human transmission.
Phase 4: Small, localized clusters (less than twenty-five people lasting less than two weeks) of limited human-to-human transmission.
Phase 5: Larger clusters (twenty-five to fifty people lasting two to four weeks) with human-to-human transmission still localized.

During this period, the risks of pandemic increase from phase to phase. Therefore, the Municipality's preparedness level must be heightened accordingly.

The response activities for phase 3 are outlined below.

Planning and Coordination Phase 3

1. Establish and convene a mayoral Pandemic Influenza Cabinet comprised of community and business leaders as well as public health experts to advise the mayor and other municipal officials on the impact a pandemic will have on the entire community. (See Appendix H)
2. Convene the EOC Policy Group. Include all department heads in an initial briefing before determining if follow up meetings are required.
3. Convene the Pandemic Influenza Working Group to assess preparedness status, identify gaps, and provide technical assistance and information to the EOC Policy Group and mayor's Pandemic Influenza Cabinet.
4. Initiate plans to fill any crucial gaps in medical resources identified in the assessment conducted during phases one and two.
5. Work with the Mayor and Anchorage Assembly to address any needed changes in municipal policies and ordinances that may hinder emergency response efforts.

Surveillance, Investigation, and Protective Measures Phase 3

1. DHHS will coordinate with the State Division of Public Health and the CDC to conduct daily influenza tracking activities (reports regarding school absenteeism, pneumonia and influenza deaths submitted by Vital Statistics, nursing home reports, homeless shelter reports and sentinel providers).
2. DHHS will cooperate with Emergency Medical Services, local hospitals, and local health care providers to collect and assess syndromic surveillance data.

3. DHHS will develop partnerships with key employers (including the State of Alaska and large private employers) to track absenteeism in the event of a flu pandemic.
4. Institute recommendations from state and federal authorities regarding any enhanced surveillance measures.
5. Accelerate a community education program that focuses on basic infection control education.
6. Provide infection control education to public safety workers, first responders and other essential workers, as well as guidance on use of personal protective equipment.
7. Assess inventories and availability of PPE and develop plans to ensure adequate supplies for essential workers during a pandemic.

Vaccine and Antivirals, Phase 3

1. Assess status of available anti-viral drugs in the community and strategies for their use.
2. Update distribution plan for antivirals and vaccine (when available) as necessary based on projected supply, and human resources as well as any legal, regulatory, and ethical considerations there may be, as well as the nature of the virus and local mortality and morbidity. (See Appendix A)
3. Conduct training for relevant agencies and partners regarding vaccine delivery protocols and procedures and exercise plans.

Healthcare and Emergency Response, Phase 3

1. Assess and monitor surge capacity of local medical and emergency response systems and make recommendations for change based on assessment.
2. Exercise and review the operability of plans to enhance surge capacity of health care resources, community resources, and emergency response assets.
3. Meet with essential health sector partners to review their pandemic influenza response plans to ensure consistency with state and local plans. (See Appendix J)
4. Meet with essential non-health sector partners to review continuity of operations plans. (See Appendix I)
5. Review and exercise plans to meet the mental health needs of health care and emergency workers as well as the general public in accordance with the Municipality of Anchorage Emergency Operations Plan.

Public Information and Education Phase 3

1. Continue to update public health officials, elected officials, and the media on status of the public health threat of pandemic influenza.

2. Implement educational strategies and disseminate materials for healthcare and human services providers, the media, and the public on pandemic preparedness and response.
3. Implement strategies and disseminate materials to support pandemic response, promote public trust, and decrease fear and anxiety.

Phases 4 and 5 of a pandemic will see heightened risk due to confirmed human-to-human transmission. Phase 4 will see small localized clusters of infection while phase 5 will see much larger clusters that, though still localized, will increase the threat level even more. For Anchorage, the threat level will vary depending on where outbreaks occur. For example, small clusters of infection somewhere in Asia will necessitate far less response than infection anywhere in the United States. Likewise, infections in Anchorage may be far more serious for the Municipality than clusters elsewhere in the United States.

Planning and Coordination, Phases 4 and 5

1. Assess preparedness and identify immediate actions to fill gaps. This may include the diversion of resources from other programs to address identified needs in pandemic preparedness and response.
2. Establish regular briefings for the Mayor, Assembly, and other local officials regarding pandemic status.
3. Activate a command and dispatch center located within the Anchorage Department of Health and Human Services.
4. Coordinate response with state and federal government agencies.

Surveillance, Investigation, and Protective Public Health Measures, Phases 4 and 5

1. DHHS may require health care providers and institutions to report influenza and to send specimens from these cases to the state Laboratory for testing, as requested.
2. DHHS will inform community health care providers regarding recommendations for influenza laboratory testing based on consultation with the Alaska Department of Health and Social Services and the CDC.
3. DHHS will cooperate with the State Division of Public Health to activate tracking of absenteeism with schools and certain sentinel employers, where feasible.
4. Assist state and federal authorities with surveillance activities.
5. Implement social distancing measures if clusters of outbreaks occur anywhere in North America or Asia. (See Appendix C)
6. Begin distribution of personal protective equipment to personnel required to perform essential functions and continue training in the use of PPE.

7. Direct municipal department directors to implement Continuity of Operations plans for their departments. (See Appendix E)
8. Advise local businesses to implement Continuity of Operations plans for their organizations.

Vaccine and Antivirals, Phases 4 and 5

1. Quickly re-evaluate protocols, strategies, and justification for vaccine and anti-viral use and brief the Mayor, municipal Attorney, and municipal Assembly. (See Appendix A)
2. Implement previously established strategies for vaccine and antiviral use on target groups and essential personnel. (See Appendix A)

Healthcare and Emergency Response, Phases 4 and 5

1. Implement plans to enhance surge capacity of local health care, community medical, and emergency response systems.
2. Implement plans to enhance surge capacity of public health assets.
3. Meet with appropriate partners to identify immediate actions to fill gaps in health sector and essential non-health sector response plans. (See Appendix J)
4. Ensure detailed pandemic response education and briefings for health care and emergency workers.

Public Information and Education, Phases 4 and 5

1. Update the Mayor, Assembly members, municipal department heads, key partners, other stakeholders, and the media on an established routine basis as conditions change.
2. Continue public education on pandemic risks and protective measures as well as what to do if they become ill.
3. Monitor media coverage and address misinformation.

VI: The Pandemic Period

The sixth and final phase of a pandemic, according to the World Health Organization, is the pandemic itself. The period is defined by increased and sustained human-to-human transmission in the general population. The pandemic will likely last for months and will manifest itself in a series of waves.

The pandemic plan put forth by the United States Department of Health and Human Services in November of 2005 assumes that any future pandemic will begin somewhere beyond the borders of the United States of America. Because of this assumption, the federal plan divides phase 6 responses into three categories – no cases in the U.S., cases in the U.S. confirmed, and the period between waves.

Many of the response activities necessary in a pandemic outlined below are further detailed in the Congregate Care and Mass Casualty Annexes of the Municipality of Anchorage Emergency Operations Plan.

Planning and Coordination, Phase 6

No U.S. Cases

1. Convene the Mayor's Pandemic Influenza Cabinet and the EOC Policy Group to assess the situation and identify immediate actions to fill gaps.
2. Convene EOC Policy Group to determine operational recommendations.
3. Convene the pandemic influenza working group to meet with partners and stakeholders to implement the plan.
4. Continue regular briefings for local officials regarding pandemic status.
5. Activate the EOC Public Information Section.
6. Coordinate response with state and federal government agencies including the State of Alaska Multi-Agency Coordination Group and Incident Management Team.

U.S. Cases Confirmed

1. Accelerate meeting schedule for Mayor's Pandemic Influenza Cabinet, EOC Policy Group, and Pandemic Influenza Working Group.
2. Conduct daily media briefings

Alaska Cases Confirmed

1. Activate the Anchorage Emergency Operations Center Logistics, Public Health Branch, and Planning Section within the Anchorage EOC.

Between Waves

1. Assess coordination during the first wave and adjust plans as necessary.
2. Implement after action review of pandemic response activities.

3. Assess resources and authorities that may be needed for subsequent waves and if possible, obtain resources necessary for response.

Surveillance, Investigation, and Protective Measures, Phase 6

No U.S. Cases

1. Reinforce outbreak control measures such as social distancing, encourage telecommuting, and advise families how to care for ill household members and still protect themselves.
2. Cooperate with state and federal officials as surveillance measures become more aggressive.

U.S. Cases Confirmed

1. Assume that a case anywhere in the United States means it is already or soon will be here in Alaska.
2. Increase surveillance at schools and other institutions in coordination with the State Division of Public Health.
3. Assist federal and state authorities in studying spread in communities and families, identifying risk factors for infection.
4. Consult with state and federal agencies on implementation of strategies to control spread.
5. Assess effectiveness of public health measures on outbreak control.

Between Waves

1. DHHS will comply with CDC and Alaska Department of Health and Social Services guidelines to facilitate monitoring of the pandemic strain for anti-viral resistance.
2. Continue enhanced surveillance for early detection of subsequent pandemic waves.

Vaccine and Antivirals, Phase 6

No U.S. Cases

1. Review and revise, as needed, priority groups and strategies for antiviral use and vaccination.
2. Inform the public of the status of vaccine and anti-viral stockpiles and strategies for their use.

U.S. Cases Confirmed

1. Begin distribution of vaccine (if available) and antivirals to target groups.
2. Monitor vaccine and anti-viral use and report adverse events.

Between Waves

1. Assess vaccine and anti-viral delivery strategies and adjust as needed.
2. Assess the targeting of priority groups and identify the number of persons remaining unprotected.

Healthcare and Emergency Response, Phase 6

No U.S. Cases

1. Assess availability of personnel, supplies, and materials for infection control and care of infected patients.
2. Assess surge capacity of local health care network in anticipation of a large scale outbreak.

U.S. Cases Confirmed

1. Activate surge capacity plans.

Between Waves

1. Assess surge capacity efforts and adjust accordingly.

Public Information and Education, Phase 6

No U.S. Cases

1. Schedule regular briefings for assembly members, department heads, and the media.
2. Continue public education activities.

Monitor media coverage and address inaccuracies.

U.S. Cases Confirmed

1. Reinforce education on care seeking and home care.
2. Continue regular briefings for the mayor, assembly members, and department heads.
3. Conduct daily media briefings.

Between Waves

1. Assess effectiveness of communication during prior pandemic phases and revise plans as needed.
2. Communicate with Assembly members, Department Heads, the public, and the media about the likely next pandemic wave.

APPENDIX A: Vaccines and Antivirals

Priority groups for influenza vaccination during a pandemic – as recommended by the U.S. Department of Health and Human Services, November 2005

Vaccines are preparations administered to produce or artificially increase immunity to a particular disease. A pandemic vaccine will help a person's own body develop immunity to the pandemic strain. An antiviral drug is used to help kill the virus that has infected a person with no natural immunity. Antivirals may also be used to prevent infection in a healthy person who may be exposed to the virus. While limited stockpiles of antiviral drugs will be on hand at the outset of a pandemic, vaccines will come on the scene much later, perhaps months into the event. Because supplies of both antiviral drugs and vaccine will be limited, it is important to prioritize their use carefully.

Vaccinations will be administered in sequential order. Tier 1 will receive vaccinations first until the entire tier is completed or the supply of vaccine is exhausted. Each subtier will be vaccinated in order with subtier a going first.

Tier 1	Subtier A	Subtier B	Subtier C	Subtier D
Description	Health care workers providing direct patient care Essential health care support personnel Vaccinators	High risk patients 65 or older with one or more high-risk conditions Persons 6 months to 65 years with two or more high-risk conditions Persons 6 months or older hospitalized in the last year for influenza, pneumonia, or another high-risk condition	Pregnant women Household contacts of people who are severely immune compromised Household contacts of children less than six months old	Public Health emergency responders critical to pandemic response Key government leaders
Total Number	Unknown	unknown	unknown	unknown

Tier 2	Subtier A	Subtier B
Description	All healthy people age 65 and older People 6 months to 65 years with one high-risk condition Healthy children 6 to 23 months old	Other public health emergency responders Public safety workers including police, fire
Total Number	unknown	unknown

Tier 3	Subtier A
Description	Key government health decision makers Funeral home directors and embalmers
Total	unknown

Tier 4	Subtier A
Description	Healthy people ages 2 to 64 not included in the categories above
Total	unknown

Priority groups for antiviral drug distribution during a pandemic – As Recommended by the U.S. Department of Health and Human Services, November 2005

Because antiviral medications will be in limited supply, treatment will be prioritized as follows:

1. Treat patients hospitalized with Influenza.*
2. Treat Health care workers with direct patient contact and emergency medical system workers.
3. Treat highest risk outpatients (immunocompromised and pregnant women).
4. Treat pandemic health responders, public safety, and key government decision makers.
5. Treat increased risk populations (young children 12-23 months, people over 65, and people with underlying medical conditions).
6. Provide outbreak response (post-exposure prophylaxis) in nursing homes and other residential settings.**
7. Provide prophylaxis of health care workers in emergency departments, intensive care units, dialysis centers, and emergency medical service providers.
8. Treat critical infrastructure responders and health care workers without direct patient contact.
9. Treat other outpatients not included in categories above.
10. Provide prophylaxis for highest risk outpatients (immunocompromised and pregnant women).
11. Provide prophylaxis for other health care workers with patient contact.

***Treatment** – requires ten capsules and is defined as one course. To be effective, treatment must begin within 24 to 48 hours of exposure.

****Post-Exposure Prophylaxis (PEP)** – also requires just a single course.

*****Prophylaxis** – is assumed to require 40 capsules (4 courses) though more may be needed if community outbreaks last for a longer period.

NOTE: According to the U.S. Department of Health and Social Services, there are no data on the effectiveness of antiviral treatment at hospitalization. Therefore, if stockpiles of drugs are limited, the priority of this group could be reconsidered.

APPENDIX B: Surveillance and Investigation

The public health assets of the Municipality of Anchorage are very limited. Additionally influenza is not a mandated notifiable disease in the state of Alaska. For these reasons, the Municipality of Anchorage Department of Health and Human Services (DHHS) surveillance activities are limited. In the event of a pandemic, however, some normal activities of DHHS will be suspended and influenza surveillance and investigation will become the top priority.

As a pandemic outbreak progresses, DHHS will enhance existing surveillance efforts, including gathering relevant available clinical data (i.e. admission and discharge diagnosis) from hospitals and from selected large medical group practices.

The Pandemic Response Plan drafted by the State of Alaska Division of Public Health outlines the state's responsibilities with regard to surveillance and investigation. During the Interpandemic and Pandemic Alert phases, some state activities include, but are not limited to:

- Continued virologic surveillance conducted by Fairbanks State Virology Laboratory.
- Encouraging disease surveillance, conducted by voluntary network of sentinel providers, to report data in a complete and timely manner.
- Monitoring and updating level of influenza activity within Alaska weekly and posting on the Section of Epidemiology Influenza webpage.

Monitoring all infectious and communicable diseases daily, investigate as needed and review surveillance data for trends.

In the Interpandemic and Pandemic Alert periods, DHHS will work with partner agencies to improve surveillance activities, particularly the Anchorage School District (ASD) and with Emergency Medical Services (EMS) within the Anchorage Fire Department. Currently ASD provides information regarding absenteeism rates across the district. DHHS will work with ASD to determine the feasibility of gathering more data regarding student illnesses. In addition, EMS expects to implement a new surveillance system that will interface with DHHS and hospitals by early summer of 2006. This system, when operational, will allow health care providers and public health officials to watch trends across the city, state, and region. DHHS will assist EMS in any way necessary to implement this system.

In the Pandemic Period, the State of Alaska will increase its surveillance activities. DHHS will assist in those efforts as available. DHHS should conduct an analysis of what services can be curtailed and what personnel reassigned to assist the State of Alaska with surveillance and investigation activities.

APPENDIX C: Infection Prevention and Control

For the General Public

The Pandemic Influenza Plan released by the U.S. Department of Health and Human Services in November of 1995 states the following:

Community preparedness for implementation of both individual and community control measures can be enhanced during the Interpandemic Period by improving public understanding of the dangers of pandemic influenza and the benefits of community-wide disease control practices, including social-distancing measures that can prevent illness and death.

Improving the public's understanding of infection prevention and control will be a critical role of the Anchorage Department of Health and Human Services (DHHS).

DHHS will develop an educational campaign for the public regarding basic infection control measures like frequent hand washing, covering coughs and sneezes, and social distancing.

Some social distancing efforts will be voluntary, like asking people to stay away from crowds, or to stay away from others if you are sick or have been exposed to someone who is sick. Other measures may be mandatory like the closure of schools, cancellation of events, or isolation of sick patients.

For Workers with Direct Patient Contact

Health care workers, first responders, and others with direct contact with influenza patients will need to take far greater measures to protect themselves than others do because they will be far more exposed to the virus than the public. In addition to the precautions listed above, these additional precautions should be maintained:

- Droplet precautions
- Contact precautions
- Airborne precautions (including high efficiency masks and negative pressure rooms if available)
- Use of PPE when handling blood, body substances, excretions, and secretions
- Appropriate handling of patient care equipment and soiled linens
- Prevention of needle stick/sharps injuries
- Environmental cleaning and spill management
- Appropriate handling of waste

The following is a list of appropriate PPE workers with direct patient contact should use. PPE may include, but is not limited to:

- Gloves
- High efficiency fit-tested masks or Positive Air Pressure Respiratory Systems (PAPRS)
- Protective eyewear

- Cap (May be used in high risk situations where there may be increased aerosols)
- Plastic apron if splashing blood, body fluids, excretions or secretions are anticipated

Health care and emergency workers who are involved in caring for patients with influenza should receive training on the mode of transmission and the appropriate infection control precautions.

Self-Management for Exposed Health Care Workers

- Observe good respiratory and hand hygiene at all times
- Check your temperature twice daily and monitor self respiratory symptoms, especially cough
- Keep a diary of personal contacts, when at all possible
- In the event of a fever, immediately limit interactions and exclude yourself from public areas
- Notify your supervisor and health care provider if you believe you have been exposed to the pandemic strain

Infection Control Policy Issues

At various stages of the pandemic, the Mayor and other municipal Officials will be called upon to make key policy decisions regarding the spread of the disease. In the early stages, when there are no cases here in Alaska, social distancing may be voluntary in nature. City leaders will ask people to refrain from certain activities if they feel sick. People should avoid crowds or crowded places. If a person is feeling ill, he or she may be asked not to go to work or, as best as possible, to work from home.

As the situation escalates, when we see clusters of cases here in Alaska, approaches that are more stringent will be necessary. Some activities or events may be cancelled and schools may be closed. Individuals exposed to the pandemic strain will be asked to isolate themselves in their homes voluntarily unless they require medical attention. The public transportation system may be commandeered for the transport of sick people to treatment facilities.

All of these decisions have consequences and all will be made with the best interest of the public at heart.

APPENDIX D: Resource Assessment

In preparing for a pandemic, it will be of vital importance to know what resources are on hand in terms of material, supplies, equipment, food, and fuel, as well as in terms of human resources and personnel at various skill levels.

There may be several types of resource assessments done at various levels and by different organizations. They may include but not be limited to the following:

Medical Assets Inventory

Medical assets that should be inventoried include:

- Hospital beds (licensed vs. current usage vs. actual capacity, etc.)
- Total number of health care professionals able to treat influenza patients (M.D.s, nurses, physician assistants, etc.)
- Number and location of non-hospital clinics where patient treatment or vaccination may occur.
- Non-influenza pharmaceuticals and supplies needed on a daily basis.

The medical asset inventory shall be conducted in cooperation with the Alaska State Hospital and Nursing Home Association and other professional organizations.

Municipal Public Health Assets Inventory

The Public Health inventory will include:

- Available stockpiles of antiviral drugs
- Stockpiles of PPE for public health workers, first responders and emergency workers, and other key municipal employees
- Available public health workers to conduct influenza surveillance and investigation activities
- Available public health workers who may be reassigned from normal tasks to influenza response tasks

The municipal Public Health Assets Inventory shall be conducted by DHHS with assistance from other municipal agencies including the Office of Emergency Management.

This inventory should be completed by August 31, 2006

Congregate Care/Sheltering Resources and Capacity

An inventory of Congregate Care plans should include:

- Adequate number and appropriate locations of facilities
- Maximum capacity of facilities
- Availability of supplies and material for facilities to operate at maximum capacity
- Adequate staffing for facilities to operate at maximum capacity

The Congregate Care assessment shall be conducted by the Office of Emergency Management with the cooperation of DHHS and other municipal agencies. For more detail on Congregate Care, see Appendix F.

This assessment shall be completed by August 31, 2006.

Cooperative Agreements

Cooperative agreements are being drafted to ensure adequate supplies in an emergency. These agreements should be assessed to ensure:

- Adequate materials and supplies are on hand from local sources for a period of six months to one year with near zero re-supply from outside
- Adequate supplies of every day pharmaceuticals with limited re-supply from outside
- Cooperation and mutual aid with surrounding jurisdictions

A thorough review of cooperative agreements will be conducted by the Office of Emergency Management with the cooperation of DHHS and other municipal agencies.

This assessment shall be completed by August 31, 2006.

NON-MEDICAL RESOURCES

A comprehensive inventory of non-medical supplies is vital prior to a potential pandemic. In the event of an all out, global pandemic, few supplies like food or fuel will be available from outside Alaska. Items in this assessment may include, but are not limited to:

- Non-perishable food stock like canned or dry goods.
- Perishable foods like meat and dairy products.
- Bottled water.
- Gasoline, diesel, and other fuels that may be used in emergency vehicles.
- Clothing, blankets, linens, etc.

The non-medical resource assessment will be conducted by the Office of Emergency Management with the assistance of other municipal agencies and private sector partners.

This assessment should be completed by September 30, 2006.

APPENDIX E: Continuity of Operations

The CDC estimates that during a pandemic flu outbreak absenteeism may reach 40% from illness, the need to care for ill family members, and fear of infection. To ensure that the municipality can continue to deliver essential services during a pandemic outbreak, every municipal agency will develop an essential functions component Continuity of Operations (COOP) plan.

Essential functions are those functions that enable a municipal agency to provide vital services, exercise civil authority, maintain the safety and protection of lives and property within the Municipality, and sustain the industrial or economic base of our community during an emergency

For each function identified as essential, a list of positions required to perform those functions and an order of succession at least three deep, should also be identified. During an emergency that results in a reduction in workforce, municipal employees may not perform their regular function or may be required to work outside their regular job class if their regular function is not deemed essential.

A comprehensive planning template will be developed by the Anchorage Office of Emergency Management and presented to department heads June 22, 2006. The process of identifying essential functions and required staff will be completed by August 31, 2006

APPENDIX F: Congregate Care Facilities

The Municipality will activate congregate care facilities when hospitals are operating at or near capacity or during an incident of widespread catastrophic illness. In addition to triage and delivery of medical services, a congregate care site may be activated to deliver vaccines or antiviral medications to the public.

Congregate care sites will be identified in advance of an emergency to include not only municipal assets, but also community centers, faith-based facilities, local hotels, and schools. See Municipality of Anchorage Emergency Operations Plan for more detail.

APPENDIX G: Isolation and Quarantine

The isolation and quarantine of sick patients and those who have been exposed to them will play a critical role in fighting the spread of a pandemic strain of influenza. The best-case scenario would be outright containment of the disease. What is more likely, however, is that isolation and quarantine efforts will slow the spread of the disease and reduce its impact on the community.

Authority to order quarantine and isolation lies with the State of Alaska Department of Health and Social Services (DHSS). That Department's Pandemic Influenza Plan states that DHSS will:

- Direct infectious case-patients to remain in isolation.
- Direct hospitals to implement strict isolation protocols for all patients suspected of being infected with pandemic influenza.
- Quarantine contacts, as appropriate.
- Work with the Municipality of Anchorage, CDC's Division of Migration and Quarantine and Arctic Investigations Program, the Section of Public Health Nursing, Alaska Native Tribal Health Consortium (ANTHC), and the Municipality of Anchorage Port Authorities to implement roles and responsibilities concerning isolation and quarantine procedures throughout Alaska.
- Implement isolation and quarantine procedures according to CDC guidelines.

The U.S. Department of Health and Human Services recommends immediate isolation of infected individuals, either in a hospital or other health care facility, or in that individual's home. When healthcare capacity is overwhelmed and home isolation is not feasible, alternate care facilities for influenza patients will be set up. For details on these sites, see Appendix F – Congregate Care.

Measures that affect groups of people may also be taken. These may include quarantine of groups of exposed persons or containment measures that apply to specific sites or buildings. Such measures should be used when:

- There is limited disease transmission in the area
- Most cases can be traced to contact with an earlier case or exposure to a known transmission setting (e.g., a school or workplace where a person has fallen ill)
- The intervention is likely to either significantly slow the spread of the infection or to decrease the overall magnitude of an outbreak in the community

Groups of people who may be quarantined are those likely exposed to the disease:

- Via family members
- At a public gathering
- On an airplane, cruise ship, or other closed conveyance
- At their school or workplace

- Health care providers who work at a facility where influenza patients receive care

Given the position of Anchorage as a global transportation hub, it is possible that the first group of people requiring quarantine will arrive on an international flight at Ted Stevens Anchorage International Airport. The CDC maintains a presence at the airport and the Quarantine Officer on site will have authority to make decisions regarding quarantine of passengers, flight crew, and ground personnel who may have been exposed to the disease.

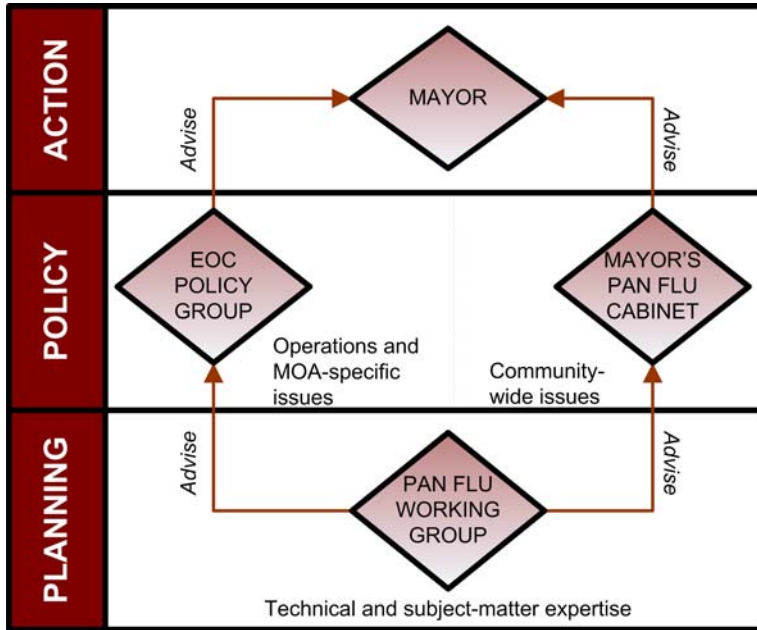
The State of Alaska, which owns and operates the airport, will provide for the quarantine of the aforementioned groups. The Municipality of Anchorage Department of Health and Human Service, along with the Office of Emergency Management, will assist as able if requested by the State of Alaska.

Measures that apply to specific sites or buildings may include:

- The cancellation of public events (movies, concerts, sporting events, plays)
- Closure of recreational facilities (swimming pools and gymnasiums)
- Closure of office buildings, shopping malls, and schools

APPENDIX H: Planning

Pandemic planning will take place on a variety of levels within municipal government as well as in the private sector. Each of the various planning groups will have important roles to play. What follows is a matrix of municipal planning groups, their responsibilities, and when, under the plan, they are to be activated.



Municipal Planning Groups

Group	Responsibility		Timeline
Mayor's Pandemic Influenza Cabinet	Advise the Mayor and other municipal officials on the potential impacts of a pandemic and response measures on the general community including utilities and the business community.	Business and community leaders from around the Municipality of Anchorage.	Initially convened in Phase 3. Will meet on an as-needed basis.
EOC Policy Group	The Policy Group provides guidance to the mayor and is charged with making emergency policy decisions such as closing schools or banning certain public gatherings or activities. It is comprised of.	The mayor, municipal attorney, chief fiscal officer, the mayor's communication director or chief of staff, the police chief, the fire chief, the Health and Human Services director, the medical officer, and other key department heads and agency representatives as needed	Convened in Phase 3. Will meet quarterly until Phase 5, then will meet twice monthly.
Pandemic	The Working Group is intended to	Key partners within	Convened in

Influenza Working Group	detail the implementation of policies set forth by the Policy Group, review response plans, and conduct the necessary assessments.	Municipal Government including Police, Fire, EMS, Employee Relations, DHHS, OEM, as well as hospitals, the Anchorage School District, mental health care providers, the State of Alaska, and others outside Municipal Government	Phase 3. Shall meet twice monthly until Phase 4, then will meet twice weekly.
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APPENDIX I: Mental Health

The Municipality recognizes that most persons, including emergency responders, will struggle with disruption and loss caused by the disaster. The Municipality will coordinate mental health emergency services to help relieve any grief, stress, and other mental health problems caused or exacerbated by a disaster or its aftermath.

Mental health workers will be dispatched to congregate care centers, as able, to deliver comfort, solace, and pastoral services to victims, emergency workers, and their families.

Once the pandemic has waned, the Municipality may further coordinate community education to seek out individuals affected by the disaster who need mental health services.

APPENDIX J: Partners

A great many partner agencies have contributed to this plan. Even more will need to be engaged as the planning process continues. Each partner brings its own expertise to the process. Each may also participate at varying levels of the planning process from the Mayor's Cabinet down to the Working Group.

The Anchorage Department of Health and Human Services shall maintain lists of contact information for key positions with each partner agency or entity. While this list is a comprehensive one, it is not all-inclusive. Additional partners will be identified as the planning and implementation process continues.

MUNICIPAL PARTNERS

- Department of Health and Human Services
- Office of Emergency Management
- Anchorage Municipal Employees Association
- Anchorage Police Department
- Anchorage Fire Department
- Municipality of Anchorage Employee Relations
- Anchorage Water and Wastewater Utility
- Municipal Light and Power
- Port of Anchorage
- Anchorage Animal Care and Control
- Anchorage School District

NON-MUNICIPAL PARTNERS

- Alaska Regional Hospital
- Providence Alaska Medical Center
- Alaska Native Medical Center
- Alaska Psychological Association
- State of Alaska Department of Health and Social Services
- Alaska State Hospital and Nursing Home Association
- Centers for Disease Prevention and Control
- U.S. Department of Health and Human Services
- Anchorage Chamber of Commerce
- Chugach Electric Association
- Surrounding jurisdictions outside Anchorage
- The United States Air Force, Army, and the Alaska National Guard
- The American Red Cross of Alaska

APPENDIX K: Function Tables

Planning and Coordination

	Phases 1 & 2	Phase 3	Phases 4 & 5	Phase 6
Internal Systems	Designate a pandemic influenza planning coordinator within the Department of Health and Human Services.	<p>Establish and convene a mayoral Pandemic Influenza Cabinet comprised of community and business leaders as well as public health experts to advise the mayor and other municipal officials on the impact a pandemic will have on the entire community.</p> <p>Convene the EOC Policy Group. Include all department heads in an initial briefing before determining if follow up meetings are required.</p> <p>Convene the Pandemic Influenza Working Group to assess preparedness status, identify gaps, and provide technical assistance and information to the EOC Policy Group and mayor's Pandemic Influenza Cabinet.</p> <p>Identify essential functions within each municipal agency and key personnel required to perform those functions.</p>	Activate a command and dispatch center located within the Anchorage Department of Health and Human Services.	<p>No U.S. Cases</p> <p>Convene the Mayor's Pandemic Influenza Cabinet and the Policy Group to assess the situation and identify immediate actions to fill gaps.</p> <p>Convene Policy Group to determine operational recommendations.</p> <p>Convene the pandemic influenza working group to meet with partners and stakeholders to implement the plan.</p> <p>U.S. Cases Confirmed</p> <p>Accelerate meeting schedule for Mayor's Pandemic Influenza Cabinet, Policy Group, and Pandemic Influenza Working Group.</p> <p>Alaska Cases Confirmed</p> <p>Activate the Anchorage Emergency Operations Center Logistics, Public Health Branch, and Planning Section within the Anchorage EOC.</p>

The Plan	<p>Develop the Municipality of Anchorage Pandemic Influenza Plan and update at least annually.</p> <p>Exercise the Anchorage Pandemic Influenza Plan in collaboration with partners on a periodic basis.</p>		<p>Assess preparedness and identify immediate actions to fill gaps. This may include the diversion of resources from other programs to address identified needs in pandemic preparedness and response.</p>	<p>Between Waves</p> <p>Assess coordination during the first wave and adjust plans as necessary.</p> <p>Implement after action review of pandemic response activities.</p>
Resources	<p>Identify crucial gaps in infrastructure and resources that, if not corrected in advance, may interfere with an effective response. Resources may include available hospital bed space, alternate care facilities, stockpiles of food and supplies, and available pharmaceuticals.</p> <p>Maintain lists and contact information of partners, resources, and facilities to ensure rapid assessment of available resources and efficient dissemination of vital information.</p>	<p>Initiate plans to fill any crucial gaps in medical resources identified in the assessment conducted during phases one and two.</p>		<p>Between Waves</p> <p>Assess resources and authorities that may be needed for subsequent waves and obtain necessary resources if possible</p>
Policies	<p>Identify municipal policies and ordinances that, if not corrected in advance, may interfere with an effective response. Such policies may include executive succession, transfer of powers, and emergency powers and declarations. An approach must then be developed to inform</p>	<p>Work with the Mayor and Anchorage Assembly to address any needed changes in municipal policies and ordinances that may hinder emergency response efforts.</p>		

	key government officials and stakeholders of the need to address and resolve these gaps in advance of the pandemic.			
Partners	Identify key public and private sector partners and involve them in the planning process. Partners should include representatives from the health care, business, utility, transportation, law enforcement, emergency response, and education sectors as well as from community leaders and elected officials.		Coordinate response with state and federal government agencies.	No U.S. Cases Coordinate response with state and federal government agencies including the State of Alaska Multi-Agency Coordination Group and Incident Management Team.
Internal information sharing	Establish methods of regular communication among local, state, and federal government agencies. This may include getting key municipal personnel on the State of Alaska's "First Class" system and Incident Management Team meetings, and participation in the CDC's Public Health Alert Network.		Establish regular briefings for the mayor, assembly, and other local officials regarding pandemic status.	No U.S. Cases Continue regular briefings for local officials regarding pandemic status.
Public Information	Develop a public information campaign that keeps the public abreast of current issues and new developments through all phases of a pandemic. Important information will include how to prepare and protect themselves during an			No U.S. Cases Activate the EOC Public Information Section U.S. Cases Confirmed Conduct daily media briefings

	outbreak, where to go for help, as well as when and where vaccines and antiviral drugs may be available.			
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Surveillance, Investigation, and Protective Measures

	Phases 1 & 2	Phase 3	Phases 4&5	Phase 6
Surveillance	Work with clinicians, hospitals, and infectious disease specialists to enhance case detection, according to CDC screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the clinical criteria for influenza.	<p>DHHS will coordinate with the State Division of Public Health and the CDC to conduct daily influenza tracking activities (reports regarding school absenteeism, pneumonia and influenza deaths submitted by Vital Statistics, nursing home reports, homeless shelter reports and sentinel providers].</p> <p>DHHS will cooperate with Emergency Medical Services, local hospitals, and local health care providers to collect and assess syndromic surveillance data.</p> <p>DHHS will develop partnerships with key employers (including the State of Alaska and large private employers) to track absenteeism in the event of a flu pandemic.</p> <p>Institute recommendations from state and federal authorities regarding any enhanced surveillance measures.</p>	<p>DHHS may require health care providers and institutions to report influenza and to send specimens from these cases to the state Laboratory for testing, as requested.</p> <p>DHHS will inform community health care providers regarding recommendations for influenza laboratory testing based on consultation with the Alaska Department of Health and Social Services and the CDC.</p> <p>DHHS will cooperate with the State Division of Public Health to activate tracking of absenteeism with schools and certain sentinel employers, where feasible.</p> <p>Assist state and federal authorities with surveillance activities.</p>	<p>No U.S. Cases</p> <p>Cooperate with state and federal officials as surveillance measures become more aggressive.</p> <p>U.S. Cases Confirmed</p> <p>Assume that a case anywhere in the United States means it is already or soon will be here in Alaska.</p> <p>Increase surveillance at schools and other institutions in coordination with the state Division of Public Health.</p> <p>Assist federal and state authorities in studying spread in communities and families, identifying risk factors for infection.</p> <p>Between Waves</p> <p>DHHS will comply with CDC and Alaska Department of Health and Social Services guidelines to facilitate monitoring of the pandemic strain for anti-viral resistance.</p> <p>Continue enhanced surveillance for early detection of subsequent pandemic</p>

				waves.
Outbreak control measures – GP	Identify outbreak control measures with guidance from state and federal authorities. These measures may include isolation and quarantine, voluntary social distancing, or mandatory restrictions on public gatherings or school closures.	Accelerate a community education program that focuses on basic infection control education.	Implement social distancing measures if clusters of outbreaks occur anywhere in North America or Asia. Begin distribution of personal protective equipment to personnel required to perform essential functions and continue training in the use of PPE.	No U.S. Cases Reinforce outbreak control measures such as social distancing, encourage telecommuting, and advise families how to care for ill household members and still protect themselves. U.S. Cases Confirmed Consult with state and federal agencies on implementation of strategies to control spread. Assess effectiveness of public health measures on outbreak control.
Outbreak control measures – local infrastructure	Train public health, public safety workers, first responders and essential workers in infection prevention and the use of personal protective equipment as appropriate	Assess inventories and availability of PPE and develop plans to ensure adequate supplies for essential workers during a pandemic. Provide infection control education to public safety workers, first responders and other essential workers, as well as guidance on use of personal protective equipment to essential workers.	Direct MOA Department Directors to implement Continuity of Operations plans for their departments. Advise local businesses to initiate Continuity of Operations plans for their organizations.	

Vaccines and Antivirals

	Phases 1 & 2	Phase 3	Phases 4&5	Phase 6
Seasonal Vaccine	Develop strategies to increase the number of seasonal influenza vaccinations, particularly among potential high-risk populations. These strategies may include development of funding to purchase greater stocks of seasonal vaccine, education and awareness campaigns to increase public interest in vaccination, or using seasonal vaccine to exercise plans for delivery of a pandemic vaccine.			
Distribution	<p>Define criteria for determining priority groups for vaccination and antiviral drugs as well as protocols for their delivery in the event of a pandemic. Priority groups were developed using guidance from the U.S. Department of Health and Human Services Pandemic Influenza Plan. Priority groups should be re-evaluated on no less than an annual basis at least annually. (See Appendix A)</p> <p>Determine the size of priority groups and develop, refine, and exercise strategies for rapidly vaccinating them to aid in</p>	<p>Update distribution plan for antivirals and vaccine (when available) as necessary based on projected supply, and human resources as well as any legal, regulatory, and ethical considerations there may be, as well as the nature of the virus and local mortality and morbidity. (See Appendix A)</p> <p>Assess status of available anti-viral drugs in the community and strategies for their use.</p> <p>Conduct training for relevant agencies and partners regarding vaccine delivery</p>	<p>Quickly re-evaluate protocols, strategies, and justification for vaccine and anti-viral use and brief the Mayor, municipal Attorney, and municipal Assembly. (See Appendix A)</p> <p>Implement previously established strategies for vaccine and antiviral use on target groups and essential personnel. (See Appendix A)</p>	<p>No U.S. Cases</p> <p>Review and revise, as needed, priority groups and strategies for antiviral use and vaccination.</p> <p>Inform the public of the status of vaccine and anti-viral stockpiles and strategies for their use.</p> <p>U.S. Cases Confirmed</p> <p>Begin distribution of vaccine (if available) and antivirals to target groups.</p> <p>Monitor vaccine and anti-viral use and report adverse events.</p>

	assessing how far limited supplies of vaccine can be stretched.	protocols and procedures and exercise plans for distribution.		Between Waves Assess vaccine and anti-viral delivery strategies and adjust as needed. Assess the targeting of priority groups and identify the number of persons remaining unprotected.
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Healthcare and Emergency Response

	Phases 1 & 2	Phase 3	Phases 4&5	Phase 6
Surge capacity	<p>Assess surge capacity of health care, community resources, and emergency response systems to meet expected needs during a pandemic.</p> <p>Assess surge capacity of community and Municipal public health assets such as the availability of PPE, volunteers, etc.</p> <p>Identify surge areas such as staffing or bed space by creating an inventory of available assets and an assessment of needed assets in the event of a pandemic.</p> <p>Develop plans to enhance surge capacity of public health and other emergency response assets.</p>	<p>Assess and monitor surge capacity of local medical and emergency response systems and make recommendations for change based on assessment.</p> <p>Exercise and review the operability of plans to enhance surge capacity of health care resources, community resources, and emergency response assets.</p>	<p>Implement plans to enhance surge capacity of local health care, community medical, and emergency response systems.</p> <p>Implement plans to enhance surge capacity of public health assets.</p>	<p>No U.S. Cases</p> <p>Assess availability of personnel, supplies, and materials for infection control and care of infected patients.</p> <p>Assess surge capacity of local health care network in anticipation of large scale outbreak.</p> <p>U.S. Cases Confirmed</p> <p>Activate surge capacity plans.</p> <p>Between Waves</p> <p>Assess surge capacity efforts and adjust accordingly.</p>
Protocols/Standards of care	<p>Work with hospitals, state and federal agencies to address the need for alternate standards of care and differentiated practice.</p>		<p>Ensure detailed pandemic response briefings for health care and emergency workers.</p>	
Pandemic Flu Plans		<p>Meet with essential health sector partners to review their pandemic influenza response plans to ensure consistency</p>	<p>Meet with appropriate partners to identify immediate actions to fill gaps in health sector and essential non-</p>	

		with state and local plans.	health sector response plans.	
COOP		Meet with essential non-health sector partners to review continuity of operations plans.		
Mental Health		Review and exercise plans to meet the mental health needs of health care and emergency workers as well as the general public in accordance with the Municipality of Anchorage Emergency Operations Plan.		

Public Information and Education

	Phases 1 & 2	Phase 3	Phases 4&5	Phase 6
General Strategies	<p>Inform and educate the public about seasonal influenza, including ways to protect themselves – like vaccination and frequent hand washing and staying home when they are ill.</p> <p>Develop communications strategies and materials to support pandemic response, promote public trust, and decrease fear and anxiety.</p> <p>Develop educational materials for healthcare and human services providers, the media, and the public on pandemic preparedness and response.</p> <p>Educate public health officials, elected officials, and the media about what information will and will not be available during a pandemic.</p>	<p>Continue to update public health officials, elected officials, and the media on status of the public health threat of pandemic influenza.</p> <p>Implement educational strategies and disseminate materials for healthcare and human services providers, the media, and the public on pandemic preparedness and response.</p> <p>Implement strategies and disseminate materials to support pandemic response, promote public trust, and decrease fear and anxiety.</p>	<p>Update the Mayor, Assembly members, municipal department heads, key partners, other stakeholders, and the media on a routine basis as conditions change.</p> <p>Continue public education on pandemic risks and protective measures as well as if they become ill.</p> <p>Monitor media coverage and address misinformation.</p>	<p>No U.S. Cases</p> <p>Schedule regular briefings for assembly members, department heads, and the media.</p> <p>Continue public education activities.</p> <p>Monitor media coverage and address inaccuracies.</p> <p>U.S. Cases Confirmed</p> <p>Reinforce education on care seeking and home care.</p> <p>Continue regular briefings for the mayor, assembly members, and department heads.</p> <p>Conduct daily media briefings.</p> <p>Between Waves</p> <p>Assess effectiveness of communication during prior pandemic phases and revise plans as needed.</p> <p>Communicate with Assembly members, Department Heads, the public, and the media about the likely next pandemic wave.</p>