

# **Fairfax County Pandemic Influenza Response Plan**



**September, 2006**

## **Executive Summary**

An influenza pandemic has the potential to cause more death and illness than possibly any other public health threat. A pandemic, or a global epidemic, can occur when a new strain of virus emerges, either through mutation or genetic re-assortment, to which most or all of the world's human population has had no previous exposure and thus has no immunity. The emergence and recent spread of the highly pathogenic avian influenza strain H5N1 in bird populations throughout many parts of the world is of great concern. The potential for the emergence of a new variant strain of this virus which could be easily transmitted person-to-person triggered the World Health Organization to urgently prompt organizations worldwide to initiate preparedness planning efforts should a pandemic occur.

Although the timing, nature and severity of the next pandemic cannot be predicted, a planned and coordinated response is critical to minimizing the public health impact, as well as the social and economic disruption to our everyday lives. The unique characteristics of a pandemic – the capability to affect many locations at once, the extended length of such an event, the possibility of multiple waves – will strain local, state and federal resources. It is unlikely that there will be sufficient personnel, equipment, and supplies to respond adequately to multiple areas of the country for a sustained period of time. The impact of a pandemic will be pervasive and unlike any emergency our society has faced in modern times.

Fairfax County embarked on its pandemic influenza planning efforts in the fall of 2005. This coordinated effort involved county agencies, Fairfax County Public Schools, the cities of Fairfax and Falls Church, the towns of Herndon and Vienna, partner organizations including Inova Health System of Northern Virginia, Reston Hospital, Medical Society of Northern Virginia, Office of the Chief Medical Examiner, Northern Virginia Community College, the Fairfax County Chamber of Commerce, and the American Red Cross as well as a variety of private sector groups. The County's planning initiatives were undertaken in concert with the emergency planning efforts of the Virginia Department of Health, United States Department of Health and Human Services, and the World Health Organization.

Fairfax County used a two-pronged approach in its planning effort. The first approach addressed the specific activities that must be undertaken by the Fairfax County Health Department and the public health community in preparation for and responding to a pandemic. The second addressed the activities that must be undertaken by Fairfax County agencies to identify and maintain critical government and public services during a pandemic.

The Fairfax County Pandemic Influenza Response Plan is one of a variety of tools the county is using in its planning and response efforts. In addition to the plan, agency Continuity of Operation Plans (COOP's) will address critical issues unique to each agency so they will be optimally prepared to respond should a pandemic occur. A tri-fold pamphlet has been developed to provide the public with information regarding the plan and how best to plan for their families.

The Fairfax County Influenza Response Plan encompasses a detailed summary of Fairfax County's public health response as well as its plans for the continuation of critical government services during a pandemic. It describes a coordinated local strategy to prepare for, and respond to influenza pandemic and supplements Fairfax County's Emergency Operations Plan as well as state and federal pandemic influenza response plans. The Fairfax County Influenza Response Plan is intended to be a synthesized guide for responding agencies, an overview to provide information to the public on the County's preparedness, and a tool to assist the public in their own planning and preparedness.

**The Plan includes 6 sections, attachments, and a list of resources as follows:**

**Sections 1 through 3 provide background information.** In these sections, information regarding the differences between influenza and avian influenza is provided. The elements required for a pandemic to occur are reviewed and pandemic influenza is distinguished from seasonal influenza. **The six phases of pandemic influenza as defined by the World Health Organization are summarized.** Planning assumptions, guiding principles and key preparedness strategies are summarized. Finally, official authorities and a summary of applicable public health statutes are summarized.

**Section 4 outlines the communication strategies** and provides information on key messages, audiences, message development and message dissemination in a pandemic. It is augmented with the detailed communications plan in Attachment 1.

**Section 5 provides a broad listing of primary public health, communication, and emergency management actions to be carried out during the six phases of an influenza pandemic described by the World Health Organization.** This information is **augmented by a detailed summary of specific activities to be undertaken by the Fairfax County Health Department and the public health community** during the evolution of a pandemic. It additionally provides information on **Post-Pandemic Recovery** and outlines processes for determining the end of the pandemic and for conducting an after-action assessment of the County's response.

**Section 6 describes the planning and preparation Fairfax County is undertaking to minimize disruption to critical governmental functions.** Specifically, it outlines critical issues Fairfax County Government is addressing at countywide and agency levels to protect the workforce during an outbreak and to ensure maintenance of critical government services in the event a pandemic occurs. A checklist that was developed for and distributed to agencies to guide them in their pandemic influenza planning is included. Regional governmental partnerships, business and not-for-profit, and community relationships are described.

**Attachments include** a communications plan as well as strategies for fatality management.

**Resources** including a list of published and electronic references, a listing of abbreviations, and a glossary of terms are provided at the end of the document.

It should be noted the available information regarding best practices for preparedness in a pandemic changes frequently as more becomes known. As such, it is critical to recognize this is a dynamic plan document which will be updated as appropriate to reflect current information, guidelines and best practices regarding pandemic influenza preparedness and response.

# TABLE OF CONTENTS

# PAGE

<b>Section 1</b>	Introduction.....	1
	Background.....	1
	Influenza .....	1
	Avian Influenza.....	2
	Seasonal Influenza v. Pandemic Influenza.....	2
	Phases of Pandemic Influenza.....	3
<b>Section 2</b>	Authorities and Legislation.....	5
	Background.....	5
	Authorities.....	5
	Public Health Statutes.....	8
<b>Section 3</b>	Planning Context.....	11
	Background.....	11
	Planning Assumptions.....	13
	Guiding Principles for Planning.....	15
	Roles and Responsibilities.....	16
	Key Pandemic Preparedness Strategies.....	21
<b>Section 4</b>	Communications.....	25
	Background.....	25
	Key Communication Activities.....	26
	Key Messages .....	26
	Target Audiences.....	26
	Message Development.....	27
	Message Dissemination.....	27
<b>Section 5</b>	Pandemic Influenza Response and Recovery.....	29
	Response Summary.....	29
	Public Health Response Activities.....	36
	Post Pandemic Recovery.....	55
<b>Section 6</b>	Continuation of Critical Government Services.....	57
	Background.....	57
	Countywide Level.....	58
	Agency Level.....	61
	Planning Checklist for Fairfax County Agencies.....	66
	Private Sector Planning.....	72

# **TABLE OF CONTENTS**

**PAGE**

## **Attachments:**

1. Communications Plan.....	73
2. Fatality Management .....	101

## **Resources**

Appendix A: References and Web Resources.....	107
Appendix B: Abbreviations.....	108
Appendix C: Definition of Terms.....	109

## Section 1 – INTRODUCTION

### Section Outline

1. Background
2. Phases of Pandemic Influenza

## 1. BACKGROUND

Influenza pandemics are a significant threat to public health as they have the potential to cause a great amount of illness and death, striking not only vulnerable populations but the young and healthy as well. Influenza pandemics, or worldwide epidemics, are regular events that have been occurring throughout history with varying degrees of impact. In the 20<sup>th</sup> century, three epidemics occurred: the 1918 Spanish Flu epidemic that resulted in more than 500,000 deaths in the United States, and over 20 million deaths worldwide; the 1957 Asian Flu epidemic; and the 1968 Hong Kong Flu epidemic. The emergence and spread of the highly pathogenic avian H5N1 influenza strain in other parts of the world has led many scientists and public health experts to believe another influenza epidemic is imminent.

### A. Influenza

Influenza is a highly contagious viral disease spread through direct contact or the inhalation of the virus in dispersed droplets from the coughing and sneezing of an infected individual. Signs and symptoms of uncomplicated influenza illness include fever, muscle aches, headache, malaise, nonproductive cough, sore throat and runny nose. Children often exhibit ear infections, nausea and vomiting as well. Illness typically resolves after several days. The incubation period, the time from exposure to onset of symptoms, is one to four days, with an average of two days. Adults are typically infectious from the day before symptoms begin until five days after onset of illness. Children and immunocompromised persons are infectious for longer periods.

Influenza can exacerbate underlying medical conditions, particularly pulmonary or cardiac disease, and can lead to secondary bacterial or viral pneumonia. The risk for complications, hospitalization and deaths from influenza is higher among older adults (65 years and older), young children and those persons with certain underlying health conditions.

## **B. Avian Influenza**

Avian influenza refers to the influenza A viruses that circulate among birds. Wild birds, in particular certain species of waterfowl and shorebirds, are considered the natural reservoir for influenza A. Usually, avian influenza viruses exist in birds without causing significant illness or disease. These viruses can infect many different animals and they typically do not cause illness in humans. However, there have been documented cases where viruses do cross over from birds, particularly domesticated poultry, and infect humans. There is concern that, through a process of re-assortment, avian viruses can mix with human influenza viruses and result in a new, or novel, virus strain.

Avian viruses played a role in the last three influenza pandemics, and it is now known the virus responsible for the 1918 pandemic originated in birds. In 1997, the H5N1 influenza virus emerged in chickens in Hong Kong and has shown the ability to infect multiple species, including long-range migratory birds, chickens, pigs, cats and humans. Most of these cases are believed to be caused by exposure to infected poultry flocks. There has been, to date, no sustained human-to-human transmission.

## **C. Seasonal Influenza v. Pandemic Influenza**

**Seasonal influenza** refers to the yearly influenza epidemics that occur in temperate regions, from December to March, which are caused by strains currently circulating worldwide. These viruses are spread widely among humans, are constantly changing, and cause a relatively mild respiratory illness among healthy people. These influenza viruses do, however, result in an average of 36,000 deaths per year in the United States, mainly in older persons, children, and persons with underlying health conditions.

Vaccination against influenza is the primary method of prevention of seasonal flu. A vaccine specific to the currently circulating strain is developed each year and is the most effective means of reducing the effects of seasonal influenza. Immunity develops from either having been infected with influenza or receiving the vaccine. Anti-viral drugs are also available for prophylaxis and treatment of seasonal influenza A infection. The extent these countermeasures will be available and effective against a new virus strain in a pandemic is unknown.

**Pandemic influenza** can occur when a new and highly contagious strain of influenza virus emerges that has the ability to infect humans and be passed easily from person-to-person. Because most or all of the world's population has not been exposed to the new virus strain, little or no immunity exists, and the rate of illness increases significantly over the expected level. The current concern for a pandemic arises from the widespread outbreak of H5N1 avian influenza in birds and the growing number of human cases.



## 2. PHASES OF PANDEMIC INFLUENZA

The World Health Organization (WHO) has defined phases of pandemic influenza that “address the public health risks of influenza infection in animals, link phase changes directly with changes in public health response, and focus on early events during a ‘pandemic alert’ period when rapid coordinated global and national actions might help to contain or delay the spread of a new human influenza strain.” This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic.

The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global influenza preparedness plan identifies response measures WHO will take, and recommends actions that countries around the world should implement.

The Fairfax County Pandemic Influenza Response Plan utilizes this classification system to structure response activities. The six phases are outlined in the chart on the following page. These six phases are used throughout the document to summarize the County’s overall response as well as specifics of the Public Health response during each of the phases. Therefore, the chart is color coded, as diagrammed below, to assist the reader in reviewing the various tables that summarize the activities within the document.

<b>Interpandemic Period</b> <b>Phases 1 &amp; 2</b>
<b>Pandemic Alert Period</b> <b>Phase 3</b>
<b>Pandemic Alert Period (cont’d)</b> <b>Phases 4 &amp; 5</b>
<b>Pandemic Period</b> <b>Phase 6</b>

## WHO Pandemic Phases and Planning Goals

PHASES	OVERARCHING PUBLIC HEALTH GOALS
<p><b>Interpandemic Period</b></p> <p><b>Phase 1.</b> No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p> <p><b>Phase 2.</b> No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	<p>Strengthen influenza pandemic preparedness at the global, regional, national, and sub national levels.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>
<p><b>Pandemic Alert Period</b></p> <p><b>Phase 3</b> – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p>
<p><b>Phase 4.</b> Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p><b>Phase 5.</b> Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement pandemic response measures.</p>
<p><b>Pandemic Period</b></p> <p><b>Phase 6.</b> Pandemic: increased and sustained transmission in the general population.</p>	<p>Minimize the impact of the pandemic by implementing response measures including social distancing.</p>

Reprinted from: [http://www.paho.org/English/DD/PIN/ptoday08\\_sep05.htm](http://www.paho.org/English/DD/PIN/ptoday08_sep05.htm)

## Section 2 - AUTHORITIES AND LEGISLATION

### Section Outline

1. Background
2. Authorities
3. Public Health Statutes

#### 1. BACKGROUND

Planning, preparedness and response to the phases of a pandemic occur at all levels. Coordination, communication and cooperation from the top down and bottom up among the levels are critical. Towards achieving this, it is important to understand and clearly define roles and responsibilities at each level including global/worldwide; federal; state; regional; local and even down to the individual/family level. These are discussed in Section 3: Planning Context.

Equally critical in emergency preparedness and response is an understanding of the decision making and authority that occurs within certain defined scope and parameters. Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Board of Health, the State Health Commissioner, the Fairfax County Board of Supervisors, the County Executive, the executive heads of cities and towns, and the Local Health Director each can implement authorities within the scope of their jurisdiction aimed at protecting public health, including increased social distancing by closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination among appointed and elected leaders and the Fairfax County Health Director to ensure decisions and response actions are clear and consistent. Further, several sections within the Code of Virginia give the State Board of Health and the State Health Commissioner the authority to perform certain acts to protect the health of the public. Section 2 summarizes these authorities and the public health statutes applicable in a pandemic.

#### 2. AUTHORITIES

##### ▪ Governor of the Commonwealth of Virginia

The Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace. The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities he or she believes should be prohibited in order to maintain life and health.

- **Virginia State Board of Health**

The State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases. Health officials, law enforcement officials, and all other officers of the state or any county, city or town shall enforce all rules adopted by the State Board of Health.

- **The State Health Commissioner**

The State Health Commissioner shall enforce all laws for the protection of the public health, and all rules, regulations, and orders of the State Board of Health. The State Health Commissioner also shall investigate outbreaks and epidemics of disease and advise the Fairfax County Health Director about measures to prevent and control outbreaks. The State Health Commissioner shall enforce public health laws, rules, regulations, and orders in local matters when there is an emergency.

- **Fairfax County Board of Supervisors**

The Fairfax County Board of Supervisors shall supervise all matters pertaining to the preservation of the life and health of the community, its residents and visitors. The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations. The Board of Supervisors has a role in communicating with the public. Board members are the public face of government and help ease public concern and give guidance on how to respond during an emergency event.

- **Fairfax County Executive**

In the event of an emergency the County Executive, or in his absence, the acting County Executive, shall serve as the Emergency Management Director and direct emergency operations. In the absence of both the County Executive and the acting County Executive the Deputy County Executive for Public Safety, Planning and Development shall act as the Emergency Management Director. The Emergency Management Director has full authority to organize and direct emergency operations through regularly constituted government structure, and use equipment, supplies and facilities of existing departments, offices and agencies of the county to the maximum extent practical.

If circumstances dictate, the Emergency Management Director or the Fairfax County Board of Supervisors may declare a local emergency when in their judgment the threat or actual occurrence of an emergency or disaster is, or threatens to be, of sufficient severity and magnitude to warrant coordinated local government actions.

- **Emergency Management Coordinator**

A Coordinator of Emergency Management has been appointed to carry out identified tasks; including, coordinating the activity of all other public and private agencies engaged in emergency management activities. In order to carry out appropriate emergency plans and procedures and better ensure public health, safety and public welfare the Coordinator of Emergency Management will activate and manage the County Emergency Operations Center (EOC).

Fairfax County government has adopted the National Incident Management System (NIMS) in order to manage and coordinate emergency operations. In addition, the County has adopted a comprehensive Emergency Operations Plan (EOP) that identifies roles and responsibilities of county agencies, emergency responders, partner organizations, volunteers and others engaged in emergency management activities. The Coordinator of Emergency Management is responsible for updating this plan as mandated.

The Director or Coordinator of Emergency Management will implement emergency plans and take appropriate emergency actions required to manage both declared and undeclared emergency events that threaten public safety within Fairfax County. As necessary, the Coordinator of Emergency Management will liaison with state and federal authorities and nearby political subdivisions as necessary to ensure the most effective disaster preparedness and response capabilities and will activate mutual aid agreements or reciprocal assistance in the case of a disaster too great to be dealt with unassisted.

- **Fairfax County Health Director**

The Fairfax County Health Director acts under the direction of the State Health Commissioner for all health matters. The Fairfax County Health Director enforces the public health statutes, rules and regulations of the state and local health ordinances. The Fairfax County Health Director has the authority to control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction. The Fairfax County Health Director shall, when necessary, conduct investigations and institute disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine, and inspection and closure of facilities. The Fairfax County Health Director may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations.

The Fairfax County Health Director has the authority to carry out steps needed to verify a diagnosis reported by a health care provider, and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease. The Fairfax County

Health Director may also investigate any suspected case of a reportable disease or other condition if necessary, and require notification of additional conditions of public health importance occurring within the jurisdiction.

The Fairfax County Health Director shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease.

The Fairfax County Health Director may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities, and excluding persons who are infected with the disease. Prior to taking action, the Fairfax County Health Director shall consult with the State Health Commissioner, the superintendent of the school district or the chief administrator of the day care center, and provide them and their board of directors a written decision directing them to take action.

The Fairfax County Health Director serves as the District Health Director and is deemed to be the local health director for each city and county in the district. In addition to Fairfax County this includes the Cities of Fairfax and Falls Church and the Towns of Herndon, Vienna and Clifton (Va. Code Ann. § 32.1-31). The Health Director's powers are not contingent on a declaration of emergency by the County Executive or an executive head of a city or town.

### 3. Public Health Statutes

The public health statutes and applicable authorities that may be exercised during pandemic influenza are listed below.

<b>Code of Virginia Statute and Corresponding Authority Statute</b>
<p><b>Reporting of Disease</b>            § 32.1-35, § 32.1-36, § 32.1-37            Requires reporting of selected diseases to the Board of Health by physicians practicing in Virginia and others, such as those in charge of a medical care facility. Immunity from liability for reporting is provided in §32.1-38.</p>
<p><b>Investigation of Disease</b>            § 32.1-39            Authorizes the Board of Health to provide for surveillance and investigation of preventable diseases and epidemics, including contact tracing.</p>
<p><b>Authority to Examine Records</b>            § 32.1-40, § 32.1-48.015            Authorizes the Commissioner or his designee to examine medical records in the</p>

course of investigation, research or studies. §32.1-41 requires that the anonymity of each patient and practitioner be preserved.

### **Emergency Orders and Regulations**

§ 32.1-13; § 32.1-20, § 32.1-42

Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to public health and communicable, contagious, and infectious diseases and other dangers to public life and health.

Authorizes the Commissioner to act with full authority of the Board of Health when it is not in session.

### **Disease Control Measures**

§ 32.1-43; § 32.1-47, § 32.1-48

- Authorizes the Commissioner to require quarantine, isolation, vaccination, decontamination, or treatment of any individual when he determines it necessary to control the spread of any disease of public health importance.
- Permits the Commissioner to require immediate vaccination of all persons in the event of an epidemic.
- Permits the exclusion from public or private schools of children not immunized for a vaccine-preventable disease in the event of an epidemic.

### **Isolation or Quarantined Persons**

§ 32.1-44

Permits any isolated or quarantined person to choose their own treatment, whenever practicable and in the best interest of the health and safety of the isolated or quarantined person and the public.

However, conditions of any order of isolation or quarantine remain in effect until the person or persons subject to an order of isolation or quarantine shall no longer constitute a threat to other persons.

### **Quarantine or Isolation of Persons with Communicable Diseases of Public Health Threat**

§ 32.1-48.05 through § 32.1-48.017

Defines a communicable disease of public health threat as a communicable disease of public health significance coinciding with exceptional circumstances.

Authorizes the Commissioner to issue orders isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable disease of public health threat.

Outlines requirements for issuing the orders, the process for seeking ex parte court review in the circuit court of residence, and appeal process.

Authorizes the Commissioner, during a state of emergency, to define an affected area(s) wherein individuals are subject to an order of isolation and/or quarantine.

Authorizes the Commissioner, acting with the Governor, during a state of emergency, to require the use of public or private property or facilities to implement isolation or quarantine orders. Requires accommodations for occupants of property not subject to the order(s) and compensation.

The Code of Virginia is available on-line, in a searchable format, at  
<http://legis.state.va.us/Laws/CodeofVa.htm>.





## Section 3 - PLANNING CONTEXT

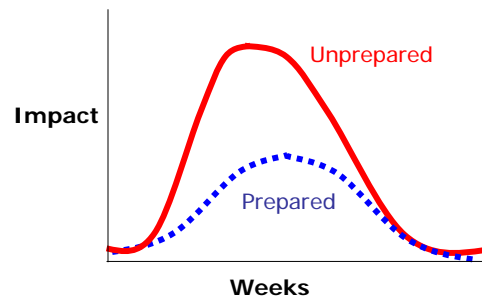
### Section Outline

1. Background
2. Planning Assumptions
3. Guiding Principles for Planning
4. Roles and Responsibilities
5. Key Pandemic Preparedness Strategies

### 1. BACKGROUND

The criticality of planning in minimizing the impact of a pandemic is emphasized in the following graphic which was adapted from U.S. Department of Health and Human Services conference materials:

Impact of Planning



Adapted from HHS

By definition, it is impossible for a pandemic to have no impact on a community. The goal is to minimize the impact. Attention to planning results in better preparedness which, in turn, enhances the county's ability to minimize such impact.

Therefore, the purpose of the Pandemic Influenza Response Plan is to provide a guide for Fairfax County Government on how to respond before, during and after an influenza pandemic. Specifically, the Pandemic Influenza Response Plan provides guidance to the Fairfax County Department of Health, and its regional partners, regarding surveillance and rapid detection, response and mitigation, and recovery from an influenza pandemic. It reflects and is an annex to the Fairfax County Emergency Operations Plan (EOP) and provides guidance

to county agencies and the community on maintaining critical services during such an event. The Pandemic Influenza Response Plan follows U.S. Department of Health and Human Services guidance for developing pandemic influenza response plans and is intended as a companion to the Virginia Department of Health Emergency Operations Plan, Influenza Attachment.

The Fairfax County Pandemic Influenza Response plan will be implemented in coordination with the Fairfax County Emergency Operations Plan and other County agency-specific preparedness plans and activities, including the Fairfax County Health Department Emergency Operations Plan, as well as other community, state and federal partners. Individual county agencies will be developing their own agency-specific continuity of operation plans (COOPs) which will supplement the Pandemic Influenza Response Plan. The Pandemic Influenza Response Plan will be reviewed and updated as necessary to ensure information contained within the document is consistent with current knowledge and changing infrastructure.

#### **A. Response Plan Goals**

The Response Plan has five main goals:

1. Contain and control disease outbreak.
2. Limit the number of illnesses and deaths.
3. Preserve continuity of critical government functions.
4. Minimize social disruption.
5. Minimize economic losses.

#### **B. Objectives**

- Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
- Describe the response, coordination, and decision making structure that incorporates the Fairfax County Health Department, the health care system in Fairfax County, other local response agencies, and state and federal agencies during a pandemic.
- Define roles and responsibilities for the Fairfax County Health Department, local health care partners, and local response agencies during all phases of a pandemic.
- Describe public health interventions in a pandemic response and the timing of such interventions.

- Serve as a guide for local health care system partners, response agencies, and businesses in the development of pandemic influenza response plans.
- Provide technical support and information on which preparedness and response actions are based.
- Determine the communication strategy, for both internal and external sources, to communicate information to County agencies, the public, public health partners, other jurisdictions, and authorities during a pandemic that are critical to an effective emergency response.
- Identify critical governmental functions, services, or operations that address critical health, safety, and welfare needs of the public that must be maintained.
- Prepare agency specific Continuity of Operations Plans (COOPs) that address the unique consequences of a pandemic.

## **2. PLANNING ASSUMPTIONS**

Since a pandemic influenza outbreak will be caused by a novel, or new, influenza strain, the specific biological characteristics of the virus cannot be known with any certainty prior to its emergence. These assumptions are based on what has been learned from previous influenza outbreaks and what is currently known about seasonal influenza viruses.

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The typical incubation period (interval between infection and onset of symptoms) for seasonal influenza is an average of two days. The specific incubation period for a novel virus is unknown but may approach 7-10 days.
- Risk groups for severe and fatal infection are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Virus transmission can occur from up to one day before the onset of illness through acute illness.

- On average, infected persons will transmit infection to approximately two other people.
- Of those who become ill with influenza, 50% will seek outpatient medical care.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus.
- In an affected community, it is estimated a pandemic outbreak will last 6 to 8 weeks and at least two waves are likely.

Based on extrapolation from past pandemics in the United States, the Centers for Disease Control and Prevention (CDC) estimates up to 90 million people in the U.S. may become ill during a pandemic influenza, 45 million people may require outpatient care; about 1 million (moderate scenario) to 10,000,000 (severe scenario) people may require hospitalization and between 200,000 (moderate scenario) and 2,000,000 (severe scenario) people may die.

Based on these national estimates, the impact of pandemic influenza in Fairfax County for an eight week wave is illustrated on the following chart:

	<b>Low</b> 20% Attack Rate	<b>Moderate</b> 25% Attack Rate	<b>High</b> 30% Attack Rate
<b>Total Fairfax County* Population</b>	996,176	996,176	996,176
<b>Illness</b>	199,235	249,044	298,853
<b>Outpatients</b>	106,588	133,235	159,882
<b>Hospitalizations</b>	2,193	2,742	3,290
<b>Deaths</b>	462	579	694

Projections developed using FluAid 2.0, Centers for Disease Control and Prevention.  
 Population estimates taken from American Community Survey Profile 2004 estimates, US Census Bureau.  
 \*Does not include Cities of Fairfax and Falls Church and includes the Towns of Herndon, Vienna and Clifton.

The Centers for Disease Control and Prevention has developed FluAid, a model for predicting estimates of the impact of outpatient visits, hospitalizations, and deaths due to pandemic influenza at the population level. This model was used to develop Fairfax County-specific estimates of the impact from pandemic influenza. Calculations were based on Fairfax County population estimates from 2004 U.S. Census Bureau data (total population: 996,176). Attack rates reflect the percentages of the population with a case of influenza causing some measurable impact (e.g. lost work time, visit to a doctor). The Virginia Department of Health used the same methodology to estimate the impact at the state level which is outlined in the state plan.

These projections are subject to several limitations:

- Population estimates do not include the City of Fairfax or the City of Falls Church which fall under the jurisdiction of the Fairfax County Health Department, totaling approximately 33,000 people;
- Population estimates do not include people currently residing in group domiciles such as college dormitories and jails;
- These numbers represent an estimate of the impact that would occur during an eight week period which is the estimated activity period for pandemic influenza in a particular community. Additional waves, which are expected over the estimated 18-month period that a pandemic will last, will increase the burden;
- The range of attack rates used includes the range of attack rates in past pandemics; however, exact attack rates cannot be predicted; and
- During an actual pandemic, hospitalization rates, death rates, and the percentage of the population at high-risk for influenza complications could vary significantly from the rates and percentages used to develop these projections.

### **3. GUIDING PRINCIPLES FOR PLANNING**

- There may or may not be prior warning of a coming pandemic based on reliable reports from the Centers for Disease Control and Prevention and the World Health Organization.
- A pandemic influenza strain could emerge in Fairfax County, or in neighboring jurisdictions.
- Unlike other emergency events, a pandemic has the ability to affect many localities simultaneously. Fairfax County must be prepared to meet its own

needs as resources from other jurisdictions, as well as state and federal aid, will most likely be limited.

- Supplies of antiviral medications will be limited.
- A vaccine effective against the circulating pandemic influenza virus may not be available for four to six months following identification of the pandemic virus strain.
- The Fairfax County Pandemic Influenza Response Plan utilizes the Fairfax County Emergency Operations Plan and other preparedness operations already in place.
- The Virginia Department of Health, Division of Immunization, in collaboration with the Fairfax County Health Department, will allocate and facilitate distribution of vaccine based on projected need for priority groups in Fairfax County.
- Absenteeism, due to illness, the need to care for ill family members, and fear of infection, may reach 40% during the peak of a community outbreak.
- Disruption of county infrastructure including transportation, commerce, utilities, and public safety will likely occur.
- Individual preparedness and self-care is critical to mitigate the effects of a pandemic.

#### **4. ROLES AND RESPONSIBILITIES**

##### **Global Level Roles and Responsibilities**

##### **World Health Organization (WHO)**

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

## **Federal Level Roles and Responsibilities**

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

- Provide overall guidance on pandemic influenza planning within the United States.
- Coordinate the national response to an influenza pandemic.
- Provide guidance and tools to promote pandemic preparedness planning and coordination for states and local jurisdictions.
- Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.
- 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)**

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

## **State Level Roles and Responsibilities**

### **Virginia Department of Health (VDH)**

- Coordinate statewide pandemic planning and preparedness efforts.
- Coordinate statewide surveillance activities.
- Operate a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing.
- Coordinate submission of pandemic epidemiological data to CDC and dissemination of statewide data and situation updates to local health jurisdictions.
- Coordinate development and implementation of disease containment strategies across multiple counties and regions within the state.

- Request federal assistance to support the local health and medical response, including antiviral medicines and vaccines from the Strategic National Stockpile, when local and state resources are exceeded.
- Educate and inform the public on the course of the pandemic and preventive measures.

## **Regional Level Roles and Responsibilities**

### **Regional Partners (Metropolitan Washington Council of Governments, Northern Virginia Regional Commission)**

- Support local regional partners with a focus toward developing sound regional responses, strategies, and action.
- Provide appropriate level of participation in regional pandemic planning and preparation efforts to include public information, health agency activities and initiatives, regional business and community efforts.
- Provide assistance to regional partners for planning and preparedness aspects through sharing of information, as well as professional and technical services to facilitate a regional coordination approach.

## **Local Level Roles and Responsibilities**

### **Fairfax County Health Department (FCHD)**

#### *In conjunction with other County agencies:*

- Facilitate countywide pandemic planning and preparedness efforts.
- Coordinate the community's emergency public health response through Emergency Support Function 8 (Health and Medical Services), and the County's Emergency Operations Plan.
- 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.
- Conduct countywide surveillance to track the spread of the human disease and its impact on the community.
- Support State-level efforts at influenza surveillance in animals in Fairfax County and monitor surveillance data.
- Identify and declare diseases of public health significance, and communicate such declarations to health system partners.



- Coordinate planning for, and implementation of, disease containment strategies and authorities.
- Provide ongoing technical support to the health care system including current surveillance guidelines, recommendations for clinical case management, infection control measures and laboratory testing.
- Support the health care system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents.
- Support the development and management of local antiviral medication stockpiles.
- Develop and implement protocols for the use of limited supplies of influenza vaccine and antiviral medicines consistent with national guidelines and in consultation with VDH.
- Direct distribution and administration of vaccine, including mass vaccination efforts.
- Provide effective communications to the public, the media, elected officials, health care providers, business and community leaders throughout the pandemic.

### **Local Hospitals, Clinics, Providers and other Health System Partners**

- Participate in efforts to maximize the health care system's ability to provide medical care during a pandemic. Specific steps include:
  - Identify and prioritize response issues affecting the county-wide health system during a pandemic.
  - Develop mechanisms to efficiently share information and resources among health system partners, and to communicate with FCHD and Office of Emergency Management, as appropriate.
  - Coordinate with the FCHD regarding policy level decisions on the operations of the local health system.
  - Disseminate relevant communications from FCHD to staff and other healthcare professionals in a timely manner.
  - Assure health care professionals receive relevant communications from the FCHD in a timely manner.
- Hospitals and other health care facilities will develop pandemic response plans consistent with the health care planning guidance contained in the U.S. Department of Health and Human Services Pandemic Influenza Plan. Health care facility pandemic response plans will address medical surge capacity to sustain health care delivery capabilities when routine systems are overwhelmed.
- Health care facilities and health care providers will participate in local influenza surveillance activities.
- Hospitals will develop infection control plans to triage and isolate infectious patients and protect staff from disease exposure.

## Office of Emergency Management

- Manages the Fairfax County Emergency Operations Center (EOC). During an emergency event the EOC will be activated to coordinate county, state, federal, private sector and volunteer resources. The Coordinator of Emergency Management manages the EOC and directs emergency operations under the authority of the County Executive or his designee.
- Manages County Warning Point (Watch Center). In conjunction with the Office of Public Affairs, the Office of Emergency Management (OEM) disseminates public emergency notification and warning to county employees, residents, emergency responders, volunteers, private sector partners and neighboring jurisdictions.
- Develops and maintains the County comprehensive Emergency Operations Plan (EOP). OEM provides emergency management planning for the entire county. The EOP guides strategic organizational behavior before, during and following a significant emergency.
- Conducts training and exercises to test emergency plans and procedures. OEM works with county and partner agencies to develop emergency exercises to validate plans such as the Pandemic Influenza Response Plan. OEM establishes and trains personnel to ensure they are prepared to carry out identified roles and responsibilities.
- Coordinates volunteer management and recruitment. OEM works with Volunteer Fairfax, faith-based communities, community organizations, Citizen Corps Council and other groups to identify, recruit and manage volunteers. These volunteers may be called upon to assist with emergency and recovery operations.
- Conducts preparedness education and public outreach programs. OEM designs, develops and conducts public emergency management outreach programs to increase awareness, emergency preparedness and homeland security. We provide training and information on family and business disaster emergency planning.
- Coordinates Special Needs Planning for Fairfax County. OEM works with identified county agencies to ensure persons with special medical needs are adequately cared for during emergency events. This includes (but is not limited to) pre-event registration, transportation and emergency sheltering.
- Enhance protective actions for County Employees. In cooperation with the Facilities Management Department and other county agencies, OEM provides training and information to county employees on emergency protection actions. In addition, OEM provides emergency information to county employees and agencies through the Emergency Alert Network (EAN).

## Individuals and Families

Following is a summary of activities that are important for individuals and families to be aware of in their preparation for a possible pandemic.

- Receive yearly vaccination of seasonal influenza vaccine. This vaccine may not provide protection against a novel strain of the influenza virus but will provide some level of protection against circulating strains.
- Receive the pneumococcal vaccine if indicated. This vaccine will provide protection against a common complication of influenza: bacterial pneumonia.
- Take precautions to prevent the spread of infection: wash hands, practice good respiratory hygiene, and stay home if ill.
- Develop a family emergency plan, including stockpiling provisions in the event that household members are asked to isolate themselves at home.
- Become familiar with County Emergency Response plans in the event of a pandemic, especially how information will be communicated to the public.
- Become familiar with the forthcoming Self Care guide which will be distributed to all Fairfax County households. This guide details how to provide self-care at home, how to care for family members at home, how to avoid getting influenza, and when to seek medical care.
- Talk with your employer about continuation of operations plans, teleworking and alternate scheduling before a pandemic occurs.
- Arrange for childcare options should schools be closed.
- Follow public health guidance during a pandemic event that may include limitation of travel, avoidance of public places, and staying home if ill.

### 5. KEY PANDEMIC PREPAREDNESS STRATEGIES

This section outlines the overarching pandemic preparedness and response strategies and summarizes specifically how the Fairfax County Health Department (FCHD) and its partners are addressing these strategies. These include surveillance for novel influenza viruses, distribution of vaccines and antiviral medications, implementing disease containment measures, preparing the community and healthcare partners, and communicating with the public and all partners about preparing for and managing an influenza pandemic.

#### A. **Develop or enhance countywide disease surveillance programs, coordinated with regional, state, and federal efforts, to detect pandemic influenza strains in humans and animals.**

- FCHD Communicable Disease and Epidemiology Unit (CD/Epi) currently conducts weekly influenza-like illness surveillance during flu season, October – May, by collecting reports from designated sentinel healthcare providers throughout the county. This may be scaled up to year round surveillance in the early stages of a pandemic.

- FCHD CD/Epi Unit currently conducts daily syndromic surveillance for influenza-like illness among local hospitals, including all INOVA hospitals and urgent care facilities, and Reston hospital.
- FCHD CD/Epi Unit utilizes regional syndromic surveillance data collected through the ESSENCE system to monitor for outbreaks and diseases of concern.
- FCHD CD/Epi Unit utilizes the Health Department School Illness Monitoring System (HDSIMS), a real-time, Web-based surveillance method that enables early detection of communicable gastro-intestinal and influenza-like-illness outbreaks in schools.
- FCHD CD/Epi Unit receives reports and tracks all reportable influenza diagnoses from community physicians and hospitals.
- FCHD CD/Epi Unit receives reports, tracks and investigates all suspect infections with novel strain of influenza.
- FCHD CD/Epi Unit receives reports and investigates all influenza outbreaks in the community and local facilities.
- FCHD CD/Epi Unit receives reports and investigates all pediatric deaths attributable to influenza.
- Fairfax Health Department will support and coordinate with state and federal agencies conducting surveillance for avian influenza among the bird population.

**B. Ensure mass vaccination plans and protocols are in place to rapidly administer vaccine to priority groups and to publicly monitor vaccine effectiveness and safety, supply and distribution, and coverage rates.**

- FCHD will distribute vaccine according to plans outlined in the Fairfax County Health Department Emergency Operations Plan, Mass Vaccination Annex. This plan includes hard-to-reach populations.
- Priority groups within Fairfax County have been established based on national HHS guidelines and population demographics. During a pandemic, however, FCHD will consider national and state guidance and local epidemiological data to adjust and finalize priority groups as necessary.
- As the pandemic progresses and vaccine stocks increase, FCHD will, in collaboration with the Virginia Department of Health (VDH), coordinate the vaccination of the rest of the population as supplies allow.
- Vaccine safety and effectiveness will be monitored through the federal Vaccine Adverse Event and Reporting System (VAERS). FCHD will collaborate with VDH, vaccine producers and CDC, to support additional monitoring mechanisms as needed.
- FCHD will work with VDH and CDC to support mechanisms for monitoring vaccination rates.

**C. Establish guidelines for the utilization of antiviral medications by medical staff for treatment and prevention of influenza.**

- FCHD will work with community physicians and healthcare facilities to determine the best method for distribution of antiviral medications based on quantities available. If small quantities of drugs are available distribution most likely will occur through community physicians and healthcare facilities.
- Priority groups within Fairfax County have been established based on national HHS guidelines and population demographics. During a pandemic FCHD will consider national guidelines and local epidemiological data to adjust and finalize priority groups as necessary.
- Reporting of serious adverse events related to antiviral medications will be done through patient reporting to MedWatch Program at the Food and Drug Administration.
- Fairfax County will support federal and state mechanisms to monitor antiviral effectiveness and drug resistance.

**D. Develop capabilities to implement non-medical measures to decrease the spread of disease throughout Fairfax County as guided by the epidemiology of the pandemic.**

- FCHD has outlined infection control guidelines for health care facilities, including hospitals, out-patient care settings and long-term care facilities, as well as workplaces, other community settings and the home.
- FCHD has developed an isolation and quarantine plan, including protocols for home and work quarantine. It is thought quarantine will only be useful, and therefore implemented, in the initial stages of a pandemic.
- Legal authority for implementing isolation and quarantine orders has been established and is outlined through County Procedural Memorandum.
- Social distancing strategies will be recommended to limit widespread circulation of the virus within the community or once the influenza virus begins circulating widely. FCHD has developed guidelines for implementing these strategies, which may include school closures, snow days, and self-shielding.
- FCHD has developed guidance on caring for sick individuals at home when hospitalization is not required or available.
- During a pandemic, the FCHD in collaboration with regional partners may recommend people use public transportation only for essential travel, or use alternative means of transportation if available.
- Other travel-related containment measures specifically involving travel in and out of Dulles International Airport will be coordinated

primarily by Loudoun County in collaboration with the Centers for Disease Control and Prevention Division of Quarantine, and the Metropolitan Washington Airports Authority. Fairfax County will coordinate with Loudoun County officials as necessary.

**E. Assist local health care system partners, response agencies, elected leaders, the business community, and community based organizations with pandemic preparedness planning aimed at maintaining the provision of health care services, sustaining critical community services, and limiting the spread of disease throughout the duration of a pandemic.**

- FCHD participates on the Strategic Outbreak Response Team led by Inova Fairfax Hospital and comprised of hospital personnel, infection control practitioners, and representatives from the Fairfax County Health Department Communicable Disease/Epidemiology Unit to address issues of increased demand for bed space, ventilators, and personnel.
- The First Responder community including Fire and Rescue Department, Police Department, Sheriff's Office and the Office of the County Medical Examiner is actively involved in the pandemic flu planning process.

**F. Communicate with and educate the public, health care providers, local government and community leaders, and the media, in conjunction with other County agencies, about the consequences of influenza pandemic and what individuals can do to prepare.**

- FCHD will utilize the communications structure and protocols outlined in the County Emergency Operations Plan.
- FCHD will coordinate regionally with the Metropolitan Washington Council of Governments regarding public information messages.
- FCHD is working to identify communication needs specific to Fairfax County and partner jurisdictions.
- FCHD has developed specific communication plans for target audiences including the general public, schools and parents, physicians and the health care community, the private sector and business community, the non-English speaking community, senior citizens and faith groups. Key messages for the public include, for example, individual planning and preparedness and improved hand and respiratory hygiene habits.

## Section 4 - COMMUNICATIONS

### Section Outline

1. **Background**
2. **Key Communication Activities**
3. **Key Messages**
4. **Target Audiences**
5. **Message Development**
6. **Message Dissemination**

### 1. BACKGROUND

Pandemic influenza will affect the entire world at the same time. Response will therefore not be limited to any one country, state, region or local jurisdiction. While the federal government is responsible for nationwide coordination of the pandemic influenza response, the Virginia Department of Health (VDH) will be responsible for coordination of the pandemic influenza response within and among jurisdictions in Virginia. Fairfax County, the cities of Fairfax and Falls Church, and the towns of Herndon and Vienna, will be responsible for implementing Virginia's response at the local level. Coordinated communications among these localities therefore is a critical component as the local response is implemented. Communications during an influenza pandemic will follow the communications structure already established in the Fairfax County Emergency Operations Plan with the Office of Public Affairs responsible for overall coordination. In addition, public information messages will be coordinated regionally with the Metropolitan Washington Council of Governments.

The primary communications goal during a pandemic will be to ensure the timely, accurate, and consistent flow of information to health professionals and the general public. Information will be provided on vaccine management, antiviral medication use for treatment and chemoprophylaxis, influenza surveillance, infection control, and treatment and care of patients. The Pandemic Influenza Communications and Notifications Plan for pandemic influenza will follow the communications structure already established in the county's Emergency Operations Plan.

This section summarizes the key communication activities, audiences and methods of dissemination. The detailed *Communications Plan* is included in this document as Attachment 1.

## **2. KEY COMMUNICATION ACTIVITIES**

- Identification of spokespersons that will be responsible for addressing pandemic influenza related media concerns.
- Distribution of timely and appropriate influenza bulletins to health care providers and community partners.
- Dissemination of information about vaccine availability and distribution plans to community partners.
- Dissemination of the influenza vaccine information sheet to clinic patients and area health care providers.
- Communication of information about groups at high-risk for complications from influenza to health care providers and community partners.

## **3. KEY MESSAGES**

Key pandemic influenza communications to the general public will involve all of the following but are not limited to:

- education about pandemic influenza
- how to prepare for pandemic influenza and any emergency that might require an extended stay at home
- how to stop the spread of the disease
- how to care for sick family members
- whether to go to work/school/social functions
- what isolation and quarantine means (voluntary vs. mandatory)
- how quarantine orders will be delivered/how they can be appealed
- education on masks
- whether antiviral medications and/or vaccines are available
- what to do in the absence of antiviral medications or vaccines
- antiviral and/or vaccine distribution priority groups
- how/where to get antiviral medications and/or vaccines if prioritization category is met
- resumption of regular activities as the pandemic event resolves

## **4. TARGET AUDIENCES**

- general public (individuals/residents)
- schools and parents
- physicians and health care providers



- business community
- faith based and non-profit community
- non-English speaking populations
- senior citizens
- special needs populations (disability populations/special medical and social needs)

## **5. MESSAGE DEVELOPMENT**

General communication messages will be provided federally by the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) and statewide by the Virginia Department of Health (VDH). Specific messages relevant to Fairfax County and partner jurisdictions will be based on local communications needs, general public inquiries and the current situation.

## **6. MESSAGE DISSEMINATION**

A variety of tools and methods will be utilized to disseminate information to the various audiences. These include but are not limited to, web sites, mailings to residents and homeowner's associations, e-mails, newsletters, speaker's bureaus, and television/broadcasting. The method of dissemination will be determined according to the nature of the communication and the intended audience. The *Communication Plan* (Attachment 1) provides details on each of these tools as well as the specifics regarding dissemination of information to each of the audiences throughout the phases of the pandemic.



## Section 5 - PANDEMIC INFLUENZA RESPONSE AND RECOVERY

### Section Outline

1. Response Summary
2. Public Health Response Activities
3. Post Pandemic Recovery

### 1. RESPONSE SUMMARY

The Pandemic Influenza Response Summary is a broad listing of primary public health, communication, and emergency management actions to be carried out, during the six phases of an influenza pandemic, by the Fairfax County Health Department and its public health partners, the Office of Emergency Management, the Office of Public Affairs, and other county agencies, operations and community partners. The actions in each phase build upon the response in the prior phase, and most activities, once begun, will be continued or scaled up in subsequent phases.

<b>FAIRFAX COUNTY Pandemic Influenza Response Summary</b>
<b>PHASES 1 and 2: Interpandemic Period</b> No new influenza subtype infection in humans
<b>PUBLIC HEALTH</b>  Conduct baseline surveillance during influenza season  Train and educate public health staff and volunteers on outbreak and emergency response
<b>COMMUNICATIONS</b>  Monitor worldwide status of potential outbreaks and circulate health and emergency information as needed  Provide information as appropriate to county workforce on outbreak and emergency response
<b>EMERGENCY MANAGEMENT</b>  Monitor and circulate health and intelligence reports and emergency information through official sources  Work with the Office of Public Affairs and Virginia Department of Emergency Management to provide proactive information as appropriate

**FAIRFAX COUNTY**  
**Pandemic Influenza Response Summary**

**PHASE 3: Pandemic Alert Period**

Human infection with a new subtype but human-to-human transmission is rare or absent

**PUBLIC HEALTH**

- Maintain baseline surveillance mechanisms for detecting novel influenza virus in humans
- Investigate and monitor suspected cases and contacts
- Implement disease control measures as appropriate, including isolation and quarantine
- Determine priority groups for vaccination and antiviral medication
- Communicate updated information to community healthcare providers, public and media
- Prepare healthcare facilities for increased patient load and demand for resources
- Facilitate development of protocols for transporting patients and bodies for first responder community
- Develop plan for fatality management
- Ensure establishment of legal provisions necessary to carry out public health recommendations
- Implement travel-related control measures, in collaboration with neighboring jurisdictions
- Support state and local veterinary surveillance efforts to monitor avian influenza in animal populations
- Identify facilities for alternate treatment sites
- Assist county Human Services agencies and their partners in assessing readiness

**COMMUNICATIONS**

Identify primary county spokespersons

Increase internal communications among pandemic flu planners (county staff and non-county individuals) by compiling all contact information for all planners

Develop and deliver public information messages to answer current-phase public FAQs regarding county planning; what is pandemic flu vs. avian flu vs. seasonal flu; public concern about geese/chickens, etc.; what can people do to prepare, etc.

Develop public information messages to answer anticipated subsequent-phase public FAQs regarding what to do; self care in the home, etc.

**FAIRFAX COUNTY**  
**Pandemic Influenza Response Summary**

**PHASE 3: Pandemic Alert Period, Continued**

Human infection with a new subtype but human-to-human transmission is rare or absent

Create general public education materials to deliver the current phase messages (news releases; newsletter articles; Channel 16 programming)

Create audience specific education materials to deliver targeted messages (i.e., physician community; ethnic/foreign language communities)

Plan and promote community education events/forums, such as Fairfax County Town meeting

Complete a Fairfax County Pandemic Influenza communications plan that augments the Fairfax County Emergency Communications plan

Determine feasibility of alternative/ non electronic ways of communicating with people who do not use the Internet or may not have access to cable television

**EMERGENCY MANAGEMENT**

- Begin briefings for county senior management team, county administration, Board of Supervisors, emergency responders, etc.
- Assist agencies with the development of agency specific plans to ensure continuation of critical government and public services
- Announce current phase level to staff and provide education to staff
- Maintain up-to-date knowledge on current national and state advisories and recommendations, such as travel advisories

**PHASES 4 and 5: Pandemic Alert Period**

Localized clusters of human-to-human spread

**PUBLIC HEALTH**

- Enhance surveillance mechanisms to detect novel influenza virus
- Investigate and monitor suspected cases and contacts
- Maintain close collaboration with Virginia Department of Health
- Implement isolation and quarantine measures as necessary
- Implement protocols for influenza case and outbreak management
- Use antiviral medications for treatment of early cases and targeted prophylaxis

**FAIRFAX COUNTY**  
**Pandemic Influenza Response Summary**

**PHASES 4 and 5: Pandemic Alert Period, Continued**

Localized clusters of human-to-human spread

Implement travel restrictions and other travel-related containment measures as necessary

Provide guidance on infection control measures

Provide guidance on self care at home

Distribute vaccine, if available, and antiviral medications for localized containment

**COMMUNICATIONS**

Messaging stays the same, but with enhanced risk communications principles.

Continue and/or enhance public information with additional news releases; Web site updates; videos, etc.

**EMERGENCY MANAGEMENT**

Promptly inform staff of phase-level changes

Conduct (or participate in) teleconferences/video conferences that includes federal, state and local health officials; state and county officials; emergency management and response chiefs, public affairs personnel, etc.

Alert agencies to re-familiarize themselves with the County's Emergency Operations Plan and to review their agency specific plans to ensure they are up-to-date

Identify resources necessary to implement the county's Emergency Operation Plan, COOP and County Pandemic Influenza Plans

Increase staff in the OEM County Watch Center to increase information exchange with external and internal partner agencies

Activate the Emergency Operations Center (EOC), at the appropriate level, to begin incident management activities

Identify federal, state and county resources necessary to implement public protective actions

Work with external groups such as business, contractors, and vendors in order to manage available resources

Activate the county's Emergency Operation Plan and County Pandemic Influenza Plans

**FAIRFAX COUNTY**  
**Pandemic Influenza Response Summary**

**PHASES 4 and 5: Pandemic Alert Period, Continued**

Localized clusters of human-to-human spread

Work with the Office of Public Affairs to establish/activate a Joint Information Center and Emergency Information Line to assist and provide timely information to our employees, residents, partners and others

Monitor hospital bed space and other resource availability through WebEOC information management system

In conjunction with Department of Purchasing and Supply Management activate Fairfax County warehouse operations in order to receive and manage distribution of medicines

In conjunction with Volunteer Fairfax and Fairfax County Health Department prepare to activate the Volunteer Coordination Center and Medical Reserve Corps to identify and update training for available volunteers

In conjunction with Department of Human Resources implement COOP for Fairfax County Government, including employment re-assignment planning

**PHASE 6: Pandemic Period**

Sustained transmission in the general population

**PUBLIC HEALTH**

Monitor virus spread within the community

Maintain use of enhanced surveillance measures

Provide guidance on disease control to community partners

Scale back individual case management practices

Recommend implementation of social distancing measures

Monitor vaccine use, distribution, safety and effectiveness

Monitor antiviral medication use, distribution, safety and effectiveness

Monitor for drug resistance

Begin implementation of and provide guidance on fatality management program (detailed in Attachment 2)

**FAIRFAX COUNTY**  
**Pandemic Influenza Response Summary**

**PHASE 6: Pandemic Period, Continued**

Sustained transmission in the general population

**COMMUNICATIONS**

***Prior to availability of vaccine***

- Fairfax County Emergency Communications plan goes into effect at the point Phase 6 begins anywhere in the world. Joint Information Center at initial onset of pandemic. County plan includes Web site updates; ongoing/updated media conferences/news releases
- Distribute specific messages related to the actual flu strain identified as causing the pandemic. This will be based on federal/state guidelines/messages
- Additional messages would involve what to do if sick; also, if/when facilities/public events, etc., are going to be cancelled/closed, etc.
- Establish public health hotline and county emergency hotlines to handle the volume of public inquiries
- Recovered volunteers enlisted to distribute materials/handouts door to door with instructions on what to do; self care at home if sick; what to do if asked to be in isolation and/or quarantine; strict observance of hygiene measures (hand washing/covering coughs/sneezes)
- Channel 16 will be the primary source of televised public information; other government channels (county schools, town of Herndon) will direct viewers to Channel 16 for information
- Pre-education on vaccine prioritization groups, if and when vaccine becomes available. Regional coordination is key
- Communications addressing mental health (scared public/grieving public, etc) will become increasingly important

***At the point vaccine becomes available***

- Messages shift to educate priority groups for vaccine distribution and county plan for distributing
- Work closely with media to instruct people to know how/where/when/whether to get vaccine



## FAIRFAX COUNTY Pandemic Influenza Response Summary

### PHASE 6: Pandemic Period, Continued

Sustained transmission in the general population

#### EMERGENCY MANAGEMENT

- Continue daily conference calls and briefings with groups identified earlier
- Continue to coordinate with the Office of Public Affairs and Virginia Department of Emergency Management to provide proactive information to our employees, residents, partners, businesses, etc.
- Maintain the Emergency Operations Center (EOC), at the appropriate level, to coordinate incident management activities
- Implement all elements of the county Emergency Operations Plan, Pandemic Influenza Plan, COOP and others; as appropriate
- Close or reduce non-critical county services and re-deploy available county resources as appropriate
- Activate and assign volunteers as necessary to implement public protective actions
- Increase security at identified facilities/locations; including but not limited to police and fire stations, government centers, emergency communication center, Emergency Operations Center, critical infrastructure, identified businesses, etc.
- Implement and support public health/safety directives from CDC, state/local health directors, president, governor, county officials, etc.
- Initiate recovery planning activities

Public Safety Agencies (Fire and Rescue Department, Police Department, Office of the Sheriff, Department of Public Safety Communications) play an integral role in county operations during a pandemic. Due to stresses placed upon the health care system and other critical functions, calls for emergency medical assistance are anticipated to be higher than normal and civil disturbances and breakdowns in public order may occur. Likewise, the local 9-1-1 emergency call center may be overburdened with calls for assistance, including requests to transport influenza victims and local law enforcement agencies may be called upon to enforce movement restrictions or quarantines, thereby diverting resources from traditional law enforcement duties. Through the establishment of joint response protocols and linkages among the key components of public health, emergency management, fire and rescue, and law enforcement and through county guidance, joint training, and the use of exercises all public safety agencies have a better understanding of their respective roles and applicable governing legal authorities so they can coordinate their efforts in the event of a pandemic outbreak.

## **2. PUBLIC HEALTH RESPONSE ACTIVITIES**

The public health response is key in managing a pandemic, therefore, to augment the previous summary, additional detail is provided on the public health activities to be undertaken in each of the six phases of a pandemic. The following is a summary of these activities as they relate specifically to:

- surveillance and epidemiology
- community disease control and prevention
- vaccine and antiviral medication distribution
- health care surge capacity
- meeting basic needs for those in isolation and quarantine

This section concludes with information regarding post-pandemic recovery activities.

### **A. Surveillance and Epidemiology**

#### **Objective**

Collect, analyze and disseminate disease activity and trend data during all phases of a pandemic.

#### **Overview**

The Fairfax County Health Department surveillance plan addresses: tracking of trends in influenza activity and identification of populations affected; communication to all partners regarding the need for timely and complete surveillance data; facilitating the collection and testing of appropriate specimens as recommended for early detection of the first cases of a novel influenza virus strain at the local level; staff training regarding outbreak response; outbreak investigation and contact tracing plans; and plans for coordination of surveillance activities with hospitals, regional partners and the Virginia Department of Health.

#### **Response Activities by Pandemic Phase**

The table on the following pages outlines specific actions to be undertaken to conduct disease surveillance during an influenza pandemic. Where possible a specific position or department responsible for each action is designated. Each phase builds upon the prior phase, and most activities, once begun, will be continued in subsequent phases. This is intended as a guide and not as an exhaustive list of all actions necessary in responding to an influenza pandemic or other emergency situation.

FAIRFAX COUNTY HEALTH DEPARTMENT  
**Surveillance and Epidemiology**  
**Pandemic Influenza Response Activities**

**PHASE 1 and 2: Interpandemic Period**

No new influenza subtype infection detected in humans

Communicable Disease Epidemiology (CD Epi) Unit will conduct influenza-like-illness (ILI) sentinel provider surveillance weekly during flu season, October through May and report ILI to Virginia Department of Health (VDH). One provider per 250,000 population will be maintained.

CD Epi Unit will receive and track reportable influenza diagnoses from community physicians and hospitals and will report number of cases to VDH weekly. Weekly data will be reviewed to monitor district trends and compare the timing and intensity of the current season to previous flu seasons.

CD Epi Unit will receive, track and report to VDH all influenza-related pediatric deaths.

CD Epi Unit will investigate all suspected (seasonal and suspected novel) influenza outbreaks in daycares, schools, hospitals, long-term care facilities or other environments to determine the cause and stop the transmission of illness.

CD Epi Unit will monitor bulletins from CDC and WHO regarding clinical and epidemiological characteristics of the disease and disseminate to public health partners and other appropriate audiences.

The CD Epi Unit Facilitator will be the point person at FCHD for interactions with DCLS and for receipt of lab results. Copies of results will be sent to the laboratory.

The Health Department will partner with DCLS to ensure enhanced lab surveillance, transportation and testing procedures during an outbreak.

CD Epi Unit will train and educate public health staff on outbreak and emergency response.

FAIRFAX COUNTY HEALTH DEPARTMENT  
**Surveillance and Epidemiology**  
**Pandemic Influenza Response Activities**

**PHASE 3: Pandemic Alert Period**

Human Infection with a new subtype but human-to-human transmission is rare or absent

The CD Epi Unit will conduct enhanced surveillance to identify patients at increased risk for infection with a novel virus based on the characteristics of human cases, focusing on the severely ill, hospitalized, or ambulatory patients who meet certain epidemiological and clinical criteria (current CDC case definition).

Health Department will distribute current CDC recommendations to community physicians.

The CD Epi Unit will receive initial reports of suspect cases, report suspect cases to VDH, facilitate testing by DCLS of novel subtypes, and complete CDC case screening report form.

The CD Epi Unit will conduct contact tracing to determine close contacts of a novel influenza subtype case and monitor and/or restrict close contacts of a case, as appropriate.

**PHASES 4 and 5 : Pandemic Alert Period**

Localized clusters of human-to-human spread

The CD Epi Unit will increase communication with community physicians in order to enhance surveillance and distribute current CDC recommendations.

The CD Epi Unit will increase influenza-like-illness (ILI) weekly sentinel provider surveillance to year round surveillance. Facilitate sentinel providers to send specimens from a subset of patients with ILI to state laboratory for sub typing.

The CD Epi Unit will increase queries to other systems of surveillance including ESSENCE for ILI illness and daily monitoring of the Health Department School Illness Monitoring System (HDSIMS) to detect potential ILI outbreaks in Fairfax County Public Schools.

If disease of public health threat is identified in a local resident, the CD/Epi Unit will immediately conduct an epi investigation to determine possible exposure source(s), risk factors, and symptoms, identify contacts and place them under surveillance for illness; work with the laboratory to determine whether testing of contacts is appropriate; and report results of the investigation to the VDH Office of Epidemiology.

FAIRFAX COUNTY HEALTH DEPARTMENT  
**Surveillance and Epidemiology**  
**Pandemic Influenza Response Activities**

**PHASE 6: Pandemic Period**  
Sustained transmission in the general population

CD/Epi Unit will monitor the virus spread within the community and report daily to VDH. As resources become burdened, evaluate surveillance strategies to reassess need for frequent or daily reporting.

If providers are overwhelmed caring for patients and unable to participate in surveillance or case reporting, the CD/Epi Unit will use other surveillance systems such as ESSENCE and HDSIMS to detect outbreaks and monitor the burden of disease in the community.

The CD/Epi Unit will conduct hospital surveillance of influenza-associated hospitalizations: will collect and report hospital data daily to monitor disease severity and determine the most severely effected groups.

The CD/Epi Unit will conduct and report influenza mortality surveillance for all ages.

The Health Department will distribute CDC recommendations on influenza testing, diagnosis, treatment, and infection control to community physicians and hospitals as well as consult on disease control to other community partners and the public.

## **B. Community Disease Control and Prevention**

### **Objective**

Implement community disease containment strategies to limit the transmission of the influenza virus and mitigate its impact on Fairfax County and neighboring jurisdictions.

### **Overview**

Community disease containment measures encompass a range of strategies beginning with activities targeted at individuals and evolve as needed to community-based measures. They include case identification and isolation, and contact tracing, monitoring and quarantine, quarantine of groups of exposed persons, social distancing strategies such as cancellation of public events, snow days, self-shielding, and widespread community quarantine.

While the goal of disease containment strategies is to stop transmission, it may only be possible to slow, but not completely contain, the spread of influenza. The ability to stop transmission may be limited by the short incubation period for influenza, the ability of persons with asymptomatic infections to transmit virus, and the non-specific nature of clinical illness with influenza which could delay recognition and containment. Nonetheless, during early stages of a pandemic, particularly if the novel virus is not transmitted efficiently, the use of containment measures may help to slow the spread of influenza to allow time for the development, production and use of vaccine and antiviral drugs and the implementation of other response measures. Effective use of community containment measures must be continually evaluated during the course of a pandemic and it will depend on the nature and severity of illness, viral transmissibility, and number and geographic distribution of cases and the specific situation at the time.

### **Assumptions**

- Given the current assumptions of the characteristics of a pandemic strain of virus, the effectiveness of quarantine is likely to be minimal and will only be used in the early stages of a pandemic.
- During all phases of the pandemic, persons ill with influenza will be directed to remain in isolation in health care settings or at home, to the extent possible.
- Home isolation involves separation and confinement in a home or health care setting for up to 10 days. This timeframe may be adjusted as more data is collected.
- Quarantine will be for up to 10 days. This timeframe may be adjusted as more data is collected.
- Personal residence/home is the preferred location for quarantine of contacts as the least restrictive means of disease control.

- Minors in quarantine must stay with an adult caretaker.
- Hospitals will implement appropriate isolation protocols for all patients suspected of being infected with pandemic influenza.
- Standard, contact, and airborne precautions will be used for infection control until the specific infectivity is determined.
- Once widespread person-to-person transmission is established locally, quarantine of individuals exposed to influenza cases will be of limited value in preventing further spread of the disease. At this point, the use of quarantine will be scaled back and social distancing measures will be emphasized.
- Management of passengers traveling through Dulles International Airport requiring isolation, quarantine, or follow-up will primarily be done by Loudoun County in collaboration with the CDC Division of Quarantine Station at Dulles Airport. Fairfax County will coordinate with Loudon County officials as necessary.

## Definitions

**Isolation** is the physical separation, including confinement or restriction of movement, of an individual who is **infected** with a novel influenza virus strain in order to prevent or limit the transmission of the virus to uninfected and unexposed persons.

**Quarantine** is the physical separation, including confinement or restriction of movement, of an individual who has been **exposed** to a novel influenza virus and who does not yet show symptoms or signs of infection in order to prevent or limit the transmission of the virus to uninfected and unexposed persons.

Isolation and/or quarantine may be recommended measures, or they may be required by the state to protect its citizens, especially when individuals fail to adequately follow disease control recommendations voluntarily.

## Threshold Determinants

The Fairfax County Health Department will consider numerous indices to determine appropriate disease control measures and the appropriate timing of their use. Data on cases and contacts, as well as on depletion of healthcare and public health resources, over the course of a pandemic can help county health officials, in collaboration with VDH, make these determinations. As part of preparedness planning, Fairfax County Health Department and healthcare partners may estimate at what point in the pandemic, in terms of such variables as numbers of cases and numbers of unoccupied hospital beds, that more extensive measures may be needed. During an actual pandemic, social considerations, such as levels of community cooperation and mobility, will also be assessed.

Potential parameters include:

- Number of cases and contacts.
- Ability to implement and monitor quarantine.
- Number of contacts under surveillance and/or quarantine.
- Ratios of investigator to case and contacts.
- Ability to rapidly trace contacts.
- Availability of ventilators and other respiratory equipment.
- Availability of personal protective equipment.
- Availability of healthcare resources: staff, hospital/facility bed capacity.
- Availability of therapeutic medications: influenza and non-influenza specific.
- Public health resources.
- Ability to provide critical services.
- Morbidity and mortality.

### Response Activities by Phase

The following table outlines specific actions that will be undertaken to define, implement, and adjust disease containment measures during an influenza pandemic. Where possible a specific position or department that is responsible for each action is designated. Each phase builds upon the prior phase, and most activities, once begun, will be continued in subsequent phases. This is intended as a guide, not as an exhaustive list of all actions necessary in responding to an influenza pandemic or other emergency situation.

<p>FAIRFAX COUNTY HEALTH DEPARTMENT  <b>Community Disease Control and Prevention</b>  <b>Pandemic Influenza Response Activities</b></p>
<p><b>PHASE 1 and 2: Interpandemic Period</b>            No new influenza subtype infection detected in humans</p> <p><b>Note:</b> As the initial health department effort during <b>Phase 1 &amp; 2</b> involves monitoring the status of potential outbreaks worldwide, circulating health and emergency information as needed, and providing routine hand and respiratory hygiene public education, the following response activities are designed to be activated in <b>Phase 3</b>.</p>
<p><b>PHASE 3: Pandemic Alert Period</b>            Human Infection with a new subtype but human-to-human transmission is rare or absent</p>
<p>The Health Department will recommend annual flu vaccine.</p>



FAIRFAX COUNTY HEALTH DEPARTMENT  
**Community Disease Control and Prevention**  
**Pandemic Influenza Response Activities**

**PHASE 3: Pandemic Alert Period, Continued**

Human Infection with a new subtype but human-to-human transmission is rare or absent

The Health Department will promote hand washing, respiratory etiquette, and general infection control practices.

The CD Epi unit will detect individual cases and contacts through enhanced surveillance or self-reporting to health department.

Public health nurses will monitor cases and contacts will be monitored at least once daily.

Isolate individuals suspected of being ill with a novel influenza strain either at home or in the hospital for at least 10 days.

Contacts of cases should be quarantined for up to 10 days, or until more data is collected.

Implement isolation protocols in hospitals for all patients suspected of being infected with pandemic influenza.

**PHASES 4 and 5 : Pandemic Alert Period**

Localized clusters of human-to-human spread

Detect individual cases and contacts through enhanced surveillance or self-reporting.

Isolate individuals suspected of being ill with pandemic influenza at home, or in the hospital.

Maintain isolation until individual has been fever-free for 24 hours and is no longer feeling ill (headache, chills, muscle aches, etc.)

Extend the isolation period for immuno-compromised patients or children, who are more likely to have prolonged viral shedding.

Include follow-up of both the case and contacts through active surveillance, education regarding infection control precautions in the home setting and instructions regarding what to do if their illness progresses.

FAIRFAX COUNTY HEALTH DEPARTMENT  
**Community Disease Control and Prevention**  
**Pandemic Influenza Response Activities**

**PHASES 4 and 5 : Pandemic Alert Period, Continued**  
Localized clusters of human-to-human spread

Quarantine contacts for up to 10 days but this time frame may be adjusted as more data is collected.

Use airborne, droplet and standard precautions for known and suspected cases.

Implement isolation protocols in hospitals for all patients suspected of being infected with pandemic influenza.

Obtain legal orders for isolation as necessary.

Health Department nurses and staff will monitor cases and contacts daily, or as indicated.

The Office of Public Affairs and the Health Department will establish phone hotlines to handle increased call volume.

Implement protocols for influenza case and outbreak management, including targeted prophylaxis of contacts.

Provide guidelines to healthcare providers on the medical management of cases.

Conduct contact tracing and implement active surveillance for symptoms for 10 days or the duration of the incubation period, whichever is longer.

Annual flu vaccine should be given to all contacts that are eligible.

Consider point source exposures (schools, workplace), if individual monitoring is no longer feasible.

FAIRFAX COUNTY HEALTH DEPARTMENT  
**Community Disease Control and Prevention**  
**Pandemic Influenza Response Activities**

**PHASE 6: Pandemic Period**

Sustained transmission in the general population

Promote self care in the home.

Ensure appropriate care of very ill cases through coordination of patient flow to appropriate sites and settings.

Base the use of antiviral drugs on pre-established priorities.

Re-establish individual case reporting and management as case numbers decrease at the end of a pandemic wave, and a more individualized focus is possible.

Evaluate the implemented case management strategies in order to improve or enhance response efforts to any additional waves or pandemics.

Aggressively identify exposure setting and linked individuals (i.e., passengers on the same flight, schools, workplace).

Provide guidance to contacts and the community for monitoring symptoms and basic infection control practices (i.e., respiratory hygiene, self-shielding).

## **C. Vaccine and Antiviral Medication Distribution**

### **Objective**

Distribute and ensure adequate access to influenza vaccine and antiviral medications, as supplies are available, within Fairfax County.

### **Overview**

Vaccination and immunization against influenza is considered the primary mechanism for preventing seasonal influenza and will be one of the strategies used in the management of pandemic influenza. In addition, vaccination with pneumococcal polysaccharide vaccine, for those whom it is recommended, is an adjunct strategy for preventing complications from influenza infection.

Antiviral medications with activity against seasonal influenza viruses, specifically the neuraminidase inhibitors oseltamivir (Tamiflu ) and zanamivir (Relenza ), are thought to be of use for prevention and treatment of pandemic influenza. Most influenza A viruses (which includes H5N1) currently circulating are resistant to the adamantane class of antiviral drugs, amantadine and rimantadine. It is believed the use of antiviral drugs for treatment of novel influenza virus infections, if initiated early, can shorten the duration of illness, reduce the risk of complications, reduce the number of hospitalizations and decrease overall mortality.

In a pandemic, it is unlikely that adequate amounts of a vaccine specifically effective against a novel virus will be available, at least initially. A large and uncoordinated demand for antiviral drugs early in a pandemic could rapidly deplete national and local supplies. In addition, widespread inappropriate use of antiviral drugs could lead to the emergence of drug resistance. The limited supply of vaccine and antiviral medications during an influenza pandemic necessitates the prioritization of certain groups within the population to receive these measures. The Department of Health and Human Services has issued guidance on identifying and prioritizing targeted populations to best maintain critical health and infrastructure services and to protect the most vulnerable individuals. Fairfax County Health Department has utilized these recommendations to identify priority groups within Fairfax County. At the time of a pandemic, the CDC and VDH will make recommendations for the use of influenza vaccine and antiviral agents based on availability and the current situation. FCHD will follow these recommendations to adjust priority groups within the County as they are issued.

Even before a vaccine containing the pandemic virus strain becomes available, pre-pandemic vaccine and antiviral medications from federal stockpiles may be considered for some persons in designated priority groups. Once the pandemic strain has been identified and a vaccine developed and produced, distribution to the public, in accordance with HHS identified priority groups, will

take place. FCHD has developed mass vaccination and medication distribution plans which are outlined in the Mass Vaccination Annex of the Fairfax County Emergency Operations Plan (EOP).

This section describes the specific actions FCHD will take to distribute vaccine and antiviral medications to priority groups. FCHD will activate the Mass Vaccination section of the FCHD Emergency Operations Plan, work with VDH to receive and deliver available vaccine and antiviral medications, first to priority groups then to the rest of the County as supplies allow, keep healthcare facilities and the public informed on the availability of vaccine and antiviral medications, monitor vaccine supplies, distribution and use, and monitor and investigate adverse events.

### Response Activities by Phase

The following table outlines specific actions to be undertaken to distribute vaccine and antiviral medications to county residents during an influenza pandemic. Where possible a specific position or department that is responsible for each action is designated. Each phase builds upon the prior phase, and most activities, once begun, will be continued in subsequent phases. This is intended as a guide and not as an exhaustive list of all actions necessary in responding to an influenza pandemic or other emergency situation.

FAIRFAX COUNTY HEALTH DEPARTMENT <b>Vaccine and Antiviral Drug Distribution Pandemic Influenza Response Activities</b>
<p><b>PHASE 1 and 2: Interpandemic Period</b> No new influenza subtype infection detected in humans</p> <p><b>Note:</b> As the initial health department effort during <b>Phase 1 &amp; 2</b> involves monitoring the status of potential outbreaks worldwide, circulating health and emergency information as needed, and providing seasonal influenza vaccine to high-risk populations as normal, the following response activities are designed to be activated in <b>Phase 3</b>.</p>
<p><b>PHASE 3: Pandemic Alert Period</b> Human Infection with a new subtype but human-to-human transmission is rare or absent</p>
<p>Utilize the Health and Human Services (HHS) Vaccine Priority Group Recommendations to develop specific definitions and size of the HHS vaccination priority groups as they relate to Fairfax County.</p> <p>Survey all licensed county medical providers, to include hospitals, to determine for each facility the number of health care workers with direct patient care contact, the number of employees necessary to maintain critical services, and the number of high risk patients served by the provider identified as listed under Tier 1 of the HHS plan.</p>

FAIRFAX COUNTY HEALTH DEPARTMENT  
**Vaccine and Antiviral Drug Distribution  
Pandemic Influenza Response Activities**

**PHASE 3: Pandemic Alert Period, Continued**

Human Infection with a new subtype but human-to-human transmission is rare or absent

Determine the numbers of emergency medical service (EMS) workers.

Identify the number of individuals in Fairfax County that comprise the HHS vaccine priority groups – Tier 1A, 1B, 1C.

Compile data gathered from this enumeration process to be utilized for vaccine distribution planning and prioritization.

Plan for the distribution of vaccine to priority groups with each tier being protected in turn.

Use antiviral medications in medical management of cases of novel strains of influenza.

**PHASES 4 and 5 : Pandemic Alert Period**

Localized clusters of human-to-human spread

Work with the Virginia Department of Health to determine vaccine/ antiviral availability and distribution formula, when one is established.

Engage healthcare organizations to plan for vaccination of essential healthcare workers, support staff, and high-risk patients.

Public health will plan for the vaccination of public health emergency workers and key government leaders.

Review mass dispensing plans and train public health staff and Medical Reserve Corps volunteers that will be responsible for vaccine dispensing site mobilization and implementation.

**PHASE 6: Pandemic Period**

Sustained transmission in the general population

Distribute antiviral medications to priority groups identified in the HHS plan.

Initial pandemic vaccine stocks will be used to vaccinate persons in Tier 1 priority groups, utilizing the process outlined during Phase 3 planning and in accordance with the current recommendations based on the epidemiology of the disease.

Provide for a second dose of vaccine, if required for immunity and as available.

Monitor vaccine/antiviral supply, distribution and use.

## **D. Healthcare Surge Capacity**

### **Objective**

Effectively identify and utilize resources to handle increased patient care and other health care needs during a pandemic response effort.

### **Overview**

In the event of pandemic, an increase in the usual number of ill persons will put a strain on the existing healthcare system and threaten its ability to care for all those who are ill. Beds, medical equipment such as respiratory ventilators, and staff are expected to be in short supply. The healthcare industry will also be affected by severe absenteeism, creating widespread shortages. In addition, alternate sites for triage, treatment and transport may be needed if hospitals fill to capacity. These sites must be identified before a pandemic and issues such as staffing, equipment, security and access should be addressed.

This section outlines the FCHD plan to prevent overwhelming medical care demand from compromising the function of emergency departments and hospital in-patient capability. The FCHD has been working with the Inova Health System and Reston Hospital to assist in their surge capacity planning, addressing such areas as human resource issues, bed availability, equipment (ventilators), transportation, and supply chain issues. FCHD has also been working with hospitals, VDH, and county emergency planners to identify possible site(s) within the county that could be used for alternative care sites.

### **Response Activities by Pandemic Phase**

The table on the following pages outlines specific actions to be undertaken to prepare for and manage an increase in demand for healthcare resources during an influenza pandemic. Where possible a specific position or department that is responsible for each action is designated. Each phase builds upon the prior phase, and most activities, once begun, will be continued in subsequent phases. This is intended as a guide and not as an exhaustive list of all actions necessary in responding to an influenza pandemic or other emergency situation.

FAIRFAX COUNTY HEALTH DEPARTMENT  
**Healthcare Surge Capacity  
Pandemic Influenza Response Activities**

**PHASE 1 and 2: Interpandemic Period**

No new influenza subtype infection detected in humans

**Note:** As the initial health department effort during **Phase 1 & 2** involves monitoring the status of potential outbreaks worldwide and circulating health and emergency information as needed, as well as developing and fostering relationships with community healthcare partners for exchanging information about public health concerns and emergency preparedness, the following response activities are designed to be activated in **Phase 3**.

**PHASE 3: Pandemic Alert Period**

Human Infection with a new subtype but human-to-human transmission is rare or absent

Health Department will advise health care facilities on the development of written plans and decision-making structures that address internal surge issues and address response to pandemic influenza.

Health Department will assist health care facilities and Office of Emergency Management to identify resources for alternate facilities, including staffing, and to address legal and other issues relating to patient care.

Health Department will participate in Fairfax County MMRS development and planning.

Health Department will assist Office of Emergency Management in the identification of alternative sites to serve as mass treatment, triage, morgue and isolation or quarantine facilities, as may be needed.

Health Department will conduct regular district surge capacity exercises to test surge capacity and raise awareness of surge planning priorities. Health Department will assist health care facilities in conducting internal exercises and drills to test healthcare response issues and build partnerships. Lessons learned will be incorporated into response plans.

**PHASES 4 and 5 : Pandemic Alert Period**

Localized clusters of human-to-human spread

Health Department will facilitate enhanced partnership and planning of surge through discussions with health care facilities, Office of Emergency Management, EMS, OCME, and law enforcement.



FAIRFAX COUNTY HEALTH DEPARTMENT  
**Healthcare Surge Capacity**  
**Pandemic Influenza Response Activities**

**PHASE 6: Pandemic Period**  
Sustained transmission in the general population

Health Department will provide guidance on infection control measures for working in health care and non-health care alternative settings.

Health Department will work with health care facilities and the Office of Emergency Management to implement surge capacity plans.

Under the direction of the Health Department, Office of Emergency Management will request resources from the Strategic National Stockpile or other sources as available to meet the health care or critical needs within the community.

The Health Department will monitor or provide guidance for monitoring alternative quarantine facilities for influenza.

## **E. Meeting Basic Needs for Those in Isolation and Quarantine**

### **Objective**

Provide basic services to individuals or families who are subject to isolation or quarantine, and who do not have access to other resources either due to personal circumstance or interruption of normal operations or infrastructure during an influenza pandemic.

### **Population**

During a pandemic flu situation, anyone who is referred to Coordinated Services Planning, Department of Systems Management, or the Department of Family Services for assistance with basic needs would be linked if possible with resources. In order to determine a planning number, however, the assumption was made that those most likely to need assistance with basic needs would be persons whose incomes are below 250% of poverty (approximately \$40,500 annually for a family of four).

The planning number for those needing help with basic needs was determined from the number of families living in Fairfax County whose incomes are below 250% of poverty and estimating that 30% would contract pandemic influenza. An overall planning number is 51,760 individuals. Of that overall number, 18,001 are ages 0-19; 29,803 are ages 20-64; 3,956 are 65 and over.

### **Code of Virginia**

According to Va. Code Ann. § 32.1-48.05, basic needs include but are not limited to food, water, and health care, e.g., medications, therapies, testing, and durable medical equipment. “The site of any quarantine or isolation shall be, to the extent practicable, safely and hygienically maintained with adequate food, clothing, health care, and other basic needs made available to the persons who are subject to any order of quarantine or isolation,” Va. Code Ann. § 32.1-48.07.

### **Definition of Basic Needs**

Basic needs have been divided into first tier and second tier services. First tier services will be prioritized by social workers and second tier will be provided as soon as possible. First tier services are food, over-the-counter medications, basic supplies, and prescriptions. Second tier services are financial assistance for rent, mortgages, utilities, mental health services, assistance with clothing and bedding, and in-home activities. Assistance with childcare may be first tier depending upon the circumstances of the family. Critical infrastructure services, such as water, electric and gas, are assumed to be available and not addressed in this section.

## **Referral Process**

Individuals or families will be referred by the Health Department to Coordinated Services Planning. Families in need of basic services will be identified during the Health Department interview through trigger assessment questions. Coordinated Services Planning will conduct an initial assessment and will input assessment information into the data system, ASSIST. Coordinated Services Planning may connect individuals and families with community resources. Individuals and families who need further follow-up will be referred to the Department of Family Services (DFS). ASSIST will also be used for case management tracking.

## **Response Activities by Phase**

The table on the following page outlines specific actions to be undertaken to meet the basic needs of county residents who are subject to isolation and quarantine during an influenza pandemic. Where possible a specific position or department that is responsible for each action is designated. Each phase builds upon the prior phase, and most activities, once begun, will be continued in subsequent phases. This is intended as a guide, not as an exhaustive list of all actions necessary in responding to an influenza pandemic or other emergency situation.

FAIRFAX COUNTY HEALTH DEPARTMENT  
**Meeting Basic Needs of Those in Isolation/Quarantine  
Pandemic Influenza Response Activities**

**PHASE 1 and 2: Interpandemic Period**

No new influenza subtype infection detected in humans

**Note:** As the initial health department effort during **Phase 1 & 2** involves monitoring the status of potential outbreaks worldwide and circulating health and emergency information as needed, the following response activities are designed to be activated in **Phase 3**.

**PHASE 3: Pandemic Alert Period**

Human Infection with a new subtype but human-to-human transmission is rare or absent

Health Department in collaboration with DFS will develop plan to meet basic needs of those in isolation/quarantine.

DFS will work with community groups and vendors to determine available resources and gaps in meeting essential needs.

Human Services agencies will educate clients on basic individual and family preparedness and the importance of having an emergency kit.

**PHASES 4 and 5 : Pandemic Alert Period**

Localized clusters of human-to-human spread

Individuals or families in need of basic services will be identified during the Health Department interview through trigger assessment questions and referred to Coordinated Services Planning, Department of Systems Management for an initial assessment.

Coordinated Services Planning may connect individuals and families with community resources. Individuals and families who need further follow-up will be referred to the Department of Family Services (DFS).

Tracking of assessment information and case management will be done by DFS using the data system, ASSIST.

**PHASE 6: Pandemic Period**

Sustained transmission in the general population

Modify plan depending on supplies, resources, and number of individuals or families in need.

### **3. POST-PANDEMIC RECOVERY**

Recovery consists of measures and actions taken to repair and restore communities after an emergency. Recovery may also include some mitigative actions. Typically recovery focuses on the physical and psychosocial effects that arise as a result of an emergency; however, in a pandemic event the primary impact will be on people not infrastructure and will therefore need to be heavily structured to deal with the psychosocial aspects. Whether county government will be responsible for reconstruction of infrastructure or the provision of personal support services, the one common element will be the people affected by the event.

A number of resources are available to help individuals to adjust after an emergency experience including family and friends, Critical Incident Stress Management (CISM) Professionals and Programs, health care professionals, wellness programs, grief counselors, clergy, employee and family assistance programs, and volunteer agencies (e.g., Red Cross).

- Recovery from an influenza pandemic will begin when it is determined by the County Executive adequate supplies, resources and response system capacity exist to manage ongoing activities without continued assistance from pandemic response systems.
- In consultation with county officials, the Health Department will recommend specific actions to be taken to return the health care system and government functions to pre-event status.
- The Health Department will assess the impact of the pandemic on the community's health as measured by morbidity and mortality and report findings to all response partners.
- Health Department staff will support partners in Fairfax County government and the health care and business communities in assessing the economic impact of the pandemic.
- The Office of Emergency Management will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendations for amendments to the Pandemic Influenza Response Plan.



## Section 6 – CONTINUATION OF CRITICAL GOVERNMENT SERVICES

### Section Outline

1. Background
2. Countywide Level
3. Agency Level
4. Private Sector Planning

#### 1. BACKGROUND

In a pandemic, equally important as the public health and emergency response is the county's ability to continue to provide critical functions and services throughout the event. The county's Continuity of Operations Plan (COOP) process is primarily responsible for ensuring this in any emergency. Therefore, agency specific planning related to a pandemic response is embedded in this process. However, due to the unique nature of a pandemic there are specific operational and policy considerations that must be addressed to ensure this continuity during a pandemic.

With the possibility that up to 40% of the workforce could be absent for a prolonged period due to illness, caring for ill family members, or self-imposed quarantining, planning to minimize disruption to these critical functions, while taking appropriate steps to protect the workforce from the pandemic is vital. To that end, county agencies attended a half day workshop to educate them on pandemic influenza and to provide guidance on agency planning specific to a pandemic. As a result of this and ongoing work, planning has occurred at the countywide level for broad policy and decision-making responsibilities, sustainability of critical systems and benefits, communications, and overall emergency preparedness. Planning also has occurred at the agency level to enable continuity of critical services and operations during the pandemic.

The goals of this planning include the following:

- minimize the disruption of critical governmental functions.
- protect the workforce during an outbreak.
- maintain business continuity in the event a pandemic occurs.

This section provides specific information on the planning done at the county wide and agency level to achieve the above goals. It includes tools developed and distributed to agencies for their pandemic influenza planning. Finally, it concludes with information on private sector planning as the private sector is an essential partner in serving the public.

## **2. COUNTYWIDE LEVEL**

To the extent practicable, systems that sustain critical county functions will not be disrupted. As an example, minimal disruption to the payroll system will ensure the workforce's financial security is sustained during the pandemic. Maintaining critical benefits, such as health insurance, life insurance, and employees' assistance, will enable the workforce to obtain accurate, timely help and information during a pandemic.

When a pandemic is imminent, Fairfax County will activate its Emergency Operations Center (EOC) to prepare and execute actions that will ensure a continuity of government and better ensure emergency protective actions are carried out in a timely manner. The Office of Emergency Management (OEM) will serve as the lead in continuity of government planning and preparedness for the pandemic, as well as the lead for executing the appropriate county response during the pandemic. Fairfax County will utilize the National Incident Management System (NIMS), a comprehensive protocol covering how incident command is implemented for all parts of the community, departments within county government, as well as segments in the private sector.

Departments that support direct services and operations in areas such as human resources, risk management and safety, purchasing, information technology, and financial management have assessed current policies to ensure mechanisms exist to ensure continuity of services and operations during the pandemic. Having policies and established protocol that set guidance in advance and allow flexibility in the event of a pandemic enables agencies to be able to address issues in a manner that minimizes disruption of critical services. Pandemic Influenza planning team members met with leadership from each of the above agency/functions to address this need. Consequently a series of critical issues were identified and leadership and staff in the agencies are actively engaged in the refinement and adaptation of such policies to support county work in the event of a pandemic. The following pages provide a summary of the issues being addressed.



## **Human Resources**

Emergency authority – Board authorization for emergency declaration permitting the County Executive to suspend/revise personnel regulations and policies in accordance with approved procedures.

Employee work assignments and schedules – authority granted to permit the detailing of employees across departments, regardless of job class or pay grade to ensure continuity of critical services.

Employee use of sick leave – flexibility provided for use of sick leave, transferred leave and advance sick leave to meet emergency needs.

Health, dental and life insurance benefits – coordination with vendors for flexibility in claims administration and authorization of services to support employees as needed during the emergency.

Hiring/promotion of employees – flexibility provided to streamline hiring and promotional processes to support continuity of critical services during emergency.

Overtime approval requirements – flexibility provided to support departments while maintaining adequate control to ensure compliance with federal and state regulations.

Time and attendance recording – alternative methods for reporting time worked and leave taken.

Employee Assistance Program – individual and family support mechanisms with alternate support options provided through the Community Services Board.

Telework policy/procedures - maximum flexibility of use to reduce risk of transmission of flu virus within the workplace.

Communication with employees – coordination of consistent messages regarding changes to personnel policies/procedures and to reassure employees that payroll and benefits will not be interrupted during the emergency.

Administrative leave – potential for use of administrative leave if reassignment of staff is not feasible, with appropriate approval, to ensure no loss in pay.

## **Information Technology**

Teleworking technical capabilities – Evaluation of the technological infrastructure enhancements or policies of usage needed to accommodate an increase in teleworking needs during the pandemic.

Alternate communication methods (wireless, cell phones, pagers, etc.) – Evaluation of alternate communication methods available in the event one or more communication devices are inoperable.

System redundancy – Evaluation of critical system redundancy for continuous operation during a pandemic.

**Risk Management**

Workers exposure to influenza on the job – Policies for the risks associated with employee exposure to influenza while performing work duties.

Workers’ Compensation – Guidelines for the determination of employee eligibility for Workers’ Compensation if virus is contracted while performing work duties.

Protection of first line employees or first responders – Provision of personal protective equipment (PPE) to be required for public health care staff and emergency first responders.

Health and Safety Protocols – Establishment of overall health and safety protocols for county agencies.

Vaccination of first line/first responders – Training and education regarding risks associated with vaccinating public health care staff and emergency first responders.

“Return to Work” processes – Policies for employees who have had or been exposed to the influenza virus returning to the workplace.

County facilities and workplaces – Programs to ensure safe and healthful workplaces following employee outbreaks, such as cleaning and testing.

Insurance and Self-Insurance Programs – Insurance coverage to protect the county from fiscal impact as a result of a pandemic event.

**Purchasing and Supply Management**

Emergency purchasing – In the event of a declared emergency special purchasing action may take place outside normal procedures. Purchasing under emergency conditions is addressed in Department of Purchasing and Supply Management (DPSM) Internal Procedure Memorandum 12-201 and the Purchasing Resolution.

Agency awareness of purchasing requirements during an emergency – Agency notification and awareness training as required ensuring agencies understand the procurement process during a pandemic. Accomplished through training and agency meetings with DPSM.

Adjustments to existing custodial contracts for county facilities – Evaluation of custodial contracts for enhancement to surface cleaning and other methods to prevent the spread of the virus. DPSM will work with Facilities Management Division (FMD) to ascertain impact on current and future custodial contracts for this added work.

“Bulk” purchasing of basic supplies – Assessment of the most feasible means of purchasing basic supplies, i.e. water, hand sanitizers, etc., for essential personnel.

Developing of “sister city” agreements with logistics and procurement personnel in similar municipalities well outside the immediate geographic region to provide sourcing and materiel support. Additionally, working with National Capital Region (NCR) municipalities to source and stockpile supplies cooperatively so as to avoid parochial competition for like requirements.

Stockpiling capabilities – Establishment of processes and locations for stockpiling of essential supplies and equipment to perform essential work and support essential personnel. Requires determination by all agencies to determine supplies and personnel necessary to maintain critical operations under each agency COOP.
Formalizing supply agreements with major vendors and retailers – Establishment of supply agreements with major retailers and vendors to ensure delivery of supplies in the event of a pandemic. Additionally, utilizing existing suppliers for global sourcing of supplies not readily available in the US.
<b>Management and Budget</b>
Emergency budget allocations – Providing necessary funding for emergency usage during a pandemic.
Budget Monitoring- Providing methodology, system tools and other assistance so agencies can quickly review budget status prior to making resource decisions during event.
Budget Development- Providing for expedited budget processing (annual, quarterly) to assist agencies with limited staff availability in securing funds necessary to complete their mission and respond to emergency.

### 3. AGENCY LEVEL

To ensure the continuation of critical government functions and services agency Continuity of Operations Plans (COOPs) include:

- Identification of critical functions and positions.
- Identification of key staff for emergency response planning and implementation.
- Internal and external communication strategies.
- Assessment of service and operation methods.
- Identification of lines of succession for agency management.
- Identification of critical files, records and databases.
- Plans for testing the COOP in a non-emergency.

In addition to the above, agency planning for a pandemic also includes:

- Assessment of personal protection and supplies needed for employees.
- Potential to assist employees with mental health, morale or other family support.
- Arrangements to address logistics such as food, lodging etc.
- Assessment of agency policies to ensure they are compatible with circumstances of a pandemic.

There are internal county services and operations that must continue to protect the health, safety, and welfare of the public and community during a pandemic. Agencies primarily are responsible for maintaining these critical

services and operations during the pandemic. Goals of agency specific planning related to a pandemic include:

- Ensuring the continuous performance of critical functions/ operations during an outbreak.
- Maintaining the integrity of critical facilities, equipment, systems, records, and other assets.
- Reducing or mitigating disruptions to operations.
- Reducing illness or loss of life.
- Establishing lines of succession and delegations of authority.
- Identifying personnel needed to perform the agencies' critical functions.
- Identifying means of communication with the agency and with other departments, jurisdictions, and the public.
- Achieving a timely and orderly recovery after the pandemic.

Below are specifics related to the planning for each of the above as they relate to a pandemic.

### **Identify Critical Functions and Positions**

In the event of a pandemic, county services and operations may be severely hampered. As a result, there is a need to determine what services and operations *must* continue. Critical functions are those services or operations that cannot discontinue. They address critical health, safety, and welfare needs of the public. Examples of critical functions are police, fire and rescue, electricity, and treatment of wastewater. Critical positions will be those positions that directly relate to the delivery of these types of services or operations. In order to assess personal protective equipment and basic supply needs, critical positions will be categorized by types of duties, such as teleworker/no contact, frontline/face-to-face contact with public, work confined to office/contact with coworkers only, etc.

### **Identify Key Staff for Pandemic Influenza Plan Implementation**

Agency key staff members will include those in the lines of succession and who are responsible for the development, maintenance and implementation of the agency's Pandemic Influenza Plan. Notification must be made to all agency staff regarding the identification of key staff in their agency.

### **Assess Service and Operations Methods**

During a pandemic, normal ways of doing business may be disrupted; however, critical services and operations will need to continue. Agencies must assess how routine services and operations are provided for and what adjustments would be made during a pandemic. Examples include conducting business via telephone versus face-to-face contact, ensuring information technology system integrity and avoiding system overload as a result of increased number of teleworkers, and acquiring support from volunteers, retirees, and private service providers.

### **Determine Agency Communication Strategy (Internal and External)**

During a pandemic, communications to the workforce are critical to effective emergency response. Agency specific communication plans are necessary to ensure employees have basic information on the pandemic, are kept up to date on how the pandemic may be affecting their work, and how communication on the pandemic will occur in their work area. The communication plan addresses issues such as increased teleworking needs, teleconferencing, and alternate methods of communication.

### **Identify Lines of Succession for Agency Management**

No one is immune for being exposed to the influenza virus in the event of a pandemic. As a result, a written line of succession for key leaders, managers and critical employees and how authority will be delegated or transitioned will be established at the appropriate levels in every agency. Successors will be asked to assume increased levels of authority in the event of absences of those preceded in the line of succession. Successors' knowledge, skills, and abilities (KSA's) must be assessed against the KSA's required for the respective roles and responsibilities in order to identify training and personal development required.

### **Identify Critical Files/Records or Databases**

For continuity of critical functions during the pandemic, employees may need to access certain records, files or databases. Agencies must determine what critical systems and records are required to operate critical functions during the pandemic. Options, such as taking “non-critical” systems off line or uploading information to a central location, need to be assessed to determine ways to ensure the integrity and accessibility of critical systems. Agencies also must determine how critical personnel will be able to access this information if access by normal methods, such as being unable to go to the office location, is disrupted

### **Assess Agency Policies for Compatibility with Circumstances Unique to a Pandemic**

Many agencies have agency-specific policies that interpret county policy for specific work areas. In the event of a pandemic, flexibility to react to changing conditions is essential for continuation of critical functions. As a result, agencies are assessing agency-specific policies to ensure they are conducive to protocol introduced during a pandemic as well as compatible to any changes to county policy to respond to a pandemic.

### **Assess Personal Protection and Basic Supplies for Employees**

In a pandemic, precautions need to be made to protect essential employees from exposure to the influenza virus. Provisions to meet basic needs, such as water supplies, also must be planned. Agencies must determine in consultation with Fairfax County Health Department what personal protection and basic supplies need to be provided to employees based on the duties they will be performing during the pandemic. Personal protection may include items such as personal hygiene/sanitation products, face masks, and eye protection. Agencies also need to assess training/awareness needs to ensure employees understand how to protect themselves from contracting influenza.

### **Assess Potential Needs to Assist Employees with Mental Health, Morale or other Family Support**

Assess potential needs to assist employees with mental health, morale or other family support.

**Logistical Needs, i.e. Meals, Lodging, etc.**

Similar to snow storms, essential employees may need to be onsite for extended periods of time during a pandemic. Agencies need to assess in consultation with Department of Purchasing and Supply Management how they will provide lodging, food, and other necessities to essential employees being required to remain at the workplace.

**Develop a Schedule/Plan to Test the Agency COOP and Refine as Necessary**

When a plan has been completed, agencies must test the plan to ensure it is viable and will provide the necessary foundation to guide emergency response during the pandemic. Agencies are to test plans continually and refine them as required.

As a result of the intensive work done with agencies in spring 2006 a checklist was developed to guide agencies in their pandemic influenza planning to address each of the above specific issues. The checklist on the following pages was distributed to agencies in early summer 2006 and provides them the framework with which to plan for a pandemic to ensure the continuation of critical county functions and services.

## Planning Checklist for Fairfax County Agencies

The following document is intended to assist agencies in generating discussion and addressing continuity of operations concerns associated with pandemic influenza planning. It is assumed that agencies will facilitate discussions and conduct planning exercises that will focus upon scenarios in which the entire globe would be faced with a pandemic event that places extreme demands upon the country's standard operational norms. This checklist is merely a planning tool and is intended to help agencies address related topics of preparedness.

While we may or may not face a pandemic near term, experts seem to agree when we do face a pandemic such as one that could stem from H5N1, as much as 25-40% of our workforce might be absent caring for loved ones, or from illness themselves. We have all dealt with localized incidents that paralyze our daily functions for a few days during a snow storm. But, it is wise to plan beyond those instances, and be prepared to address challenges that have sustained global impact outside of our control. You know your business, but when planning, consider how reduction of your service affects others, and how the reduction of those who serve you impacts your ability to do business. In this instance when considering critical services it is asked you think in terms well outside of your traditional planning and consider systems will be taxed and technology will be overwhelmed if, or when we face such a challenge.

Responsibility & Status		Core Issues						
<b>Critical Functions &amp; Positions</b>	<table border="0"> <tr> <td style="padding-right: 20px;"><b>Started</b></td> <td><b>Completed</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Started</b>	<b>Completed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>When addressing critical services keep in mind we are planning for an escalating loss of personnel with longer durations than our standard emergency. Value might be derived from looking at this similar to budget planning when identifying/prioritizing lines of business and identifying vulnerabilities.</p> <p>Inventory &amp; prioritize the following:</p> <p style="padding-left: 20px;"><u>Critical services</u> [Without these services, critical components of the county would not function. Example, Department of Vehicle Services must provide fuel to ensure ambulance service. ] What impact will occur without the service?</p> <p style="padding-left: 20px;"><u>Non-critical services</u> [Important, but are not deemed critical to sustain county services. Example, police crime prevention services.] What impact will occur without the service?</p>
<b>Started</b>	<b>Completed</b>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							



	Started	Completed	
<b>Appropriate Authorities</b>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<p>Assign key staff with the authority to develop, maintain and act upon influenza pandemic preparedness and response plan.</p> <p>Determine who will serve as your agency pandemic influenza liaison (should be critical thinker, facilitator and have an overall knowledge of agency).</p> <p>Appropriate authorities will determine the potential impact of a pandemic on your Department/Division's usual activities and services. Plan for situations likely to result in an increase, decrease or alteration of services you deliver.</p> <p>Determine the potential impact of a pandemic on outside resources or services your department/division depends on to deliver services.</p>
<b>Communication Strategy</b>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<p>You should begin involving and educating your employees at all levels about influenza pandemic preparedness. The county has and will continue to provide additional resources (see Web page) to assist with educating your employees.</p> <p>Determine how you will communicate with your employees and critical staff on a scheduled basis during a pandemic.</p> <p>Who needs to be notified or included in communications? How will communications occur? What will be the frequency of communication (pre-scheduled to minimize capacity demands)? How will you carry out pulse checks regarding: staffing, service demands, morale, etc?</p> <p>Determine the number of critical staff that would need access to teleconference or video conference equipment. This will assist the Department of Information Technology (DIT) in their efforts to address systems capacity.</p> <p>Some agencies already have scheduled communications or briefings to assist DIT with systems load management identify existing or desired communications options and schedule. For example, police and fire roll calls with field personnel occur at pre-scheduled re-occurring times. This information may assist if prioritization of technology usage is required. (For example off-hour teleconferences, rotational schedule such as Health Department every a.m. at 0900 hours, Department of Vehicle Services every Wednesday at 0600 hours, etc).</p>

<b>Service and Operations Methods</b>	<b>Started</b>	<b>Completed</b>	Consider during a pandemic, systems will likely be taxed and prioritization must occur to sustain services.
	<input type="checkbox"/>	<input type="checkbox"/>	<u>Service Methodology</u> Determine how you will assess service demands. Examples: Projected number of on-line users at peak times, projected number of facility visitors during a pandemic. Consider how select services may be offered through non-traditional means. Example: Police expanding the types or incidents permitted to be reported by phone vs. in-person. Determine how you will take services off-line or reinstate them. Example: During an ice storm, police might modify their accident reporting policy to ensure the highest priority events are addressed. A designated commander then reinstates normal reporting procedures based on call volume and staffing.
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<u>Identify telework options</u> List who are critical users (remember this is trying to ensure critical services are sustained). Determine how you will manage usage to avoid system overload. Determine how many employees currently have on-line or remote access capacity. Determine how many employees truly need on-line or remote access capacity (mode of access?). What would occur if DIT only offers select services to prioritized groups at scheduled times?
	<input type="checkbox"/>	<input type="checkbox"/>	<u>List what services can be supported by volunteers, retirees, private service providers</u> How would this occur? What training is required?
	<input type="checkbox"/>	<input type="checkbox"/>	<u>Identify what policies/laws would need to be modified to accommodate required change in service methodology</u> In some instances purchasing is required to hold public forums associated with bids. Would a business change require code amendments?
	<input type="checkbox"/>	<input type="checkbox"/>	<u>Review the most critical functions that may value by implementing some type of quarantine at work in the most critical periods</u> Example: Are there some functions so critical it may be wise to house the employee and or their family either at or near the workplace?
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

	Started	Completed	
<b>Lines of Succession</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Establish a written line of succession for key leaders, managers and essential employees.</p> <p>Determine how authority will be delegated or transitioned.</p> <p>Identify and train essential staff (including full-time, part-time, retirees, and unpaid or other volunteer staff).</p> <p>Outline what the organizational structure will be during an emergency. The outline should identify key contacts with multiple backups, roles and responsibilities, and who is to report to whom (NIMS model).</p> <p>Determine what skill sets or knowledge is needed to sustain critical services.</p> <p>Evaluate and list positions with skill sets that can be shared or cross-trained and what positions could be reallocated to like functions elsewhere in the agency or county.</p>
<b>Critical Files/Records or Databases</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Keep in mind a pandemic is global and system access must be prioritized to minimize systems overload:</p> <p>Determine what the critical systems are that need to be running to support critical services/functions.</p> <p>List and prioritize what systems could be taken off-line to maximize capacity.</p> <p>Determine how employees could access vital files, records, databases needed to support critical services/functions: removable drives, Citrix, phone, hard copy records, On-Line, etc.</p>

<p style="text-align: center;"><b>Agency Policy Considerations</b></p>	<table border="1"> <thead> <tr> <th data-bbox="254 272 365 298">Started</th> <th data-bbox="365 272 590 298">Completed</th> </tr> </thead> <tbody> <tr> <td data-bbox="254 396 365 422" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="365 396 590 422" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="254 695 365 721" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="365 695 590 721" style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Started	Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Department of Human Resources (DHR) is working on leave and compensation-related matters to assist in guiding policy in these areas (TBD).</p> <p>Assess agency policies for compatibility with circumstances unique to a pandemic.</p> <p>Many agencies have agency-specific policies that interpret county policy for specific work areas. In the event of a pandemic, flexibility to react to changing conditions is critical for continuation of critical functions. As a result, agencies must assess agency-specific policies to ensure they are conducive to protocol introduced during a pandemic as well as compatible to any changes to county policy to respond to a pandemic.</p> <p>Evaluate and resolve policy conflict to ensure recommended responses are capable of implementation. (For example, Board of Supervisor’s meetings via video conference from remote sites would require code change. What impact does postponement of performance evaluations have?)</p>
Started	Completed							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<p style="text-align: center;"><b>Personal Protection and Basic Supplies for your Employees</b></p>	<table border="1"> <tbody> <tr> <td data-bbox="254 818 365 844" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="365 818 590 844" style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Determine what number of employees will be performing under critical-service conditions that would have <u>unavoidable</u> face-to-face contact requiring personal protective equipment (PPE).</p> <ul style="list-style-type: none"> <li>Face mask</li> <li>Eye protection</li> <li>Hand cleaner</li> <li>Surface cleaner</li> </ul> <p>The county is researching training options regarding personal protection and related equipment usage.</p> <p>You should evaluate what are the most critical supplies that might not be available from suppliers.</p>				
<input type="checkbox"/>	<input type="checkbox"/>							

	Started	Completed	
<b>Family support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<p>While the county has services to offer to your employees for mental health etc it is wise to evaluate additional options of caring for one another to ensure morale and other family support during the most critical times.</p> <p>Evaluate the depth of services currently utilized.</p> <p>Consider what your division or department can do to assist family to either ensure sick family members do not come to work, and healthy members are able to feel confident their family is cared for so they are willing to come to work.</p>
<b>Logistics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Based on your outcome of the previous questions, your agency's logistics needs can be better addressed. While it may not be feasible or necessary to stockpile supplies for all hazards, it is prudent to strategically obtain supplies needed to sustain critical services. This is an understandably difficult task. However if you are able to quantify these needs it may assist the county in possible submissions as large-scale orders (stock goals regarding: meals, protective equipment and office surface cleaning supplies).</p> <p>Some agencies may need to address lodging options as well.</p>
<b>Testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Determine how your agency will test your pandemic influenza planning (for example, can a tabletop exercise test the plan sufficiently?).</p> <p>Determine the frequency of testing.</p>

#### **4. PRIVATE SECTOR PLANNING**

Private businesses provide critical and essential infrastructure services to the county such as power, water, food, and telecommunications. The county has been and will continue to be a resource for information exchange among these businesses via meetings, business summits and electronic updates. These information exchanges are geared toward assisting organizations in the development and implementation of their COOPs. These organizations are full partners with the county and are working cooperatively to assure the government and public are served at the highest level possible. Specifically, the major utility companies participated in the agency workshops conducted in the spring. They also participated in the business summit conducted in May 2006 along with more than 75 private and non-profit organizations.

Other partners in the provision of critical services are non-profit and faith-based organizations. These organizations augment the county's provision of services to those residents who otherwise would have difficulty in receiving them. For example, these organizations provide staffing for child care centers, transportation, meals and groceries. To that end a pandemic influenza planning summit for the child care community and a summit for the faith-based community are being planned for.

County agencies will continue to provide information, education, and support to facilitate linking critical services such as public health care and related social services with affected recipient communities. This is to include information regarding public and community health, human and social services, health services administration, group counseling, health education, group advocacy, cross-cultural and multilingual communication, and applicable laws and policies.

## ATTACHMENT 1 – COMMUNICATIONS PLAN

### Background

As the initial communication effort during Phases 1 and 2 involves monitoring the status of potential outbreaks worldwide and circulating health and emergency information *as needed*, **the communications plan is designed to be activated in Phase 3.**

Communications materials specific to Fairfax County and partner jurisdictions will be prepared in advance for use during the Pandemic Alert Period (Phase 3, 4, 5) and Pandemic Period (Phase 6). Reviewing and obtaining approvals for these materials in advance can help identify potential areas of disagreement and allow time to work through issues. Such activities can help identify potential barriers to compliance with response measures, and inform message development to build support and trust.

General communication messages will be provided by the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health (VDH). Specific messages relevant to Fairfax County and partner jurisdictions will be based on local communications needs, general public inquiries and the current situation.

The spokespersons involved in implementing the pandemic influenza communications plan are listed below. Specific circumstances will determine which spokespersons may be involved in any given situation.

- **Medical Spokespersons**
  - Health Director, Fairfax County Health Department (FCHD)
  - Deputy Medical Director(FCHD)
  
- **Non-medical Spokespersons**
  - **Fairfax County**
    - Director, Office of Public Affairs (OPA)
    - County Executive
    - Deputy County Executive
    - Health Communications Specialist (FCHD)
    - Public Information Officer (FCHD)
  
  - **Fairfax City**
    - Fairfax City Manager
  
  - **Falls Church City**
    - Will rely on Fairfax County pandemic influenza spokespeople
  
  - **Town of Herndon**
    - Town of Herndon Public Information Officer

- **Fairfax County** Director of Communications
- **Public Schools:** Coordinator, Office of Community Relations (OCR)  
Communications Specialist, OCR  
Senior Communications Specialist

The following is a detailed pandemic influenza communications plan that provides specific information regarding the key communication activities, and methods of information dissemination in Phases 3 through 6 as well as the following target audiences:

- General public (individuals/residents)
- Schools and parents
- Physicians and health care providers
- Private sector - business community
- Private sector - faith based and non-profit community
- Non-English speaking populations
- Senior citizens
- Special needs populations (disability populations/special medical and social needs)
- Internal (government employees)



## **COMMUNICATION STRATEGIES PANDEMIC ALERT PERIOD, PHASE 3**

During Phase 3, efforts will focus on identifying and learning about target audiences and raising awareness and knowledge of pandemic influenza. The need to inform and educate the public, health-care professionals, policy makers and others about the threat of a pandemic must be balanced against the possibility a pandemic may not occur and may or may not be severe.

### **1. Assumptions**

- A novel influenza virus has been identified in humans, but is not efficiently transmitted from person-to-person.
- Federal health agencies (such as the CDC) are working with world health organizations to closely monitor the novel virus strain, and keep state agencies, as well as the general public, informed through official government channels (such as Web sites, bulletins, etc).
- The CDC, as well as the Virginia Department of Health, is developing key messages and collateral materials (such as fact sheets, etc.) that Fairfax County can use to disseminate among the general public.
- The Fairfax County Pandemic Influenza Response Plan is coordinated and was developed in conjunction with regional, state and federal plans.
- The media is currently reporting on avian influenza which is prompting many questions from residents and organizations.

### **2. Key Communication Goals**

#### *Internal (Jurisdictions and Partner Organizations)*

- Enhance communications and information sharing among Fairfax County, the cities of Fairfax and Falls Church, the towns of Herndon and Vienna, and partner organizations via face-to-face opportunities and electronically.
- Build and maintain contact lists of communicators and local pandemic influenza planners.
- Identify communications needs (messages, etc.) specific to Fairfax County and partner jurisdictions.
- Encourage county staff to sign up for Emergency Alert Network (EAN) emergency notification messages.
- Encourage WebEOC training among county/city leaders.

### *External*

- Educate residents about local planning efforts.
- Encourage residents to prepare themselves and their families for pandemic influenza.
- Encourage and increase better hygiene habits among residents to help prevent the spread of viruses.
- Increase the number of residents signed up for the local alert and notification systems, including CEAN - Community Emergency Alert Network (in Fairfax County), “Silent Partner” (Town of Herndon), the Roam Secure Alert Network (City of Falls Church); and EMAS (City of Fairfax).
- Identify target audience groups, and develop and deliver communications to those audiences.
- Encourage planning efforts among private sector entities.

### **3. FAQ Bank**

A centralized frequently asked questions (FAQs) bank will be established so all agencies have a resource available to answer questions. The Fairfax County Office of Public Affairs (OPA) will keep and maintain the question bank, and work with appropriate agencies to develop responses to ensure consistency. The development of answers to FAQs will be coordinated by the Office of Public Affairs among appropriate agencies. FAQs and official county answers (approved by appropriate county and/or agency leaders) will be posted to Fairfax County’s pandemic influenza Web page at [www.fairfaxcounty.gov/emergency/pandemicflu](http://www.fairfaxcounty.gov/emergency/pandemicflu).

## **Communicating with the General Public Phase 3**

### **1. Key Messages**

- Fairfax County is planning for the event of pandemic influenza.
- Planning is not just a government issue. Every resident must take an individual responsibility to prepare themselves and their families for pandemic influenza.
- There are actions individuals can take: stay informed, make a family plan, prepare emergency kits, and sign up for your local alert / notification system.
- Practice good hygiene habits such as hand washing, covering coughs and sneezes with a tissue or sleeve to prevent the spread of germs.

Additional key messages will be developed that relate specifically to the particular strain of influenza as well as to specific target audiences, for example, senior citizens, or physicians.

### **2. Message Dissemination**

#### **A. Web Site**

The primary official county Webpage for all messages related to pandemic influenza is Fairfax County's pandemic influenza Web page on the county's Web site, which can be found at [www.fairfaxcounty.gov/emergency/pandemicflu](http://www.fairfaxcounty.gov/emergency/pandemicflu). The official U.S. Government Web site, [www.pandemicflu.gov](http://www.pandemicflu.gov) is also a reliable source of pandemic influenza information. Note that the county's Web page contains links to all other pertinent agency Web sites, including links to the Web sites of the Fairfax County Health Department, the Virginia Department of Health, the Centers for Disease Control and Prevention, and the U.S. Health and Human Services. The Web page will feature a question and answer section, a function that allows visitors to submit a question online, as well as streaming videos, PowerPoint presentations, and planning checklists.

- **Web Site Content Approval Process**

Content needs are assessed by the Office of Public Affairs and can be based on user feedback, FAQs from residents, current County initiatives and board directives. The Office of Public Affairs emergency communications PIO serves as coordinator of this Web page, and will work closely with Health Department staff to ensure accuracy of pandemic influenza content. OPA and Health Department staff will ensure messages are consistent and do not contradict state and federal messages as posted on [www.vdh.virginia.gov](http://www.vdh.virginia.gov) and [www.pandemicflu.gov](http://www.pandemicflu.gov). Content will be based on frequently asked questions of jurisdictions. The Web page

follows the Fairfax County Web content policy which includes a message approval process from appropriate agencies.

- **Links to Fairfax County Pandemic Influenza Web Page**  
Other County agencies and the Board of Supervisors' public Web pages will provide links to the County Pandemic Influenza Web page. Partner jurisdictions will also link to this Web page.

The Town of Herndon will post messages to its Web site: [www.herndon-va.gov](http://www.herndon-va.gov). The Herndon PIO will get approved pandemic influenza messages from (OPA).

The City of Falls Church will post messages to its Web site: [www.fallschurchva.gov](http://www.fallschurchva.gov). The Falls Church PIO will get approved pandemic influenza messages from (OPA).

The City of Fairfax will post messages to its Web site at [www.fairfaxva.gov](http://www.fairfaxva.gov).

#### **B. E-mail Newsletters/Bulletins to Residents**

There are several email newsletters and bulletins in the county and cities that can be used to disseminate pandemic influenza information to residents. These include:

*Fairfax County News to Use*, an e-newsletter available to anyone with an Internet connection. Short news pieces can be submitted to OPA for publication in News to Use. OPA sends regular notifications (to individuals on a listserve) when new information is placed on the News to Use page.

*Fairfax County Weekly Agenda*, a weekly e-mail newsletter containing information about meetings of the Fairfax County Board of Supervisors that can include updates of links to relevant information based on the status of pandemic influenza.

*Falls Church E-Focus*, an electronic newsletter e-mailed to subscribers. News pieces can be submitted via the City of Falls Church Public Information office.

Fairfax City *City Scene*, the electronic version of the city's printed newsletter, which is e-mailed mid-month to subscribers. Other information is e-mailed to civic associations on an as-needed basis.

### **C. Paper/Direct Mail**

**Residents** - The Office of Public Affairs maintains a list of newsletters produced by county agencies and the Board of Supervisors that are mailed to residents. OPA staff will submit pandemic influenza news items as appropriate to these newsletters, as well as to:

- Town of Herndon – *Talk of the Town* which is published the first Friday of every month in the *Herndon Observer*, the town newspaper.
- Fairfax City produces *City Scene* which is a monthly printed newsletter mailed to every household in Fairfax City. News items can be submitted via the Fairfax City public information office.

**Homeowner Associations (HOAs)** -A mailing list of HOAs within Fairfax County is maintained by OPA. As materials and messages are developed during the various phases, this list can be used to send information to the HOAs for distribution to their members as appropriate.

### **D. Special Events/Venues**

Special events can include town meetings, e.g., a coordinated town meeting among partner jurisdictions, summits, speaking engagements, kiosks, and exhibits at fairs (see Exhibit for Use at Fairs below). Requests should be forwarded to the Office of Public Affairs for coordination and response. The responsible agency will be determined when the request is made.

### **E. Exhibit for Use at Fairs**

Fairfax County will develop a tri-fold tabletop display promoting family and individual preparedness. The display will showcase a sample emergency preparedness kit that provides passersby with suggestions and guidance regarding items individuals and families should stockpile for emergencies. Pandemic influenza literature also will be available, including a Fairfax County handout outlining County planning resources, Web site and contact information, a CDC planning checklist for individuals and families, brochures on how to sign up for CEAN, hand washing instruction signs, and other informational materials.

## **F. Speakers Bureau**

The Health Department will identify a group of key communicators with expertise in pandemic influenza to form a speakers' bureau. Additional speakers from the county will be identified by the Office of Public Affairs. Because it is anticipated that most people will request a speaker with health expertise, the requests for speakers will be managed by the Health Department. The Health Department will develop a PowerPoint presentation, which will be made available to requestors, and will use approved video materials (produced by VDH or Channel 16) in speaking engagements. Appropriate handouts will be determined based on the organization requesting a speaker and the intended audience. Most handouts will likely be materials approved for the general public, as well as pandemic influenza checklists available at [www.pandemicflu.gov](http://www.pandemicflu.gov).

In the absence of a speakers' bureau, or if requests for speakers cannot be met due to limited staff and resources, those who request a speaker will be directed to Fairfax County's pandemic influenza Web site at [www.fairfaxcounty.gov/emergency/pandemicflu](http://www.fairfaxcounty.gov/emergency/pandemicflu).

## **G. Phone Scripts**

The Fairfax County Health Department maintains a phone line, 703-246-2411 (option 7) for pandemic influenza messages and updates. This script will be updated as information is added or changed. The Cities of Falls Church and Fairfax will direct callers to the Fairfax County Health Department's information line.

The Fairfax County Government Emergency Information line, 703-817-7771, will include regular pandemic influenza updates and can be used during later phases as an additional call-in resource for questions and answers.

## **H. Collateral Materials/Handouts**

- [www.pandemicflu.gov](http://www.pandemicflu.gov) (checklists for individuals).
- Information contained on Virginia Department of Health Web site: [www.vdh.virginia.gov](http://www.vdh.virginia.gov).
- Fairfax County informational hand-out on pandemic influenza – “Be Scared? No. Be Prepared? Yes! How Families Can Prepare for Pandemic Flu in Fairfax County.” This hand-out defines pandemic influenza, describes resources available in Fairfax County, promotes the Fairfax County pandemic influenza Web site, and provides instructions on how to sign up for the CEAN, etc.
- Additional Fact Sheets, such as “Disease Surveillance Methods in Fairfax County” will be developed as appropriate.

- Fairfax County Hand Washing Instruction signs (developed by the Health Department and available in English and Spanish).

## **I. Media**

**Television/Broadcast Productions-**The Fairfax County Government Cable Channel 16 will produce television productions as needed (“county magazine” segments, public service announcements (PSAs), studio shows, etc.) and will provide these to partner jurisdictions for use on their jurisdictional channels. These productions will be developed by the Communications Productions Division of the Department of Cable Communications and Consumer Protection in conjunction with the Health Department and the Office of Public Affairs. Productions will be approved by the Health Department and the Office of Public Affairs.

- Channel 16 productions will be aired on:
  - City of Fairfax – Channel 12;
  - City of Falls Church – Falls Church Community Television (Channel 2/12);
  - Town of Herndon - HCTV 23; and
  - Fairfax County Public Schools –FCPS channels.

**News Releases** -News releases will be issued by the Fairfax County Office of Public Affairs on a regular basis with planning updates.

**Radio PSAs/Scripts-** Radio public service announcements will be developed by the Health Department and the Office of Public Affairs.

**Interviews/Editorial Board Visits** - All interviews will be scheduled and coordinated by the Health Department and Office of Public Affairs.

**Media Inquiries** -Media inquiries will be handled as they are during normal day-to-day government operations. Medically-specific inquiries will be directed to the Health Department. County planning and related issues will be handled by the Office of Public Affairs. Previously identified spokespersons will be used for any media interviews.

## Communicating with Schools and Parents Phase 3

### 1. Key Messages

- Fairfax County is planning for the event of pandemic influenza and Fairfax County Public School (FCPS) officials are closely involved in the planning process.
- The FCPS plan for pandemic influenza is contained within the larger FCPS emergency plan, which can be found at: [www.fcps.edu/emergencyplan/flu/index.htm](http://www.fcps.edu/emergencyplan/flu/index.htm), and will be modified as needed.
- FCPS will work to keep children healthy by supporting and teaching good hygiene habits (hand washing, covering coughs and sneezes with a tissue or sleeve) to prevent the spread of germs. Hand washing is included in the school curriculum.
- FCPS is prepared and has plans in place to deal with short-term (maximum two weeks) of system wide school closings.
- Long-term plans include limited use of Web and television-based teaching, although no specific curriculum is in place to teach all children.

### 2. Message Dissemination

Means of message dissemination that are available and can be used to distribute information about pandemic influenza to students, parents, faculty and staff include:

#### A. FCPS Web Sites

- FCPS Web site: [www.fcps.edu](http://www.fcps.edu)
- Specific FCPS Pandemic Influenza Web page: [www.fcps.edu/emergencyplan/flu/index.htm](http://www.fcps.edu/emergencyplan/flu/index.htm)
- Specific FCPS Student Health page: [www.fcps.edu/ss/StudentServices/StudentRegistration/healthservices.htm](http://www.fcps.edu/ss/StudentServices/StudentRegistration/healthservices.htm)
- Fairfax County Pandemic Influenza Web page: [www.fairfaxcounty.gov/emergency/pandemicflu](http://www.fairfaxcounty.gov/emergency/pandemicflu)

#### B. Electronic and Print Newsletters

- Employee e-mail fan outs (as needed)
- Web Site (as needed)
- Keep in Touch e-mail notification (as needed)
- FamilyGram Newsletter (three per year)
- Supergram Employee Newsletter (produced twice monthly)



**C. Special Events**

- Meetings with Principals and Leadership Team
- PTA meetings
- Meetings with school board members

**D. Phone Scripts**

Telephone Hotline 1-800-839-FCPS (As needed. English, Spanish & Korean).

**E. Television/Broadcast Productions**

School channels will rebroadcast productions aired on Fairfax County Government Channel 16. A comprehensive plan allowing the County government to request to borrow FCPS television resources has been developed and approved.

**F. Media Relations**

It is assumed that overall media relations for Pandemic Influenza Phase 3 will be coordinated by Fairfax County Government. FCPS key spokesperson will speak to role and actions of FCPS.

**G. Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov) (checklists for schools).

[www.vdh.virginia.gov](http://www.vdh.virginia.gov).

[www.fairfaxcounty.gov/emergency/pandemicflu](http://www.fairfaxcounty.gov/emergency/pandemicflu).

*FCPS Fact Sheets* - Fact sheets will be developed at the district level and shared with schools.

[www.fcps.edu/fts/safety-security/factsheets/index.htm](http://www.fcps.edu/fts/safety-security/factsheets/index.htm).

**H. FAQ's and Question Bank**

Any FAQs produced by Fairfax County will be shared with FCPS. FCPS will add FAQs to the list, which is maintained by Fairfax County Office of Public Affairs.

## **Communicating with Physicians and Health Care Providers Phase 3**

### **1. Key Messages**

- Fairfax County is planning for the event of pandemic influenza and the physicians are an integral part of the planning process.
- Physicians and health care providers will play an integral role in educating their patients and the public about pandemic influenza.
- Physicians are partners and are needed to help educate residents.
- Physician practices will be impacted in the event of pandemic influenza and are encouraged to plan now for staffing issues, patient care issues, and influx of questions from patients.

### **2. Message Dissemination**

Means of disseminating information to the physician community include the following:

#### **A. Physician Blast Fax**

The Health Department maintains a list of physicians with up-to-date contact information and can use this list to send by fax important and/or urgent information.

#### **B. Physician Grand Rounds at Area Hospitals**

Health Department medical officials make presentations to the physicians at Grand Rounds, usually in a hospital or other health-care institutional setting.

#### **C. Direct Mailings**

The Fairfax County Health Director will send letters to private physicians on a regular basis providing updates and information useful to the physician community.

#### **D. Medical Community Summits**

The Fairfax County Health Department, in conjunction with the Office of Public Affairs, will develop and sponsor a Medical community summit or forum similar to the business summit, designed to bring medical providers together to provide detailed information helpful to them in their care of Fairfax County residents during an influenza pandemic.

**E. Television/Broadcast Productions**

Fairfax County Government Cable Channel 16 videotapes and broadcasts forums, town meetings, and summits associated with pandemic influenza. Productions will also be available for viewing on the Internet via video-on-demand at [www.fairfaxcounty.gov/cable](http://www.fairfaxcounty.gov/cable) and also will be posted to Fairfax County's pandemic influenza Web page at [www.fairfaxcounty.gov/emergency/pandemicflu](http://www.fairfaxcounty.gov/emergency/pandemicflu)

**F. Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov) (checklists for health care community).

Hand washing signs developed by the Fairfax County Health Department are provided to physicians for display in their offices.

## **Communicating with the Business Community Phase 3**

### **1. Key Messages**

- Fairfax County is planning for the event of pandemic influenza and the business community is an integral part of the planning process.
- Pandemic influenza will affect private sector entities and all planning efforts must include community businesses and industry.
- Businesses will play an integral role in educating employees.
- Businesses must understand sick leave policies and plan for continuity of operations in worst-case scenarios (i.e., 40 percent of work force out sick).

### **2. Message Dissemination**

Means of disseminating information to the business community and private sector include the following:

#### **A. Direct Mailings to Business Community**

The Office of Public Affairs will work with the Department of Tax Administration, local chambers of commerce, and the Economic Development Authority to identify businesses in Fairfax County. As materials and messages are developed during the various phases, the mailing list can be used to disseminate information to the businesses as appropriate.

#### **B. Special Events**

A Business Summit was conducted to convene community business leaders to share best practices and provide them with information and resources to facilitate the development of their own continuity of operations and preparedness plans.

**C. Television/Broadcast Productions**

Fairfax County Government Cable Channel 16 will videotape and broadcast forums, town meetings, and summits associated with pandemic influenza. Productions will also be available for viewing on the Internet via video-on-demand at [www.fairfaxcounty.gov/cable](http://www.fairfaxcounty.gov/cable) and also will be posted to Fairfax County's pandemic influenza Web page at [www.fairfaxcounty.gov/emergency/pandemicflu](http://www.fairfaxcounty.gov/emergency/pandemicflu).

- Channel 16 productions will be aired on:
  - City of Fairfax – Channel 12;
  - City of Falls Church – Falls Church Community Television (Channel 2/12);
  - Town of Herndon - HCTV 23

**D. Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov) (checklists for businesses).

Hand washing signs developed by the Fairfax County Health Department are provided to businesses for display in their offices.

## Communicating with the Faith Based and Non-Profit Communities Phase 3

### 1. **Key Messages**

- Fairfax County is planning for the event of pandemic influenza and the faith and non-profit communities are an integral part of the planning process.
- Pandemic influenza will affect faith-based and non-profit organizations and any planning efforts must include them.
- Faith-based and non-profit organizations will play an integral role in educating their members.

### 2. **Message Dissemination**

Means of disseminating information to the faith and non-profit community regarding pandemic influenza include the following:

#### A. **Special Events**

A Summit will be held to assist the faith based and non-profit communities with their planning efforts and to provide information and resources to facilitate the development of their own continuity of operations and preparedness plans.

#### B. **Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov) (checklists for faith based and community organizations).

Hand washing signs developed by the Fairfax County Health Department are provided to businesses for display in their offices.

#### C. **Newsletters**

Feature articles for placement in faith based and non-profit organization newsletters will be developed by the Health Department and/or the Office of Public Affairs.

#### D. **Direct Mailings**

Direct mailings will be developed by the Health Department and/or the Office of Public Affairs.

## **Communicating with Non-English Speaking Populations Phase 3**

### **1. Key Messages**

Key messages for non-English speaking individuals are the same as the key messages for the general public/individuals, however it will need to be translated into Spanish, at a minimum, and up to five additional languages as messages and audiences are identified.

### **2. Message Dissemination**

#### **A. Media Relations**

Normal media relations efforts will be ongoing with ethnic media, as well as other media covering Fairfax County. Media outlets translate current English news releases for use in their medium, however, special outreach efforts such as editorial boards or production of non-English public service announcements can be utilized to reach this ever-growing percentage of the county's population.

#### **B. Neighborhood Centers**

The county will target neighborhood centers where foreign language materials can be posted and/or distributed.

#### **C. Speakers Bureau**

The county will identify non-English speaking staff and/or community leaders who can function as liaison with the Health Department and conduct speaking engagements in their local communities. The county's PowerPoint presentation can also be translated into additional languages as requests are received or needs identified.

#### **D. Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov).

Hand washing signs developed by the Fairfax County Health Department will be translated and distributed for display in community.

## **Communicating with Senior Citizens Phase 3**

### **1. Key Messages**

Key messages for senior citizens are the same as the key messages for the general public/individuals, but need to be tailored for seniors and/or their caretakers.

### **2. Message Dissemination**

#### **A. Special Events**

Presentations or “summits” to the long-term care community. Visits and/or presentations to senior centers, senior day care facilities, community groups, etc.

#### **B. Media Relations**

Targeted media, e.g. the Golden Gazette and the Senior Beacon publications, will be utilized. Additional radio and television programs can be identified that reach a high percentage of seniors to maximize the impact of the messaging.

#### **C. Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov) (checklists for individuals and families).

Hand washing signs developed by the Fairfax County Health Department will be translated and distributed for display in long term care facilities, senior centers and other appropriate locations.



## Communicating with Special Needs Populations Phase 3

### 1. Key Messages

The key messages for special needs populations are the same as key messages for the general public/individuals; however, it needs to be tailored for the specific audience.

### 2. Message Dissemination

#### A. Disability Services Board

The Office of Public Affairs and key agencies will work with the County's Disability Services Board to identify methods of message dissemination to ensure proper messages reach individuals with special needs.

#### B. Collateral Materials/Handouts

[www.pandemicflu.gov](http://www.pandemicflu.gov) (checklist for special needs populations).

Hand washing signs developed by the Fairfax County Health Department will be translated and distributed for display in appropriate facilities (as recommended by the disabilities services board) and community.

## **Communicating with Internal Partners Phase 3**

### **1. Key Messages**

The key messages for internal partners are the same as key messages for general public/individuals; however they need to be tailored for the specific audience.

### **2. Message Dissemination**

The Office of Public Affairs is responsible for all internal communications to county employees. OPA will work with the Health Department to ensure that all partner jurisdictions have access to appropriate messages for their internal audience. Means of disseminating information to internal partners include the following:

#### **A. Printed Newsletters**

Articles will be printed in the Courier, the Fairfax County Employee newsletter. These same articles can be used and reprinted in other county agency, city or town employee newsletters.

#### **B. Electronic Newsletter**

Information will be included in Newslink, the daily electronic news bulletin sent to all county employees.

#### **C. InfoWeb**

Information will be posted to the InfoWeb, the internal Fairfax County Intranet page.

#### **D. Television/Video Productions**

The Fairfax County Training Network (FCTN), Channel 40, will air “Connect with the County Exec” on the subject of pandemic influenza when appropriate. FCTN broadcasts are also available on VHS video in the County’s video lending library.

#### **E. Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov) (checklists as appropriate).

Hand washing signs developed by the Health Department are provided to agencies and county facilities for display.

## **COMMUNICATION STRATEGIES PANDEMIC ALERT PERIOD, PHASE 4**

### **1. Background**

When the World Health Organization declares Phase 4, this means that Fairfax County will also move into Phase 4. The communications as outlined in Phase 3 would continue and messages would increase in frequency.

The audiences remain the same as in Phase 3. Any additional communications to be developed specific to Phase 4 would be “reactive,” that is, communications would be based on what is actually going on (where the small clusters are located in the world; what is the virus being identified in the small clusters, etc.). Following is information regarding modifications and/or additions to the communication strategies used in Phase 3 to provide the audiences with Phase 4 information.

### **2. Assumptions**

- Same assumptions as in Phase 3, except:
  - Local clusters of a novel influenza virus have been identified in humans somewhere in the world however, its spread is localized.
  - Phase 5 could occur soon.

### **3. Key Communication Goals**

- Same as Phase 3

### **4. Message Dissemination**

- Collateral Materials/Handouts:
  - Guide to self-care in the home.
  - Fact Sheet on Isolation and Quarantine: What does it mean for residents?
  - Fact sheet on disease surveillance methods in Fairfax County.
  - Additional materials will be developed by the Health Department and the Office of Public Affairs based on the current situation, county messages, target audience, and other relevant factors.

## **COMMUNICATION STRATEGIES PANDEMIC ALERT PERIOD, PHASE 5**

### **1. Background**

When the World Health Organization declares Phase 5, Fairfax County will also move into Phase 5. The audiences and communications as outlined in Phases 3 and 4 would continue. Messages would increase in frequency. There would be a greater urgency for targeted groups such as first responders, physician community to prepare for a pandemic.

Any additional communications to be developed specific to Phase 5 would be “reactive,” that is, communications would be based on what is actually going on (where the small clusters are located in the world; what is the virus being identified in the small clusters, etc.). Following is information regarding modifications and/or additions to the communication strategies used in Phase 3 and 4 to provide the audiences with Phase 5 information.

### **2. Assumptions**

- Same assumptions as in Phase 3, except:
  - The novel virus strain is becoming increasingly more efficient at spreading from human-to-human.
  - Phase 6, the declaration of a pandemic, could occur soon.

### **3. Key Communication Goals**

- Same as Phase 3, with the following added considerations:
  - There will be a greater emphasis on the need to prepare for key target audiences.
  - Messages on the county’s public Web site, Infoweb, and phone scripts will be kept current and reflect the actual situation going on in the world.
  - Individuals will be strongly encouraged to have a family emergency plan in place (for example, care for their children if they fall ill).
  - Educate the general public about self care in the home if they or a family member falls ill.
  - Provide education on disease containment measures that could be employed in Phase 6 (such as isolation and quarantine; snow days, etc.).

#### **4. Message Dissemination**

- Collateral Materials/Handouts:
  - Guide to self care in the home.
  - Fact Sheet on Isolation and Quarantine.
  - Fact sheet on disease surveillance methods.

Additional materials will be developed by the Health Department and the Office of Public Affairs based on the current situation, county messages, target audience, and other relevant factors.

## COMMUNICATIONS STRATEGIES PANDEMIC ALERT PERIOD, PHASE 6

### *Strategies During Initial 6 to 8 months (without vaccine)*

#### **1. Background**

When the World Health Organization declares Phase 6, this means that there is an influenza pandemic and Fairfax County must deliver emergency messages to its identified target audiences. Fairfax County's Emergency Communications Plan will go into effect at the initial declaration of pandemic anywhere in the world.

#### **2. Assumptions**

- Local clusters of a novel influenza virus have been identified in humans somewhere in the world and spread among humans has become efficient.
- Human cases may appear in Fairfax County within a two week to 1 month timeframe.
- There may not be an effective antiviral medication that works against the pandemic influenza strain.
- There will be no vaccine available to residents for at least four to six months, given current vaccine manufacturing capabilities.
- Media will focus on the limited supply of antiviral medication and vaccine and will call on local government officials to explain what is being done about it.
- Dissemination and sharing of timely and accurate information among state and local public health and government officials, medical care providers, the media and the general public will be one of the most important facets of the pandemic response.
- Different types of information will have to be communicated, often to different audiences.
- Basic messages will change over the duration of the pandemic as the disease circumstances, vaccine availability and other variables evolve.
- There will be widespread circulation of conflicting information, misinformation and rumors.
- Communication must be coordinated among all relevant agencies to ensure consistent messages to the general public.
- There will be a great demand for accurate and timely information regarding:
  - Circulation of a pandemic strain.
  - Disease complications and mortality.

- Disease control efforts, including availability and use of vaccines, antiviral drugs and other preventive and treatment measures.
- Where to get influenza vaccine.
- “Do’s and Don’ts” for the general public.
- Maintenance of essential community services.
- Demand for information by healthcare providers will be so great that existing methods for educating healthcare providers will have to be expanded.
- Certain groups will be hard to reach, including people whose primary language is not English, people who are homeless, and people with hearing and visual disabilities.
- There will be an increased demand for information regarding what vaccine and/or drug a person can take and/or stockpile.
- There will be an increased demand for information regarding what to do when someone dies.
- Science based risk communication messages should be used to calm fears and give directions on what to do.

### **3. Key Communication Goals**

- Employ risk communication principles.
- Regional collaboration remains critical.
- Provide education to the general population to help contain the spread of disease.
- Provide education to the general population this will not be “business as usual” and could last more than a year.

### **4. Key Messages**

- A pandemic has been declared somewhere in the world.
- Fairfax County may experience localized illness and death soon.
- Isolation and quarantine measures might go into effect initially and everyone’s cooperation is necessary to help prevent the spread of the pandemic influenza virus.
- There is no vaccine at this time, and there may not be one available for four to six months.
- Pandemic influenza usually occurs in waves, and could last up to 1 ½ years.
- Practice good hygiene habits (hand washing, covering coughs and sneezes with a tissue or sleeve) to prevent the spread of germs.
- This will not be “business as usual” but will return to normal.

Other key messages that will relate specifically to the particular pandemic influenza virus strain as well as to specific target audiences (e.g., senior citizens, physicians) will be developed based on Fairfax County emergency response plans for Pandemic Period Phase 6.

## 5. Message Dissemination

Means of message dissemination will be the same as in Phases 3-5, however, Health Fairs/exhibits and speaking engagements will no longer be used and the Medical Reserve Corps and first responder personnel may be used for flyer and literature distribution as appropriate.

### A. **Television/Broadcast Productions**

Fairfax County Government Cable Channel 16 will produce television productions as needed (“county magazine” segments, public service announcements, studio shows, etc.) and will provide them to partner jurisdictions. These productions will be developed by the Communications Productions Division of the Department of Cable Communications and Consumer Protection in conjunction with the Health Department. Productions will be approved by the Health Department and the Office of Public Affairs.

- Channel 16 productions will air on:
  - City of Fairfax – Channel 12
  - City of Falls Church – Falls Church Community Television (Channel 2/12)
  - Town of Herndon - HCTV 23

### B. **Media Relations**

Media relations will be conducted in accordance with Fairfax County Office of Public Affairs emergency communications operations.

### C. **Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov) (checklists for individuals).

[www.vdh.virginia.gov](http://www.vdh.virginia.gov).

County/partner jurisdiction materials to be used: “Self Care in the Home”.

Fairfax County-specific Fact Sheets.

Hand washing signs developed by the Health Department.



## ***Strategies Once Vaccine is Developed and Available in Limited Quantities***

### **1. Background**

Under current vaccine production technology, it will take four to six months before a vaccine against a pandemic influenza strain is developed and initially available to the world's population. In addition, during a pandemic, it is expected the demand for vaccine throughout the entire world will far exceed the limited supply. Therefore, even though vaccine may be, or soon become, available, it may not reach Fairfax County for a longer time period.

### **2. Assumptions**

- Dissemination and sharing of timely and accurate information among state and local public health and government officials, medical care providers, the media and the general public will be one of the most important facets of the pandemic response, especially as it relates to vaccine prioritization.
- There will be widespread circulation of conflicting information, misinformation and rumors.
- Communication must be coordinated among all relevant agencies to ensure consistent messages to the general public.
- There will be a great demand for accurate and timely information regarding where to get influenza vaccine.
- There will be a special need for information for the general public about how and why a priority group for vaccine was identified. Appropriate risk communications will need to be employed to mitigate any sense of special treatment being afforded to one or more segments of the population over others. Public education will be an important part of the immunization campaign.
- Certain groups will be hard to reach, including people whose primary language is not English, people who are homeless, people who have hearing and visual disabilities.
- Security will be of utmost concern at vaccine distribution sites.

### **3. Key Communication Goals**

- Risk communications methods will be employed.
- Regional collaboration will be maintained.
- Alerting appropriate priority groups to get vaccine and provide education on prioritization strategy, especially to individuals who do not fall into a priority group.

#### **4. Key Messages**

- The vaccine prioritization and distribution plan for Fairfax County will be clearly communicated among all target audiences.
- Increased education about the vaccine, its availability and self care in the home will be provided.
- Education about antiviral medication, dependent on what pandemic influenza strain is actually circulating and whether an antiviral medication exists and/or is available, will be provided.

#### **5. Message Dissemination**

Means of message dissemination will be the same as in Phases 3-5, however, Health Fairs/exhibits and speaking engagements will no longer be used and the Medical Reserve Corps and first responder personnel may continue to be used for flyer and literature distribution as appropriate.

##### **A. Collateral Materials/Handouts**

[www.pandemicflu.gov](http://www.pandemicflu.gov).

[www.vdh.state.va.us/PandemicFlu](http://www.vdh.state.va.us/PandemicFlu).

Hand washing signs developed by the Health Department are provided to agencies and County facilities for display.

County/partner jurisdiction specific materials to be used:  
Pandemic influenza Planning and Fairfax County informational hand-out:  
“Be Scared? No. Be Prepared? Yes! Pandemic influenza planning in Fairfax County”.

Fairfax County – specific Fact Sheets.

## **ATTACHMENT 2 - FATALITY MANAGEMENT**

### **1. INTRODUCTION**

#### **A. Objective**

To determine a fatality management plan to address the additional deaths expected during a pandemic due to influenza, over and above the number of fatalities from “all causes” expected during the pandemic period.

#### **B. Overview**

Fairfax County Health Department has convened a workgroup of pertinent stakeholders which include funeral directors, cemetery directors, hospitals, county emergency planners, Office of the Sheriff, and first responders to assist in developing a fatality management plan for the county. This group is currently meeting on a regular basis to determine how the county will manage an increased number of deaths above what is usually processed. Some of the issues being addressed by this group include processing deaths occurring in the home, death certification and documentation, temporary morgues/holding sites, temporary internment, identification of bodies, surge capacity needs of funeral homes, crematoriums and cemeteries, and lines of fatality management authority.

#### **C. Assumptions**

- Within any locality, the total number of fatalities (including influenza and all other causes) occurring during a six to eight week pandemic wave is estimated to be similar to that which typically occurs over six months in the inter-pandemic period.
- The location of bodies will not be restricted to a geographical or jurisdictional area with a percentage (50-75%) of the deaths occurring outside of a hospital or medical treatment facility.
- Most human remains will be intact and will allow for traditional identification means (visualization by witnesses and/or fingerprinting). Some will be found in a decomposed state and will require further investigation.
- There is no need for extreme urgency in managing the human remain processing, as the human remains from the event should not pose additional health risks to the community.
- It is more important to ensure accurate and complete death investigations and identification of the dead than it is to quickly end the response.
- The time to complete fatality management of a pandemic influenza event may exceed six months to a year.

#### **D. Office of the Chief Medical Examiner**

To determine if avian influenza and/or pandemic influenza, has arrived in Fairfax County, the Office of the Chief Medical Examiner (OCME) will take jurisdiction in a limited number of cases to establish the index case in the following situations:

- A death that meets criteria for an emerging infection and needs to be confirmed by culture of blood and tissues. This includes the first “native” cases of pandemic influenza in Fairfax County.
- Illness and death in a poultry worker where illness is suspected as influenza to confirm flu has been contracted from poultry.
- Any influenza-like illness resulting in the death of a family member/companion of a poultry worker to prove human-to-human transmission. The worker should also be tested if not done so previously.
- When a death is suspected to be influenza in a traveler from elsewhere, or in a resident from Fairfax County who has traveled to a high risk area (e.g., China).
- The first diagnosed case in a hospital that needs documentation of virus in tissue.

#### **E. General Considerations**

- Since it is expected most fatal influenza cases will seek medical services prior to death, hospitals, nursing homes and other institutions (including non-traditional sites) must plan for more rapid processing of corpses. Access to the required supplies (e.g., body bags) and documents for efficient corpse management during a pandemic will need to be part of the institutions’ individual plans.
- In the event local funeral directors are unable to handle the increased numbers of corpses and funerals, the County will work with local funeral directors to plan for alternate arrangements (i.e., holding areas). In order to deal with the increase in fatalities, it may be necessary to establish temporary morgues.
- Planning should also include a review of death documentation requirements and regulatory requirements that may affect the timely management of corpses.
- All homicides, accidents, suicides, violent and sudden and unexpected or suspicious deaths are required to be reported as usual to the local Medical Examiner.

## **2. DOCUMENTING FATALITY**

### **A. Pronouncement of Death**

There is no statutory requirement in Virginia for an official pronouncement of death procedure when someone dies. However, the Code of Virginia does specify who may pronounce death if a pronouncement procedure is carried out. Otherwise, the presumption is any resident can identify someone who is clearly dead. Therefore, persons who are clearly dead need not be transported to a hospital, further overwhelming an already stressed medical care system and generating an unnecessary charge for families. If there are a large number of deaths occurring out of the healthcare facilities, that are attended by private physicians, they may be held at a designated holding facility that can be cooled until the bodies are picked up by funeral homes and the attending physician is notified to sign the death certificate.

### **B. Certification of Death**

Pronouncement of death and certification of death are different functions. Certification of death is the actual signing of a death certificate stating the cause of death and may only be performed by a physician licensed in Virginia or a designee. Death certificates are, by Code, to be signed and given to the funeral director within 24 hours after death. For a healthcare facility death, in the absence of an attending physician, Va. Code Ann. §32.1-263C authorizes an associate physician, the chief medical officer of an institution or a pathologist who performed an autopsy on a decedent to sign the death certificate. In the event there are multiple deaths occurring over a short interval, a healthcare facility may wish to designate a single physician, familiar with the patients' records, as responsible for expeditiously signing death certificates. If the decedent never had a physician, the OCME will assume jurisdiction over the death.

### **C. Filing the Certificate of Death**

In Virginia, the Va. Code Ann. § 32.1-263 directs funeral directors to file the certificate with the registrar of vital records (a component of the health department) within three days and prior to final disposition of the body or removal of the remains from the Commonwealth. Arrangement will be developed between the Fairfax County Health Department and funeral directors to expedite the filing of a large number of death certificates.

### **D. Identification of the Decedents**

Personal identification of a decedent is an important function for the completion of death certificates and to return a body to the appropriate next of kin. Identification efforts are best carried out locally where the decedent is known. To secure proper identification of patients; ALL who interface with

decedents are encouraged to record official personal identification information for patients who enter their systems and to maintain this information in the patient's police report and/or medical record. If a deceased patient entered the system without official photo identification, and the identity is never established, healthcare facilities should report this person to the police department. There is a possibility the deceased has been reported missing by a family member who can visually identify the decedent. There is no standard missing persons reporting protocol for Virginia (except for children) and the Fairfax County Police Department will have its own procedures.

If after an investigation by both police and the healthcare facility, identification of a hospitalized decedent remains unclear, requiring a complete forensic examination, the police may notify the OCME for assistance.

### **3. REMAINS**

#### **A. Handling Remains**

As a rule, human remains pose no significant threat to the community or those who handle them provided universal precautions are observed. The standard procedure is to inform persons handling the body and funeral homes if a patient died of the pandemic event or any other infectious disease as defined by the Board of Health (HIPAA regulations paragraph § 164.512 Section G and Va. Code Ann. § 32.1-37.1). All personnel who handle pandemic related remains should utilize the recommendations of the World Health Organization for personal protective equipment when exposed to infectious agents including the H5N1 virus which include:

- Disposable, long-sleeved, cuffed gown (waterproof if possibly exposed to body fluids).
- Single-layer non-sterile ambidextrous gloves which cover the cuffs of the long sleeve gown.
- Surgical mask (a particulate respiratory type if handling the body immediately after death).
- Surgical cap and face shield if splashing of body fluids is anticipated.
- Waterproof shoe covers if required.
- Proper hand washing is always recommended when handling remains.

Full recommendations are found on the WHO web page:  
[http://www.who.int/csr/disease/avian\\_influenza/guidelines/infectioncontrol/en/index.html/](http://www.who.int/csr/disease/avian_influenza/guidelines/infectioncontrol/en/index.html/)

#### **B. Postmortem Care of Remains**

Human remains should be placed in fully sealed impermeable human remains pouches prior to removal. The body and pouch should be clearly tagged

with the individual decedent's identifiers such as name, date of birth, SSN, location of origination, medical record number etc. Complete labeling reduces the number of times mortuary staff needs to open pouches to confirm the contents.

### **C. Managing Personal Effects**

Hospitals should continue their standard procedures for inventorying the personal effects of patients to document and receipt them in such a way as to ensure patient ownership, complete accountability and enable retrievability. If the personal effects accompany the remains in the human remains pouches, ensure the funeral director and family are made aware of this so effects may be safely retrieved before cremation or final disposition. Funeral directors and others should sign a receipt for the items as well as the body.

### **D. Storage Considerations**

Additional temporary cold storage facilities may be required during a pandemic, for the storage of corpses prior to their transfer to funeral homes. The ideal temperature for storing and preserving human remains is between 34-37°F. Increasing capacity may be accomplished by contracting with a refrigerated truck company. Other sites will be identified, in cooperation with hospitals and adjacent jurisdictions that are suitable for holding facilities. Examples are warehouses, hangers, and empty public buildings that lend themselves to cooling and proper security. Funeral homes will be surveyed in the Pandemic Alert Period (Phase 3) to determine their space and capacity to store remains. A review of all facilities available in the county will be undertaken, including those owned by religious organizations as some religious groups maintain facilities including small morgues, crematoria and other facilities.

### **E. Transport of Remains**

The anticipated workload for the funeral homes will be extensive and additional resources may be required with both drivers, and vehicles. Arrangements with private ambulance companies may assist in this surge planning.

### **F. Final Disposition of Remains**

It is anticipated local funeral homes may be overwhelmed with decedents and also may be facing staff shortages at all levels of the organization (administrative staff, embalmers, gravediggers, etc.). Therefore remains may need to be held until capacity for disposition ramps up. If public gatherings are discouraged, funerals may need to be delayed also causing bodies to be held at holding facilities for extended periods of time. Funeral directors may need to explore alternatives such as video-conferences to allow for funerals to occur with relatives of the decedents having the ability to mourn but at a non-public venue.

#### **4. FUNERAL HOMES AND CREMATORIIUMS**

Individual funeral homes will be encouraged to make specific plans during the Interpandemic Period (Phases 1 and 2) regarding the need for additional human resources during a pandemic situation. For example, volunteers from local service clubs or churches may be able to take on tasks such as digging graves, under the direction of current staff. Crematoriums will also need to look at the surge capacity within their facilities. Most crematoriums can handle about one body every four hours and could probably run 24 hours to cope with increased demand. Cremations have fewer resource requirements than burials and, where acceptable, this may be an expedient and efficient way of managing large numbers of corpses during a pandemic.

##### **A. Supply Management**

It is not recommended funeral directors order excessive amounts of supplies such as embalming fluids, body bags, etc., but they have enough on hand in a rotating inventory to handle the first wave of the pandemic (enough for six months of normal operation). Fluids can be stored for years, but other supplies may have a limited shelf life. Cremations generally require fewer supplies since embalming is not required.

##### **B. Infection Control**

Although special infection control measures are not required for the handling of persons who died from influenza, funeral homes should take special precautions with deaths from influenza and train staff in the routine infection control practices. Visitations could be a concern in terms of influenza transmission amongst attendees. The Health Director may place restrictions on the type and size of public gatherings if this seems necessary to reduce the spread of disease. This may apply to funerals and religious services. Families requesting cremation of their deceased relative are much less likely to request a visitation, thus reducing the risk of spreading influenza through public gatherings.

##### **C. Social/Religious Considerations**

A number of religious and ethnic groups have specific directives about how bodies are managed after death, and such needs will be considered as a part of pandemic planning. The wishes of the family will provide guidance; however, if no family is available local religious or ethnic communities will be contacted for information and guidance. As a result of these special requirements, some religious groups maintain facilities such as small morgues, crematoria, and other facilities, which are generally operated by volunteers. Religious leaders will be involved in planning for funeral management, bereavement counseling, and communications, particularly in ethnic communities with large numbers of people who do not speak the official languages.



## APPENDIX A: REFERENCES AND WEB RESOURCES

Avian Influenza (H5N1) and Pandemic Influenza What Every Virginia Healthcare Professional Should Know, Epidemiology Bulletin, VDH, Nov 2005, Vol 105, No. 11.

Implementation Plan for National Strategy for Pandemic Influenza, Draft Jan 05 2006.

Model operational guidelines for disease exposure control: November 2, 2005 draft. Prepared by the Center for Strategic and International Studies, Homeland Security Program, pre-publication draft.

Pandemic Influenza and Other Highly Infectious Respiratory Transmitted Disease Response Plan, County of San Diego Health and Human Services Agency, Version 2.00, October 2005.

Pandemic Influenza Response Plan, Public Health, Seattle and King County, Version 10, December 1, 2005.

Prevention and Control of Influenza, Recommendations for the Advisory Committee on Immunization Practices (ACIP), MMWR May 28, 2004 53(RR06): 1-40.

Toronto Pandemic Influenza Plan, Toronto Public Health, November 2005.

U.S. Department of Health and Human Services Pandemic Influenza Plan, November 2005.

Virginia Department of Health, Emergency Operations Plan, Attachment Pandemic Influenza, March 2006.

Virginia Department of Health, Isolation and Quarantine Guide for Communicable Diseases of Public Health Threat; Version 1/4/06.

[www.fairfaxcounty.gov/emergency/pandemicflu](http://www.fairfaxcounty.gov/emergency/pandemicflu)

<http://www.fairfaxcounty.gov/hd/flu/pandemicflu.htm>

[www.cdc.gov/flu/avian](http://www.cdc.gov/flu/avian)

[www.pandemicflu.gov](http://www.pandemicflu.gov)

[www.vdh.state.va.us/PandemicFlu](http://www.vdh.state.va.us/PandemicFlu)

## APPENDIX B: ABBREVIATIONS

<b>Abbreviations</b>	
<b>CBP</b>	Customs and Border Protection
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CD</b>	Communicable Disease
<b>CDC DQ</b>	CDC Division of Global Migration and Quarantine
<b>CEAN</b>	Community Emergency Alert Network
<b>CSB</b>	Community Services Board
<b>CSP</b>	Coordinated Services Planning
<b>DCLS</b>	Division of Consolidated Laboratory Services
<b>DFS</b>	Department of Family Services, Fairfax County
<b>EMS</b>	Emergency Medical Services
<b>EOC</b>	Emergency Operations Center
<b>ESSENCE</b>	Electronic Surveillance System for Early Notification Community-Based Epidemics
<b>FCHD</b>	Fairfax County Health Department
<b>FCPS</b>	Fairfax County Public Schools
<b>FDA</b>	Food and Drug Administration
<b>FFX</b>	Fairfax County
<b>HAN</b>	Health Alert Network
<b>HDSIMS</b>	Health Department School Illness Monitoring System
<b>HPAI</b>	Highly Pathogenic avian influenza viruses
<b>HHS</b>	Health and Human Services, Department of
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>ILI</b>	Influenza-like Illness
<b>IND</b>	Investigational New Drug
<b>LHD</b>	Local Health Department
<b>LPAI</b>	Low pathogenic avian influenza viruses
<b>MRC</b>	Medical Reserve Corps, Fairfax County
<b>MWAA</b>	Metropolitan Washington Airports Authority
<b>NEDSS</b>	National Electronic Disease Surveillance System
<b>OCME</b>	Office of the Coroner and Medical Examiner
<b>OEM</b>	Office of Emergency Management
<b>OEMS</b>	Office of Emergency Medical Services
<b>OPA</b>	Office of Public Affairs
<b>PIO</b>	Public Information Officer
<b>POD</b>	Point of distribution
<b>PPE</b>	Personal Protective Equipment
<b>VDEM</b>	Virginia Department of Emergency Management
<b>VDH</b>	Virginia Department of Health
<b>VDH DSI</b>	Virginia Department of Health, Division of Surveillance and Investigation
<b>WHO</b>	World Health Organization

## APPENDIX C: DEFINITION OF TERMS

<b>Definition of Terms</b>	
<b>Adverse event</b>	An undesirable or unwanted consequence of a preventative, diagnostic, or therapeutic procedure.
<b>Affected area</b>	Any part or whole of a community which has been identified as where individuals reside, or may be located, who are known, or suspected, to have been exposed to, or infected with a communicable disease of public health threat.
<b>Antiviral medication</b>	Drug(s) that are used to prevent or treat a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell. Drugs with activity against seasonal influenza viruses include the neuraminidase inhibitors, oseltamivir and zanamivir and the adamantanes, amantadine and rimantadine
<b>Asymptomatic</b>	Without signs or symptoms of disease. May still have infection.
<b>Case definition</b>	Specifications of the characteristics that describe a case of disease (e.g. person, place, time, symptoms, signs). These are specific to each disease and can be specific to each situation; can vary according to knowledge of the disease and change over the course of an investigation.
<b>Case</b>	A person who has been diagnosed as having a particular disease or condition.
<b>Confirmed</b>	A case that is classified as confirmed for reporting purposes, usually by laboratory testing data or other testing results (e.g. X-ray). The elements of classification will vary from disease to disease.
<b>Probable</b>	A case that meets the clinical criteria but has not been confirmed by laboratory or other means. The elements of classification will vary from disease to disease.
<b>Suspected</b>	A person who has known contact with an infectious agent or is experiencing symptoms of the disease under investigation. The elements of classification will vary from disease to disease.
<b>Contact</b>	A person who is known to have been in association with an infected person such as to have had an opportunity of acquiring the infection.
<b>Contact tracing</b>	The process by which an infected person or health department employee notifies others they may have been exposed to an infected person in a manner known to transmit the infectious agent in question.
<b>Cordon sanitaire</b>	The border around an area that contains persons with a communicable disease to restrict travel in or out of the area and thereby prevent the spread of the communicable disease.
<b>Drift</b>	One process in which influenza virus undergoes mutation. The amount of change can be subtle or dramatic, but eventually as drift occurs, a new variant strain will become dominant. This process allows influenza viruses to change and re-infect people repeatedly through their lifetime and is the reason influenza virus strains in vaccine must be updated each year. See shift.
<b>Essential needs</b>	Basic human needs for sustenance including but not limited to food, water, healthcare, (e.g., over-the-counter and prescription medications, mental health services), shelter/housing, clothing and essential supplies.
<b>Epi investigation</b>	An inquiry into the incidence, prevalence, extent, source, mode of transmission, causation of, and other information pertinent to a disease occurrence.

## Definition of Terms

<b>Exposure</b>	Proximity or contact with a source of disease agent in such a way that effective transmission of the agent or harmful effects of the agent may occur.
<b>H5N1 virus strain</b>	Classification of the strain of avian influenza A currently circulating among the world's poultry population and has caused disease in humans. The H refers to a specific hemagglutinin protein and the N refers to a specific neuraminidase protein on the virus surface. There are at least 16 known subtypes of H and 9 subtypes of N in wild aquatic birds.
<b>HPAI</b>	Highly Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. HPAI is extremely infectious among humans. See Pathogenic, LPAI.
<b>Hemagglutinin</b>	An important surface structure protein of the influenza virus that is an essential gene for the spread of the virus throughout the respiratory tract. This enables the virus to attach itself to a cell in the respiratory system and penetrate it. Referred to as the "H" in influenza viruses. See neuraminidase.
<b>Immunization</b>	A procedure that increases the protective response of an individual's immune system to specified pathogens.
<b>Incubation period</b>	The interval from exposure to an infectious organism and the onset of symptoms. For pandemic influenza, it is estimated to range from two to ten days.
<b>Infection</b>	The entry and multiplication or persistence of an organism, such as the influenza virus, in the body of an individual.
<b>Inapparent</b>	An infection without recognizable signs or symptoms but identifiable by laboratory means. Also called sub-clinical.
<b>Clinically apparent</b>	An infection with recognizable signs or symptoms, such as fever, cough or runny nose.
<b>LPAI</b>	Low Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. Most avian flu strains are classified as LPAI and typically cause little or no clinical signs in infected birds. However, some LPAI virus strains are capable of mutating under field conditions into HPAI viruses. See Pathogenic, HPAI.
<b>Mutation</b>	Any alteration in a gene from its natural state.
<b>Novel influenza virus strain</b>	A new strain of influenza A that has not previously infected humans, but has undergone genetic mutation or reassortment, and has developed the ability to cause illness in humans.
<b>Neuraminidase</b>	An important surface structure protein of the influenza virus that is an essential enzyme for the spread of the virus throughout the respiratory tract. It enables the virus to escape the host cell and infect new cells. Referred to as the "N" in influenza viruses. See hemagglutinin.
<b>Outbreak</b>	The occurrence of more cases of a disease than expected.
<b>Pathogenic</b>	Causing disease or capable of doing so.
<b>Pandemic</b>	Worldwide epidemic
<b>Period of communicability</b>	The time during which an infectious agent may be transferred, directly or indirectly, from an infected person to another person.
<b>Personal protective equipment</b>	Equipment used to prevent an individual from inhaling, or coming into contact with an infectious agent. Includes gowns, gloves, masks, face shields, goggles, and personal respirators.

## Definition of Terms

<b>Prophylaxis</b>	A medical procedure or practice that prevents or protects against a disease or condition (e.g., vaccines, antibiotics, drugs).
<b>Quarantine</b>	The physical separation, including confinement or restriction of movement, of individuals who are present within an affected area or who are known, or reasonably suspected, to have been exposed to a communicable disease of public health threat and who do not yet show symptoms or signs of infection. Purpose is to prevent or limit the transmission of the communicable disease of public health threat to unexposed and uninfected individuals.
<b>Complete</b>	The full-time confinement or restriction of movement or actions of an individual who has been, or may reasonably be suspected to have been, exposed to a communicable disease of public health threat but does not have signs or symptoms of infection.
<b>Modified</b>	A selective, partial limitation of freedom of movement or actions of an individual who has been, or is suspected to have been, exposed to a communicable disease of public health threat but does not have signs or symptoms of infection. Includes limiting movement to the home, work and/or one or more other locations, the prohibition or restriction from using public or mass transportation.
<b>Respiratory hygiene</b>	Personal practices or habits to decrease the transmission of diseases spread through respiratory secretions or airborne droplets or particles. Includes covering the mouth when coughing or sneezing, disposing of tissues, avoiding coughing or sneezing into hands, and washing hands or using hand-sanitizers.
<b>Seasonal Flu</b>	A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu.
<b>Self-care</b>	The care of oneself or family without professional healthcare provider assistance or oversight. This may include monitoring and treating for fever, treating for other symptoms with over-the-counter medications, and determining when to seek medical care.
<b>Self-shielding</b>	Self-imposed exclusion from activities or locations by infected persons (e.g., by staying home from work or school).
<b>Shift</b>	The process in which the existing H (hemagglutinin) protein and N (neuraminidase) protein are replaced by significantly different H and N proteins. This can result in new variant strain of virus.
<b>Snow days</b>	Days on which offices, schools, transportation systems, etc., are closed or cancelled, as if there were a major snowstorm.
<b>Strain</b>	A group of organisms within a species or variety.
<b>Surveillance, Influenza</b>	The on-going systematic collection, analysis, and interpretation of disease activity and trend data for quickly detecting the introduction of a novel virus strain into Fairfax County and for quickly detecting outbreaks in order to facilitate early public health intervention.
<b>Passive</b>	Reporting of all influenza cases to the local health department by all physicians, persons in charge of medical care facilities, and directors of laboratories as required by the Code of Virginia, Regulations for Disease Reporting and Control.
<b>Sentinel</b>	A system that collects information from a limited sample of hospital,

## Definition of Terms

<b>Enhanced</b>	<p>clinic, and/or private laboratories. Several community physician practices in Fairfax County serve as sentinel surveillance points for influenza and provide data on cases of influenza to FCHD, VDH and CDC. Additional surveillance activities that may be implemented or scaled up to heighten ability to detect disease.</p>
<b>Susceptible individual</b>	A person or animal that is vulnerable to or potentially able to contract a disease or condition.
<b>Transmission Droplet</b>	<p>The mechanisms by which an infectious agent is spread to humans. Transmission through inhalation of large respiratory droplets that are dispersed during coughing, sneezing or talking. Transmission of influenza requires close contact (three feet or less) between source and recipient persons.</p>
<b>Contact Airborne</b>	<p>Transmission through direct contact with respiratory droplets. Transmission through inhalation of aerosolized small respiratory droplets. It is believed influenza is not transmitted in this manner.</p>
<b>Vaccine</b>	A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.
<b>Virulent</b>	Highly lethal; causing severe illness or death.
<b>Virus</b>	Simple submicroscopic parasites of plants, animals, and bacteria that often cause disease and consist essentially of a core of RNA or DNA surrounded by a protein coat. Viruses are typically not considered living organisms because they are unable to replicate without a host cell.
<b>Veterinary surveillance</b>	Surveillance for a particular disease or condition among birds and other animal populations.
<b>Waterfowl</b>	Birds that swim and live near water, including ducks, geese, and swans.
<b>Zoonoses</b>	Diseases that are transferable from animals to humans.