

**State of Louisiana
Department of Health and Hospitals
Office of Public Health**

**Pandemic Influenza Guidance
Annex 8: Containment and Mitigation**



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I. Containment and Mitigation Overview

The Louisiana Department of Health and Hospitals (DHH) Office of Public Health (OPH) considers the use of non-pharmaceutical interventions a primary component of a comprehensive containment and treatment plan to assist in the control of an outbreak of a novel influenza virus. The Antiviral and Vaccination Annexes address in detail these other critical components as well as other areas of concern, including the identification of vulnerable populations and clinical recommendations for pharmaceutical prophylaxis and treatment.

This Containment and Mitigation Annex directly addresses non-pharmaceutical intervention (NPI) strategies for an influenza pandemic in Louisiana. A variety of NPI have been used during past pandemics with varying degrees of success. Containment and mitigation strategies included in this Annex include isolation of ill individuals; self care / home care for ill individuals; policies and procedures for advising voluntary quarantine of household contacts to known or suspected cases, with monitoring; and social distancing practices within the school, workplace and community settings.

Specific containment and mitigation activities and the initiation and duration of interventions are expected to lessen the impact of an influenza pandemic on communities. Interventions will be implemented in Louisiana based on nation guidance as well as the effectiveness of these actions based on monitoring. Secondary and tertiary effects of mitigation interventions and public health recommendations by the Louisiana State Health Officer will be carefully considered and monitored during implementation. The duration of containment and mitigation actions will be based on medical and epidemiological intelligence, as well as experience within the unique State of Louisiana.

Pandemic influenza is a distinct public health emergency and potential community disaster. It is considered highly probable that at some point, a new strain of influenza virus will emerge and spread around the world. The exact timing or severity of an influenza virus capable of causing a pandemic cannot be forecast. Most experts agree that there will be one to six months between identification of a novel virus and widespread outbreaks in the United States. The effect on individual communities from each wave can be expected to last from six to eight weeks or possibly longer. Up to 40% absenteeism is possible during this time, and several outbreak waves are possible.

Pandemic influenza has the potential to affect all elements of society. A large number of cases will add burden to hospitals and other health care systems. Increased mortality during a severe pandemic is also of concern. Health and medical personnel as well as other critical infrastructure workers, i.e. law enforcement, fire, public works, will not be immune to illness. The effects within communities could be dramatic.

Mission

This Containment and Mitigation Annex provides a description of activities and general recommendations for preparedness, response, and recovery, all directed at mitigating the impact of pandemic influenza in Louisiana including isolation of ill individuals; advising voluntary quarantine of household contacts to known or suspected cases; and social distancing practices within the school, workplace and community settings. During an influenza response, guidance for that specific incident will be provided by DHH OPH. Containment and mitigation activities may evolve during a pandemic. Every effort will be made to use sound principles of public health and to minimize the burden on individuals in Louisiana.

II. Command and Control

National Incident Management

The DHH OPH Pandemic Influenza Guidance and this Guidance are compatible with the State of Louisiana Emergency Operations Plan. Further, they are compliant with National Response Framework, which requires the organization of response according to the National Incident Management System (NIMS). Operations are conducted using the Incident Command System.

The National Incident Management System was developed so that responders from different jurisdictions and disciplines can work together better to respond to natural and manmade disasters, including acts of terrorism. NIMS benefits include a unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid and resource management. While most emergency situations are handled locally, a major incident likely will warrant help from other jurisdictions, the State and the Federal Government. However, during a pandemic, additional assets may be limited or unavailable for mutual aid because they are already committed to service within their own communities. Regional coordination prior to the event may optimize the utilization of assets among multiple jurisdictions during an event.

IDEpi has clearly established authority under the State Epidemiologist in accordance with the State Health Officer. Drills and exercises, coordinated with public health and emergency management officials, should be used to validate pandemic influenza response plans and training programs. The department applies principles of the Incident Command System (ICS) and the National Incident Management System (NIMS). This authority should be maintained during an influenza pandemic. All Federal, State, local, tribal, and non-governmental personnel with a direct role in emergency management and response should be NIMS compliant.

Lead Agency

DHH OPH is the lead agency in the Pandemic Influenza Response within Louisiana. DHH works collaboratively with several State, local, and private agencies to provide trainings and other educational opportunities to ensure preparedness during a pandemic situation. Meetings and exercises also contribute to the success of State operations, and training programs ensure a variety of educational opportunities address the Pandemic Influenza Response topics. IDEpi has an integral part in leadership during a pandemic influenza event.

During an emergency or disaster, some administrative procedures may be suspended, relaxed, or made optional. Such action will be carefully considered, and the consequences should be projected realistically. Departures from usual guidelines will be stated in the Governor's State of Emergency Order and in emergency plans or guidelines.

Roles and Responsibilities

Reporting Requirements - Media

The DHH BMAC will participate in communication coordination with the Joint Information Center. Regular reporting of items may include a media calendar, scheduled events, press release dates and media clipping highlights.

Community Mitigation Monitoring

The State of Louisiana will implement processes to monitor and evaluate the effectiveness of containment and mitigation interventions. Activities will be individually monitored by the responsible agency, and the results reported through active agency participation at the State Emergency Operations Center (EOC). All State agencies are represented at the EOC, with additional participation from private industry and the business community where appropriate. The EOC will have consistent and current information such as school absenteeism, emergency room visits, hospital bed capacity, law enforcement information and additional data sources. Real-time data will allow decision makers at the EOC to evaluate the effectiveness of mitigation measures. Full details of the State of Louisiana Emergency Operations Plan can be found in the Emergency Support Function (ESF) plan through the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP).

Infectious Disease Reporting Information System (IDRIS) Summary

Louisiana's DHH OPH has the Infectious Disease Reporting Information System (IDRIS). IDRIS is a web-based system designed to allow reporting of infectious diseases and other reportable conditions, as mandated by Louisiana Sanitary Code through web access. The Sanitary Code requires that "every physician, osteopath, coroner, medical examiner, dentist, homeopath, infection control practitioner, medical records director, nurse, nurse midwife, nurse practitioner, pharmacist, physician assistant, podiatrist, social worker, veterinarian, and any other health care professional" report a case of reportable disease. IDRIS facilitates this reporting and is used by most hospitals and large medical groups within the State.

In case of a Public Health Emergency such as a pandemic of influenza it may be necessary to create new reportable conditions, post case definitions, collect detailed information on the case, list the contacts and collect information on the contacts. These activities can be accomplished by IDRIS in a short period of time.

In a pandemic influenza situation the following measures may be implemented

- 1-Use these new conditions: novel influenza case, contact of a novel influenza case
- 2-Use a laboratory data entry screen to document laboratory tests performed on novel influenza cases and contacts
- 3-Use a Supplementary Case Investigation Form to document:
 - Changes in case status
 - Isolation and/or quarantine
 - Monitoring of suspect case

- History of hospitalization
- Preventive or curative treatment
- Complications and Deaths

Surveillance and Reporting – Department of Education

In a pandemic, enhanced surveillance of influenza cases is imperative to track the disease and to assist in making mitigation decisions. Notice of school closing, reopening or cancellation of activities will be publicized through local media, the district's web site and the district's information line. In Louisiana, the school superintendent or designee is charged with monitoring reportable diseases in schools and reporting to health authorities in accordance with law.

III. Planning

Containment and Mitigation Preparedness Practice

The State constantly seeks opportunities to assist with event specific planning and to work with local partners. These opportunities establish and reinforce relationships which are critical during response efforts. Exercises and practices are approached as all-hazards, with the unique challenges of an influenza pandemic recognized. Various aspects of this Guidance have been exercised or drilled in accordance with the pandemic influenza preparedness and SNS planning requirements. This provides a strong community response and cooperation upon which ongoing planning is based.

Non-Pharmaceutical Intervention Mitigation Strategy

Vaccination and sound clean hands / respiratory hygiene are the best control measures available for the prevention of influenza. A vaccine against a novel influenza strain will initially not be available. The supply of antiviral medications may be limited and with yet undetermined efficacy. Additional interventions may be used to limit the spread of the virus. For these reasons, a menu of mitigation strategies known as non-pharmaceutical interventions (NPI) have been proposed to attempt to slow down the spread of the pandemic strain of influenza until a strain specific vaccine becomes available. The DHH OPH recognizes the importance of these containment and mitigation measures and will employ those shown to be effective to the fullest extent possible, in a manner that is consistent to meet the overall objectives of OPH during a pandemic.

The first goal of non-pharmaceutical interventions is to reduce overall morbidity and mortality; the second, to prevent social disruption; and the third would be to minimize economic damage. Examples of NPI's that could be employed include the voluntary isolation of cases, voluntary quarantine of household contacts and social distancing practices. Social distancing may include public transportation system modifications, delay or cancellation of public gatherings such as sporting events as well as other community activities including business operations, educational or faith-based closures. Infection control measures such as hand hygiene, cough etiquette, and the appropriate use of personal protective equipment will be recommended early and throughout a pandemic.

In the past, various combinations of these measures have been used under epidemic and pandemic circumstances in an attempt to control the spread and overall burden of influenza in the community. It is well recognized that some of these containment and mitigation strategies could have a serious impact on the ability of systems to deliver to achieve their missions and provide essential services.

Other containment and mitigation strategies could result in significant disruption of the social functioning of communities and possibly result in serious economic problems. The scientific evidence base for some NPI's is also limited. Situations both nationally and within Louisiana

will be monitored throughout implementation of each NPI. The recommendations in this Containment and Mitigation Guidance are based on a thorough review of the facts that are available, routine practices, the practicality of implementation and the ability for people to adhere to the NPI recommendations.

This Planning Section explains the theory and practicality of strategies suggested while the Operations Section summarizes actual recommended activities for containment and non-pharmaceutical interventions aimed at slowing spread of influenza and decreasing overall burden of disease.

Goals of Non-Pharmaceutical Interventions (NPI)

The goals of using NPIs are to: 1) shift the epidemic curve to the right (to delay the peak of the pandemic in order to provide more time for vaccine to become available); 2) decrease the epidemic peak, and; 3) reduce the number of cases, thus decreasing morbidity and mortality within the State. The CDC has recommended the following community-based pandemic mitigation strategies of isolation, quarantine, and social distancing.

Epidemiological investigations may provide additional information during a pandemic. Guidance will be customized for a specific pandemic and will evolve during response to a pandemic.

Pandemic Severity Index

In February 2007, the Centers for Community Disease Control and Prevention (CDC) released “Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Non-Pharmaceutical Interventions”, which can be found at <http://www.pandemicflu.gov/plan/community/commitigation.html>, to provide community guidance that focused on measures other than vaccination and drug treatment that may be useful during an influenza pandemic.

The Pandemic Severity Index was also introduced to help local decision-makers with recommendations that are matched to the severity of future pandemics. Case fatality ratios are the proportion of deaths among those infected, and is determined early in pandemic intervals. Based on the case fatality ratio, the Pandemic Severity Index uses five categories to recommend which NPIs should be used and for what duration they should be implemented. The CDC’s director is responsible for designating the category of the emerging pandemic.

The CDC Summary of Community Mitigation Strategy by Pandemic Severity describes interventions by setting. These settings include Home, School and Workplace/Community. The Home setting focuses on voluntary isolation of ill individuals and voluntary quarantine of

household members. This is general guidance for antiviral treatment as available and as indicated for ill individuals and for prophylaxis of household members in homes with ill persons if effective, feasible and available. The School setting focuses on child social distancing in the school as reducing out of school contacts. The Workplace/Community setting is related to adult social distancing to decrease the number of social contacts, increase distance between persons, modify or cancel public gatherings to promote social distancing and modify workplace practices.

The Pandemic Severity Index (PSI) and the CDC's Summary of Community Mitigation Strategy are attached as Figure 1 and Table 1.

Triggers, Periods, Phases, Stages, and Intervals of a Pandemic

The State of Louisiana will use the guidance and assistance of the Centers for Disease Control and Prevention, along with the guidance of the Community Mitigation Strategy by Pandemic Severity to gauge the response to a pandemic. Specific Interventions in each category will be implemented based on the best scientific and epidemiologic evidence defined by the Category of the pandemic.

NPI's will not only be implemented based on the Case Fatality Ratio of the pandemic, but also by sound epidemiologic and the best medical information at the time of the event. These actions and interventions will evolve over time and as information becomes available. Interventions may be needed at the beginning when cases begin to show up, during the time when new infections are rapidly increasing, or when the epidemic curve is declining. The Louisiana State Health Officer in cooperation with the CDC will define and recommend interventions based on the best scientific and epidemiologic evidence to slow the spread and impact of a pandemic in Louisiana.

The periods, stages, and intervals are outlined in Figure 2, attached in Section VIII Supporting Documents is used in creating community mitigation plans and recommendations. For further elaboration on the Intervals and specificity for Louisiana, please refer to the Louisiana Pandemic Influenza Guidance

IV. Operations Section

Concept of Operations

This Containment and Mitigation Annex is created with a cooperative, developing management concept. The State Health Officer is the point of contact to obtain, interpret, implement and disseminate key pandemic influenza information. Disease specific planning, prevention, surveillance, emergency management, response, mitigation and recovery discussions is the role of DHH OPH. National guidance and subject matter experts provide valued contributions. Support from other State agencies and organizations will be required for effective and efficient pandemic influenza preparedness and response.

Containment Activities during Interval Response

DHH OPH has determined that the most efficacious use of resources occurs with coordination of interval planning. The Intervals for Pandemic Influenza Response, including the Louisiana and national triggers are listed as Table 4. It is noted that due to the rapid spread of a novel influenza, several of these pandemic intervals may occur concurrently to one another.

Immediately upon notification of a threat or an imminent or actual incident, the following actions will be taken, as required, according to the Interval structure for Community response.

Investigation Interval – Investigation of Novel Influenza Cases

Affected State – A State where a sporadic case of novel influenza is detected.

- Voluntarily isolate and treat human cases
- Voluntarily quarantine if human-to-human transmission is suspected, monitor, and provide chemoprophylaxis to contacts
- Assess case contacts to determine human to human transmission and risk factors for infection
- Share information with animal and human health officials and other stakeholders, including reporting of cases according to the Nationally Notifiable Diseases Surveillance System and sharing virus samples
- Disseminate risk communication messages

Unaffected State - A State not currently investigating novel influenza cases

- Continue to maintain State surveillance
- Continue to build State and local countermeasures stockpile
- Continue to develop and promote community mitigation preparedness activities, including plans and exercises
- Continue refining and testing healthcare surge plans

Recognition Interval – Recognition of Efficient and Sustained Transmission

Affected State – A State where human to human transmission of a novel influenza virus infection is occurring and where the transmission of the virus has an efficiency and sustainability that indicates it has potential to cause a pandemic. This represents the detection of a potential pandemic in the U.S. before recognition elsewhere in the world.

- Continue/initiate actions as above (Investigation)
- Implement case-based investigation and containment
- Implement voluntary contact quarantine and chemoprophylaxis
- Confirm all suspect cases at public health laboratory
- Report cases according to Nationally Notifiable Diseases Surveillance System
- Conduct enhanced pandemic surveillance
- Prepare to receive SNS countermeasures
- Disseminate risk communication messages
- Implement appropriate screening of travelers and other border health strategies, as directed by CDC

Unaffected State – A State not meeting the criteria above. This may represent either that recognition of a potential pandemic is occurring in another State, or is occurring outside the United States.

- Continue/initiate actions as above (Investigation)
- Prepare for further investigation and response
- Conduct enhanced pandemic surveillance
- Prepare to receive SNS countermeasures
- Disseminate risk communication messages
- Implement appropriate screening of travelers and other border health strategies, as directed by CDC

Initiation Interval – Initiation of the Pandemic Wave

Affected State – A State with at least one laboratory-confirmed pandemic case.

- Continue/initiate actions as above (Recognition)
- Declare Community Mitigation Standby if PSI Category 1 to 3, declare Alert if PSI Category is 4 or 5
- Continue enhanced State and local surveillance
- Prepare for pre-pandemic vaccination campaigns if H5N1 pre-pandemic vaccine is available
- Offer mental health services to health care workers.
- Prepare infrastructure for the pandemic vaccination campaign

Unaffected States – A State with no laboratory-confirmed pandemic cases.

- Continue/initiate actions as above (Recognition)
- Declare Community Mitigation Standby if PSI Category 4 or 5
- Prepare for investigation and response
- Prepare for healthcare surge
- Review and prepare to deploy mortuary surge plan
- Deploy State/local caches
- Prepare to transition into emergency operations
- Prepare infrastructure for the pandemic vaccination campaign

Acceleration Interval – Acceleration of the Pandemic Wave

Affected State – A State that has two or more laboratory-confirmed pandemic cases in a State that are not epidemiologically linked to any previous case; or, has increasing numbers of cases that exceed resources to provide case-based control measures

- Continue/initiate actions as above (Initiation)
- Activate community mitigation interventions for affected communities
- Transition from case-based containment/contact chemoprophylaxis to community interventions
- Transition surveillance from individual case confirmation to mortality and syndromic disease monitoring
- Begin pre-shift healthcare worker physical and mental health wellness screening
- Implement vaccination campaigns if H5N1 pre-pandemic vaccine is available
- Monitor pre-pandemic vaccination coverage levels, antiviral use, and adverse events
- Prepare infrastructure for the pandemic vaccination campaign
- Monitor effectiveness of community mitigation activities

Unaffected State – A State that has not met the criteria above.

- Continue/initiate actions as above (Initiation)
- Prepare for investigation and response
- Prepare for healthcare surge
- Review and prepare to deploy mortuary surge plan
- Deploy State/local caches
- Prepare to transition into emergency operations
- Implement H5N1 pre-pandemic vaccination campaigns if vaccine is available
- Prepare infrastructure for the pandemic vaccination campaign
- Monitor pre-pandemic vaccination coverage levels, antiviral use, and adverse events

Peak/Established Transmission Interval – Transmission Established; Peak Wave

Affected State – A State in which 1) >10% of specimens from patients with influenza-like illness submitted to the State public health laboratory are positive for the pandemic strain during a seven day period, or, 2) “regional” pandemic influenza activity is reported by the State Epidemiologist using CDC-defined criteria, or, 3) the healthcare system surge capacity has been exceeded.

- Continue/initiate actions as above (Acceleration)
- Manage health care surge
- Maintain critical infrastructure and key resources
- Laboratory confirmation of only a sample of cases as required for virologic surveillance
- Implement surveillance primarily for mortality and syndromic disease
- Implement pandemic vaccination campaign when vaccine becomes available

Unaffected States – As transmission increases in the U.S., States are likely to be in different intervals. Thus, States should anticipate the actions needed for subsequent intervals and plan accordingly.

Deceleration Interval – Deceleration of the Pandemic Wave

Affected State – A State where <10% of specimens from patients with influenza-like illness submitted to the State public health laboratory are positive for the pandemic strain for at least two consecutive weeks, or, the healthcare system capacity is below surge capacity.

- Continue/initiate actions as above (Peak/Established Transmission)
- Assess, plan for, and implement targeted cessation of community mitigation measures if appropriate
- Transition surveillance from syndromic to case-based monitoring and confirmation
- Initiate targeted cessation of surge capacity strategies
- Maintain aggressive infection control measures in the community
- Continue pandemic vaccination campaign

Resolution Interval – Resolution of the Pandemic Wave

Affected State – A State where active virologic surveillance detects pandemic cases occurring sporadically.

- Continue/initiate actions as above (Deceleration)
- Rescind community mitigation interventions

- Continue case confirmation of selected cases to verify resolution of pandemic wave
- Resume enhanced virologic surveillance to detect emergence of increased transmission.
- Prepare for possible second wave
- Continue to promote community mitigation preparedness activities on standby for second wave
- Continue pandemic vaccination campaign
- Conduct after-action review for lessons learned
- Replenish stockpiles/caches as able

Control and Mitigation Communication

Control and mitigation strategies depend on an effective, efficient, and consistent communication strategy. In all of the mitigation strategies mentioned, it is important to partner with the responsible agency or group that can facilitate not only information dissemination, but also can effect true compliance with the recommendations. This communication strategy will be facilitated by a close partnership and direct working relationship with the State Joint Information Center. DHH OPH will also partner with media, government, and private industry to ensure that community mitigation strategies were effectively communicated and detailed.

Individual Measures

Individual measures will be the key component to slowing and preventing infection in communities. It is critical that the communication plan provide detailed descriptions and widespread dissemination of complete and consistent individual measures during a pandemic. Complete detail of individual measures can be found in the Healthcare Annex of the State Emergency Operations Plan. They include full descriptions of individual measures, as well as community resources such as posters and handouts to facilitate understanding of these measures. These individual measures will be widely and extensively distributed in a format that is easy to use/print and post.

Recommendations for Individual Measures

Good hand washing, cough etiquette, and environmental cleaning are always recommended public health practices. These practices are currently promoted using public information campaigns for seasonal influenza to increase awareness, and will be intensified and expanded during a pandemic.

In general, there is not insufficient scientific evidence to recommend respiratory protection for the general public, but it will not be discouraged. Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearer's likelihood of coughing on others. There is evidence to suggest that there is reduced transmission of virus from those who are ill and wear a facemask.

These persons, however, should not use this as evidence to go out in public or interact with others until they are non-contagious. The time spent in crowded settings should be as short as possible. Until such time as new data are available, CDC also recommends that selected individuals who provide care for a sick person in whom close contact is inevitable consider wearing a mask, if available. National guidance for healthcare professionals may include the use of N-95 masks. Masks may be appropriate in some settings for persons with signs and symptoms of respiratory infection.

Hand Washing

Influenza viruses can survive on the hands for up to five minutes. Therefore, regular hand washing is a common sense action that should be widely followed after coming into contact with ill persons or soiled surfaces, and also at simple frequent intervals. When hands are soiled it is important that soap and water be available for hand washing. Alcohol-based hand hygiene products do not work well in the presence of organic matter but offer an alternative for situations when hands are not visibly dirty. Hand washing posters for both institutional and community settings are available on the CDC and DHH websites.

Cough Etiquette

Covering one's mouth when coughing, preferably while using disposable tissues or coughing into the elbow may be of some value in lowering the risk of transmission of influenza viruses. These actions should become routine practice. "Cover your Cough" posters and an educational video about proper cough technique are available and may be demonstrated during interviews and at educational opportunities.

Home Care

Home care will be the predominant mode of care for most people infected with influenza. During the Pandemic Alert Phases, individuals should discuss with their health care provider specific recommendations for the use of antiviral medications and vaccination. The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider.

Resources are available to assist individuals and families with preparing for an influenza pandemic at <http://www.pandemicflu.gov/>, and on www.fighttheflula.com.

Simple steps that individuals and families may take to prevent the spread of respiratory illnesses like influenza include:

- Avoid close contact with people who are sick.
- Wash hands often (hourly).
- Cover mouth and nose with a tissue when coughing or sneezing.
- If sick, stay at home and keep at least 3 feet away from others.

- In general, an ill person can be considered contagious until they have been fever-free for 24 hours, without the use of fever-reducing medications.

Caring for Someone with Influenza At Home

- Keep the ill person as comfortable as possible. Rest is important.
- Keep tissues and a trash bag for their disposal within reach of the patient.
- Keep in mind that low-grade fever is a sign that the patient is fighting the infection. It will go away as the patient is getting better. Sponging with lukewarm (wrist temperature) water may lower the patient's temperature, but only during the period of sponging. **Do not sponge with alcohol.**
- Watch for complications of influenza. Complications may be more common in individuals with health conditions such as diabetes, heart and lung problems, but may occur with anyone who has the flu.
- Call your healthcare provider if the ill person:
 - Has difficulty breathing, fast breathing, or bluish color to the skin or lips
 - Begins coughing up blood
 - Shows signs of dehydration and cannot take enough fluids
 - Does not respond or communicate appropriately or appears confused
 - Complains of pain or pressure in the chest
 - Has convulsions (seizures)
 - Is getting worse again after appearing to improve
 - Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

Medications

- Use ibuprofen or acetaminophen or other measures, as recommended by your healthcare provider for fever, sore throat and general discomfort.
- Do not use aspirin in children or teenagers with influenza because it can cause Reye's syndrome, a life-threatening illness.

Fluids and Nutrition

- If the patient is **not** vomiting, offer small amounts of fluids frequently to prevent dehydration, even if he or she does not feel thirsty. If the ill person is not eating solid foods, include fluids that containing sugars and salts, such as broth or soups, sports drinks (diluted with half water), ginger ale and other sodas, but **not** diet drinks. Regular urination is a sign of good hydration.
- Recommended minimum daily fluid intake, if not eating solid food:
 - Young children – 1.5 ounce per pound of body weight per day (Example: a 20 lb. child needs approximately 30 oz. of fluid per day)
 - Older children and adults – 1.5 to 2.5 quarts per day

- If the patient is vomiting, do not give any fluid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear fluid every 10 minutes. If the patient vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear fluid. When there is no vomiting, gradually increase the amount of fluid offered and use fluids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saltine crackers, soup, mashed potatoes or rice. Gradually return to a regular diet.
- Babies who are breast-fed and vomiting can continue to nurse. Feed smaller amounts more often by breast-feeding on only one breast for 4-5 minutes every 3-60 minutes or by offering teaspoonfuls of Pedialyte® or Lytren® every 10 minutes.
- Make sure the patient avoids drinking alcohol and using tobacco. Smoking should not be allowed in the home.
- Watch for signs of dehydration:
 - Weakness or unresponsiveness
 - Decreased saliva/dry mouth and tongue
 - Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out to its normal shape right away. If a patient is dehydrated, the skin will “tent” or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
 - Decreased output of urine, which becomes dark in color from concentration. Ill persons who are getting enough fluids should urinate at least every 8 hours.
- If the ill person is dehydrated, give sips or spoonfuls of fluids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of the urine and improvement in the patient’s overall condition. These are signs that the increased fluids are working.
 - Children under 5 years: Give 1 ounce per pound body weight over 4 hours (example: a 20 lb child needs 20 oz. or 2-3 cups of liquid over 4 hours)
 - Older children and adults will need 1-2 quarts of fluids over the first 4 hours

This review of at-home care and medication is based on current information from the U.S. Department of Health and Human Services Influenza Pandemic Plan, and is subject to change. Up-to-date guidance will be available from your healthcare provider. Guidance/treatment from personal healthcare providers should always take precedence over the above information.

Voluntary Isolation

Isolating symptomatic influenza patients either at home or in the hospital is probably the most important measure that can be taken to reduce the transmission of influenza and slow the spread of illness within a community. Those who are sickest will likely be the ones to seek medical care, and are most likely the most contagious as well. Due to the large volume of ill persons in a pandemic, hospitals and other health care agencies are likely to be overwhelmed. Therefore,

voluntary self-isolation of ill persons and self-quarantine of exposed persons will play an enormous role in slowing the spread of the virus.

Simply put, a policy of asking those who are ill and do not need specialized medical treatment to “stay home while you are ill” will do more good than any other intervention during a pandemic.

The recommendation for voluntary isolation of ill patients with pandemic influenza not requiring hospitalization is to remain at home voluntarily for the infectious period, five to seven days after symptom onset and/or 24-hours after fever subsides without the use of fever reducing medication.

There are a number of considerations that could deter people from voluntarily staying at home that must be dealt with before this strategy can be effective.

- Basic medical and food supplies would have to be readily available.
- Economics concerns, such as the difficult to persuade those with no paid sick leave not to go to work would have to be addressed.

Recommendations for Isolation

1. Ill persons should be asked to voluntarily stay at home during their illness. It is important to note that mechanisms to support the request for ill persons to stay home must be in place if this strategy is to be successful. Therefore, the development and support of systems to provide food, supplies, and medications must be a priority during response.
2. Large-scale enforced isolation and/or quarantine practices late in a pandemic should not be employed.

Personal Protective Equipment – Masks and Respirators

The preponderance of evidence points to the influenza virus being transmitted by contact and via large droplets. Adults can shed influenza virus one day before symptoms appear and up to five days after onset of illness. Also, there may be a significant proportion of asymptomatic infected individuals. Therefore, the selective use of masks when close to an ill person may not effectively limit transmission in the community and the emphasis should be focused on cough etiquette (as above) for persons with respiratory symptoms whenever they are in the presence of another person, including at home, school, work or other public places. An ill person who **MUST** briefly go into the community should be encouraged to wear a mask to protect others.

There is no scientific evidence available to support the use of respiratory protection in the community, school or work by healthy persons to limit the spread of the influenza virus. In spite of this, it is acknowledged that fear will drive some members of the public to resort to wearing masks during a pandemic. Public health officials must recognize that although there is no

evidence to support the practice of wearing masks, they should not do anything to discourage it. In September of 2009, the CDC released guidance stating that facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearer's likelihood of coughing on others. The time spent in crowded settings should be as short as possible. Until such time as new data are available, CDC also recommends that selected individuals who provide care for a sick person in whom close contact is inevitable consider using an N-95 respirator, if available. Additionally, providing information on the importance of social distancing being a more appropriate strategy than making would also be helpful. Whenever possible, rather than relying on facemasks and respirators, close contact and crowded conditions should be avoided during and influenza pandemic.

Persons who are diagnosed with influenza or who have a febrile respiratory illness should remain at home in self isolation until the fever is gone (for at least 24 hours without the use of fever reducing medications) and the cough is resolving to avoid exposing other members of the public. If such symptomatic persons cannot stay home during the acute phase of their illness, it does make sense for them to wear a surgical mask when it is necessary to interact with others. An N-95 mask would be inappropriate for this purpose and would not provide any additional protection. In addition, masks are recommended for use by symptomatic, post-partum women while caring for and nursing their infant.

Community Based Measures

To contain the spread of a contagious illness, public health authorities rely on many strategies. Two of these strategies are isolation (reviewed earlier) and quarantine. Both are common practices in public health, and both aim to control exposure to infected or potentially infected persons. Both may be undertaken voluntarily or as directed by public health authorities. The two strategies differ in that isolation applies to persons who are known to have an illness, and quarantine applies to those who have been exposed to an illness but who may or may not become ill. Requirements for success of isolation and quarantine depend on many factors but most importantly include prompt and accurate identification of an ill person in the household and appropriate use of hygiene and infection control practices in the home. Community leaders should attempt to reduce stigma associated with isolation and quarantine prior to a pandemic.

Quarantine

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy like isolation, in that it is intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from certain diseases. Influenza with pandemic potential was added to the list of federally quarantifiable

diseases in April 2005. States generally have authority to declare and enforce quarantine within their borders. This authority varies widely from state to state, depending on state laws. The CDC, through its Division of Global Migration and Quarantine, also is empowered to detain, medically examine, or conditionally release persons suspected of carrying certain communicable diseases.

Quarantine is likely to have a limited impact in preventing the transmission of pandemic influenza due to the short incubation period of the virus, the ability of persons with asymptomatic disease to transmit virus, and the possibility that early symptoms among persons with a novel influenza strain may be non-specific, delaying recognition and implementation of containment. However, early implementation of quarantine when pandemic influenza is first detected in the United States and when the scope of the outbreak is focal and limited may slow geographic spread. Examples (using Avian H5N1 flu as the strain) of specific instances where quarantine may be helpful:

- For the first suspected or confirmed cases of novel influenza in Louisiana. For example, suspected or confirmed case(s) of avian influenza (H5N1) in person(s) who have traveled to an H5N1 affected country and have been exposed to sick poultry (either through handling or eating poultry products) or a laboratory-confirmed or epidemiologically linked human case of H5N1 influenza.
- Suspected or confirmed cases of avian influenza A (H5N1) or another novel strain of influenza in travelers on airplanes, trains, or buses about to arrive in Louisiana.
- Suspected or confirmed cases of avian influenza of any type in persons with known exposure to sick poultry or birds in Louisiana.
- Clusters of avian influenza A (H5N1) or another novel strain of influenza in small, well defined settings, such as a military base; and
- Cases of laboratory exposure to avian influenza A (H5N1) or influenza viruses with the potential to cause a pandemic (e.g. influenza A H2N2).

Contacts of households with ill individuals during an influenza pandemic may be recommended to stay home for 7-10 days following the symptom onset in the household member. Even if household members are not experiencing symptoms, voluntary quarantine is important based on previous experience with influenza. A significant proportion of individuals may shed virus and infect others in the community despite having no symptoms or mild illness that may not be recognized as pandemic influenza.

Later in a pandemic when disease transmission is occurring in communities around the State, individual quarantine is much less likely to have an impact and likely would not be feasible to implement. There are no historical or scientific studies that support large-scale quarantine measures of groups of possibly infected persons for extended periods in order to slow the spread of influenza. The negative consequences of large-scale quarantine are so extreme that this mitigation strategy should be eliminated from serious consideration.

Recommendations for Quarantine

1. Early enforced quarantine of small numbers of people when the pandemic virus is first introduced in the State may be helpful and should be considered in examples cited above.
2. Large-scale enforced quarantine measures late in a pandemic should not be considered.
3. Voluntary self-quarantine of persons exposed to persons who are ill with pandemic influenza is recommended.

Environmental Cleaning

Survival studies have documented that Influenza A and B can survive under the right conditions on hard, non-porous surfaces for approximately 24-48 hours and on cloth, paper, or tissue for 8-12 hours. However, low-level disinfectants are very effective in removing and killing these viruses. Ethyl or isopropyl alcohol, chlorine (100ppm; 1:500 dilution of 5.25% sodium hypochlorite), iodophors, phenolic quaternary ammonium compounds and hydrogen peroxide are all effective disinfectants for killing influenza viruses. Cleaning with soap and water is a prerequisite to disinfection. Therefore, soiled surfaces should be cleaned with soap and water prior to disinfection or using a cleaner/disinfectant, with different concentrations depending on surface type and communal area addressed.

Social Distancing Measures

Social distancing strategies are non-medical measures intended to reduce the spread of disease from person-to-person by discouraging or preventing people from coming in close contact with one another. Numerous strategies for social distancing may be used during a pandemic, some examples are: school closures, requiring employees to work from home, alternate shift work, closing non-essential agency functions, flex scheduling, and cancellation of sporting events. The purpose of social distancing is to decrease contact between community members therefore decreasing the ability to transmit disease.

Social Distancing – Children

Many factors contribute to the reasons that children are important for transmission of influenza: they are more susceptible to disease, they shed more influenza virus, they are not skilled at handling their own secretions, and they are in close proximity to other children for most of the day at school. School closures can interrupt an important area of transmission and will be addressed by the State Health Officer in partnership with the Department of Education (DOE) and relevant Community officials. These activities, procedures, roles and responsibilities have been exercised by DOE/DHH in several tabletop drills, and also during the H1N1 event (2009) when 8 schools in LA were closed/reopened. It is imperative that when closing schools other social distancing measures be undertaken to prevent large gatherings of children elsewhere in the community.

Social Distancing – Adults

Though children seem to be the most important amplifiers of disease transmission, adult-adult spread is also important in sustaining a pandemic. Adults may decrease their risk of infection by minimizing their non-essential social contacts and exposure to socially dense environments. Social distancing strategies which are considered low cost and easy to sustain, examples include: going to the grocery store once a week rather than every other day, avoiding large public gatherings such as football games or concerts, prearranging teleworking arrangements for work when possible, arranging workers in shifts rather than a normal work day, and spreading desks apart in the workplace.

Public Gathering Restrictions

The effectiveness of canceling public gatherings has not been established. However, it seems prudent that consideration be given to closing any planned public gathering during a pandemic as a method of limiting person-to-person contact. If a public gathering is necessary the following guidelines are appropriate:

- The facility where the gathering is held should be cleaned thoroughly utilizing normal cleaning products. Use clean water, detergent, with special attention to frequently touched and horizontal surfaces.
- Promote hand hygiene and cough etiquette.
- Space individuals at least three feet apart during large gatherings. Increasing the number of gatherings and limiting the number of attendees is one way of accomplishing this. Use audio/visual technology to broadcast the presentations to other rooms or buildings, allowing the groups to be split into smaller numbers.
- Encourage sick people to stay home.

Recommendations

1. Canceling public gatherings during a pandemic may be recommended when public health authorities feel that cancelling such gatherings would lessen the spread of pandemic influenza.
2. If public gatherings are essential during a pandemic, the above guidelines should be followed.

Vulnerable Populations

Vulnerable populations have been prioritized in all hazards planning in Louisiana. The Operation Prepare field deployment exercise occurred throughout Louisiana during the summer of 2007, and regional exercises based on this occur regularly throughout the State. Participating agencies included DHH OPH and the Center for Community Preparedness. This community outreach effort focused on educating Hurricane Katrina and Rita affected communities and at-risk populations through crisis literature and surveys about preparation for evacuation and disasters, including pandemic influenza. The event also tested the ability of public health agencies and partners to reach at-risk populations during an emergency, their knowledge and

ability to operate within the National Incident Management System, and their communications plans and equipment. OPH teams also used the opportunity to provide free health screenings (with blood pressure checks, immunizations, and mental health consultations) via mobile clinics.

The exercise was conducted in phases across the State. Educational efforts targeted housing development residents, the Vietnamese population of the New Orleans area, displaced Hurricane Katrina residents living in Baton Rouge, rural residents in low-lying marsh areas, and elderly residents in areas affected by Hurricane Rita. Dozens of emergency response and public health agencies, businesses, non-profit organizations, and churches partnered with OPH to make Operation Prepare a success. This model may be used in times of public health crisis.

The Office of Aging and Adult Services and the Bureau of Minority Affairs have also conducted outreach efforts for emergency preparedness. These agencies are a mechanism to provide information to this often overlooked population. The Office of Aging and Adult Services (OAAS), in collaboration with the Office for Citizens With Developmental Disabilities (OCDD), The Arc of Louisiana, People First of Louisiana, Families Helping Families and AARP Louisiana has conducted emergency planning and preparedness training sessions for people with disabilities, people with special needs, and older adults, their family members and advocates. The primary goal of these presentations was to improve disaster readiness, response and recovery for people with disabilities, their families, provider, and support coordination agencies.

Workplace Recommendations

One of the primary needs during a pandemic will be to maintain essential governmental, community and business continuity. It is possible that thirty percent of the workforce may be absent due to illness at any given time, and it may be difficult to maintain adequate staffing for many important functions. Many essential services may be disrupted if large numbers of public health, law enforcement, first responders, health care, communications, transportation, and public utility personnel are not able to carry out critical functions due to illness. It is therefore extremely important that continuity of services/operations plans (COOP) be in place to minimize the impact. A COOP is included as an annex to the Louisiana Pandemic Influenza Guidance.

During a pandemic, it will be essential to provide consistent communications to workplaces throughout Louisiana. These communications will include health information for employers and employees, safe workplace policies, and human resource information. Also, broader community information will also be shared. The details of how this information will be created, distributed, and updated to workplaces throughout Louisiana is described in the Community Annex of the Louisiana Pandemic Influenza Guidance. Some of the publications previously created are entitled “Ensure Communication Capabilities during Each Phase of the Pandemic” and “Mitigate the Impact of an Influenza Pandemic on Workers in the State.”

Education Systems

School systems represent an important element in pandemic influenza preparedness for several reasons. First and foremost of these reasons is that children easily transmit influenza to one another through close proximity, and their general lack of awareness and compliance with basic hygienic measures makes this age group a foci of influenza transmission in communities. In a pandemic, long-term and widespread absenteeism may occur due to the lack of immunity and until a vaccine becomes available, students, teachers, and staff would be highly susceptible to a novel virus. This type of absenteeism occurs on a smaller basis annually due to seasonal influenza outbreaks. However, in a pandemic the impact would be much greater and the longer duration of the outbreak would create unique challenges.

Probably the most controversial mitigation strategy related to schools is the concept of school closure during a pandemic. Currently there is not complete consensus as to the effectiveness of this strategy. Models have suggested that early implementation of school closures may slow the spread of overall disease within a community. However, school closures to limit the transmission of pandemic influenza have the potential for profound implications for the education of students and for the economy of a community. These actions will be seriously considered and carefully implemented.

While it may be necessary to close schools for periods of time during a pandemic, the goal of every community should be to keep schools open and safe whenever feasible. If school closures are anticipated, the negative impacts of the closures on society, students, and staff should be minimized in every way possible. The triggers for closing and reopening schools will include well developed communication strategies, and the policies and procedures for implementing closures will be consistent. Decisions to close schools will be based upon the best science available and in collaboration with all stakeholders, including State and local health authorities, school administrators, teachers, staff, students, parents, and stakeholders. The following is a summary of policies that have been developed to assist in this endeavor.

The Louisiana Department of Education (DOE), the Louisiana Board of Regents (BOR), and the Office of Public Health (OPH) have collaborated to educate and inform schools about a possible pandemic and the issues unique to educational settings that need to be addressed. The DOE has plans for its own operations in the event of a pandemic and how best to provide planning and response resources to both public and private school districts in Louisiana. During the 2009 H1N1 pandemic, meetings and cross-functional task force operations were operationalized in order to ensure cooperative planning between agencies.

The Department of Education Influenza Operational Plan workgroup determined that the first line of response to such a pandemic needs to occur directly at the local educational agency, or school district level, as the DOE has no statutory authority to initiate school closures. In Louisiana, that responsibility and authority lies directly with local school districts. To that end, the work group developed policy guidance documents to disseminate to school district

administrators. What follows is an abstraction of the full Louisiana Department of Education Pandemic Influenza Guidance to School Districts for pandemic planning

- Review and update State-mandated school and district Crisis Management Plans and policies. A checklist from the U.S. Department of Health and Human Services will assist schools in reviewing and/or improving these plans to prepare for and respond to an influenza pandemic.
- Plan for the delivery of educational services in the event of staff illnesses, including a menu of State-level strategies that may be employed in the event of long-term closures.
- Establish plans for the orderly closure and re-opening of schools and daycare centers
- Identify community and State resources to assist with continuity of operations during a pandemic
- Determine how information will be shared with parents and guardians during such an event

Daycare Centers

Daycare centers represent an additional element in pandemic influenza preparedness for several reasons. Young children easily transmit infectious diseases to one another due to their close proximity and their general lack of awareness and compliance with basic hygienic measures. In a pandemic, long-term and widespread absenteeism may occur due to the lack of immunity and until a vaccine becomes available, students, teachers, staff and parents would be highly susceptible to a novel virus. This type of absenteeism occurs on a smaller basis annually due to seasonal influenza outbreaks, however in a pandemic the impact would be much greater and the longer duration of the outbreak would create unique challenges. Again, the most controversial mitigation strategy related to daycare centers is closures during a pandemic. Currently there is no consensus as to the effectiveness of this strategy. Models have suggested that, if implemented early in a pandemic, closures may slow the spread of disease in the community.

While it may be necessary to eventually close daycares, the goal of Louisiana is to keep daycares open and safe whenever feasible. The negative impacts of the closures on society, students, staff and parents will be minimized by pre-planning whenever possible. The triggers for closing and reopening daycare centers will include well developed communication strategies. As previously stated, during a pandemic it will be essential that communities across the State be consistent in how daycare closings are handled. Decisions will be based on the best science available and in collaboration with all stakeholders. The following policies have been developed to assist in this endeavor.

Pandemic Influenza School and Daycare Closure Policies

The goal is to keep schools open and safe whenever possible. However, recognize that school closures may be a cornerstone of community containment in a severe pandemic and must be

implemented early and broadly to be effective. Therefore, careful and thoughtful pre-planning for this contingency is essential.

Overview of Policy

The policies outlined below should be integrated as part of the school district's overall crisis plan as outlined by DOE to schools in the guidance. Besides being effective in influenza pandemic, the same policies will be helpful in averting many other crises.

School districts and daycare facilities can take steps prior to a pandemic that will reduce the spread of all communicable diseases. The first step is education. Students, staff, parents and communities need to understand how infectious diseases are transmitted. The second step is training. Staff, students and parents must be taught techniques to reduce the chance of transmission such as proper hand washing, how to cover a cough or sneeze, standard precautions, the importance of annual flu vaccinations, etc.

Staff and students are strongly encouraged to stay home when they or other members of their household are ill with flu-like symptoms. School maintenance staff are aware of and provide appropriate cleaning and disinfection using directions in the guidance. Most facilities are prepared to deal with short-term closures. However, in the case of a pandemic, long closures are possible. Communication during long closures is critical. Alternate methods to deliver and ensure continuity of education should be planned for in the pre-pandemic period.

In addition, school districts and daycare facilities should prepare for the psychological impact of a pandemic. People may be fearful, but those with current information to direct their actions may be less so. Fears will be abated and tensions eased if the students, staff, parents and the community know the facility/school/district has a plan. All aspects of the school educational/community service delivery should be explored. Many children receive their only meals or only hot meals at school or daycares. In the case of a long-term closure, alternate mechanisms to provide food services may be required

The period after a pandemic is important to plan for as well. Facilities and districts should prepare to deal with the return of grieving students and staff upon reopening. Any lapses in the educational process should be addressed as well.

The following information is provided to assist Louisiana school districts in planning for an influenza pandemic through the guidance document:

School Closure Trigger Points

- To protect the public health and safety to reduce influenza transmission – when advised to close by State or local health/safety authorities
- Student absenteeism – when it is not economically prudent to keep the school open

- Teacher/staff absenteeism – when the number of staff available to supervise and instruct students drops below what is necessary to maintain a safe learning environment

In a moderate pandemic, short-term school closures of one–two weeks may occur as a result of absenteeism and the inability to function as a school much like what occurs during severe episodes of seasonal influenza. Planning for the closing of schools for longer periods of time, possibly up to 12 weeks at a time according to CDC’s “Interim Pre-pandemic Planning Guidance” will be a large community undertaking that will take considerable pre-planning. Not only does continuity of education need to continue, but auxiliary services that schools provide may or may not need to continue. Schools and districts should attempt to have students continue with lessons and learning from the home environment at the same pace, as to not give children idle time to congregate in other out-of-school settings. Lessons and assignments should be directed and managed through email and electronic blackboards. For working parents, school may also serve as a form of day care and, in some areas, a source of meals for children. During school closures, a portion of the community workforce would be unable to go to work as long as children were out of school. Teachers might not be paid and hourly workers could face hardship. Prior to considering whether it is necessary to close schools, it is important that every school district be prepared ahead of time to deal not only with the closures, but to minimize the adverse consequences.

Authority to Close Schools

- Local school leaders have the authority to close schools using trigger points for absenteeism from above.
- Local public health agencies and/or the State Health Officer have the authority to close and/or open schools for public health and safety trigger point as noted above.
- If local closings affect other jurisdictions, neighboring or associated schools may be closed and/or opened by order of the State Health Officer or his/her designee. Due to the need for consistency throughout the State it is likely that school closures and/or openings to protect the public health and safety will be directed at the State level.

Schools may be closed to all staff and students or just students. Extracurricular activities associated both associated with the school district and those that are private/independent should also be cancelled. If schools are closed only to students, staff members are expected to work regular schedules or use appropriate leave. The superintendent may cancel all activities on district property by outside groups even if some schools in the district remain open. When a school is closed, activities scheduled at that school, including use by community groups, will be canceled. Activities held at another location that involve students and staff from a closed school may be canceled in consultation with health authorities. Schools will be reopened by the superintendent but in cases where schools were closed by DHH or the local health authority, only the director of DHH, his/her designee, or the local health authority may authorize the reopening of schools. Schools will be reopened only when the situation that caused the schools to be closed has sufficiently abated. All decisions about school closings and reopening will be collaborative decisions between the district management, and Regional and State public health authorities.

Recommendations

1. School closings for student or teacher absenteeism should occur as necessary, directed in cooperation and consultation with school district and public health officials.
2. School closings for the purpose of protecting the public health and safety will be directed by public health agencies and school authorities.
3. In a pandemic where closures would affect multiple jurisdictions, the State Health Officer may direct the closures.
4. As stated in the information above, the effectiveness of closing schools to slow a pandemic is in question and will depend upon specific circumstances. School districts should have plans in place to:
 - ◆ Close schools as necessary as well as plans for reopening them.
 - ◆ Recognize trigger points for closing and opening schools.
 - ◆ Understand lines of authority in the community/State for closing and reopening schools.

School Restrictions

If influenza rates in the school or community are high but schools are still open, healthcare professionals may recommend that the superintendent impose appropriate social distancing rules such as limiting or prohibiting individuals other than students, or staff and contractors providing services to the district from being in district facilities. Current information for schools will be included on national and the Louisiana website, www.fighttheflula.com.

Confidentiality

Staff health information will be kept confidential and only released in accordance with State board policy and law. Student health information will be shared with State and local health officials in accordance with the Family Educational Rights and Privacy Act (FERPA) and State law. Districts and facilities may provide individually identifiable student information to State public health authorities in conjunction with reporting a Category I disease under the health and safety emergency exception of FERPA. Individually identifiable student information received from any source, including State health authorities will be maintained and disclosed in accordance with FERPA and board policy.

Maintenance

The superintendent or designee will develop a cleaning/disinfecting checklist according to guidance from the Louisiana State Health Officer and the U.S. Department of Health and Human Services to be completed by staff responsible for building maintenance. DOE recommends that school authorities mandate staff or contracted janitorial services follow this guidance to best protect health in the school.

Materials and Supplies

Hand washing conveniences will be available to students, staff, and visitors to district facilities. Posters should be placed in conspicuous places. The superintendent will ensure that each district facility is equipped with adequate cleaning and Environmental Protection Agency (EPA) approved disinfecting materials and that each bathroom in the district is equipped with soap, hot water, and a system to dry hands. Waterless hand sanitizer may be used only when it is impractical to provide soap and hot water. Current guidance for materials and supplies that schools, daycares, and workplaces should have can be found on national and the Louisiana website, www.fighttheflula.com.

The superintendent and the school district should investigate whether they can continue to provide meals to students who rely on them for daily meals when schools are closed. To determine if such a program is practically and financially feasible, the superintendent will consult with food service personnel regarding purchasing supplies, facilities staff to determine storage options and local emergency planners to develop a preparation and delivery system. Students and staff who rely on these meals should, however, not be encouraged to congregate and maintain appropriate social distance.

Staff Leave

Staff members who are ill or have members of their household ill with pandemic influenza are encouraged to stay home to promote healing and reduce the risk of infecting others. In the case of school closure due to a pandemic or other significant health event, the board may provide additional paid leave to staff members based on the length of the closure and the financial condition of the district. However, staff members who are not ill may only use available leave in accordance with board policy.

Academics

In case of school closing due to a declared pandemic, efforts will be made to continue instruction through alternative methods. Instructional staff will prepare a grade level or subject area supplemental unit of studies that students and parents can implement with minimal assistance from staff, with electronic or email contact being the main form of contact. District administration in cooperation with instructional staff will oversee the development and collection of these units and determine an appropriate delivery system. In the case of a long-term school closing, the Board may waive local graduation requirements. Extensive work is being done on continuity of education modes and materials.

Board Meetings

The board president and superintendent will establish alternative methods for holding meetings that do not require face-to-face contact.

Counseling

In the case of a severe pandemic students and staff may face illness and death of friends and family. District counselors, school social workers, and school psychologists must be prepared to provide support to students and staff when schools reopen after a pandemic. Counselors may develop support programs that can also be accessed while schools are closed. These programs will be part of the overall emergency plan and be developed in conjunction with the communication system used to monitor the health of students and staff and deliver instruction and support services.

Facilities

In the case of a severe pandemic influenza or other health emergency, the district's facilities may need to be used as staging areas, Points of Dispensing sites, shelters or to otherwise serve the community in accordance with board policy and law.

Bureau of EMS/911

The EMS/911 community of Louisiana has been extensively planning for a pandemic. The State Bureau of EMS has developed a pandemic plan in cooperation with their many partner agencies. EMS agencies have also successfully piloted influenza immunization programs. EMS system planners in Louisiana have worked closely with public health officials to further explore the role that EMS should play as part of a community-wide, integrated disease surveillance and mitigation system. EMS planners are encouraged to develop comprehensive, well-defined systems, planned ahead of time, to assure sufficient legal authority to permit EMS to participate in community mitigation strategies, including modifications to scopes of practice if needed, medical direction, just-in-time training and quality improvement.

The States and their political subdivisions are primarily responsible for isolation and quarantine within their borders. Public health officials generally have the authority to declare and enforce mandatory isolation and/or quarantine. Coordination of isolation and/or quarantine policies with EMS and 9-1-1 will be critical to the success of containment and mitigation strategies.

The community containment strategies mentioned within this section, along with vaccination and antiviral prophylaxis comprise a Targeted Layered Containment (TLC) strategy. The TLC strategy is based on the concept that when multiple methods of containment and treatment are

targeted at the local level in an appropriate manner, the effects of an influenza pandemic could potentially be decreased.

CDC recommends a strategy that initiates these measures based on the severity of pandemic influenza as defined in the Pandemic Severity Index. EMS operational infrastructure, including 9-1-1, is well positioned for supporting community mitigation strategies. EMS providers are an established mobile healthcare workforce experienced in providing pre-hospital care to patients in their homes

V. Logistics Section

Planning

Previous frameworks and pandemic influenza plans have been completed, tested, evaluated by the Centers for Disease Control, and are ready for implementation. In addition, any printing coordination will occur within the State contracting and vendor process, under the purview of BMAC and with assistance from CCP.

Please refer to the Louisiana Strategic National Stockpile Acquisition and Distribution Plan and appropriate supporting documentation for logistics around distribution to hospitals, parish health units, and other Point of Dispensing (POD) sites.

VI. Public Information Section

Overview

Public information materials for influenza have been developed by DHH within our specialized Bureau of Media and Communications (BMAC). These template materials are intended to have formats and base content in place in order to hasten response to a pandemic threat. These include both general and specific (targeted) materials for population subgroups that may be more at risk for complications from influenza. At the time of a pandemic, these materials will be readily accessible for immediate use, and then modified as more is learned about the pandemic, risk groups, target groups for antivirals or vaccinations, etc. BMAC will coordinate all messages to the public and providers in order to ensure consistency and accuracy of information. Additionally, BMAC maintains and updates all content on the State of Louisiana influenza website, www.fightthefluLA.com. This website will be the clearinghouse for all pandemic related communications in the State. The DHH OPH Public Information Officer (PIO) has the ultimate authority and responsibility for all media communications and content.

Prepared template information has been developed and printed by DHH and includes:

- Sample public service advertisements, media alerts, and media advisories
- Agent-specific information sheets (utilized for specific events, based on agent)
- Precautionary measures for reduction of viral infection

Education and cooperation of the public will be the cornerstone of pandemic influenza response. The State of Louisiana has created a comprehensive communications plan, which is an annex of the Louisiana Pandemic Influenza Guidance. The communications plan includes different methods and mechanisms to issue critical information to the public about a pandemic flu outbreak.

Louisiana updated the pandemic influenza shelf kit for public health Regions and partners following the 2009 H1N1 response. This shelf kit includes pre-scripted news releases, educational materials, public service announcements, signage, media lists and other materials necessary to effectively communicate strategies and health information prior to, and during a pandemic. It is intended to be the “first resource” to access basic information at the beginning of an event, before incident specific information is broadcast through BMAC.

In addition to the written plan, Louisiana has a joint information process, at both the State, and local levels. This process includes standard operating procedures for staffing a JIC, as well as detailed job descriptions for those people who will be working in the JIC and the Department of Health and Hospitals Emergency Operations Center.

Using multiple and varied communication mechanisms to all communities of Louisiana using consistent messages will help inform our citizens and business communities as well as help them protect themselves during a pandemic.

Spokespersons

The spokesperson for the Office of Public Health in Louisiana is the State Health Officer (SHO). In addition, OPH Programs and each of Louisiana's nine public health Regions have medical directors who have been trained as media spokespersons. Using the Pandemic Influenza Shelf Kit and materials developed and distributed by the CDC and BMAC at the time of the pandemic, these individuals will serve as State and Regional spokespersons on NPI's in their communities. These individuals can also substitute for the SHO and each other.

Messages

Targeted Messages

DHH OPH has partnered with many groups, agencies, and organizations to help facilitate community mitigation efforts. As school closures are a cornerstone of the community mitigation strategy, DHH has a close partnership with the Department of Education, who helped recommend, monitor, and reopen ten schools in Louisiana during the spring 2009 H1N1 pandemic. In this partnership, we also co-developed the "Pandemic Influenza Guide for Educators," which was distributed to all school superintendents.

The Louisiana Department of Education has developed a communication system for the exchange of information between the district and staff, students, parents and others when schools are closed. The system will be used to monitor the health of students and staff, deliver instruction and support services and to provide health and other appropriate information. The system will include a variety of methods such as Internet, digital answering machines, email and traditional mail, fax, etc. and designate individuals responsible for receiving and compiling information received.

Demobilization of Messaging Tactics

The State of Louisiana will use the guidance and assistance of the Centers for Disease Control and Prevention, along with the guidance in the Pandemic Severity Index to indicate when non-pharmaceutical Interventions can be scaled back or are no longer needed as part of our response to a Pandemic. Specific Interventions in each category will be reduced or discontinued based on the best scientific and epidemiologic evidence defined by the Category and phase of the Pandemic.

VII. Supporting Documentation

Figure 1: Pandemic Severity Index

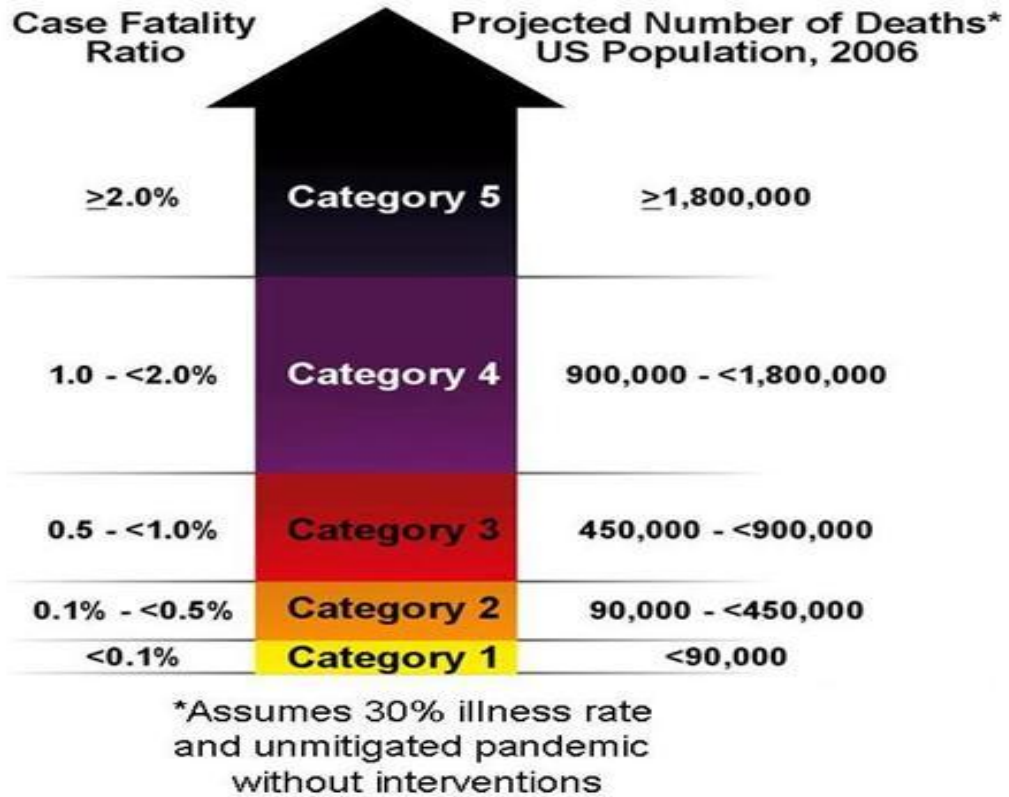
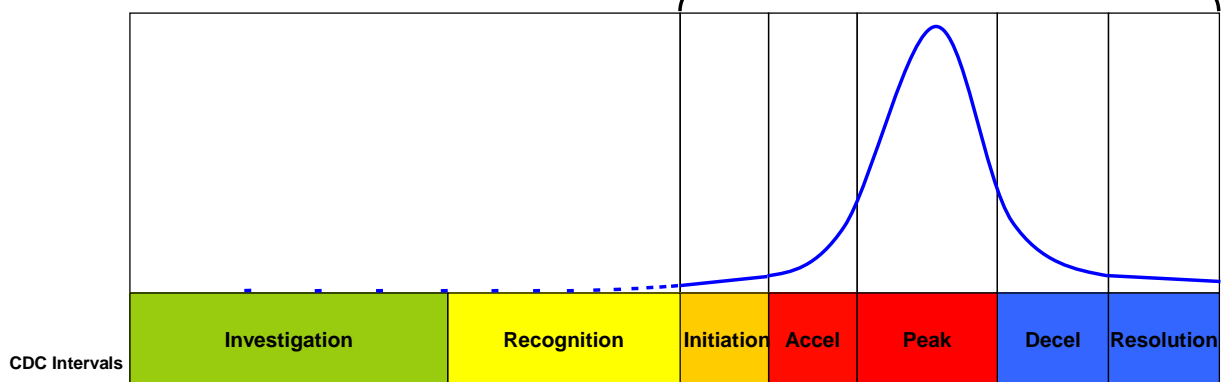


Figure 2: Periods, Phases, Stages, and Intervals

	Inter		Pandemic Alert Period			Pandemic Period	
WHO Phase	1	2	3	4	5	6	
	New Domestic Animal Outbreak in At-Risk Country	Suspected Human Outbreak Overseas	Confirmed Human Outbreak Overseas	Widespread Outbreaks Overseas	First Human Case in N.A.	Spread Throughout United States	
USG Stage	0	1	2	3	4	5	6

For planning, intervals provide additional specificity for implementing state and community level interventions during stages 4, 5 and 6.



Pre- Pandemic Intervals

- Investigation
- Recognition

Pandemic Intervals

- Initiation
- Acceleration
- Peak Transmission
- Deceleration
- Resolution

Table 1: CDC Summary of Community Mitigation Strategy by Pandemic Severity

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons †¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommend = Generally recommended as an important component of the planning strategy.

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.

† This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available

§ Many sick individuals who are not critically ill may be managed safely at home

¶ The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

** To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

†† Consider short-term implementation of this measure—that is, less than 4 weeks.

§§ Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8