

Pandemic Influenza and Novel Viral Respiratory Pathogen Plan




**Louisiana Department of Health
Office of Public Health**

**Bureau of Community
Preparedness**

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Approval and Implementation


This plan is hereby accepted for implementation and supersedes all previous editions.



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11/23/2020


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Record of Changes

Submit recommended changes to this document to the Louisiana Department of Health (LDH) Office of Public Health (OPH), Bureau of Community Preparedness (BCP) as the plan sponsor, Pandemic Influenza and Novel Viral Respiratory Pathogen Plan.

#	As Reads	Page #	Change to Read	Date
1	Updated version following plan alignment template			January 2014
2	Described WHO/CDC four pandemic phases	6	Changed to CDC/WHO current response framework describing six pandemic intervals.	January 2016
3	Listed 15 capabilities under six domains	9	Changed to include 15 capabilities under eight domains according to current framework.	January 2016
4	State of Louisiana will prepare using the Pandemic Influenza phases outlined in WHO guidance for Pandemic Planning	10	State of Louisiana will prepare using the pandemic influenza intervals outlined in CDC Intervals for Novel Influenza A Virus Pandemic and will align intervals with the WHO phases.	January 2016
5	...guidance based on the Centers for Disease Control Pandemic Severity Index (Appendix and Table)	11	Deleted – no longer used.	January 2016
6	Listed as Table 4, included in Section VIII: Supporting documents...	15	Deleted – no longer used.	January 2016
7	Listed and described WHO/CDC pandemic phases	15-24	Changed to CDC/WHO current response framework consisting of six pandemic intervals.	January 2016
8	The LDH Crisis and Emergency Communications Plan has recently been updated.	29	Deleted.	January 2016
9	Figure 1: The continuum of pandemic phases	44	Figure: Preparedness and response framework for novel Influenza A virus pandemics: CDC intervals.	January 2016
10	Louisiana Department of Health and Hospitals	Entire Plan	Changed to Louisiana Department of Health, LDH.	January 2019

11	Deleted Parham Jaber, MD, MPH, OPH Assistant State Health Officer.	2	Added Joseph Kanter, MD, MPH, OPH Assistant State Health Officer.	January 2019
12	Missed credentials for Rosanne Prats.	2	Added ScD, MHA.	January 2019
13	Missed credentials for Melinda Richard.	2	Added MT(ASCP).	January 2019
14	Updated credentials of Doris G. Brown: RN, CNS.	2	Changed to APRN, CNS.	January 2019
15	Addition from the <i>LDH Public Health Emergency Law Bench Book</i> (2018).	5	Judges, lawyers, elected officials, and public health practitioners play integral roles in protecting the public's health from these threats. Knowing who has the authority to act before, during, and after a disaster is imperative for a synergistic, effective response.	January 2019
16	Addition of acronym meaning–RSS.	18	Receiving, Staging, and Storing	January 2019
17	Addition to identified sectors.	8	Legal	January 2019

18	Addition of information from the <i>LDH Public Health Emergency Law Bench Book</i> (2018).	35	In recent years, emergency preparedness has become a focal point for public health and, specifically, for public health law. Disasters include those occurring in nature, such as hurricanes and floods; bioterrorism and other man-made disasters; and communicable disease outbreaks, such as Zika and Ebola. Since 2005, more than a dozen incidents have warranted presidential emergency declarations because the severity of Louisiana’s hurricanes, storms, tornadoes, and flooding have exceeded state resources. From these, the Louisiana Department of Health birthed the Louisiana Public Health Emergency Law Bench Book in 2018...To access the Bench Book, contact the LDH-OPH-Bureau of Community Preparedness.	January 2019
19	Office of Public Health Pandemic Influenza Plan	Title	Office of Public Health Pandemic Influenza and Novel Viral Respiratory Pathogen Plan	March 2020

Record of Distribution

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I. Purpose and Scope

The pandemic influenza and Novel Viral Respiratory Plan disease threat has the potential to rapidly cause illness in a very large number of people, which could easily overwhelm health systems. A pandemic outbreak could jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. Basic services, such as public health, healthcare, law enforcement, fire, emergency response, communications, transportation, and utilities could be disrupted during an influenza pandemic. The pandemic, unlike many other emergency events, could last for several weeks or months with possible waves of illness. This disease threat could occur simultaneously across the United States presenting significant resource challenges including personnel, supplies, and equipment.

The Louisiana Office of Public Health Emergency Operations Plan is an all-hazards plan upon which hazard specific plans, including this Pandemic Influenza and Novel Viral Respiratory Plan Plan are based. There are several characteristics of an influenza pandemic that differentiate it from other public health emergencies, which this plan will address. The scope of this OPH Pandemic Influenza and Novel Viral Respiratory Plan Plan is to provide the range of public health interventions which are available for response within the framework of the public health capabilities of Biosurveillance, Community Resilience, Countermeasures and Mitigation, Incident Management, Information Management and Surge Management.

II. Situation and Assumptions

A. Situation Overview

Influenza A and B are the two types of influenza viruses that cause epidemic human disease. Influenza A viruses are categorized into subtypes on the basis of two surface antigens: hemagglutinin (H) and neuraminidase (N). New influenza virus variants result from frequent changes, antigenic drift, caused by mutation and recombination occurring as the viral replicates. A new or substantially different influenza A subtype has the potential to cause a pandemic when they are able to cause human illness and demonstrate efficient human-to-human transmission and when little or no previously existing immunity has been identified among humans. Influenza B viruses are separated into genetic lineages, but are not categorized into subtypes, undergoing antigenic drift less rapidly than influenza A viruses. Antigenic drift is the virologic basis for seasonal influenza epidemics. More dramatic changes, or antigenic shifts, occur less frequently. Antigenic shift occurs when a new subtype of influenza A virus appears and can result in the emergence of a novel influenza A virus with the potential to cause a pandemic.

Other contagious respiratory viruses, such as the novel Coronavirus COVID-19, have the potential to have similar characteristics in terms of infectivity, contagiousness, and severity of disease. Response actions will therefore be similar if not identical but customized to the specific characteristics of the respiratory pathogen and epidemiology of the pandemic.

The term pandemic refers largely to a geographic development: an epidemic that has spread beyond its original area to several countries or continents. A pandemic influenza or Novel Viral Respiratory Plan may affect a large portion of the population because few people have pre-existing immunity to the causative pathogen. A pandemic may vary across the country, from one region to another and between communities. A pandemic wave is defined as a series of community outbreaks that occur nearly simultaneously across the country. Pandemic waves typically occur in the spring, fall, or winter; however, waves may occur during any season, with more than one wave likely. In 1918, there were three pandemic waves, and in 1957, 1968 and 2009 there were two waves. Periods between waves are typically measured in months and are characterized by very little disease and can be a time of recovery and preparedness for a subsequent wave.

Vaccine for a new pandemic strain of influenza or a Novel Viral Respiratory Plan will not be available at the onset of a pandemic and most likely a well-matched vaccine will not be available until the second wave. This was the experience with the 2009 pandemic influenza A (H1N1).

Louisiana will follow the recommendations given by the Centers for Disease Control and Prevention (CDC) for the identification of disease, treatment, isolation and quarantine, and outreach to specific vulnerable or at-risk populations.

B. Assumptions

1. Pandemics vary in severity. A pandemic will have to cause severe illness in large numbers of people to require the types of policies and actions discussed in this document.
2. Communities across Louisiana and the nation may be impacted simultaneously. Resources, such as additional responders and supplies may be limited or nonexistent during a pandemic.
3. Influenza disease surveillance is a routine public health activity. The initial cases of the 2009 H1N1 were recognized during routine public health epidemiological and laboratory activities.
4. A pandemic will result from the rapid spread of the infection, with outbreaks throughout the world. Initial outbreak investigations are detailed and intense. After initial cases are identified, later investigations will focus on determining epidemiological characteristics of a specific pandemic. There will be a need for heightened global, national and local surveillance and outbreak detection throughout a pandemic.
5. Laboratory testing for influenza is a routine public health activity. Tests will be developed for other infectious agents as they emerge. The Louisiana State Laboratory is part of the national Laboratory Response Network. Strain specific diagnostic tools will evolve throughout a pandemic.

6. Demand for significant resources may be statewide; containment, treatment and prevention strategies will be implemented at the State, regional, and local level. These actions will be based on medical intelligence and the epidemiology of a specific pandemic strain.
7. Response actions will be coordinated through the Louisiana Department of Health (LDH)/LOPH Emergency Operations Center (EOC), under the guidance and direction of the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) EOC, in partnership with the State's Joint Information Center (JIC).
8. Resources and supplies will be scarce, and priority will be given to those who would benefit most from treatment and to support community infrastructure, as per the risk-treatment advisories from the Centers for Disease Control and Prevention (CDC). When dealing with large events, the general philosophy is to provide the most good for the greatest number of people, and resource allocation becomes less about the individual patient and more about the community as a whole.
9. Mitigation strategies are the tactics and actions that individuals and communities can take to limit the spread of disease. Interventions may include individual actions such as isolation and community actions for social distancing. These actions protect individuals and interrupt disease transmission within a community. Public health actions may have wide-ranging impacts and will be used to protect the health of the public.
10. Response actions for surveillance, investigations, testing, treatment and other guidance will evolve during the public health response. This is because of the changing situation and ongoing understanding of a specific pandemic.
11. Judges, lawyers, elected officials, and public health practitioners play integral roles in protecting the public's health from these threats. Knowing who has the authority to act before, during, and after a disaster is imperative for a synergistic, effective response.
12. Federal agencies may be able to provide little to no direct assistance. Louisiana LDH/LOPH will provide guidance and direction for the State's health regions, parishes, and local communities. State and Regional access to resources may be limited.
13. National, state, local and private entities have undertaken preparedness activities to reduce the potential burden of a severe, widespread influenza pandemic. However, all government and private sectors will be involved, and there will be no "business as usual."
14. Advances have been made in vaccines, antiviral treatments and the stockpiling of supplies such as ventilators and personal protective equipment. However, it is expected that these supplies will eventually be in short supply during the course of a pandemic.
15. Prophylaxis with antiviral medication (if available) is expected only for initial containment. The amounts of medication required for mass prophylaxis are not available and would present considerable challenges. Antiviral medications will primarily be recommended for treatment of those most likely to benefit based on epidemiologic evidence as the pandemic unfolds.

16. LDH OPH has a limited supply of antiviral medication in a state stockpile, referred to as the State Antiviral Cache (SAC). The SAC is comprised of purchases made by Louisiana using general funds and federal preparedness funds. Additional antiviral medications and personal protective equipment may be received through the federal Strategic National Stockpile (SNS) for the State of Louisiana on a pro rata basis for pandemic response.
17. As specific disease epidemiology is identified, groups targeted for antiviral treatment and vaccination may evolve. Initial allocations of vaccine will be provided to groups of persons at increased risk for severe outcomes of illness.
18. Military personnel will receive treatment through the Department of Defense.
19. A vaccine for the pandemic influenza or Novel Viral Respiratory Plan strain will likely not be available for six to eight months following the emergence of a novel pathogen. Initially, the amount of vaccine may be limited and therefore vaccines may be prioritized to those essential to community infrastructure and to groups of persons at increased risk for severe outcomes from the disease.
20. Demand for treatment and prophylaxis will decrease as individuals develop immunity to the virus that causes the pandemic.
21. Emergency Operations Coordination will require consideration of disease exposure as persons gather. Social distancing practices or virtual coordination are appropriate for pandemic influenza and Novel Viral Respiratory Plan response actions such as EOCs.
22. The CDC National Pandemic Severity Index will be used to communicate appropriate actions for communities to follow in pandemic situations.
23. The pandemic's progression will be described by the [CDC Pandemic Intervals](#). These intervals provide a point of reference within the phases and stages for common orientation and better understanding of what is taking place. These intervals quantify different levels of disease and link that information with triggers for interventions and communication strategies. Louisiana will plan following WHO/CDC's Pandemic Intervals.
 - a. Investigation Interval (a viral pandemic investigation of novel infection in humans or animals) – identification of novel infection in humans or animals in the United States with potential implication for human health.
 - b. Recognition Interval (Novel pandemic: recognition of increased potential for ongoing transmission) – Increasing number of human cases of clusters of novel pathogen infection in the United States with characteristics indicating increased potential for ongoing human-to-human transmission.
 - c. Initiation Interval (Novel pandemic: initiation of pandemic wave) – Confirmation of human cases of a pandemic influenza or Novel Viral Respiratory Plan virus in the United States with demonstrated efficient and sustained human-to-human transmission.

- d. Acceleration Interval (Novel virus pandemic: acceleration of pandemic wave) – Consistently increasing rate of pandemic or Novel Viral Respiratory Plan cases identified in the state, indicating transmission.
 - e. Deceleration Interval (Novel virus pandemic: deceleration of pandemic wave) – Consistently decreasing rate of pandemic influenza or Novel Viral Respiratory Plan cases in the state.
 - f. Preparation Interval (preparation for future pandemic waves) – Low pandemic influenza or Novel Viral Respiratory Plan activity with possible continued outbreaks in the state.
24. Louisianans are more informed about an pandemic through the Louisiana GOHSEP) JIC. This communication authority will coordinate response. Public health information will be available on the GOHSEP and [LDH websites](#).
25. LDH will implement and maintain communication with the hospitals and other healthcare institutions via the Louisiana ESF-8 Health and Medical Preparedness and Response Network Coalition. LDH has mechanisms to monitor surge beds and the pressure of patients seeking care at Emergency Departments to help guide response.
26. LDH coordinates with parish authorities to manage mass fatalities. Mass fatality planning is part of an overall, all-hazards emergency preparedness and response performed in Louisiana by the LDH.
27. The number of people requiring outpatient medical care and hospitalization could overwhelm healthcare systems. LDH will work with healthcare providers to ensure implementation of healthcare surge capacity plans. In addition, Louisiana currently participates in the pilot of the CDC/NACCHO/ASTHO collaborative Flu-on-Call™ program, which serves to improve access to antiviral prescriptions for people who are sick, provide an alternative to face-to-face provider encounters, and reduce surge on medical facilities.
28. LDH will provide guidance (based on recommendations from the Pandemic influenza and Novel Viral Respiratory Plan Clinical Forum Advisory Committee) on Crisis Standards of Care. The decision to implement the Crisis Standards of Care guidelines will be based on the degree of the pandemic and hospital capacity.
29. Government and businesses providing essential services, personnel and response functions plan in accordance with federal guidance for pandemic influenza and Novel Viral Respiratory Plan preparedness.

III. Concept of Operations

The Louisiana Emergency Operations Plan, Annex for Emergency Support Function-8 (ESF-8) details the responsibilities for response. Specific roles and responsibilities are inherent within each jurisdiction, with a general overview of those support functions listed here.

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Louisiana is prepared and must remain capable of detecting the earliest cases of disease in order to minimize illness and mortality, decrease social disruption and minimize economic loss. The purpose of planning is to ensure that each priority area reflects the current standard and state-of-the art for pandemic preparedness.

In addition, using the State plans and other tools for pandemic preparedness, LDH OPH encourages regional and local planning to address the many challenges of a pandemic influenza or Novel Viral Respiratory Plan, thus strengthening linkages between public health and private sector partners during the preparedness phases of emergency planning. Pandemic influenza and Novel Viral Respiratory Plan planning should be integrated to all hazards disaster preparation and should reflect common goals and principles for mitigation, preparedness, detection, response, containment and recovery (or prevention, protection, response, recovery and mitigation). Contingency planning for community services and standard infrastructure activities should also be addressed.

Stockpiled medications, vaccines, or medical supplies may need to be distributed throughout Louisiana during the pandemic. The usual supply chain mechanisms for medications and supplies will be utilized, wherever possible. In addition to considering the availability of antiviral medications, specific medication recommendations will depend on the susceptibility of the pandemic strain, adverse reaction profile, population affected, and the evolving clinical and epidemiological understanding of the effectiveness of antiviral medications for the pandemic strain.

Guidance on any antiviral medication use will need to balance the potential or proven benefit of treatment, containment prophylaxis, or limited prophylaxis of essential personnel with the risk of inducing the emergence of drug resistance and the risk of possible side effects. Any guidance for use of any medications, antiviral or stockpiled asset from all sources (State or Federal) will come with guidance for use.

A. General

A trained workforce within OPH carries out the public health emergency response when the EOP is activated. The established Regional structure continues during public health emergencies. The various operations required for response may or may not parallel normal activities, depending on the response action required.

The head of each Center, Bureau, Section, and Region has designated an emergency coordinator and an alternate to act on its behalf during an emergency. Each of these areas has a Continuity of Operations Plan (COOP) Coordinator to prepare and maintain plans, procedures, arrangements and agreements related to maintaining core/essential public health services during an emergency response. Centers, Bureaus, Sections, and Regions are responsible for remaining current on national guidance, formulating and updating plans, procedures, arrangements and agreements, and for coordinating emergency operations within their area of responsibility.

Effective and efficient response depends on established partnerships and collaborative planning. Identified sectors for coordination at the state, regional, parish and community levels includes, but is not limited to the following:

- Aged-related services, including childcare and services for the aging
- Legal
- Local businesses
- Local elected officials
- Cultural and faith-based groups and organizations
- Education
- Emergency management agencies
- Health care, including hospitals, clinics, nursing homes, home health agencies, and healthcare providers
- Law enforcement and public safety
- Housing and sheltering
- Media
- Mental and behavioral health
- Social services
- Volunteers
- Vulnerable populations

OPH engages with jurisdictional business, educational, and social service sectors to support the mitigation of future incidents. This coordination occurs formally at the State level through the Emergency Support Function (ESF) responsibilities. A network of Designated Regional Coordinators (DRC) exists within Louisiana for coordination of ESF-8 activities at the Regional level. DRCs are generally not State employees, but professionals employed in the area of their DRC responsibility. These DRC networks include but are not limited to public health, hospitals, home health, nursing homes, emergency medical services, coroners, and behavioral health services. Activities include coordination of response activities as well as community planning, outreach, and preparedness exercises.

Public health priorities continue to evolve in the United States and in Louisiana. OPH will operate in a manner that supports its core mission. A variety of strategies are developed for specific threats to ensure the provision of public health activities. National standards define a set of public health preparedness capabilities to assist in strategic planning. There are 15 public health preparedness capabilities grouped into eight domains. Louisiana’s planning follows this guidance as:

- Incident Management
 - Emergency Operations Coordination
- Surveillance & Epidemiology
 - Public Health Surveillance and Epidemiological Investigation
- Laboratory
 - Public Health Laboratory
- Community Mitigation

- Community Preparedness
- Community Recovery
- Medical Care and Countermeasures
 - Medical Countermeasures Dispensing
 - Medical Materiel Management and Distribution
 - Non-pharmaceutical Intervention
 - Responder Safety and Health
 - Medical Surge
 - Mass Care
- Vaccine Distribution
- Risk Communication
 - Emergency Public Information and Warning
 - Information Sharing
- State/Local Coordination
 - Volunteer Management
 - Fatality Management

The activities of OPH related to these domains and each of the 15 capabilities are described in the Emergency Management phases of this plan, as well as integral parts of each Annex of this plan. Louisiana has experience with public health disasters and emergency response as well as proven capabilities for catastrophic, prolonged and multiple incident challenges.

Pandemic Severity Assessment Framework (PSAF)

Once a novel influenza A virus is identified and is spreading from person-to-person in a sustained manner, public health officials use the [Pandemic Severity Assessment Framework](#) (PSAF) to determine the impact of the pandemic, or how “bad” the pandemic will be. There are two main factors that can be used to determine the impact of a pandemic. The first is **clinical severity**, or how serious is the illness associated with infection. The second factor is **transmissibility**, or how easily the pandemic virus spreads from person-to-person. These two factors combined are used to guide decisions about which actions CDC recommends at a given time during the pandemic.

The framework is divided into two parts. The first part is the [initial assessment](#), which happens early during a pandemic. At this time, activity may be detected in pockets or certain communities across the country so information and understanding about the pandemic virus will be limited. By studying the information that is available, CDC can produce a preliminary assessment of the potential impact of the pandemic (e.g., low to moderate transmissibility and moderate to high clinical severity). However, that assessment may change as the pandemic evolves and more information is known.

The second part, or [refined assessment](#), happens later in the pandemic when more information is available. This additional information helps to provide a more refined and accurate picture of pandemic impact, including assessments of the pact by age group.

The results of these assessments can be compared to past pandemics (or even seasonal influenza epidemics), creating a quick comparative snapshot of the potential impact of the pandemic. For example, using the PSAF, the 1918 pandemic can be characterized as one with very high transmissibility and very high clinical severity whereas the 2009 H1N1 pandemic can be characterized as one with moderate transmissibility and clinical severity for the overall population.

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The results help public health officials and health care professionals make timely and informed decisions, and to take appropriate actions.

The PSAF is one of two assessment tools developed by CDC to guide and coordinate actions among federal, state, local, and tribal entities involved in pandemic response. Please refer to “[Novel Framework for Assessing Epidemiologic Effects of Influenza Epidemics and Pandemics](#)” for more information about the PSAF.

<https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>

B. Activation and Implementation

Lead Agency

LDH OPH is the lead agency for pandemic influenza and Novel Viral Respiratory Plan response within Louisiana.

The State Health Officer (SHO) holds the ultimate health authority in Louisiana to declare and cease a Public Health Emergency. The SHO will also control any subsequent actions, restrictions, re-openings, or guidance based on additional guidance from the CDC at the time of the event. The SHO is supported by the Assistant Secretary of the Louisiana Department of Health, in addition to the Office of Public Health Center Directors. These staff members would assume the temporary responsibilities of the SHO if he/she was unable to perform because of illness, etc. The Office of Public Health Emergency Operations Plan, January 2013ⁱ (updated March 2017) describes the Assignment of Responsibilities and on Table 4: Key Positions and Alternates identifies by position title the key positions along with three alternates.

GOHSEP’s State of Louisiana Emergency Operations Plan adopts the NIMS guidance and states that Louisiana will use the NIMS Incident Command System (ICS) to manage incidents or events. OPH has also adopted the National Incident Management System (NIMS) and uses the Incident Command System (ICS) to manage incidents.

LDH OPH provides public health and sanitation, emergency medical, health services, crisis counseling and mental health services and/or guidance to disaster victims and workers, to supplement and support disrupted or overburdened local medical personnel and facilities with the goal of relieving suffering and trauma.

LDH staff is assigned emergency response roles and positions at the LDH EOC, Regional OPH EOCs, and local EOCs. NIMS and ICS training have been required for OPH staff since 2006. The LDH EOC ICS is located in the OPH Emergency Operations Plan (EOP), as Appendix D.

C. National Incident Management System

This plan is consistent with the National Incident Management System (NIMS). The State of Louisiana has the overall State of Louisiana Incident Management System (SLIMS). This structure is designed to aid in the management of resources during a response to an incident through the eight core concepts of common terminology, integrated communications, modular organizations, unified command structure, manageable span of control, consolidated action plans, comprehensive resource management, and pre-designated incident facilities. NIMS, the nationally standardized incident management system, provides for common terminology and functions to support clear communication and effective collaboration during an emergency.

1. Introduction to the National Incident Management System

This plan has developed to be consistent with the National Incident Management System (NIMS). NIMS is a nationally standardized incident management system that provides guidelines for common functions and terminology to support clear communication and effective collaboration in an emergency.

2. Incident Command System

Louisiana has adopted the Incident Command System (ICS). State operations that respond to specific incidents are organized in the Louisiana Unified Command System (LUCS). This structured yet flexible approach to all-hazards planning and response is used during public health emergencies in OPH. ICS enables effective and efficient incident management in the five major functional areas: command, operations, planning, logistics, and finance and administration. Specific forms guide incident action planning and promote clear communications in Louisiana. ICS is scalable, allowing functional areas to be added as necessary and terminated when no longer necessary.

D. Procedures and Protocols

OPH operates within the framework of the State of Louisiana Emergency Operations Plan, ESF-8 (Public Health and Medical Services) and ESF-12 (Energy and Utilities).

1. Standard Operating Procedures

Standard Operating Procedures (SOP) are included in the OPH Emergency Operations Plan. Below is a table with the Annexes to this Louisiana Office of Public Health Louisiana Office of Public Health Pandemic Influenza and Novel Viral Respiratory Pathogen Plan.

Table 1: Annexes for Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Planning

Annexes	Sponsor
Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 1: Infectious Disease Epidemiology	Epidemiology/ Center for Community and Preventive Health

Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 2: Laboratory	Laboratory/Center for Community and Preventive Health
Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 3: Vaccination	Immunization/Center for Community and Preventive Health
Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 4: Antiviral	Bureau of Community Preparedness
Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 5: Pandemic Influenza and Novel Viral Respiratory Pathogen Plan	Emergency Preparedness/LDH
Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 6: Crisis and Emergency Risk Communication Plan	Bureau of Media and Communications/LDH
Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 7: Emergency Medical Services	Bureau of Emergency Medical Services/LDH
Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 8: Containment and Mitigation	Bureau of Community Preparedness
Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Annex 9: LDH Mass Fatality Plan	Emergency Preparedness/LDH
LDH LOPH Emergency Operations Plan	Bureau of Community Preparedness

E. Considerations for Vulnerable Populations/Functional Needs

Ethical Considerations

Ethical guidelines for Pandemic Influenza and Novel Viral Respiratory Pathogen Plan planning were used during the development of this guidance and will continue to be used as updates are required. This guidance is written with the commitment to clarity and openness in decision making and sharing of information. Allocation planning in particular has utilized the commitment of fair and transparent distribution of resources.

Assumptions Regarding Vulnerable Populations

In Louisiana, vulnerable populations comprise a range of residents who may not be able to safely access and use, or be equally accommodated by, the standard resources offered in disaster preparedness, relief, and recovery. This group includes at-risk individuals, which the U.S. Department of Health and Human Services (HHS) defines as having additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. Individuals specifically recognized as at-risk include children, senior citizens, pregnant women, and individuals who may need additional response assistance, including those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, have pharmacological dependency and are uninsured or underinsured.

LDH OPH recognizes that individuals in vulnerable populations need to have equal access to antiviral medications, if they meet the priority risk-group criteria. It is expected that equitable distribution planning recognizes all of the designated high-risk groups, but certain populations require additional innovation and consideration for identification and treatment.

Homeless

Homeless individuals who meet clinical criteria will be prioritized according to the applicable priority risk factor list. Those who qualify for treatment or as an outpatient may receive their medication(s) through a provider such as hospital, parish health unit, or pharmacy that is authorized to serve the uninsured/underinsured with State assets. Planning to serve this population will be done in collaboration with other State agencies and community outreach groups.

It may be anticipated that homeless people are at greater risk of becoming sick with a respiratory pathogen during a pandemic because the homeless typically live in more crowded conditions. Thus, social distancing will be more difficult to achieve. In addition, members of the transient and homeless populations suffer from a variety of chronic and acute conditions that may affect their immune system response. They also suffer from addiction and mental illness in rates disparate from the general population and are generally non-compliant with medical care. As members in this vulnerable population may not seek medical care or appropriately self-isolate until they are very sick, efforts to care for them may require additional resources.

Undocumented

Undocumented individuals will be prioritized according to the applicable priority risk factor and will not need to demonstrate resident or citizen status. Communication to these individuals during a pandemic will clearly explain that everyone will be treated regardless of citizenship, documentation, or ability to pay. Many LDH documents are printed in Spanish or Vietnamese, to assist in emergency communications throughout the State. Translation services are also available in each LDH OPH region through language line telephonic assistance.

Imprisoned

Individuals in jail and prisons will be prioritized as per the applicable priority risk factor list. Planning with State and local facilities for the distribution of medication(s) has been detailed in the guidance document “Pandemic Influenza Planning in Correctional Facilities”. This document was created through a joint partnership between the Louisiana Department of Corrections (DOC) and the Office of Public Health.

Behavioral Health

An influenza pandemic may pose substantial short-term and long-term physical, personal, social, and emotional challenges to individuals and/or the community at large. People who depend on frequent appointments for behavioral health services are vulnerable to the loss of these services because of staff shortages and breakdown in community infrastructure and support system. The Louisiana Office of Behavioral Health (OBH) will help to ensure that services are provided to the greatest extent possible to these vulnerable populations. Groups with special needs may include individuals with emotional, cognitive, or physical disabilities, individuals with substance use issues, or individuals living in congregate settings.

Critical to planning for pandemic related behavioral health care within a community includes assisting individuals with pre-existing behavioral health needs. This population may become more

vulnerable and may experience increased anxiety, depression, or substance use when their support system is impacted. The need to access medications and psychosocial supports will be a priority as the community support infrastructure deteriorates. Planning for a decline in the emotional status of individuals currently identified as “at-risk” for behavioral health needs includes increased behavioral health counseling, medication management, and support groups. These activities will be coordinated and executed by OBH in coordination with Human Services Districts in Louisiana.

F. Activities by Emergency Management Phase

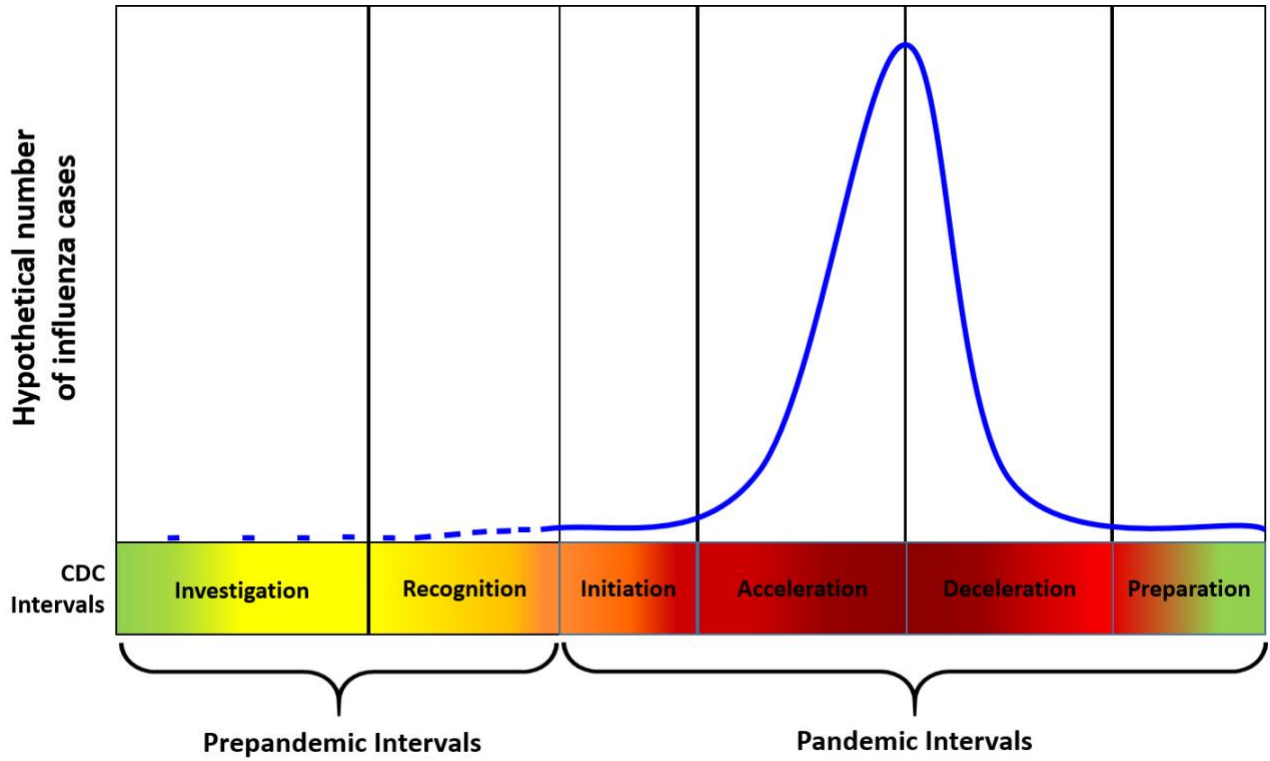
Concept of Operations by Emergency Management Phase and Pandemic Interval

This Pandemic influenza guidance is created with a cooperative management concept. It is applicable to both an influenza pandemic and a pandemic of a Novel Viral Respiratory Plan. The Louisiana OPH operates in accordance with the five phases of emergency management prescribed by the Federal government and GOHSEP. These five phases are Prevention, Preparedness, Mitigation, Response and Recovery.

In addition, the CDC asks States to prepare for pandemics by following the framework of response by [Pandemic Interval](#). LDH OPH has determined that the most efficacious use of resources occurs with “interval” planning. It is noted that because of the rapid spread of a novel influenza or a Novel Viral Respiratory Plan, several of these pandemic intervals may seem to 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 emergency management phase and Pandemic Interval structure.

Figure 1. Preparedness and response framework for novel influenza A virus pandemics: CDC intervals



In addition to describing the progression of a pandemic, certain [indicators](#) and assessments are used to define when one interval moves into another. CDC uses two tools (the [Influenza Risk Assessment Tool](#) and the [Pandemic Severity Assessment Framework](#)) to evaluate the pandemic risk that a new influenza A virus can pose. The results from both of these assessments are used to guide federal, state and local public health decisions.

Please refer to the [“Updated Preparedness and Response Framework for Influenza Pandemics”](#) for more information about the Pandemic Intervals Framework and how it guides federal, state, and local public health actions.

1. Investigation Interval

The Investigation Interval represents the time period when sporadic cases of novel influenza or a Novel Viral Respiratory Plan are occurring internationally or possibly within the United States. During this interval, this Pandemic Influenza Guidance will be reviewed by Louisiana Department of Health Office of Public Health staff. Personnel will remain vigilant in monitoring disease activity and information updates. The OPH Epidemiology procedures as well as the Laboratory Pandemic Influenza and Novel Viral Respiratory Pathogen Plan are attached as Annex 1 and 2.

Domain: Incident Management

- Review state/local response plans

- Key leadership members receive intelligence memorandums and begin communication and correspondence with other state officials or departments (such as GOHSEP).
- Coordinate activities and response plans with state animal health officials, as appropriate.
- Review and exercise all aspects of influenza response
- Maintain and enhance influenza and respiratory virus surveillance systems as needed.
- Implement case-based investigation of novel influenza infections in humans and animals.
- Assess contacts of ill persons to determine human-to-human transmission and risk factors for infection.

Domain: Surveillance and Epidemiology

- Report cases according to the Nationally Notifiable Diseases Surveillance System.
- If only animal cases are identified, assess human exposures and risks for infection.
- Coordinate activities with state animal health representatives as appropriate.
- Identify whether state or federal assistance is required to support surveillance systems, field investigation, laboratory, and animal control resources

Domain: Laboratory

- Assess and optimize laboratory capacity to detect and characterize influenza cases.
- Coordinate activities with state/local veterinary diagnostic laboratories.
- Share viruses with CDC and U.S. Department of Agriculture (USDA).
- Identify whether state or federal assistance is required to support laboratory activities.

Domain: Community Mitigation

- Emphasize the importance of personal protective measures (e.g., voluntary isolation by staying home when ill, respiratory etiquette, and hand hygiene) in limiting spread of influenza.
- If human-to-human transmission is suspected, consider recommending isolation of ill persons and voluntary quarantine of close contacts (e.g., household members).
- Enhance all usual influenza pandemic preparedness activities with schools and businesses.

Domain: Medical Care and Countermeasures

- Advise health-care providers statewide to promptly diagnose influenza and promptly treat ill persons.
- Based on current recommendations, implement infection-control practices, distribute health advisory notices with information on case definitions and infection-control measures to hospitals and outpatient care centers.
- Encourage providers to develop a Continuity of Operations Plan for delivery of essential services.
- If human-to-human transmission is suspected, monitor and assist with early access to post-exposure chemoprophylaxis for case contacts per current recommendations.
- Review all guidance documents, update as needed for the situation, and communicate with key stakeholders.
- Conduct all usual influenza pandemic preparedness activities with health-care facilities.

Domain: Vaccine Distribution

- Evaluate all usual influenza pandemic preparedness activities, including a review and update of vaccine distribution and administration plans, process for rapid contract negotiation and staffing, mechanisms to identify and provide vaccine and document vaccination for critical infrastructure personnel and other possible priority groups for vaccination clinics and points of dispensing.
- Review all guidance documents, update as needed for the situation, and communicate to key stakeholders.

Domain: Risk Communication

- Frequently update clinicians and veterinarians through the state health alert network.
- Begin media scanning.
- Share information with key federal and local partners, such as animal and human health public affairs officers and other agencies or organizations.
- Disseminate timely and relevant messages to the public as appropriate.
- Work with CDC, USDA, and the Food and Drug Administration (FDA) to disseminate messages regarding food safety concerns as appropriate.

Domain: State/Local Coordination

- Determine whether state of federal assistance is required to support review and update of response plans.
- Provide technical assistance as appropriate to regional and local partners for reviewing plans, guidance, and communication channels.

2. Recognition Interval

The Recognition Interval is characterized by increasing number of human cases or clusters of novel Influenza A infection in the United States with virus characteristics indicating increased potential for ongoing human-to-human transmission.

Domain: Incident Management

- Continue or initiate actions described for the investigation interval for all domains.
- Establish routine leadership calls.
- Consider activation of the State or Local emergency operations center.
- Forecast future resource needs for a potential response.

Domain: Surveillance and Epidemiology

- Conduct enhanced novel influenza A surveillance.
- Continue case-based investigation and control using standard methods.
- Report cases according to the Nationally Notifiable Diseases Surveillance System.
- If animal cases are identified, expand implementation of joint investigation plan with state and agriculture officials.

Domain: Laboratory

- Confirm all suspected cases at a public health laboratory.
- Prepare specimen triage plans and implement surge plans if needed.

Domain: Community Mitigation

- Prepare for implementation of community mitigation measures, in addition to voluntary home isolation of ill persons, respiratory etiquette, hand hygiene, and infection control. These might include voluntary home quarantine of contacts, use of face masks, temporary closure of childcare facilities and schools, and social distancing measures.

Domain: Medical Care and Countermeasures

- Consider implementation of voluntary contact chemoprophylaxis based on current recommendations.
- Educate clinicians about recommended treatment prophylaxis, and infection-control guidelines
- Initiate contact with coordinators of the local or regional (or both) Strategic National Stockpile (SNS) regarding the potential receipt and distribution of SNS countermeasures, as appropriate. Prepare to receive additional SNS Countermeasure at identified Receiving, Staging, and Storing (RSS) site.
- Assess impact on medical care facilities; identify whether medical resources are sufficient to manage ill persons and conduct case-based control efforts; determine if federal assistance is required.

Domain: Vaccine Distribution

- Prepare for vaccine availability and vaccine campaign; refine vaccine distribution and administration plans if a campaign will be initiated, including mass vaccination initiatives and coordination with pharmacies and other groups, as appropriate.
- Consider enrolling adult, obstetrical, and pediatric health-care providers, including pharmacies, to promote vaccine access to persons in all indicated age and risk groups and ability to identify and vaccinate critical infrastructure personnel.
- Initiate communications to partners that could be called upon to dispense antiviral medication or provide vaccines.
- Ensure that all identified vaccinators are authorized, and review policies and procedures regarding identification, authorization and training of nontraditional vaccinators.
- Confirm vaccine providers have access to the immunization information system (IIS) of alternative systems.
- Review capacity and capabilities of IIS for use by vaccine providers and in mass vaccination clinics for the required dosing schedule anticipated (1 or 2 doses with or without adjuvant).

Domain: Risk Communication

- Develop or update a media relations and outreach plan.
- Create and advertise emergency information website.
- Disseminate risk communication messages, including what is known, what is not known, and what is being done by public health officials.
- Disseminate messages for travelers, as well as community mitigation messages, when to seek care, and how to care for ill persons at home as appropriate.
- Conduct briefings with local, regional, and state response partners, businesses, tribes, and healthcare facilities on the potential for escalation, response actions underway, and preparedness steps that partners should consider, including call centers.

- Work with CDC, the USDA, and the FDA to disseminate messages to address food safety concerns as appropriate.

Domain: State/Local Coordination

- Continue to coordinate with all partners.

3. Initiation Interval

The initiation interval occurs when there is confirmation of human cases of a pandemic influenza or Novel Viral Respiratory Pathogen virus in the United States with demonstrated efficient and sustained human-to-human transmission.

Domain: Incident Management

- Continue or initiate actions described for the recognition interval.
- Consider activation of the State/Local emergency operations center.
- Consider declaring a public health emergency.
- Establish communication networks with redundancy testing and trained personnel.

Domain: Surveillance and Epidemiology

- If affected, continue enhanced surveillance; conduct case investigation and response.
- If unaffected, prepare for investigation and response.
- Consider surveillance for influenza hospitalizations and deaths if not already a component of state-based influenza surveillance.

Domain: Laboratory

- Continue to confirm all suspected cases at a public health laboratory, resources permitting; prepare a plan for limiting testing using surveillance criteria.

Domain: Community Mitigation

- Consider implementing appropriate community mitigation measures in selected affected locations or institutions as indicated by the results of the Pandemic Severity Assessment Framework.
- Utilize the web for education (intranet/internet).
- Post hygiene protocols in appropriate locations in all LDH offices and provide protocols and flyers for State offices.

Domain: Medical Care and Countermeasures

- Monitor the surge in health-care needs and assess whether assistance is needed to mitigate the surge.
- Review and prepare to deploy a mortuary surge (mass mortality) plan.
- Consider deployment of state/local caches. Procure N-95 masks, gloves, and other biohazard supplies.
- Consider implementation of voluntary quarantine of contacts and chemoprophylaxis of exposed persons based on current recommendations.

- Coordinate with Louisiana Spirit for behavioral health monitoring and crisis intervention for general public and first responders, health care workers, and emergency preparedness staff.

Domain: Vaccine Distribution

- Implement stockpiled pandemic vaccination campaigns if a stockpiled pandemic vaccine is available, appropriate for the merging virus, and the U.S. government has made the decision to do so.
- Update the state distribution plan based on CDC prioritization guidelines, estimated state allocation of vaccine, and epidemiology of the pandemic influenza or Novel Viral Respiratory Plan in the state.

Domain: Risk Communication

- Disseminate updated risk messages, including providing anticipatory guidance or information on what might be expected.
- Share information regarding antivirals and the possibility of implementation of community mitigation measures as appropriate.
- Continue to provide regular updates to key partners, stakeholders, elected officials, and the media.
- Conduct awareness campaign for media and set up contacts for eliminating rumors.

Domain: State/Local Coordination

- Continue to coordinate with all partners
- Prepare to receive funds to support response, if available.
- Conduct outreach to other agencies.

4. Acceleration Interval

The acceleration interval is characterized by consistently increasing rate of pandemic influenza or Novel Viral Respiratory Plan cases identified in the state, indicating established transmission.

Domain: Incident Management

- Continue or initiate actions described for the initiation interval.
- Maintain processes to monitor effectiveness of response.

Domain: Surveillance and Epidemiology

- If affected, transition surveillance from individual case confirmation to severe disease and syndromic surveillance as appropriate.
- If unaffected, continue individual case confirmation.
- Monitor for changes in epidemiology.

Domain: Laboratory

- Provide laboratory confirmation of only a sample of cases as required for virologic surveillance.
- Implement revised specimen submission protocol per CDC guidance as appropriate.

Domain: Community Mitigation

- Activate Joint Information Center (JIC) to issue necessary alerts regarding school closures, etc.
- Consider activating (if not already implemented) appropriate community mitigation measures for affected communities (such as temporary closure of childcare facilities and schools, school and workplace social distancing measures, and postponement or cancellation of mass gatherings).
- Confirm or establish alternate worksites to be used from home or other secure areas.
- Monitor effectiveness of community mitigation measure on society, and coordinate with local response agencies to address the impact if possible.

Domain: Medical Care and Countermeasures

- Monitor and respond to surge in health-care needs, including setting up alternative care sites.
- Educate clinicians and the public about the need for prompt treatment of ill persons.
- Review and prepare to deploy mortuary surge (or mass mortality) plan.
- Monitor antiviral use to identify possible shortages.
- Consider deployment of state/local caches.
- Initiate hotlines to assist public in obtaining medical information and care.

Domain: Vaccine Distribution

- Implement vaccination campaigns if stockpiled pandemic or newly developed antigen-specific pandemic vaccine is available.
- Monitor vaccination coverage levels and adverse events.

Domain: Risk Communication

- Disseminate updated risk messages
- Share updated information regarding vaccine.
- Continue to provide regular updates to partners, stakeholders, elected officials, and the media.
- Media campaigns to educate staff and clients.

Domain: State/Local Coordination

- Continue to coordinate with all partners.
- Support maintenance of critical infrastructure and key resources as appropriate.

5. Deceleration Interval

The deceleration interval occurs when the rate of pandemic influenza or Novel Viral Respiratory Plan cases in the state consistently decreases. This is a deceleration of the pandemic wave.

Domain: Incident Management

- Continue actions described for the acceleration interval as appropriate.
- Review plans and evaluate whether response activities are proportionate to the situation.

Domain: Surveillance and Epidemiology

- Continue severe disease and syndromic surveillance.
- Monitor for changes in epidemiology

Domain: Laboratory

- Provide laboratory confirmation of only a sample of cases as required for virologic surveillance.
- Submit a sample of viruses or specimens to CDC per CDC guidance on revised specimen submission.

Domain: Community Mitigation

- Assess, plan for, and implement targeted cessation of community mitigation measure if appropriate.

Domain: Medical Care and Countermeasures

- Initiate targeted cessation of surge capacity strategies as appropriate.
- Maintain aggressive infection-control measures in the community.

Domain: Vaccine Distribution

- Continue vaccination response as appropriate.

Domain: Risk Communication

- Disseminate updated risk messages.
- Provide information on measures to prepare for and respond to possible additional pandemic waves.

Domain: State/Local Coordination

- Continue to coordinate with all partners.

6. Preparation Interval

The preparation interval is a period of low pandemic influenza or Novel Viral Respiratory Plan activity with possible continued outbreaks in the state. This is a time of preparation for future pandemic waves.

Domain: Incident Management

- Continue actions described for the deceleration interval as appropriate.
- Consider deactivation of the state/local emergency operations center.
- Prepare for subsequent waves.

- Create an after-action report to document lessons learned.
- Consider suspending the public health emergency declaration.

Domain: Surveillance and Epidemiology

- Continue case confirmation of selected cases to monitor progress of the pandemic and to detect acceleration to the next wave.
- Begin conducting routine interpandemic surveillance.

Domain: Laboratory

- Return to routine interpandemic virologic surveillance.
- Assess and optimize laboratory capacity.

Domain: Community Mitigation

- Modify community mitigation measures as necessary.
- Continue to promote community mitigation preparedness activities on standby for a subsequent wave.

Domain: Medical Care and Countermeasures

- Monitor medical surge trends.
- Replenish stockpiles or caches as able.
- Monitor antiviral dispensing and usage trends.

Domain: Vaccine Distribution

- Participate in vaccine recovery as appropriate.
- Continue to vaccinate, with a focus on hard-to-reach populations, in anticipation of a subsequent wave.

Domain: Risk Communication

- Disseminate updated risk messages, including information on measures to prepare for and respond to possible additional pandemic waves.

Domain: State/Local Coordination

- Continue to coordinate with all partners.

Prioritizing Treatment

Louisiana will follow [CDC's guidance on Allocating and Targeting Pandemic influenza Vaccine](#). This guidance helps initial planning by targeting first responders until more specific epidemiology can guide those most at risk for serious complications. More specifics can be located in the Vaccination Annex of the Louisiana Pandemic influenza and Novel Viral Respiratory Plan Plan.

The Louisiana Hospital Association identifies hospitals in Louisiana as Tier 1 or Tier 2. Tier 1 facilities are generally hospitals with an emergency department. Tier 1 hospitals are expected to provide care for persons ill with influenza and surge in response to a pandemic. For example, during Louisiana Office of Public Health Pandemic Influenza and Novel Viral Respiratory Pathogen Plan – March 2020

the initial distribution in response to the 2009 H1N1, each Tier 1 facility received sixty (60) percent of the medical countermeasures (based on number of licensed beds).

Tier 2 facilities generally provide care within a more limited setting than Tier 1 hospitals, but without trauma facilities. Both Tier 1 and Tier 2 hospitals would be expected to also treat patients fulfilling clinical and epidemiologic/professional criteria for pandemic influenza or the Novel Viral Respiratory Plan in the inpatient and outpatient setting, as well as follow incident specific criteria for the use of medical countermeasures

Similarly, nursing homes and prison infirmaries would provide care to their populations. Tier 2 hospitals, nursing homes and the Department of Corrections prisons with infirmaries providing care to their populations within their facilities will reduce the burden on Tier 1 hospitals. As an illustration, the remaining forty (40) percent of the medical countermeasures for the 2009 H1N1 spring distribution was shared between Tier 2 hospitals, nursing homes, and the Department of Corrections. All healthcare facilities in Louisiana, regardless of designated tier will be directed to follow incident specific criteria for the use of medical countermeasures.

Other facilities may also receive an allotment of the federal countermeasures if it is deemed appropriate by the available epidemiological data and so decided by the State Health Officer (or designee).

IV. Organization and Assignment of Responsibilities

A. Organization and Assignment of Responsibilities

Louisiana Department of Health (LDH)

- The Louisiana Department of Health will serve as the primary agency responsible for Emergency Support Function-8, Public Health and Medical Services under the direction of the State Health Officer. The State Health Officer, the LDH Director of Emergency Preparedness, or designee is the point of contact for the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP).
- The LDH Emergency Operations Center (EOC) will serve as direct support to the State Health Officer and the LDH Executive Director of Emergency Preparedness in fulfilling the roles and responsibilities of ESF-8, Public Health and Medical Services. The Director of the Bureau of Community Preparedness will serve as the Incident Commander at the LDH EOC and will ensure the State's emergency support functions for public health and medical services are enacted through implementing proper command and control.
- Under the direction of the Assistant Secretary for the Office of Public Health, the Bureau of Community Preparedness uses an all-hazards approach to emergency preparedness with multi-hazard emergency operations plans and procedures. Authority and responsibility are decentralized to field units and individuals responsible for actual performance of operations.

LDH OPH Bureau of Community Preparedness (BCP)

- The Bureau of Community Preparedness will coordinate and organize LDH OPH response activities.

- The Bureau of Community Preparedness will coordinate communication within LDH OPH and begin Incident Command.
- BCP will ensure that the Health Alert Network (HAN) has been updated and confirm receipt of HAN messages for staff as well as HAN messages and alerts to designated distribution groups.
- BCP will recruit, credential, train, manage, deploy, and coordinate medical and non-medical volunteers through Louisiana Volunteers in Action (LAVA) System. LAVA will recruit, direct, and track volunteers and existing personnel to appropriate locations throughout the State for additional support, including hospitals or other health care providers, critical infrastructure businesses, or supplementing government operations.
- BCP will manage the warehouse where supplies are stored and will maintain accurate data in an inventory management system.
- BCP will coordinate and execute the distribution of medications via the Receiving, Staging, and Storage (RSS) site or contingency contracted partners and contracted couriers.

LDH OPH Center for Community and Preventive Health (CCPH)

- The practitioners and parish health units within the Center for Community and Preventive Health will support the medical response components within the operations of each respective area, focusing first on disease containment and second on disease treatment.
- The regional Medical Director will serve as the primary Regional point of contact and communication.
- CCPH will coordinate required reporting with the CDC and internal State reporting, with such programs as the Louisiana Immunization Network for Kids Statewide (LINKS) or epidemiology reports.

Infectious Disease Epidemiology (ID Epi)

- OPH Infectious Disease Epidemiology will conduct disease surveillance and epidemiological investigations.
- ID Epi will provide ongoing information with respect to outbreak and severity of influenza-like illness to assist in the distribution of prophylaxis and treatment supplies.
- ID Epi will make recommendations regarding the need for individual and group isolation as well as quarantine.
- ID Epi will provide technical assistance to healthcare providers with respect to infection control plans.
- The Epidemiology Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Procedures are included as Annex 1.

Office of Public Health Laboratory (Lab)

- The Office of Public Health Laboratory is a functional member of the Laboratory Response Network. The State OPH Laboratory Director or designee will coordinate communication with the State Epidemiologist or designee and the Bureau of Community Preparedness Director or designee.
- OPH Lab will conduct testing of samples from sentinel hospitals and physicians' offices and summarize these results for use in syndromic surveillance.
- The Laboratory Pandemic Influenza and Novel Viral Respiratory Pathogen Plan is included as Annex 2.

Immunization Program

- The CCPH Immunization Program will provide immunization protocols to be used during a vaccination campaign.
- The Immunization Program will provide technical assistance to immunization providers with respect to vaccine protocols.
- The Immunization Program is responsible for registering and approving outside partners to receive and administer medications received from the CDC.
- The Immunization Program will provide training for outside partners on how to use LINKS.
- The Immunization Program will ensure that LINKS is updated to have the recording and reporting capability for the Pandemic Influenza and Novel Viral Respiratory Pathogen Plan vaccine as well as antiviral medications.
- Vaccination Guidance is included as Annex 3.

Pharmacy

- The LDH OPH Pharmacy will be the planning lead for the Antiviral Guidance (Annex 4) to this Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Guidance, which is included as Annex 4.
- LDH OPH Pharmacy coordinates all communications with retail pharmacies as well as the Louisiana Board of Pharmacy.

LDH Emergency Preparedness

- LDH Emergency Preparedness will provide coordination on behalf of the State of Louisiana and all other state agencies to the federal government through Emergency Support Function-8 (ESF-8) Health and Medical Services.
- LDH will implement and maintain communication with the hospitals and other health care institutions via the Designated Regional Coordinator (DRC) Network Coalition. The Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Hospital Plan is Annex 5.
- LDH is responsible for monitoring and tracking health care assets (i.e., beds, staffing, supplies, equipment, etc.).
- LDH will work with healthcare providers to ensure implementation of health care surge capacity plans.
- LDH is responsible for managing mass fatalities.
- LDH will if necessary, provide guidance (based on recommendations from the Pandemic Influenza and Novel Viral Respiratory Pathogen Plan Clinical Forum Advisory Committee) on Crisis Standards of Care.

LDH Bureau of Media and Communications (BMAC)

- The LDH Bureau of Media and Communications (BMAC) will conduct a media campaign throughout the State for educating the general public as well as special partners/interest groups (such as regional/parish government staff, first responders, and media outlet talking points). This campaign will include rumor control.
- BMAC will provide education for the public, health care system partners, response partners, businesses, community organizations and elected leaders about the Pandemic Influenza and Novel Viral Respiratory Pathogen Plan, expected impacts and consequences, and preventative measures (such as social distancing strategies).

- A Joint Information Center (JIC) will be activated under the direction of the LDH Public Information Officer (PIO).
- The State of Louisiana All-Hazards Communications Plan is included as Annex 6.

LDH Bureau of Emergency Medical Services (BEMS)

- The LDH Bureau of Emergency Medical Services (BEMS) prepares pre-emptive drafts for increased scope of practice, for consideration to assist in strike team vaccination practices.
- BEMS stresses the importance of communication to all Louisiana licensed EMS organizations for symptomatic recognition, body-substance isolation, and alternative methods for transport/care, as developed by the Pandemic Task Force.
- The EMS/911 Response Plan is included as Annex 7.

Other State departments and entities have supportive roles during Pandemic Influenza and Novel Viral Respiratory Pathogen Plan response. While each State group has their own operations plans documented, a generalized reference of participants and responsibilities is listed here to facilitate communications for enacting this Guidance during a response.

- The Governor’s Office of Homeland Security and Emergency Preparedness (GOHSEP) is ESF-5. The Director of GOHSEP or the Assistant Director, as the Governor’s authorized representative and with advice from the Secretary of LDH, State Health Officer or designee, will notify the Governor of incidents requiring the assets of the Strategic National Stockpile.
- ESF-1 is the responsibility of the Department of Transportation and Development (DOTD), and is responsible for coordinating and assisting in the rapid transportation of resources from the Receiving, Staging and Storing (RSS) site (if necessary) that is managed by LDH OPH BCP and delivering items to health care facilities and/or local Point of Dispensing (POD) sites.
- In the State of Louisiana, ESF-16 has been established to represent the Louisiana National Guard (LANG) and acts as support to ESF-1. LANG has entered into a Memorandum of Agreement (MOA) with ESF-8 Health and Medical (LDH) to provide ancillary transportation equipment coupled with the appropriate staffing in addition to warehousing staffing support.
- ESF-7 Resources, GOHSEP and LANG will provide initial warehouse logistics support.
- ESF-13 Security, the Louisiana State Police is responsible for the protection and security of the SNS assets, and the federal and State SNS personnel. The LSP Security Lead designated by the Superintendent shall serve as a liaison coordinator of all required security and law enforcement services during implementation of the SNS.
 - For local crowd control, local law enforcement will be responsible for traffic flow, maintaining perimeter control of the vaccination location, for immunization staff, and protecting antiviral assets.
 - Each dispensing entity must have plans in place with the appropriate authority to handle potential security issues, including response to events as well as the possibility of enhanced precautionary security measures on-site. The State has

determined at this time that the individual entities are responsible for absorbing the costs of any additional requirements they determine are necessary.

- The rules of engagement for each officer assigned to the security detail will be consistent with each officer's parent department/agency and will be in compliance with State and federal rules for engagement. Regional law enforcement will be able to request additional resources through their standing procedures and in compliance with the parish OHSEP EOC guidelines. Law enforcement will use the continuum of force, as appropriate, per their training and certifications.
- The LDH Human Resources Department will identify additional State employees to receive, stage, store, and support dispensing personnel in coordination with and under the direction of ESF-8 LDH OPH BCP personnel. The State of Louisiana Department of State Civil Service has issued Rules on personnel action during emergency situations.ⁱⁱ
- The parishes' Office of Homeland Security and Emergency Preparedness (OHSEPs) are responsible for the liaison and coordination of logistics, security and transportation response efforts provided under this State Guidance.
- The LDH Office of Emergency Preparedness is coordinating statewide Mass Fatality Planning efforts. The LDH Mass Fatality Framework, November 2013 describes a mass fatality framework inclusive of support agency in managing human remains, including victim identification and mortuary affairs. This established and practiced plan provides the direction and guidance for pandemic influenza and Novel Viral Respiratory Plan response.

V. Direction and Control

Overview

During a public health emergency requiring dispensing medication or vaccine to the entire local population, security will play an essential role in the efficient operation of the Pandemic Influenza and Novel Viral Respiratory Pathogen Plan guidance as well as Points of Dispensing (POD) efforts.

The State SNS Plan, as previously mentioned, lists in detail the processes and mechanisms for maintaining positive control of the antiviral assets. In tandem with the State Plan, Regional OPH plans for inventory control, security, and dispensing are in place and are the reference for security operations, experts, and details. Please refer to the appropriate Regional OPH SNS plans as well as Regional/Local POD plans, as directed through Guidance Annexes.

VI. Information Collection, Analysis, and Dissemination

Documentation

Incident Action Plan (IAP)

Following NIMS, the operational objectives, personnel assignments, logistics movements, and safety issues will be tracked. Through the assistance of the LDH OPH Documentation Coordinator at the LDH Emergency Operations Center, the LDH OPH Planning Section will monitor requests

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for assets, distribution of inventory, and documentation of communications with RSS or regional staff regarding antiviral dispensing sites. In addition, Situation Reports (SITREPS) are also generated as a reporting mechanism for each operational period and are useful in reporting activities and highlighting deficits.

An Incident Action Plan (IAP) will be created for every operational period, which may fluctuate as the event and response unfolds. IAPs are typically created for a 12-hour operational period but may be created for shorter periods of time. IAPs may be created for operational periods up to 24-hours once an event/response has been underway for some time.

While Louisiana and the federal government do not guarantee any reimbursement for resources used during a response, in the event that reimbursement becomes available, it will be important that accurate and comprehensive documentation be available. The SITREPS and resource requests are generally accepted mechanisms for accurately and adequately tracking situational information.

VII. Communications

Overview

The goal of Public Information is to gather, prepare, and distribute factual and timely health information to the media, providers, and the public. The Regional OPH Public Information Officer (PIO) in conjunction with the LDH PIO will manage these activities at a local level. The Secretary of the Louisiana Department of Health, the State Health Officer, or LDH Communications Director (including designees/deputies) will be the primary point of contact for public information during a SNS asset deployment. Information coordination will occur via the Joint Information Center (JIC) for key talking points, statistics, and public messaging for SNS personnel. Local OPH personnel and Parish PIOs have received risk communication training and information about the SNS as well as pandemic influenza and Novel Viral Respiratory Plans.

A risk communication plan has been developed and approved by senior leadership for all offices within the Louisiana Department of Health. This risk communications plan will be incorporated into all planning exercises/trainings and will be updated as needed, as part of the OPH Public Health Emergency Operations Plan (previously cited). The specific Communications Plan for Pandemic Influenza and Novel Viral Respiratory Pathogen Plan is attached as Annex 6.

As a component of risk communications, “Shelf Kits” have been created with detailed communication plans for several areas of concern. Each communication kit includes protocols for volunteer management, on-site materials, dispensing site signage, response worker support information, How to Talk to Children, Incident Response protocols, pre-written media advisories, news releases (print, television and radio – includes produced versions on CD), newspaper ads, and a localized media list. Regional OPH staff were assigned to review materials for their region, make local adjustment for details per the regional EOP plans, and to work with media on preparedness statements and education. The Pandemic Influenza Shelf Kit was restructured following the 2009 H1N1 Response with current Message Maps and Fact Sheets that can be updated to fit any event.

All reports and press releases will be approved through LDH OPH before distribution. Once approved, regional mechanisms for distribution include the regional media contact list. This listing Louisiana Office of Public Health Pandemic Influenza and Novel Viral Respiratory Pathogen Plan – March 2020

is utilized on a near-weekly basis, and routine utilization accounts for ongoing testing procedures and updates. It should be noted that this media contact list has a subset of those personnel who would be invited to or involved with a Regional Joint Information Center, and as such, the information is updated simultaneously.

Health Alert Network (HAN)

The LAHAN is a communication network that, in the event of a public health emergency, vital health information and education about the incident is channeled efficiently around the State to doctors, paramedics, hospitals, laboratories, public safety officials, and the media or representatives for the general public. The HAN messaging is distributed primarily through a fax blast system (a network of faxes integrated into the LDH OPH email system and can be triggered via e-mail and/or web processes). Initiation of the use of this system is primarily through the LDH OPH office. In the case of a pandemic response, the HAN could be used to distribute accurate and timely information in an efficient manner.

In the case of retail pharmacy notification, the BCP will provide a copy of all messages that are disseminated via the HAN to LDH OPH Pharmacy. The LDH OPH Pharmacy is the liaison between the State and pharmacies in Louisiana, including the Louisiana Board of Pharmacy.

Messages

Public information materials for influenza have been developed by LDH in order to hasten response to a pandemic threat. General information has been provided for pre-event preparedness in the Louisiana Family Readiness Guide. In addition, multiple media interviews with televisions and newspapers have been given, in addition to messages being pushed to the public via incident specific websites such as <http://www.ldh.la.gov/coronavirus> and www.fighttheflula.com. The LDH OPH PIO has the ultimate authority and responsibility for all media communications and content.

Prepared information has been developed and printed by LDH and includes:

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

Public messages will emphasize indications that will determine which individuals, based on certain clinical and priority risk group criteria, will be able to receive antiviral prophylaxis or treatment as well as the tiered stages of novel influenza vaccination. Balancing the need to educate the public with the need to minimize the impact on health care institutions such as persons seeking antiviral medications will be critical. This information will be updated to reflect the current understanding of a specific Pandemic Influenza and Novel Viral Respiratory Pathogen Plan.

Messaging is also appropriate for asymptomatic individuals seeking prophylaxis. Messages for individuals who are not critically ill and do not meet specific criteria for antiviral priority treatment groups, but who need medical attention, will direct them to seek care at their physician's office or in a primary care setting.

Any communication tools or information forms, such as the Investigational New Drug program documents, will be coordinated by LDH OPH utilizing agency resources or existing contracts following State printing procedures.

General Point of Dispensing Information

A separate Command and Operations Area may be established for managerial, communications, and security staff within a Region if a Point of Dispensing site is required. Each public health region in Louisiana has a Strategic National Stockpile Acquisition and Dispensing Plan that includes specific frameworks for activating PODs that may be used in a pandemic influenza and Novel Viral Respiratory Plan response. Security should be provided at all entrances and exits, and inside the dispensing site based on the site assessment by local law enforcement or security response personnel. Further information on POD utilization is located in the Vaccination Annex 3, as well as regional planning documents.

VII. Administration and Logistics

A. Reporting

Documentation

Incident Communications

A permanent record of all messages to and from each EOC will be kept by each Agency participating in the operation for analysis and review. This record will be turned over to the Documentation Section at the conclusion of the event.

Reporting Requirements - Inventory

The mechanisms and process required for Inventory Control and reporting are detailed in the RSS Operations Manual.

Reporting Requirements – RSS Operations

The mechanisms and process required for Inventory Control and reporting are detailed in the RSS Operations Manual.

Reporting Requirements – Patient Dispensing

The mechanisms and process determined for pandemic medication/vaccination dispensing will be online via LINKS, the Louisiana State Immunization Registry. In addition, if Point of Dispensing (POD) sites are used as detailed in the regional SNS plans, there are reporting mechanisms that are required for non-healthcare-setting dispensing locations. The POD Plan Appendix (identical for each region other than point of contact for the regional OPH staff) provides the template for all reporting requirements for dispensing, inventory, and issue management at a POD.

B. Maintenance and Preservation of Records

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Time and Expense Tracking

The LDH EOC maintains a system for keeping records of the incident regarding timekeeping and expenses. Approving the expenditure of funds, time keeping of LDH staff, tracking of purchased resources, activated contracts, and other expenditures on supplies, equipment and the staff's hours worked during an event is the function of the LDH EOC Administration and Finance Section. The Administration and Finance section also has oversight of this process for the OPH Regions and sections.

Incident Time-Keeping

During emergency response operations, each OPH employee will complete an HR-48 Disaster Time Sheet. This document is completed in addition to normal timekeeping documentation and serves as a record of employee time for Federal reimbursement purposes.

C. After-Action Review

The Louisiana State Health Officer will direct key public health staff involved during an outbreak to perform an evaluation of emergency activities after an event has ended. This may include processes such as critical incident stress debriefings, hot washes, or other situational analysis meetings. These processes, in addition to the generation of an After-Action Report (AAR) will be coordinated by the Bureau of Community Preparedness in order to supply appropriate information to Executive Leadership.

Assessment of plans, procedures, arrangements and agreements will be a part of the OPH evaluation process. OPH may participate in the collection and interpretation of data, development of impact studies and methods to mitigate future public health response efforts. The OPH response evaluation process will be used to validate training programs, the effectiveness of current philosophy, allocation of resources, and decision-making. Evaluation will identify strengths to be maintained and areas for further improvement through the development of improvement plans.

D. Training

The OPH Bureau of Community Preparedness is responsible for creating a multi-year training and exercise schedule. This planning effort is coordinated with the GOHSEP, the OPH Regions and response partners. The OPH Training and Exercise Plan provides information for specific program areas, and target audiences, along with requirements, course overviews, and training objectives. The OPH Training and Exercise Plan details and outlines the strategy with the implementation of the following activities:

- Initial and reoccurring training of staff
- Development of training for the OPH Pandemic Influenza and Novel Viral Respiratory Plans Plan
- Prioritization and purchase of equipment and other acquisitions as needed for training
- Identification of other needed actions to implement or maintain Pandemic readiness

E. Exercises

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OPH conducts a variety of exercises for validating plans and meeting the requirements of specific Federal programs. Additionally, OPH participates in exercises at the local, Parish, Regional, State and Federal levels with response partners. Exercises follow the guidance and utilize the tools of the Homeland Security Exercise and Evaluation Program (HSEEP) under the guidance of the Bureau of Community Preparedness. Documentation of exercises is maintained by both participating Regions and at the State level.

Planning is conducted to improve the capabilities of responders and to identify gaps in preparedness. The BCP Planning Section maintains the OPH Multi-Year Training and Exercise Plan (MYTEP) as a separate document. Moreover, the BCP Planning Section monitors and modifies the MYTEP as appropriate upon direction from the OPH Assistant Secretary.

F. Logistics

Resource requesting and allocation of resources consist of personnel, equipment, supplies, and transportation mechanisms to the location of need, and occasionally the facilities where resources are used. LDH, another agency, organization, or other responding entity may be able to supply some of the resources requested or a mechanism for transport.

The LDH EOC is organized into sections to facilitate the identification of resources across the Louisiana Department of Health, and the movement of resources from one point to another. Local, Parish and Regional coordination works to ensure resources are identified and utilized in the locality where they are needed to prevent unnecessary use of transportation resources.

Requests for resources related to ESF-8 responsibilities are routed through the LDH EOC for fulfillment. From the Parish level, these requests are made to the OPH Regional EOC, which forwards the request to the LDH EOC if the resources are not available locally. LDH field operations (such as a Medical Special Needs Shelter) make requests directly to the LDH EOC regardless of what Region the operation resides. The LDH EOC also receives requests from ESF 8 staff at the State Emergency Operations Center.

The LDH EOC attempts to fill all requests using existing resources but cannot fulfill all resource needs (particularly those not related to ESF-8 or ESF-12). In such cases, the LDH EOC will forward the request to the State EOC through ESF-8, where the request will be assigned to the appropriate State ESF for fulfillment. Resources not available within Louisiana may be requested from other States or the Federal government through established processes.

VIII. Plan Development and Maintenance

This LDH OPH Pandemic Influenza and Novel Viral Respiratory Pathogen Plan was developed and will be maintained under the authority of the LDH Secretary, the State Health Officer, LDH Medical Director and the OPH Assistant Secretary. The OPH BCP Director is responsible for approval and maintenance of this plan. This OPH Pandemic Influenza and Novel Viral Respiratory Pathogen Plan is available electronically from the OPH BCP Director and is kept in the LDH EOC. This plan is available to staff on the LDH SharePoint website. All OPH Centers and Regions shall integrate their operational planning and COOP efforts into the guidance and coordination provided by this all-hazard approach.

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The OPH Bureau of Community Preparedness conducts training on current planning and for the LDH Pandemic Influenza and Novel Viral Respiratory Pathogen Plan. Exercises improve skills and coordination within the Agency and with response partners. Plans are validated and improved through exercise.

All Centers will participate in the implementation and testing of this Pandemic Influenza and Novel Viral Respiratory Pathogen Plan and its procedures. Plans, annexes, appendices, and procedures will detail who, what, when, where and how emergency tasks and responsibilities will be conducted. Sections with OPH will submit changes, revisions and/or updates in writing through their Center Director by March 31 of each year. This Pandemic Influenza and Novel Viral Respiratory Pathogen Plan will be reviewed every year, with a comprehensive review and update every four years.

Staff with EOC assignments will complete regular training including the activities of the LDH, as assigned to LDH EOC Sections and on the OPH EOP. The assessment of the workforce along with planning for and conducting training is coordinated by the BCP. Job action sheets (JAS) are in place for the LDH and OPH Regional EOCs, as well as for field positions. JAS are modified for response to a specific incident.

IX. Authorities and References

A. Authorities

In recent years, emergency preparedness has become a focus for public health and public health law. Natural disasters (e.g., hurricanes and floods); man-made disasters (e.g., terrorism and oil spills); and communicable disease outbreaks (e.g., Ebola and Zika). Since 2005, more than a dozen incidents have warranted presidential emergency declarations because the severity of Louisiana’s hurricanes, storms, tornadoes, and flooding have exceeded state resources.

From these, the Louisiana Department of Health birthed the Louisiana Public Health Emergency Law Bench Book in 2018. The “Bench Book”, which provides a detailed, comprehensive overview of Louisiana public health laws implicated before, during, and after crises, addresses public health infrastructure (roles and responsibilities), jurisdictions, emergency declarations, evacuation and sheltering, disease surveillance, detention of individuals, and medical countermeasures. [To access the Bench Book, contact the LDH-OPH-Bureau of Community Preparedness.]

Homeland Security Presidential Directive #7, “Critical Infrastructure Identification, Priority and Protection” officially designated the public health systems of the nation as critical infrastructure. As a result, Homeland Security Presidential Directive #8, “National Preparedness” assigned the public health profession the role of “first responder” in the event of a disaster or catastrophic health event resulting from either natural or man-made causes.

Under the guidelines of the GOHSEP State of Louisiana Emergency Operations Plan, public health is required to establish procedures for responses to health, environmental, and medical needs of the State of Louisiana. LDH has primary responsibility and is required to coordinate with the Federal government for assistance provided under the National Response Framework’s Emergency Support Function-8, Public Health and Medical Services, and Emergency Support Function-12, Energy and Utilities. In Louisiana, LDH has support responsibilities in most of the remaining Emergency Support Functions.

Any emergency or disaster may present health concerns requiring public health to respond. Executive Order BJ 08-32 requires each Agency to prepare and maintain plans, procedures, arrangements and agreements to ensure that the organization can carry out its mission.

The State Health Officer, the Secretary of the Louisiana Department of Health, the LDH Medical Director and the Assistant Secretary of the Office of Public Health are responsible for State health and medical services during an emergency. The scope of the service is adjusted to the size and type of disaster. Response planning in LDH OPH is both modular and scalable. LDH collaborates with a variety of State agencies and medical care provider partners for planning, exercises and real-world response.

The Louisiana Revised Statutes 29: 761-762, 769; 40:5, 7-10 and the Louisiana Administrative Code, June 2004, Public Health Sanitary Code (5), Part 2: *The Control of Diseases* provides the Louisiana State Health Officer with the authority to take actions to control diseases and procure needed assets. *The Sanitary Code* mandates reporting of diseases of major public health concerns because of the severity of disease and the potential for epidemic spread. This is to be done by Louisiana Office of Public Health Pandemic Influenza and Novel Viral Respiratory Pathogen Plan – March 2020

telephone reporting immediately upon recognition that a case, a suspected case, or a positive laboratory result is known. In addition, all cases of rare or exotic communicable diseases, unexplained deaths, unusual clusters of diseases, and all outbreaks shall be reported. It further mandates reporting duties of physicians, health care providers, laboratories, parents, schools and day care centers. The State Health Officer is empowered and it is their duty to investigate and promptly institute necessary control measures whenever a case of communicable disease occurs and may carry on such measures to prevent the spread of disease.

The *Louisiana Emergency Powers Act 2003* grants the State Health Officer, the Louisiana Department of Health (LDH) and LDH OPH jurisdiction, control and authority to isolate or quarantine and to take such action as is necessary to accomplish the subsidence and suppression of diseases of all kinds in order to prevent their spread. This Act provides the authority to issue standing orders, develop protocols for dispensing sites, allow personnel to dispense medications and suspend administrative policies and procedures to the extent necessary for the protection of life and controlling the spread of human disease.

Revised Statute 40.5 describes the “general powers and jurisdiction (of) the State health officer and the Office of Public Health of the Louisiana Department of Health shall have exclusive jurisdiction, control, and authority:

- (1) To isolate or quarantine for the care and control of communicable disease within the State.
- (2) To take such action as is necessary to accomplish the subsidence and suppression of diseases of all kinds in order to prevent their spread.”

The authority to issue standing orders and protocols for disease control and suppression is inherent with the stated charge to the State Health Officer or designee.

Revised Statute 29:766 describes “A State of public health emergency may be declared by executive order or proclamation of the governor, following consultation with the public health authority, if he finds a public health emergency as defined in R. S. 29:762 has occurred or the threat thereof is imminent.

Revised Statute 29:762 defines: “A ‘public health emergency’ as an occurrence or imminent threat of an illness or health condition that:

- (a) Is believed to be caused by any of the following:
 - (i) Bioterrorism.
 - (ii) The appearance of a novel or previously controlled or eradicated infectious agent or biological toxin.
 - (iii) A disaster, including but not limited to natural disasters such as hurricane, tornado, storm, flood, high winds, and other weather related events, forest and marsh fires, and man-made disasters, including but not limited to nuclear power plant incidents or nuclear attack, hazardous materials incidents, accidental release or chemical attack, oil spills, explosion, civil disturbances, public calamity, hostile military action, and other events related thereto.
- (b) Poses a high probability of any of the following harms:

(i) A large number of deaths in the affected population.

(ii) A large number of serious or long-term disabilities in the affected population.

(iii) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.”

Revised Statute 29:766 describes “During a state of public health emergency, in addition to any powers conferred upon the governor by law, he may do any or all of the following: (1) Suspend the provisions of any regulatory statute prescribing procedures for the conduction of State business, or the orders, rules, or regulations of any State agency, if strict compliance with the provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency. (2) Utilize all available resources of the State government and of each political subdivision of the State as reasonably necessary to cope with the disaster or emergency. (3) Transfer the direction, personnel, or functions of State departments and agencies or units thereof for the purpose of performing or facilitating emergency services. (4) Subject to any applicable requirements for compensation, commandeer or utilize any private property if he finds this necessary to cope with the disaster or emergency.

Section E of Revised Statute 29:769 and the Uniform Emergency Volunteer Act discusses the temporary registration of health care professionals. “Any board or commission placed within the Louisiana Department of Health by R.S. 36:259 (E), (R), (EE), and (GG) may exercise during such period as the declared State of public health emergency exists, the power reasonably necessary to issue temporary registrations to health care providers licensed, certified, or registered in another jurisdiction of the United States whose licenses, certifications, or registrations are current and unrestricted and in good standing in such jurisdictions.”

Specific professions define authority to dispense medications. The Statutory Definition for Registered Nurse Scope of Practice R.S. 27:913 includes “Implementing nursing care through such services as case finding, health instruction, health counseling, providing care supportive to or restorative of life and well-being, and executing health care regimens as prescribed by licensed physicians, dentists, optometrists, or other authorized prescribers.

519. State of Emergency States “A pharmacist may work in the affected Parish(es) and may dispense a one-time emergency prescription of up to thirty-day supply of a prescribed medication if: a. in the pharmacist’s professional opinion the medication is essential to the maintenance of life or to the continuation of therapy;” “A pharmacist not licensed in Louisiana, but currently licensed in another State, may dispense prescription medications in those affected Parish(es) during the time that a State of emergency exists if: a. the pharmacist has some type of identification to verify current licensure in another State; and b. the pharmacist is engaged in a legitimate relief effort during the emergency period.” The authority provided for in this section shall cease with the termination of the State of emergency.

Procurement of private property is discussed in Revised Statute 29:769, “In accordance with R.S. 40:10 and as may be reasonable and necessary to respond to a State of public health emergency, the State health officer may employ any means to control the use of food, fuel, clothing, and other commodities. The following meanings shall apply: (a) “Any means” includes rationing, quotas, allocations, prohibitions of shipments, or other means. (b) “Control” includes inspect, restrict or regulate. (c) “Use” includes sale, dispensing, distribution and transportation.”

OPH Policy 401 and Human Resource Policy 0011-83 describe staff compensation and provides information on workers compensation. La. Revised Statutes 29: 735.1 provides that during declared emergency anywhere in the State, any health care provider who in good faith voluntarily renders emergency care or first aid to assist persons in the disaster shall not be civilly liable for causing injury, death or damage to property unless it is by gross negligence or willful misconduct. The statute may also protect an organization from vicarious liability under Louisiana Law. The Public Readiness and Emergency Preparedness (PREP) Act has liability protection for medical countermeasure development, distribution and administration protection and provides national guidance.

B. References

Jurisdictional Risk Assessment, 2014.

Louisiana Hospital Preparedness Program - Public Health Emergency Preparedness Multi-Year Training and Exercise Plan, 2018 – 2020.

State of Louisiana, Emergency Support Function-8, Health and Medical Response. Mass Fatality Operational Response Plan, November 2013.

State of Louisiana, Governor's Office of Homeland Security and Emergency Preparedness. Emergency Operations Plan, July 2014

State of Louisiana, Governor's Office of Homeland Security and Emergency Preparedness. Hazard Mitigation Plan, April 2014.

State of Louisiana, Louisiana Department of Health. Crisis and Emergency Risk Communications Plan, November 2018.

State of Louisiana, Louisiana Department of Health. Public Health Emergency Law Bench Book, 2018.

State of Louisiana, Louisiana Department of Health, Office of Public Health. Continuity of Operations Plan, June 2017.

State of Louisiana, Louisiana Department of Health, Office of Public Health, Bureau of Community Preparedness, Volunteer Management Program. Louisiana Volunteers in Action Standard Operating Procedures, October 2018.

U.S. Centers for Disease Control and Prevention. Public Health Preparedness Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, October 2018. Retrieved from https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

U.S. Centers for Disease Control and Prevention. Intervals for a Novel Influenza A Virus Pandemic: State/Local and Federal Indicators, Decisions, and Actions, September 2014

U.S. Centers for Disease Control and Prevention. Updated Preparedness and Response Framework for Influenza Pandemics, September 2014.

U.S. Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. Pandemic Severity Assessment Framework, November 3, 2016. Retrieved from <https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>.

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X. Acronyms and Definitions

A. Acronyms

AAR	After-Action Review
BCP	Bureau of Community Preparedness
CDC	Centers for Disease Control and Prevention
CERC	Crisis and Emergency Risk Communication
COOP	Continuity of Operations Plan
LDH	Louisiana Department of Health
DHS	Department of Homeland Security
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
FQHC	Federally Qualified Health Centers
GOHSEP	Governor’s Office of Homeland Security and Emergency Preparedness
HAN	Health Alert Network
ICS	Incident Command System
JIC	Joint Information Center
NIMS	National Incident Management System
NRF	National Response Framework
OPH	Office of Public Health
SITREP	Situation Report
SME	Subject Matter Expert
SOP	Standard Operating Procedures
TALON	Texas, Arkansas, Louisiana, Oklahoma, New Mexico (FEMA Region VI)
WMD	Weapons of Mass Destruction

B. Definitions

All-hazard: Covering all possible dangers, whether natural, accidental, negligent, or intentional.

Bioterrorism: The intentional use of any microorganism, virus, infectious substance or biological product, either natural or engineered to cause death, disease or other malfunction of a human, animal, plant or living organism in order to influence, harm, intimidate or coerce a civilian population.

Biological Agent: A living organism or the materials derived from a living organism that causes disease in or harms humans, animals, or plants or causes deterioration of material. Biological agents may be found as liquid droplets, aerosols, or dry powders. A biological agent can be adapted and used as a terrorist weapon, such as anthrax, tularemia, cholera, plague, botulism. Biological agents may be bacteria, viruses or toxins.

Chemical Agent: Solids, liquids, or gases that have chemical properties that produce incapacitation, serious injury or death in plants and animals.

Chemical Terrorism: The intentional use of a chemical agent to cause death, disease or other malfunction of a human, animal, plant or living organism in order to influence, harm, intimidate or coerce a civilian population.

Command: The act of directing, ordering, or controlling by virtue of explicit statutory, regulatory, or delegated authority.

Communicable: An infectious disease that is contagious and which can be transmitted from one source to another by infectious bacteria or viral organisms.

Contact: Being exposed to an undesirable or unknown substance that may pose a threat to health and safety.

Contagious: A disease capable of spreading rapidly from one person to another by contact or close proximity.

Contamination: An uncontained substance or process that poses a threat to life, health, or the environment.

Control: The procedures, techniques, and methods used in the mitigation of a hazardous materials incident, including containment, extinction, and confinement.

Credible Threat: A law enforcement determination of a real and immediate threat, not conjectural or hypothetical.

Crisis Management: Measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve a threat or act of terrorism.

Counterterrorism: A full range of activities directed against terrorism, including preventative, deterrent, response and crisis-management efforts.

Decontamination (Decon): The physical and/or chemical process of reducing and preventing the spread of contamination from persons and equipment used at a hazardous materials incident.

LDH OPH Executive Leadership: Includes the LDH Secretary, State Health Officer, LDH Medical Director, LDH Office of the Secretary Deputy Secretary, Office of Management and

Finance Undersecretary, LDH Executive Director of Emergency Preparedness, OPH Assistant Secretary, OPH Deputy Assistant Secretary, OPH Medical Director and OPH Center Directors.

Disaster: Any occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural, technological, and/or national security incident, including earthquake, explosion, fire, flood, high water, hostile military actions, hurricanes, landslide, mudslide, storms, tidal wave, tornadoes, or wind-driven water.

Emergency Operations Center (EOC): A protected site from which personnel exercise direction and control during an emergency or disaster. It is equipped and staffed to provide support in coordinating and guiding emergency and disaster operations.

Emergency Operations Plan (EOP): A written framework guiding and directing emergency operations.

Emergency Support Function (ESF): That portion of a comprehensive emergency management plan that describes a grouping of similar or interrelated support activities necessary for managing the impacts of a disaster.

Epidemic: The occurrence in a community or area of cases of an illness (or outbreak) with a frequency in excess of normal expectancy.

Evacuation: The removal of potentially endangered, but not yet exposed, persons from an area threatened by an emergency or disaster incident.

Executive Leadership: Includes the LDH Secretary, State Health Officer, LDH Medical Director, LDH Office of the Secretary Deputy Secretary, Office of Management and Finance Undersecretary, LDH Executive Director of Emergency Preparedness, OPH Assistant Secretary, OPH Deputy Assistant Secretary, OPH Medical Director and OPH Center Directors.

Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP): The Governor of Louisiana is responsible for the coordinated delivery of all emergency resources during a natural, technological, and/or national security emergency or disaster situation. The Governor has delegated the authority to develop and implement an emergency operations plan and to coordinate all-hazard response efforts to GOHSEP.

Hazard: Any situation that has the potential for causing damage to life, property, and/or the environment.

Hazard Material: A substance or combination of substances which, because of quantity, concentration, physical, chemical or infectious characteristics may cause, or significantly contribute to an increase in deaths or serious illness; and/or pose a substantial present or potential hazard to humans or the environment.

HIPAA Privacy Rule: National standards protecting the privacy of individually identifiable health information which authorizes public health activities to identify, monitor, and respond to disease, death, and disability.

Incident: An event involving a hazardous material or a release or potential release of a hazardous material.

Incident Command System (ICS): The combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Incident Command: A disciplined method of management established for the specific purpose of control and direction of resources and personnel.

Incident Commander (IC): The individual responsible for overall management of the incident at the field level.

Incident Management System (IMS): A standardized management system designed for control and coordination of field emergency response operations under the direction of an Incident Commander through the allocation and utilization of resources within pre-defined functional and/or geographic areas.

Incident: An event involving a hazardous material or a release or potential release of a hazardous material.

Infectious Diseases: Caused by microorganisms which are transferable to new individuals.

Isolation: Applies to persons who are known to be ill with a contagious disease.

Medical Countermeasures: Medications such as antibiotics, antivirals or antitoxins and the vaccines for treatment or prophylaxis of persons in an identified population in accordance with public health guidelines and recommendations.

Mitigation: Any action employed to contain, reduce, or eliminate the harmful effects of a spill or release of a hazardous material.

Mutual Aid: An agreement to supply, if available, specifically agreed upon aid or support in an emergency situation between two or more agencies, jurisdictions, or political sub-divisions without the expectation of reimbursement.

Operations: The coordinated tactical response of all operations in accordance with the Incident Action Plan.

Outbreak: The occurrence in a community or area of cases of an illness (or epidemic) with a frequency in excess of normal expectancy.

Pandemic: An epidemic of infectious disease that is spreading through human populations across a large region; for instance multiple continents, or even worldwide.

Pathogen: Any disease producing organism, including viruses.

Personal Protective Equipment (PPE): Equipment provided to shield or isolate a person from the chemical, physical, and thermal hazards that may be encountered at a hazardous materials incident. Adequate personal protective equipment should protect the respiratory system, skin, eyes, face, hands, feet, head, body, and hearing. Personal protective equipment includes- personal protective clothing, self-contained positive pressure breathing apparatus, and air purifying respirators.

Public Health Authority: A person or entity authorized to respond to a public health emergency in accordance with the plan for emergency responses to a public health emergency prepared in accordance with section 8 of this act, including, but not limited to, licensed health care providers or local and district health directors.

Public Health Emergency: An occurrence or imminent threat of a communicable disease, except sexually transmitted disease, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

Public Information Officer (PIO): An individual from an organization or jurisdiction participating in the event that is designated to prepare and release public information regarding the situation and the response.

Quarantine: Enforced restriction of free movement imposed to prevent the spread of contagious disease.

Response: That portion of incident management where personnel are involved in controlling and/or mitigating an emergency or disaster.

Terrorist Event or Incident: A violent act or an act dangerous to human life, property, or the environment, in violation of the criminal laws of the United, to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Toxic: Poisonous; relating to or caused by a toxin; able to cause injury by contact or systemic action to plants, animals or people.

Treatment: Any method, technique, or process which changes the physical, chemical, or biological character or composition of any hazardous waste, or removes or reduces its harmful properties or characteristics for any purpose.

Unified Command: An adaptation of the Incident Management System in which all key local, Regional, State, and/or Federal agencies cooperatively participate in planning, decision making and resource coordination in support of the designated Incident Commander.

Vulnerability: The susceptibility of life the environment, and/or property, to damage by a hazard.

XI. Attachments

Pandemic Severity Assessment Framework (PSAF)

Once a novel influenza A virus or other Novel Viral Respiratory Plan is identified and is spreading from person-to-person in a sustained manner, public health officials use the [Pandemic Severity Assessment Framework \(PSAF\)](#) to determine the impact of the pandemic, or how “bad” the pandemic will be. There are two main factors that can be used to determine the impact of a pandemic. The first is **clinical severity**, or how serious is the illness associated with infection. The second factor is **transmissibility**, or how easily the pandemic virus spreads from person-to-person. These two factors combined are used to guide decisions about which actions CDC recommends at a given time during the pandemic.

The framework is divided into two parts. The first part is the [initial assessment](#), which happens early during a pandemic. At this time, activity may be detected in pockets or certain communities across the country so information and understanding about the pandemic virus will be limited. By studying the information that is available, CDC can produce a preliminary assessment of the potential impact of the pandemic (e.g., low to moderate transmissibility and moderate to high clinical severity). However, that assessment may change as the pandemic evolves and more information is known.

The second part, or [refined assessment](#), happens later in the pandemic when more information is available. This additional information helps to provide a more refined and accurate picture of pandemic impact, including assessments of the impact by age group.

The results of these assessments can be compared to past pandemics (or even seasonal influenza epidemics), creating a quick comparative snapshot of the potential impact of the pandemic. For example, using the PSAF, the 1918 pandemic can be characterized as one with very high transmissibility and very high clinical severity whereas the 2009 H1N1 pandemic can be characterized as one with moderate transmissibility and clinical severity for the overall population. The results help public health officials and health care professionals make timely and informed decisions, and to take appropriate actions.

The PSAF is one of two assessment tools developed by CDC to guide and coordinate actions among federal, state, local, and tribal entities involved in pandemic response. Please refer to “[Novel Framework for Assessing Epidemiologic Effects of Influenza Epidemics and Pandemics](#)” for more information about the PSAF.

<https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>