

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

**Pandemic Influenza Guidance:
Vaccination Annex 3**



April 2011

Table of Contents

I.	Vaccination Overview	5
	Mission.....	5
II.	Command and Control.....	6
	Lead Agency	6
	Roles and Responsibilities	6
III.	Planning Section	7
	Planning Assumptions	7
	Seasonal Influenza Vaccination Coverage in the Pre-Pandemic Period.....	9
	Pneumococcal Vaccination Coverage in the Pre-Pandemic Period.....	9
	Pandemic Severity Index	9
	Triggers, Periods, Phases, Stages, and Intervals of a Pandemic	10
	Priority Groups for Vaccination during the Inter-Pandemic and Pandemic Periods	10
	Emergency Point of Dispensing (POD) Site Exercises.....	10
IV.	Operations Section	12
	Concept of Operations	12
	Emergency Point of Dispensing (POD) Sites	12
	Ancillary Supplies.....	12
	Staffing.....	12
	Volunteers	13
	Emergency Dispensing Site Locations.....	14
	Residential/Occupational Locations	14
	Correctional facilities.....	15
	Nursing Homes, Behavioral Health Centers, and Assisted Living Facilities.....	15
	Training for POD workers and Volunteers	15
	Vulnerable Populations	16
V.	Logistics Section.....	17
	Vaccine Distribution	17
	Vaccine Ordering	17
	Louisiana Immunization Network for Kids Statewide.....	18

Protocols, Forms and Information Sheets	18
Vaccine Adverse Events	18
Vaccine Handling and Distribution, Chain of Custody	19
State Immunization Program	19
Regional Offices	19
Parish Health Units and local community PODs	20
Transportation of Vaccine between the Immunization Office and the Regional Public Health Offices and Local Health Units	20
Vaccine Storage	20
Vaccine Accountability.....	21
Personnel for Vaccine Management	22
Contingency Plan for Investigational New Drug (IND) Provisions	22
Mechanism for Tracking Second Doses of Vaccine	22
Access to Emergency Funds	22
Medicare Reimbursement	23
System for Monitoring Vaccination Coverage	23
VI. Security Section	24
Overview.....	24
SNS Security Details for Vaccine Transport	24
Security Details for Vaccine Storage	25
Current Security at State Offices	25
Potential for Enhanced Security at State Offices	26
Rules of Engagement for Law Enforcement Personnel	26
VII. Public Information Section	27
Overview.....	27
Spokesperson	27
Messages	28
Demobilization of Messaging Tactics.....	28
VIII. Legal Authorities to Allow for Implementation of the Plan	29
Declaration of State of Emergency	29
Immunity from Liability	30

Supporting Documentation	31
Figure 1: Vaccine Priority Groups by Tier	31
Table 1. Target Groups in Homeland and National Security	33
Table 2. Target Groups in Health Care and Community Support Services	35
Table 3. Target Groups in Critical Infrastructure.....	38
Table 4. Target Groups in the General Population	40
Table 5. Current Influenza Vaccine Storage Capacity.....	43

I. Vaccination Overview

The Vaccination Annex of the Louisiana Pandemic Influenza Guidance describes the system that will be used to order, store, distribute, track and administer influenza vaccine during a pandemic. This Vaccination Guidance is an annex to several other plans and guidance documents in which the State of Louisiana has planned for an “all-hazards” mass distribution system for the receipt, storage, distribution, and dispensing of vaccinations/medications to the general public.

Mission

In the event of a pandemic, influenza vaccine will be distributed using the established vaccine distribution system, with contingency plans for storage, alternate distribution options, transport and security for vaccines. The distribution of vaccine will be accomplished using a myriad of tools that may include direct delivery to preregistered providers, or even mass public and private Points of Dispensing (POD) sites. Vaccine will be administered at the local level to priority groups determined by the State Health Officer using the best epidemiologic evidence and guidance from the Centers for Disease Control and Prevention (CDC). Local communities, in partnership with the nine Louisiana Office of Public Health Regions have the responsibility to plan and implement PODs for administration of influenza vaccine to priority groups in their jurisdictions.

The amount of vaccine that will have to be managed (ordered, stored, distributed and accounted for) by the Louisiana Department of Health and Hospitals Office of Public Health (DHH OPH) Immunization Program will be affected by the manufacturers’ ability to produce and distribute vaccine. Therefore, the mass vaccination plan can be flexible and modified based on the status of vaccine technology, amount and speed at which the vaccine is produced and delivered, the characteristics of pandemic illness, and risk groups for severe disease – factors that will remain unknown until a pandemic actually occurs.

II. Command and Control

State Health Officer or designee provides command and control of vaccination efforts during an influenza pandemic. This includes the direction of the activities to obtain and disseminate key medical-related information. Many of the other actions and requirements for vaccination are supported by other State and local agencies at various stages of the pandemic. Planning, emergency management, prevention, preparedness, response, recovery, and mitigation discussions are facilitated by DHH OPH and use subject matter experts for relevant contributions.

Lead Agency

DHH OPH is the lead agency in the Pandemic Influenza Response within Louisiana. DHH works collaboratively with several State, local, and private agencies to provide trainings and other educational opportunities to ensure preparedness in a pandemic situation. Any meetings and exercises, however, also contribute to the success of State operations and training programs in that they ensure a variety of educational opportunities are available for the Pandemic Influenza Response topics.

Roles and Responsibilities

The Office of Public Health will order, store, distribute, track, administer and provide guidance for influenza vaccine during a pandemic. The OPH Immunization Program will coordinate communication with response partners.

III. Planning Section

Planning Assumptions

This Mass Vaccination Plan is based on the following assumptions:

There will be a minimum of 4 – 6 months between a novel virus alert and the availability of vaccine. When vaccine does become available, it will be distributed in multiple shipments, over time, as it is manufactured. Vaccine shortages are likely to exist, especially early during a pandemic.

In the event of an H5N1 pandemic, the possibility exists that enough H5N1 Influenza vaccine will be available for a limited prioritized pre-pandemic vaccination campaign. The principals of this document will be followed in this pre-pandemic vaccination campaign as well as during a pandemic vaccination campaign.

The number of doses available each month will depend on the potency of the vaccine and the vaccine manufacturing capacity at the time. Administration of two doses of vaccine, 30 days apart, might be necessary in some or all target groups for optimal immunologic response.

It is expected that pandemic influenza vaccine, whether purchased with federal or state funds, will be allocated or distributed through LOPH. As with 2009 H1N1, the State may pre-register providers who are then directly shipped vaccine for administration, or a combination of public and private distribution using the State POD system.

All pandemic influenza vaccine, whether in public or private hands, will be administered by providers according to the priorities set by the Louisiana State Health Officer outlined in draft form in this document. These priorities are subject to revision as the epidemiology of the pandemic unfolds.

Vaccine standard operating procedures will be followed as detailed in the Louisiana Immunization Manual. These procedures include vaccine storage and handling, security, and documenting maintenance of the vaccine cold chain.

A strict chain of custody for influenza vaccine will be followed and documented.

Medicare and Medicaid will be billed for reimbursement (vaccine and or administrative fee) for state-purchased and privately purchased vaccine, where applicable.

The target population for influenza vaccine will initially be prioritized, but then eventually expanded to the entire population as vaccine becomes available.

The priority groups for vaccine will be based on the priority groups recommended of the U.S. Department of Health and Human Services (DHHS). This list may change on short notice depending upon the epidemiologic and clinical features of the pandemic. Figure 1: Vaccine Priority Groups by Tier in Supporting Documentation is an example for this pre-event planning.

In addition to distributing vaccine, LOPH Regions in cooperation with local Parishes and communities should have plans in place to administer vaccine to residents based on the established priority groups if mass POD sites are opened as part of the distribution scheme.

The initial proportioning of limited amounts of influenza vaccine will be based roughly upon Regional/Parish population, with allowances for areas with a higher proportion of target individuals depending on vaccine indications and availability, or upon appropriate vaccine amounts and appropriate population indications.

Administration of vaccine to priority groups and the general public may occur through registered providers (hospitals, private physicians) and/or also possibly at the local POD and provider level through the Regional LOPH POD system; the responsibility of the LOPH Immunization Program is to ensure the efficient distribution of viable vaccine to vaccine distributors, as described below.

If used as part of the distribution scheme, staffing at the PODs will be through a combination of Public Health employees, state and parish agency employees, and both medical and non-medical volunteers. Staffing is the responsibility of the local Parish organizers, supplemented with public health and government workers.

Influenza vaccine will be distributed in multiple formulations and have different indications based on licensing. Distribution of vaccine may be affected by the abundance or scarcity of specific vaccines based on indications and provider base.

Because there is likely to be a moderate to severe shortage of vaccine, at least in the early phases of the epidemic, security for the vaccine must be addressed.

The Louisiana Immunization Network for Kids Statewide (LINKS) system will be used to register, track, collect demographics on, conduct inventory, and document administration of all influenza vaccine. The full LINKS application can/will be used at locations that have the ability, while the modified pandemic influenza emergency module will be used at locations that either do not use LINKS, or are just vaccinating for the pandemic effort. Training, and a login and password will be required.

The current Vaccine Adverse Event Reporting System (VAERS) system will be used to monitor vaccine safety through the State Vaccine Coordinator and system of Regional Immunization Consultants.

While distribution of all other vaccines will be maintained during the pandemic, inventories of non-influenza vaccine may be reduced at the regional and local distributor sites.

Public education and a detailed communication plan to providers and the public will be an important part of the immunization campaign.

Seasonal Influenza Vaccination Coverage in the Pre-Pandemic Period

LOPH will continue to work with the Louisiana Health Care Review, the Louisiana Medical Society, the Louisiana Association of Health Plans, the Louisiana Hospital Association and other members of the Louisiana Adult Immunization Coalition to increase seasonal influenza vaccination rates in Louisiana as follows to reduce the annual toll from influenza, enhance the existing vaccine delivery infrastructure and facilitate access to high-risk populations when the pandemic occurs:

- Continue to conduct the annual Louisiana Health Care Worker seasonal influenza vaccination education campaign to encourage high influenza vaccination levels in health care workers.
- Continue to work with the Louisiana Nursing Home Association to conduct the annual Louisiana Nursing Home Employee Seasonal Influenza Vaccination Campaign which encourages all nursing home employees to receive annual influenza vaccination.
- Continue to support the annual Survey by the Louisiana Hospital Association for health care worker seasonal influenza vaccination coverage levels.

Continue to support and participate in seasonal influenza mass vaccination campaigns that focus on high-risk individuals early in the season and all individuals later in the season.

Pneumococcal Vaccination Coverage in the Pre-Pandemic Period

LOPH will continue to work with the Louisiana Health Care Review, the Louisiana Medical Society, the Louisiana Association of Health Plans, the Louisiana Hospital Association and other members of the Louisiana Adult Immunization Coalition to increase pneumococcal vaccination rates in Louisiana to reduce the incidence and severity of secondary bacterial infections now and during the next pandemic.

Pandemic Severity Index

In February 2007, the Centers for Community Disease Control and Prevention (CDC) released “Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Non-Pharmaceutical Interventions”, which can be found at

<http://www.pandemicflu.gov/plan/community/commitigation.html>. The Pandemic Severity Index was

introduced to help local decision-makers with recommendations that are matched to the severity of future pandemics and timeframes for response. The Index highlights worst-case scenarios, without any interventions, including case fatality ratios (the proportion of deaths among those infected, and is determined early in pandemic intervals). The CDC's director is responsible for designating the category of the emerging pandemic.

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

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

Non-Pharmaceutical Interventions (NPI) will not only be implemented based on the Case Fatality Ratio of the pandemic, but may also vary during the course of the pandemic. Interventions may be needed at the beginning when cases initially appear, during the time when new infections are rapidly increasing, or when the epidemic curve is declining. The State Health Office in cooperation with the CDC will define and recommend interventions based on the best scientific and epidemiologic evidence to slow the spread and impact of the pandemic on communities of Louisiana.

Priority Groups for Vaccination during the Inter-Pandemic and Pandemic Periods

The State Health Officer of Louisiana can issue rules and priorities for the distribution and use of vaccine in the State of Louisiana during the inter-pandemic and pandemic periods. Vaccine will be prioritized based on national recommendations and refined to meet the specific needs of Louisiana. The draft prioritized groups in the Supplemental Documentation are based on recommendations by the U.S. Department of Health and Human Services (DHHS) and will be reexamined at the time of a pandemic alert when epidemiologic data about the pandemic virus are available. It is possible that sub-prioritization will be necessary. The groups eligible for vaccine will expand over time as more vaccine becomes available.

The estimated number for each group is based on Louisiana's proportion of the U.S. population (4.5 Million, 1.45%) and applied to the U.S. estimates for each group (rounded to the nearest thousand).

Emergency Point of Dispensing (POD) Site Exercises

POD concepts, planning and principals were used in the vaccination campaign in response to the 2009 H1N1 influenza outbreak. LOPH, in cooperation with our community partners opened numerous POD dispensing sites at schools, community centers and other sites to afford the

public access to H1N1 vaccine. Lessons learned and recommendations from this POD response have been incorporated into overall state response planning and the updating of the Louisiana Pandemic Influenza Guidance and its' Annexes.

Additionally, LOPH Regions in partnership with local Parishes have exercised their POD plans and are encouraged to continue their planning and evaluation efforts. For the last 10 years, seasonal influenza vaccine has been provided to Regional Public Health offices to exercise their POD plans during the influenza season, usually with late-season vaccine. They have been encouraged to set up the Health Unit as a POD, and offer vaccine to the general public as if it was a pandemic situation. The State of Louisiana has also been actively involved in coordinating formal mass vaccination exercises over the past 8 years. In October 2007, 9 off-site remote mass influenza vaccination sites were opened simultaneously using the POD plan, vaccinating more than 25,000 persons in one day, and 450 persons/hour at some sites. Each POD site was given 2 hours to set up, and 6 hours to vaccinate as many people as possible. The general public was invited to participate through a mass media campaign. Many public health employees in Louisiana participated in the exercise, and performed a job action that may have been significantly different than their normal role. Numerous non-public health medical and non-medical volunteers also participated in the exercise.

IV. Operations Section

Concept of Operations

This Vaccination Guidance is created using a cooperative management concept. While there is a single point (State Health Officer or designee) to obtain and disseminate key medical-related information, many of the other requirements of the program are supported by other State and local agencies at various stages of the pandemic. Planning, emergency management, prevention, preparedness, response, recovery, and mitigation discussions are facilitated by DHH OPH and use subject matter experts for relevant contributions.

Emergency Point of Dispensing (POD) Sites

As part of an overall distribution and dispensing plan for LA, communities, working with their Regional Office of Public Health and Local Office of Homeland Security and Emergency Preparedness have plans in place to implement emergency dispensing sites (PODS) for residents in their community. This strategy may or may not be used, or used in part for the administration of pandemic influenza vaccine. Opening PODS will not only depend on the severity of the pandemic, but also the overall amount of vaccine that is available at any given time. Louisiana Regional Offices of Public Health are an integral planning partner in PODS. The State of Louisiana Point of Dispensing Plan, the Louisiana Regional Point of Dispensing Workbook, the Louisiana Local Point of Dispensing Site workbook, and the Residential/Occupational Point of Dispensing Workbook provide guidance to the local OHSEP office and Public Health Regions, the individual public POD sites, and Residential and Occupational facilities on planning and implementing emergency point of dispensing sites. LOPH provides technical assistance to local communities on using the guidance to develop their plans.

Ancillary Supplies

Incident specific guidance will provide information on ancillary supplies, which may or may not come with the pandemic vaccine. While DHH/LOPH Immunization Program will provide vaccine, LOPH Regions might be responsible for the ordering and stockpiling of all other clinic supplies that do not come with the vaccine, including syringes, sharps containers and other supplies necessary for running vaccination clinics as outlined in the Local Point of Dispensing Workbook and as appropriate.

Staffing

Staffing of Local Point of Dispensing sites is an ongoing and complex task. Staffing is the primary responsibility of the local community OHSEP, with cooperation from, and using guidance provided by the Regional OPH. There are core (medical, security) and accessory groups that are in the process of being identified, informed and trained to perform essential

functions at POD sites. Full staffing structures, with qualifications and job action sheets can be located in the State POD plan, as well as the local POD workbooks.

As the primary responsibility for PODs in a community is the local Offices of Homeland Security and Emergency Preparedness (OHSEP), these offices are responsible for the core POD plans including staffing. Every effort should be made to recruit POD staff from local officials and volunteers within the local community. Supplemental and some medical staff will come from OPH and other government assigned employees.

All State of Louisiana Public Health Employees have been informed, educated and trained to perform essential job functions at Point of Dispensing sites in their orientation and yearly training reminders. Training through mass vaccination exercises has also been conducted involving all Public Health employees in Louisiana (approximately 3000 persons).

All State of Louisiana Employees are mandated (if non-exempt) to participate in emergency response, including mass vaccination campaigns. All employees have been informed that they have an emergency role which may or may not be different than their usual role. This training is in the process of being integrated into quarterly safety trainings for existing employees, and as part of orientation for new employees.

Volunteers

Staffing is the primary responsibility of the Local OHSEP for each POD. Local POD plans include a list of health care workers and institutions, as well as non-medical volunteers who will staff their POD. These plans also include a staffing configuration and plans to operate PODS of differing sizes, as well as staffing for multiple shifts if needed. These plans include a call-down system for their volunteers. Each LOPH Region also maintains both a Medical Reserve Corps list, as well as a Regional volunteer organizational list. Local POD plans additionally include workforce protection plans for vaccination of all volunteers and their families.

LOPH has developed templates for emergency public health orders to quickly modify licensing and credentialing requirements to meet needs for out-of-state vaccinators and other health care providers at the time and during the event. All health practitioners must be licensed in the State of LA, and can only perform functions that their licensing board has authorized them to do in LA.

Depending upon the extent of the event and the need for vaccinators, volunteers will be called up in a tiered manner, first calling upon licensed health care professionals, and then going down the list, as need dictates:

Personnel who are currently licensed to administer vaccine and dispense medication (either as, or under the orders of a physician):

Physicians

Registered nurses
Nurse practitioners and other advance practice nurses
Licensed practical nurses
Physician assistants
Pharmacists
Dentists

Personnel for whom administering vaccine or dispensing medication would constitute an expanded role:

Emergency medical technicians and paramedics
First responders
Veterinarians

Personnel who are not licensed or certified to administer vaccines or dispense medications, but who have received some medical training:

Retired physicians, nurses, pharmacists, etc, who have let their license expire
Medical assistants, nursing assistants, pharmacy technicians or medical technicians
Medical, nursing, dental and pharmacy students

Lay personnel who have received no or little medical training, but who are capable of being trained to administer vaccine or dispense medication in an emergency situation may also be authorized, following specific protocols under temporary emergency authorization.

Emergency Dispensing Site Locations

The Point of Dispensing Operations Manual described above includes criteria for communities to use in identifying sites for their PODs. The Parish OHSEP will coordinate and organize all PODS in their Parish. The Louisiana SNS Program maintains a database of the PODs site locations, contact persons, and anticipated clinic throughput for each POD in every community.

POD site recruitment, identification, evaluation, assessment and completion of the local POD workbooks is an ongoing process in which the Louisiana Parish Office of Emergency Preparedness and Emergency Preparedness and the nine Regional OPH Public Health Emergency Response Coordinator (PHERC) play an integral role. This joint partnership/responsibility is the core backbone of the POD system locally.

Residential/Occupational Locations

Many residential/occupational locations in Louisiana are capable of self-prophylaxis during a pandemic. These facilities have occupational health or trained medical staff. Providing these locations with vaccine not only benefits the community by keeping residents and workers at their location, but also relieves some of the total burden on the public PODs. The State of Louisiana

has therefore prepared the Residential/Occupational POD Workbook to prepare these locations to be their own POD. This guide helps these institutions set up Point of Dispensing sites for their employees, families, and accessory staff. This workbook is appropriate for hospitals, nursing homes, residential living facilities, large occupational locations (chemical plants, large industry), military facilities, residential schools (Universities), etc. Vaccine for a pandemic immunization campaign would be direct shipped to these predetermined locations, or picked up by these pre-qualified institutions at the local health unit. Extensive outreach efforts are currently being conducted in each Region to identify appropriate facilities and begin the process of completing the workbook. Organizations that are not able to participate in this program should make arrangements to bring their residents to the local POD.

Correctional facilities

LOPH has developed a plan with the Louisiana Department of Corrections to have correctional facilities provide vaccinations to their residents and staff in the event of a pandemic. Most correctional facilities with medical staff are trained and competent in providing influenza care to their residents. Correctional facilities will have their vaccine direct shipped to their pharmacy, or pick up their vaccine from their local health unit. This guidance was distributed in September, 2006 with on-going outreach.

Nursing Homes, Behavioral Health Centers, and Assisted Living Facilities

In addition, LOPH is working with the Louisiana Nursing Home Association to address the issue of delivering and administering vaccine to nursing homes, behavioral health centers, and assisted living centers by using the Residential/Occupation Point of Dispensing planning template. These facilities are well versed in on-site influenza care, isolation, and vaccination of both residents and employees. Facilities which do not participate in this program or have a very independent population will access vaccine at the public PODs.

Training for POD workers and Volunteers

LOPH has provided all Regional and local health units with the videos: *How to Protect Your Vaccine Supply* and *Immunization Techniques*, as well as presenter's notes and skills checklists for pre-event training of volunteer vaccinators and just-in-time training during an event. The POD Operations Manual described above includes job action sheets for all volunteer positions to assist with just-in-time training.

The State of Louisiana is working on pre-event training modules for all government employees to inform and educate them about their possible role in a POD clinic. This training would be part of quarterly training for existing employees and part of orientation for new employees.

Additionally, similar modules are being created for Medical Reserve Corps and volunteer agency volunteers to participate in influenza mass vaccination campaigns.

Public Health Staff, other government agency employees, and both medical and non-medical volunteers were also active participants at each Regional POD location for the Mass Vaccination Exercise on October 25, 2007.

Vulnerable Populations

Regional and Local POD plans include provisions for the identification, notification, and vaccination of vulnerable populations (e.g., the homebound and homeless, people with disabilities (both physical and cognitive), people who speak limited English or languages other than English, etc.). To assist local health officials in providing for special populations in their emergency preparedness planning efforts, LOPH has developed Special Populations Guidance in the Local Point of Dispensing Workbook. This guidance has LOPH Regions go through a process of identifying community based outreach organizations to assist in the identification, education, contact and vaccination of each of these special population groups.

V. Logistics Section

Vaccine Distribution

The LOPH Immunization Program, in consultation with the SNS Program if needed, is responsible for distribution management of vaccine.

Vaccine will be distributed to the public through multiple possible mechanisms, including a combination of private providers, hospitals, clinics, and public health units. PODs may also be used. Therefore, differing mechanisms of vaccine distribution need to be planned for. Vaccine may be direct shipped to providers as was done for the 2009 H1N1 event. Additionally, as in the 2009 H1N1 event, there may be a need to receive vaccine at a central site, with the ability to break down and repackage/reship vaccine to local providers from a central site at the Louisiana Office of Public Health Immunization Program in New Orleans, and possibly through the nine Regional Offices.

The LOPH Immunization Program will be responsible for registration and profiling of all vaccine providers, and then the allocation, ordering, and possible receipt, storage, handling, packing, shipping, and disposal of all publicly-purchased vaccines in Louisiana for the multi-formats of distribution that may be needed. Vaccines may be direct shipped to vaccinators, or ordered and stored centrally, and transported by courier to providers and the nine regional offices and/or the 82 Parish Health Units. . The local POD sites and Residential/Occupational sites would be direct shipped vaccine, or possibly pick up the vaccines from the regional or health unit offices. Health care providers might also be direct shipped vaccine, or might also pick up their vaccines from the local health unit.

Vaccine Ordering

CDC will notify LOPH as to how much vaccine is available for Louisiana at scheduled dispersion intervals of bi-weekly, weekly, monthly, etc as vaccine is released from the manufacturers. Once the amount of vaccine available is conveyed, the allocation of vaccine will be determined based on the established priority groups, and distributed based on the scheme which matches available vaccine, vaccine indications, providers, and provider population outlined at the time of the event. As with 2009 H1N1, this distribution may be direct to providers through a distribution intermediary.

The Executive Pandemic Planning Committee will determine if there needs to be a small proportion of vaccine held at the Bluebonnet OPH Office for administration to essential State

personnel, based on the Priority Group List. Again, this distribution may be direct to agencies that can administer the vaccine themselves to their essential personnel, or a special POD for essential State workers organized and managed by GOHSEP.

The initial draft proportioning scheme for distribution of vaccine will be roughly based on Parish population as a percentage of overall State population. The State Health Officer, in coordination with the State Epidemiologist and the Immunization Program may make allocation adjustments to this scheme based on areas of differential impact or higher proportion of target group individuals, population served, and appropriate indications and vaccine availability.

Louisiana Immunization Network for Kids Statewide

The Louisiana Immunization Network for Kids Statewide will be the primary system used to receive, register, track, follow inventory, and collect demographics on each vaccinee. The full LINKS application will be used in offices that are currently in use of the registry. An emergency mass vaccination module has also been developed which collects demographics during a pandemic event. This abbreviated pandemic module will be used in POD clinics, but also in provider offices where regular LINKS is not used. As before, all users of LINKS will need to be trained, registered and have a login and password to use the registry.

Protocols, Forms and Information Sheets

LINKS will be used as the primary data collection tool for all vaccines at every provider, and also at the POD sites. In the event a paper backup system is necessary, LOPH will be responsible for making all protocols, forms and information sheets used available on the LOPH web site and on the Health Alert Network (HAN). Each POD manager is responsible for downloading and copying the forms for use during the POD, including the Vaccine Information Statement. The Regional POD planning committees have been encouraged to have arrangements with copy businesses for large-scale copying of written materials, as well as keep a stockpile of office supplies at the Regional office. The Influenza Vaccine Administered Report will be used as the demographic data collection tool when a paper form is necessary.

Vaccine Adverse Events

Vaccine adverse events are possible during a pandemic influenza mass vaccination campaign. Along with true adverse events, many illnesses or injuries associated temporally with the vaccine will be thought to be related to the vaccine. It is therefore very important to have a robust system to report vaccine adverse events.

The State of Louisiana has named a Vaccine Adverse Events coordinator from the Louisiana Immunization Program. This coordinator is assisted by 9 Regional Immunization Consultants who will monitor, screen, and document adverse events following vaccination.

The State of Louisiana plans to use the national Vaccine Adverse Events Reporting System (VAERS; www.vaers.hhs.gov) to directly report adverse events following pandemic influenza vaccination.

Vaccine Handling and Distribution, Chain of Custody

This section refers to the vaccine that is sent to the Office of Public Health for distribution and allocation. As with the 2009 H1N1 campaign, it is likely that a significant proportion of vaccine will be sent directly to pre-registered and approved providers in the State. These providers will need to follow all chain of custody and vaccine storage/handling practices outlined in the Louisiana Office of Public Health Immunization Manual. Explicit instructions for vaccine receipt, storage and handling, distribution and administration are available from the LOPH Immunization Program on the LINKS website in the document center.

State Immunization Program

Along with direct distribution to providers, some of the influenza vaccine may be shipped to the LOPH Immunization Program in cardboard boxes, 100 10-dose vials to a case for further breakdown and distribution to providers who require less than the lowest shipping quantity. Standard operating procedures are in place to safeguard vaccine during power outages and other emergencies. LOPH will provide staff from other LOPH programs, if necessary, to assist with processing vaccine at the Central Immunization Program. A detailed description of emergency procedures is included in the LOPH Immunization Manual document *Louisiana Vaccine Storage and Handling Guidelines*. The LOPH Immunization Program is developing a plan to provide cross-training to ensure that coordination of vaccine management will continue even when Immunization staff are not available.

Regional Offices

If vaccine is not sent directly to the Regions, it will be transported by courier, in case quantities from the LOPH to the Regional Offices, which are staffed by LOPH personnel. Security to the Regional Office or POD site will be handled according to the State of Louisiana SNS plan, as detailed above. LOPH will provide staff from other LOPH programs, if necessary, to assist with processing vaccine at the Immunization Program. Regional LOPH staff will notify the Parish Health Units and any other Parish POD sites that the vaccine is available and in what quantity

each will be receiving. Information, including the Vaccine Information Statements (VISs) will be distributed along with the vaccine.

Parish Health Units and local community PODs

Health unit and local POD vaccine staff will drive to the Regional Offices or Parish Health Unit to pick up vaccine for all non-direct delivery providers in their jurisdiction. Security will be the responsibility of the Parish POD coordinating committee to arrange. They should transport the vaccine in an insulated container with cold packs following guidance from the State Immunization manual. Local Health Units and community PODS need to maintain a log of all vaccine received from the regional office, including vaccine type, manufacturer, lot number, expiration date, and the quantity of vaccine received as required in the State Immunization Manual.

Transportation of Vaccine between the Immunization Office and the Regional Public Health Offices and Local Health Units

Vaccines are currently transported between the Immunization Program and the Regional offices/Local Public Health Units by a contracted courier service. The courier transports the vaccine in the passenger compartment of the vehicle. Travel time from the Immunization Program to each office is between one hour and 6 hours. Up to 75,000 doses can be transported in the passenger compartment of an automobile at one time. The vaccines will be shipped in the containers in which they are received from the manufacturer. Storage, handling and temperature monitoring should be done according to the standards set in the Louisiana Immunization manual.

LOPH could call upon ESF 1: Transportation, the Louisiana Department of Transportation and Development, the Louisiana National Guard or the Louisiana State Police to provide transportation of vaccines to supplement the Immunization Program-contracted courier services, if needed.

Vaccine Storage

Vaccine will not be stored in any one place for any length of time. The Regional Offices currently process and distribute their share of the doses within 1 – 3 days of receipt of the vaccine.

Current storage capacity at the LOPH Immunization Program and the Regional Offices could accommodate 3.6 million doses of vaccine, in addition to the usual amount of vaccine stored on regular basis. This capacity may be extended if we decrease inventories of non-influenza vaccine.

Should additional storage be necessary, a refrigerated tractor-trailer truck will be obtained to store additional vaccine. The addition of one refrigerated trailer at the Immunization Program would provide adequate storage capacity for the New Orleans (Region 1), Baton Rouge (Region 2), Thibodeaux (Region 3), Region 4 (Lafayette) and Mandeville (Region 9) Public Health Regions. The VFC depot in Shreveport (Region 7) probably has enough capacity to temporarily store vaccine for Lake Charles (Region 5), Alexandria (Region 6), and Monroe (Region 8). Table 5 in Supporting Documentation shows additional off-site storage that may be available to the regional offices, if necessary.

Vaccine Accountability

During a pandemic, it will be important to maintain strict accountability for vaccine. At the regional offices and local distributor sites, a special log for influenza vaccine will be maintained to record the manufacturer (assuming multiple manufacturers), lot number, expiration date and quantity of vaccine received and distributed to each site.

At the provider level, the LINKS system will be used as the primary system for vaccine accountability and demographic administration of all pandemic influenza vaccine. The *Vaccine Administration Record* (VAR) has been developed as the paper backup system, which collects the same demographic and administration information, for input into LINKS once an internet connection is established. The information recorded in LINKS and on the *Vaccine Administration Record* satisfies the requirements for compliance with federal vaccine administration requirements.

Overall vaccine usage reports can be generated by the LINKS system. In order to account for vaccine used the provider tallies the number of doses administered to each age group, and records the information on the *Influenza Vaccine Usage Form*. These forms are returned through the Regional Offices to the Immunization Program for data entry. Information on doses administered can be totaled and sorted on an as needed basis. These forms are being reviewed by the LOPH Immunization Program for appropriateness for use in a pandemic situation.

The LINKS system is currently capable of recording and recalling vaccinees who need a two-dose schedule. The *Vaccine Administration Record* and the *Vaccine Usage Form* may have to be modified to include information regarding priority group and/or dose (first or second), in addition to the existing age group.

The LINKS system also will be used for overall vaccine accountability, maintaining a record of all influenza vaccine that the State receives. The LINKS system can track vaccine from receipt, transportation, distribution, and dispensing to the individual patient level. Reports can be generated by LINKS at each of these levels.

Personnel for Vaccine Management

In order to process the additional doses of vaccine and the accompanying paperwork, additional staffing of the Immunization Program and the Regional Offices may be necessary, at least temporarily. LOPH will provide staff from other LOPH programs, if necessary, to assist with processing vaccine at the Immunization Program. Written protocols for vaccine distribution will be developed to facilitate new or reassigned staff to assist with vaccine distribution functions. During the 4 – 6 months between the pandemic alert and the availability of vaccine, Division and/or reassigned staff will be given specific assignments related to vaccine management, and will be trained by the Immunization Program as to their duties.

A contract plan is in place to facilitate the hiring of temporary nursing and administrative support staff to assist with answering a hotline, assisting with vaccine distribution, and administering vaccine to state personnel. Using the contract plan, temporary staff can be brought in within 24 – 48 hours.

Contingency Plan for Investigational New Drug (IND) Provisions

Should an IND vaccine be utilized during a pandemic, LOPH will follow all protocols for inventory control and record keeping, including signed consent. All protocols, forms and information sheets relating to the IND protocol will be provided to all clinics/providers using the IND vaccine, and will be posted on the LOPH influenza Web Site described above.

Mechanism for Tracking Second Doses of Vaccine

The Louisiana Immunization Network for Kids Statewide (LINKS) will be used to track both first and second doses of vaccine. Following the first dose of vaccine, the LINKS system will generate a notification postcard to all those who are due for a second dose, and send this to the address given at the time of first vaccination. The contact information on the card will direct the person to their primary vaccinator, or a public health or community site where a second dose of vaccine is available.

Access to Emergency Funds

Funds may be needed quickly to pay for vaccines and additional personnel, courier services, and/or space for storage and distribution of vaccines on an emergency basis. A system that enables state agencies to procure emergency commodities or services "...whenever the health, welfare or safety of persons...is threatened" is authorized by 801 CMR 21.00. Departments are required to execute a contract with the entity selected to perform the contract. The appropriate version of the Louisiana Terms and Conditions and a Standard Contract Form should be

executed as soon as possible after the need for the emergency commodity or service arises (*The Louisiana Procurement Policies and Procedures Handbook*).

Within the Immunization Program, the Immunization Program Administrative Director has the authority to override the \$1,000.00 limit on incidental spending. Following a request by a program within Immunization Program, the Administrative Director will facilitate emergency access to funds for purchase or lease of goods or services.

According to GOHSEP, two other mechanisms for accessing emergency funds are:
At the state level, a Declaration of a Public Health Emergency may be issued. In this case, scripted letters should be available to facilitate a quick turnaround of a budget request by the Louisiana State Health Officer.

The Governor could issue an Executive Order identifying the need for quick action by all state agencies, including Administration and Finance to release funds necessary to respond to the pandemic.

Medicare Reimbursement

To the extent possible, roster bills will be submitted to Medicare for reimbursement for the cost of administering vaccine to Medicare beneficiaries.

System for Monitoring Vaccination Coverage

The Louisiana Immunization Network for Kids Statewide (LINKS) system will be used to track and monitor vaccine coverage. LINKS has a mass immunization module which can be used to rapidly search the database and/or enter a new patient, and enter the vaccination. This capacity was recently tested during an influenza mass vaccination drill, where LINKS was used to document vaccinations in more than 450 people per hour per clinic.

VI. Security Section

Overview

During a public health emergency requiring dispensing medication or vaccine to the entire local population, security will play an essential role in efficient containment and mitigation.

The State SNS Plan, as previously mentioned, lists in detail the processes and mechanisms for maintaining positive control of emergency assets in Louisiana, including vaccines.. 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.

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 vaccine assets.

SNS Security Details for Vaccine Transport

The DHH OPH SNS Program may be required to coordinate security for the vaccine at the State Immunization Program to the Regional Offices and to the local Parish Health Units, and during transport between the three locations.

Two options for security for vaccine during storage and transport include:

Louisiana State Police, through existing agreements between the Louisiana State Police and the SNS.

Contracting with a security firm(s):

If vaccine is sent to local community PODs (outside the Louisiana public health system), local authorities (OHSEP) are responsible for security for vaccine during transport between the regional offices and the local distribution sites, and during vaccine storage and distribution at the local distribution sites, and for safety of the volunteers and patients. Local health units and PODS have memoranda of understanding with their local public safety departments to ensure adequate security for vaccine at the PODS as detailed in the Local Point of Dispensing Site Workbook security section. Each local POD is required to have at least one armed security officer, with accessory security staff as appropriate. Each POD completes a security template to ensure the security needs of each POD are evaluated and met.

Security Details for Vaccine Storage

Security during vaccine storage, transport and distribution is outlined in the State Immunization Manual. If LOPH is unable to provide adequate security for stored vaccine at the Immunization Program and regional offices, GOHSEP has the authority to assign that mission to LAESF – 16.

It is likely that vaccine will be received in multiple shipments over a number of months. Security for vaccine will have to be maintained at the Immunization Program, the Regional Offices and Health Units, and during transport between those sites. Central storage of vaccine will remain at the Immunization Program.

In order to dispel rumors and decrease panic, it will be important to ensure that the general public has information about the availability of vaccine, how it will be distributed, how decisions were made regarding priority groups for the vaccine, and other measures that can be undertaken to prevent and control influenza. Please see the Communications Annex to the Louisiana Pandemic Influenza Guidance for a full description of how information will be disseminated during a pandemic, though a brief description is also provided in Section VII.

Current Security at State Offices

Currently, all vaccine storage units at the Immunization Program and the Regional Offices are locked. The central units at the Immunization Program are monitored 24 hours per day, 7 days per week. There is 24/7 Security at the Immunization Program. Security is 7am-6pm at the Regional Offices. This would need to be bolstered during a pandemic to secure vaccine at the Regional sites.

Currently, security of vaccine at each Parish health unit is that each refrigerator is locked each night. Temperature logs are kept for documentation and assurance that the vaccine cold-chain is maintained. During a mass vaccination campaign, security at these sites (and additional local PODS) would be supplemented as directed in the Local Point of Dispensing Workbook.

Currently, all vaccine storage units at the Immunization Program and the regional offices are locked. The central units at the Immunization Program are monitored 24 hours per day, 7 days per week. Security at the regional offices is as follows:

Region 1: located in New Orleans, which is monitored 24 hours/day, 7 days/week.

Region 2: located in Baton Rouge, which is monitored 24 hours/day, 7 days/week.

Region 3: located in Thibodeaux, which is monitored 24 hours/day, 7 days/week.

Region 4: located in Lafayette, which is monitored 24 hours/day, 7 days/week.

Region 5: located in Lake Charles, which is monitored 24 hours/day, 7 days/week.

Region 6: located in Alexandria, which is monitored 24 hours/day, 7 days/week.

Region 7: located in Shreveport, which is monitored 24 hours/day, 7 days/week.
Region 8: located in Monroe, which is monitored 24 hours/day, 7 days/week.
Region 9: located in Mandeville, which is monitored 24 hours/day, 7 days/week.

Currently, security of vaccine at each Parish health unit is that each refrigerator is locked each night. Temperature logs are kept for documentation and assurance that the vaccine cold-chain is maintained.

Potential for Enhanced Security at State Offices

It is the responsibility of OPH to review the adequacy of the current security measures at the Immunization Program and Regional Offices and to have a plan in place to enhance security, if needed. Should OPH become unable to meet the need for security of vaccine, OPH may request assistance from Louisiana State Police (LSP).

LSP has the authority to assign security to *Emergency Support Function 16: Louisiana National Guard*, or Emergency Support Function 13 (in which the State Police are the primary agency). If necessary, LSP could provide 24-hour details at the Immunization Program for the duration of the time needed. State Police could also provide 24-hour security for stored vaccine, and during distribution of vaccine, at all of the regional offices since they are on state property.

Rules of Engagement for Law Enforcement Personnel

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.

VII. Public Information Section

Overview

The State of Louisiana has created a comprehensive pandemic influenza communications plan, an Annex of the Louisiana Pandemic Influenza Guidance. In addition, a comprehensive communications plan has been developed and distributed to our local public health agencies in easily accessible “shelf-kit” format. The plan includes pre-scripted news releases, educational materials, public service announcements, signage, media lists and other materials necessary in order to effectively communicate strategies and health information prior to, and during a pandemic. In addition, several real-world events have contributed to refinement of this Guidance, including a meningitis outbreak as well as the 2009 H1N1 pandemic.

The comprehensive communications plan includes different methods to issue critical information to the public about the pandemic flu outbreak and control measures using the mass media. Additional communication strategies for specific groups include using the Health Alert Network to communicate with health care providers, using the public and private school system to send detailed pre-pandemic and pandemic information about school closures and pandemic control measures, and the Louisiana Hospital Association to get information to hospitals, nursing homes, and long-term care facilities. Additionally, OPH has partnered with the Louisiana Chamber of Commerce to distribute pandemic information to businesses about the pandemic, workplace human resource policy during a pandemic, general workplace hygiene, etc.

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

Using multiple and varied communication mechanisms to all communities of Louisiana using consistent messages will help inform our citizens and business communities as well as help them protect themselves during a pandemic. The entire communication plan, including the pandemic influenza shelf kit, is a complementary plan to this Guidance and developed in conjunction with the goals of containment and mitigation.

Spokesperson

The spokesperson for the Office of Public Health in Louisiana is the State Health Officer (SHO). In addition, each of Louisiana’s nine public health regions has a medical director who has been trained as a media spokesperson. Using the Pandemic Influenza Shelf Kit and materials

developed and distributed by the CDC at the time of the pandemic, these individuals will serve as State and Regional spokespersons on NPI's in their communities. These individuals can also substitute for the SHO and each other in the event that some of them are out with illness. Details of pre-scripted messages, chain of command and authority can be found in the State Emergency Communications Plan, which is also an Annex of the Louisiana Pandemic Influenza Guidance.

Messages

Public information materials for influenza have been developed by DHH 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 www.fighttheflula.com. The DHH OPH PIO has the ultimate authority and responsibility for all media communications and content.

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

- Sample advertisements, media alerts, and media advisories
- Agent-specific information sheets (utilized for specific events, based on agent)
- Precautionary measures for reduction of viral infection
- Public announcements will not be made that direct the public to the dispensing sites; only campaigns with instruction for seeking medical attention will occur

Demobilization of Messaging Tactics

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

VIII. Legal Authorities to Allow for Implementation of the Plan

Declaration of State of Emergency

The Louisiana Administrative Code, Title 51 Public Health Sanitary Code Chapter 1. General 101 Definitions defines the State Health Officer as “the legally appointed or acting State Health Officer of the Department of Health and Hospitals having jurisdiction over the entire state of Louisiana, and includes his/her duly authorized representative.”

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 40.5 describes the “general powers and jurisdiction (of) the state health officer and the Office of Public Health of the Department of Health and Hospitals 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, rules, priorities and protocols for disease control and suppression is inherent with the stated charge to the State Health Officer or designee.

Immunity from Liability

M.G.L. c. 112, s. 12C states that “no physician or nurse administering immunization or other protective programs under public health programs shall be liable in a civil suit for damages as a result of any act omission on his part in carrying out his duties.”

Supporting Documentation

Figure 1: Vaccine Priority Groups by Tier



*Estimates rounded to closest 50,000. Occupational target group population sizes may change as plans are developed further for implementation of the pandemic vaccination program

**Persons not targeted for vaccination in an occupational group would be vaccinated as part of the General Population based on their age and health status.

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

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

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

Table 1. Target Groups in Homeland and National Security

Tier (severe pandemic)	Group	Definition	Estimated Group Size	Rationale
1	Deployed and mission critical personnel	Military forces and other mission critical personnel not limited to active duty military or USG employees. Includes some diplomatic and intelligence service personnel, and public and private sector functions identified by Federal agencies as unique and critical to national security	10,150	Critical to protect national Security; unable to tolerate projected pandemic personnel loss and fulfill mission; potential greater risk of infection due to geographic location and crowded living or working conditions
2	Essential support and sustainment personnel	Military and other essential personnel needed to support and sustain deployed forces	9425	Maintaining function is essential to mission success for deployed personnel; risk of infection may be less from geographical location and living conditions
2	Intelligence services	Critical personnel in the intelligence community serving at domestic and international posts	2175	Essential to homeland and national security; opportunities for social distancing limited because of inability to telework due to need for secure facilities; some personnel may be at increased risk based on geographical locations
2	Border protection personnel	Critical personnel in agencies providing U.S. border security, including but not limited to Customs and Border Protection, Border Patrol, Immigration and	1450	Essential to homeland security; in close contact with many potentially infected persons throughout a pandemic; limited ability to apply social distancing

		Customs Enforcement, Transportation Security Administration, and Coast Guard personnel		strategies
2	National Guard personnel	National Guard personnel not included above who are likely to be activated to maintain public order during a pandemic or to support pandemic response services or critical infrastructure	7250	Likely to be activated in a pandemic to support critical response or community functions; may be at increased risk of exposure and infection based on mission
2	Other domestic national security personnel	Includes other groups that are essential to national security such as guards at nuclear facilities	725	Essential to national and homeland security
3	Remaining active duty military and essential support personnel	Active duty personnel not included in higher priority groups and essential support personnel	21,750	Important to national and homeland security

Table 2. Target Groups in Health Care and Community Support Services

Tier (severe pandemic)	Group	Definition	Estimated numbers in LA	Rationale
1	Public health personnel	Public health responders at Federal, State, and local levels	4350	Essential to implementing the pandemic response, including the vaccination program and other pharmaceutical and non-pharmaceutical response measures; also provide care for poor and underserved populations; personnel have a high risk of exposure to persons with pandemic illness
1	Inpatient health care providers	Includes two-thirds of personnel at acute care hospitals who would be identified by their institution as critical to provision of inpatient health care services; primarily will include persons providing care with direct patient exposure but also will include persons essential to maintaining hospital infrastructure	46,400	Maintaining quality inpatient health care is critical to reducing mortality from pandemic influenza and from other illnesses that will occur concurrently with the pandemic; inpatient health care burden will be markedly increased during a pandemic; studies show health outcomes are associated with staff-to-patient ratio; personnel who have high risk of exposure, including infectious aerosols; infected health care personnel may transmit infection to vulnerable persons hospitalized for non-influenza illnesses
1	Outpatient and home health care providers	Includes two-thirds of personnel identified by their organization at outpatient facilities, including but not limited to physicians' offices,	36,250	Maintaining outpatient and home health care is critical to reducing pandemic mortality and morbidity and reducing burden on inpatient services;

		dialysis centers, urgent care centers, and blood donation facilities; and skilled home health care personnel		outpatient health care burden will be markedly increased during a pandemic; personnel have high risk of exposure, possibly including to infectious aerosols; infected health care personnel may transmit infection to vulnerable persons receiving care for non-influenza illness
1	Health care personnel in long term care facilities (LTCFs)	Includes two-thirds of personnel at LTCFs identified by their organization as critical to the provision of care	23,200	Essential to provide care to more than 3 million persons in LTCFs who are particularly vulnerable to influenza illness and death; risk of pandemic outbreaks in LTCFs may best be reduced by vaccinating staff and limiting exposure of residents to infection; if outbreaks occur, personnel have high risk of exposure, possibly including to infectious aerosols
2	Community support service personnel (emergency management and community and faith-based support organizations)	Personnel from community organizations including the Red Cross who will provide essential support and have direct contact with persons and families affected during community pandemic outbreaks, and emergency management personnel who coordinate pandemic response and support activities	8700	Community level support will be critical for persons who are ill and isolated in their homes or are complying with recommendations for voluntary household quarantine during community pandemic outbreaks, for elderly persons who live alone and may be afraid of going out during a pandemic, for persons who are homeless, and for other vulnerable populations; support may include providing food and medications, as well as other social and mental health services; personnel will be at high risk of exposure to ill persons and, if infected could

				transmit illness to a high risk population
2	Pharmacists	Includes pharmacists dispensing drugs at retail locations (note that pharmacists in hospitals or outpatient centers may be targeted as part of those groups)	2175	Essential to dispense medications for pandemic influenza and other illnesses; may have increased exposure risk to persons with pandemic infection
2	Mortuary services personnel	Includes funeral directors	725	Increased burden likely during a pandemic; may have increased occupational exposure to ill family members of deceased persons
3	Other important health care personnel	Includes groups that provide important health care services but at less occupational risk, such as laboratory personnel	4350	Personnel provide important health care services but are not in as close contacts with ill persons and at less risk of occupational infection

Table 3. Target Groups in Critical Infrastructure

Tier (severe pandemic)	Group	Definition	Estimated Group Size	Rationale
1	Emergency services personnel – EMS, fire, law enforcement, and corrections	Includes groups supporting emergency response and public safety. EMS personnel include those who are fire department-based, hospital-based or private; fire fighters include professionals and volunteers; law enforcement includes local police, sheriff’s officers, and State troopers; and corrections officers include those at prisons and jails	29,000	Provide critical public safety and emergency response services; contribute to pandemic response activities by maintaining public order and contributing to medical care services; increased occupational risk for emergency medical services due to exposure to persons with pandemic illness
1	Manufacturers of pandemic vaccine and antiviral drugs	Includes critical personnel required for ongoing production of pandemic medical countermeasures to support pandemic response	725	Reducing pandemic health impacts requires production of pandemic vaccine and antiviral drugs
2	Communications/IT, Electricity, Nuclear, Oil & Gas, and Water sector personnel. And Financial clearing and settlement personnel	Personnel who are critical to support essential services provided by the defined sectors	25,375	These sectors provide products and services that generally cannot be stored, are required for community health and safety; and are essential to the functioning of other critical infrastructure sectors
2	Critical government personnel – operational and regulatory functions	Federal, State, local and tribal government employees and contractors who perform critical regulatory or operational functions required for essential	5800	Government personnel are critical for implementing and monitoring components of the pandemic response, and performing regulatory or operational functions

		operations of other CI sectors		essential to critical infrastructures that protect public health and safety and preserve security
3	Banking & Finance, Chemical, Food & Agriculture, pharmaceutical, Postal & Shipping, and Transportation sector personnel	Personnel who are critical to support essential services provided by the defined sectors	43,500	These sectors provide essential products and services; however compared with Tier 2 sectors, products can most likely be stored, facilities and personnel are more fungible and better able to maintain essential functions with high absenteeism, and other strategies can be implemented to protect workers
3	Other critical government personnel	Federal, State, local and tribal government employees who perform important government functions included in agency continuity-of-operations plan	5800	Continuity of key government functions is important to support communities and critical infrastructures

Table 4. Target Groups in the General Population

Tier (severe pandemic)	Group	Definition	Estimated Group Size	Rationale
1	Pregnant women	Women at any stage of pregnancy	44,950	Pregnant women are at high risk of severe complications or death from pandemic influenza due to immunological, circulatory, and respiratory changes that occur during pregnancy; vaccinating the pregnant woman also may protect newborn infants due to passive transfer of maternal antibodies
1	Infants and toddlers, 6 – 35 months old	Infants and toddlers in the specified age group	149,350	Persons in this age group are at high risk of severe complications or death from pandemic influenza; vaccination may require a lower dose than used to protect older children and adults; antiviral medications are not approved for use in children < 1 year old; public values prioritize children highest among groups defined by age and disease status
2	Household contacts of infants under 6 months old	Household contacts of infants under 6 months old	62,350	Infants under 6 months old cannot be directly protected by vaccination and influenza antiviral drugs are not approved for this age group;

				therefore, protecting young infants by vaccinating household contacts is the best option; public values prioritize children highest among groups defined by age and disease status
2	Children 3 – 18 years old with a high risk medical condition	Children in the specified age group with a chronic medical condition that increases their risk of severe influenza disease, including heart and lung diseases, renal disease, and neuromuscular diseases that may compromise respiratory function, as defined by ACIP recommendations for seasonal influenza vaccination	94,250	Children with these conditions are at increased risk of severe complications or death from influenza disease; public values prioritize children highest among groups defined by age and disease status
3	Children 3 -18 years old without a high risk medical condition	Children in the specified age group not included in above	848,250	Public values prioritize children highest among groups defined by age and disease status; vaccinating children may reduce transmission of pandemic influenza to household contacts and in communities; if children are protected by vaccine, schools can re-open mitigating secondary adverse consequences of closing schools
4	High-risk persons 19 – 64 years old	Adults in the specified age group with a chronic medical condition that increases their risk of severe influenza disease. Including heart and lung diseases, metabolic disease, renal disease, and	522,000	Adults with these conditions are at high-risk of severe complications or death from pandemic influenza

		neuromuscular diseases that may compromise respiratory function, as defined by ACIP recommendations for seasonal influenza vaccination		
4	Persons over 65 years old	Elderly adults in the specified age group	551,000	Persons in this group are at high-risk of severe complications or death from pandemic influenza
5	Health adults, 19 – 64 years old	Adults in the specified age group not included above	1,789,300	Persons in this group lack age, health condition, and occupational rationales for priority pandemic vaccination

Table 5. Current Influenza Vaccine Storage Capacity

Region	Population	Current Capacity ¹ Doses	Additional Storage Site(s)	Additional Storage Capacity - Doses
Immunization Program	4,293,137	1,000,000	Refrigerated Trailer	As needed
Region 1	719,258 (17%)	100,000	LOPH Immunization Program refrigerated trailer	As needed
Region 2	638,827 (15%)	100,000	Our Lady of the Lake Hospital	200,000
Region 3	397,818 (9%)	50,000	Thibodaux Regional Medical Center	50,000
Region 4	564,353 (13%)	50,000	Lafayette General Medical Center	75,000
Region 5	283,440 (7%)	50,000	W.O. Moss Regional Medical Center	50,000
Region 6	298,536 (7%)	100,000	Rapides Regional Medical Center	50,000
Region 7	538,429 (12%)	200,000	Christus Schumpert Hospital	800,000
Region 8	338,420 (8%)	50,000	North Monroe Hospital	50,000
Region 9	514,056 (12%)	50,000	Slidell Memorial Hospital	50,000
Total		1,750,000		unlimited

¹Capacity beyond maximum usual amount of vaccine stored.