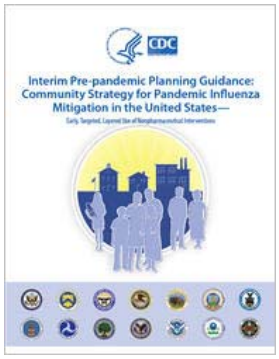
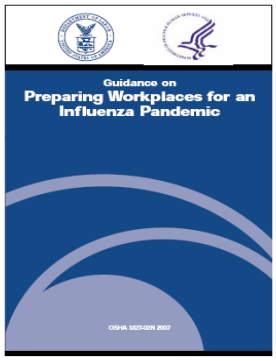



**Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States**
***(Early Targeted, Layered Use of Non-pharmaceutical Interventions)***
http://www.pandemicflu.gov/plan/community/community_mitigation.pdf

**Guidance on Preparing Workplaces for an Influenza Pandemic**

http://www.osha.gov/Publications/OSHA3327pandemic.pdf




## Brief

The CDC and OSHA and issued these documents in February 2007 to provide guidance on planning for Pandemic Influenza. The purpose of the CDC guidance is to encourage efforts that would delay the peak of a pandemic influenza outbreak and hopefully reduce the number of cases and fatalities. The purpose of the OSHA guidance is to allow employers to better protect their employees and lessen the impact of a pandemic on society and the economy

**CDC Document:**

This document restates the primary strategies that are currently in place for fighting an pandemic influenza as:

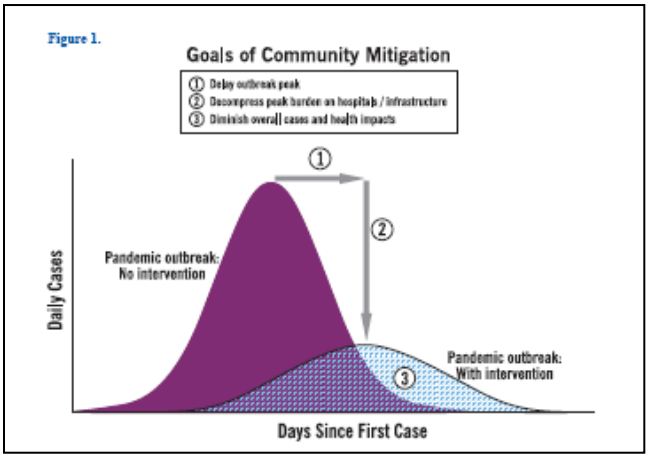
1. Vaccination
2. Treatment of infected individuals with antiviral agents
3. Implementation of infection control programs

*NPI: NonPharmaceutical Interventions*

Given that it is unlikely a vaccine will be available in the early stages of a pandemic, and that antiviral medications would be in short supply, this document focuses primarily on actions the community can take to implement early, targeted and layered **NPI's (non pharmaceutical interventions).**

This document has identified four NPI's and are recommending them as actions a community could take during the early stages of a pandemic. These NPI's, if initiated early and maintained consistently during an epidemic wave, could:

1. delay the peak of the outbreak
2. decompress the peak burden on hospitals/infrastructure
3. diminish overall cases and health impacts




The defined NPI's are:

1. Isolation and treatment of confirmed or probable influenza patients (home or medical facility)
2. Voluntary home quarantine of all household members when a case of probable or confirmed pandemic influenza occurs in the household

3. Dismissal of students from schools, daycares or colleges and cessation of school based activities
4. Use of social distancing measures to reduce contact among adults in the community and workplace, including:
    i. Cancellation of large public gatherings (i.e. sporting events)
    ii. Alteration of workplace environment
    iii. Schedules to decrease social density in the workplace

*Pandemic Severity Index and Alert Terminology:*

The newly developed Pandemic Severity Index has five categories with increasing severity that will provide communities with a tool to describe trigger points at which they can implement portions of their scenario-based contingency plans. The trigger points are based on the overall mortality rate of a pandemic, described as categories – just as other disasters (i.e.: hurricanes) are described (see table below). For example, the 1918-19 Spanish Flu was on the border between a Category 4 and a Category 5 pandemic. The Swine Flu in 1968-69 was a Category 1 pandemic.

| Projected number of Deaths | Category |
|---|---|
| <90,000 | 1 |
| 90,000-450,00 | 2 |
| 450,000-<900,000 | 3 |
| 900,000-<1,800,000 | 4 |
| >1,800,000 | 5 |

*Planning Guides for Targeted Populations*

The document has planning guides for various targeted populations: business, childcare programs, elementary and secondary schools, colleges and universities, faith-based and community organizations, and individuals/families.

**OSHA document**

How a severe pandemic could effect the workplace:

- Employee absenteeism (for a variety of reasons)
- Change in patterns of commerce – consumer demand for some items will increase, while others will decline; shopping patterns will change
- Supplies and delivery will be interrupted, delayed or cancelled.

Classifying employee exposure to pandemic influenza at work

- Very high – healthcare or laboratory personnel
- High – healthcare delivery and support staff; medical transport
- Medium – employees with high-frequency contact with the general population (i.e.; schools, retail)
- Lower – all others

General recommendations include:

- Develop a disaster plan
- Prepare and plan for a reduced workforce
- Work with your suppliers to ensure delivery of goods and services
- Identify business-essential positions and people – cross train or develop ways to function in their absence.
- Develop a sick leave policy that does not penalize sick employees, thereby encouraging employees who have influenza-related symptoms to stay home so that they do not infect other employees.
- Plan for downsizing, but anticipate surges
- Provide access to infection control supplies.

- Develop policies and practices that distance employees from each other, customers and the general public.
- Organize and identify a central focal point to serve as a communication source to employees and customers.
- Understand/develop work practice and engineering controls that could provide additional protection to your employees and customers, i.e.: drive-through service windows.
- Minimize situations where groups of people are crowded together, such as in a meeting.
- Reconsider all situations that permit or require employees, customers, and visitors (including family members) to enter the workplace.
- Assist employees in managing additional stressors related to a panemic.
- Participate in community-wide exercises to enhance pandemic preparedness.
- Coordinate your pandemic plans and actions with local health planning.

**Planning Guides for Colleges and Universities**

Generally, the recommendation is to close all schools (including colleges and universities) for up to four weeks if a Pandemic Influenza reaches Category 2 or 3. This includes stopping all school activities (including athletics) and daycare/childcare programs. If a Pandemic Influenza reaches Category 4 or 5, the community should plan to close their schools for as long as 12 weeks.

- Preplan to identify students likely to return home and those who may require assistance.
- Prepare to manage or assist large numbers of students leaving school to return home within a short time span.
- Develop a plan for accommodating students, especially international students, who remain on campus during an influenza pandemic.
- Provide guidance to students and faculty on continuing student instruction. Such guidance may include
- Providing information on accessing university healthcare staff (e.g., nurses, nurse practitioners, physicians, physician assistants, counselors, and psychologists).
- Develop plans for alternatives to mass gatherings (i.e.: athletic events or concerts)
- Provide faculty, staff, and parents with information on the college/university's pandemic preparedness plan in advance of a pandemic. .
- Encourage good hygiene at the workplace. Provide faculty, staff, and students with information about the importance of hand hygiene
- Assuring that essential central office functions, including payroll, and communications with staff, students and families will continue
- Provide information to university faculty, staff, and parents/families on what they can do to prepare their families for the pandemic.
- Plan with your community.

**Crosswalk: WHO/US HHS/CDC**

In addition to the Pandemic Severity Index, the CDC has introduced and defined terminology to describe the level of a pandemic alert that could be used by communities to communicate with their population (see table below)

| ***Alert*** | ***Standby*** | ***Activate*** |
|---|---|---|
| Notification to people of impending activation and begins the process to prepare critical systems | Include the initiation of decision making processes for activation, also includes mobilization of resources and personnel | This is the actual implementation of specific pandemic mitigation measures |

The amount of time between these alert levels would be dependent on the speed of disease transmission. Generally, these alert levels would coincide with the World Health Organization phases the US Health and Human Services stages as defined in the Federal Pandemic Response Plan.

| **WHO Situation** | **WHO Phase** | **US Situation** | **US HHS Stage** | **CDC Status** |
|---|---|---|---|---|
| Low risk of human cases | 1 | New domestic animal outbreak | 0 | |
| Higher risk of human cases | 2 | | | |
| Non or very limited human-to-human transmission | 3 | Suspected Human outbreak overseas | 1 | Standby |
| Evidence of increased human-to-human transmission | 4 | | | Standby |
| Evidence of significant human-to-human transmission | 5 | Confirmed Human Outbreak Overseas | 2 | Alert |
| Efficient and sustained human-to-human transmission | 6 | Widespread human outbreaks in multiple locations overseas | 3 | Alert |
| | | First human case in North America | 4 | *Activate* |
| | | Spread throughout the United States | 5 | *Activate* |
| | | Recovery and preparation for subsequent waves | 6 | *Activate* |

***Activation of mitigation measures is recommended at this level, but determined on a state or regional basis when a cluster of laboratory confirmed cases, with evidence of community transmission occurs.*

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