

## **INCIDENT ANNEX 7**

### **PANDEMIC RESPONSE PLAN - INFLUENZA**

**ICS FUNCTION:** Operations

**LEAD:** Island County Public Health Department (ICPHD)

**SUPPORT:** Island County Department of Emergency Management (ICDEM)  
Snohomish County Health District – State Health Region 1  
Island County Sheriff  
Local Police and Marshal Departments  
American Red Cross, Island County Chapter  
Whidbey General Hospital  
Fire/EMS Services  
Naval Hospital Oak Harbor

#### **I. INTRODUCTION**

##### **A. PURPOSE**

To provide instructions and information for Island County actions addressing warning, response, and recovery from the effects of a pandemic affecting the County.

##### **B. SCOPE**

1. This annex addresses Island County actions in preparation for, response to, and recovery from a pandemic. This annex will not address related actions at the state and federal level.
2. The ICPHD is the primary and lead agency for public health planning, response, and medical service coordination. This incident annex will not replicate the planning or actions contained in ICPHD documents except to show the relationship with Public Health actions.

## **II. POLICY**

- A.** The Island County strongly encourages personal, family, and business emergency preparedness plans. During and after a pandemic emergency, county emergency response resources will be primarily devoted to immediate life safety actions, incident stabilization, and the protection/recovery of public infrastructure, public facilities/utilities, and the continuity of County government.
- B.** County business owners need to plan for business continuity and other actions that will preserve their ability to continue or reopen their businesses.
- C.** It is possible that normal services and economic activity will be degraded or interrupted. Personal and family emergency plans should include food, water, prescription medicine, and heating and shelter support for at least 72 hours, if not longer.
- D.** The County will be ready to implement non-medical measures to decrease the spread of the disease as guided by the epidemiology of the pandemic, including increasing adherence to public health advisories, voluntary social isolation during outbreaks, and County Health Officer orders related to quarantines.

## **III. PLANNING ASSUMPTIONS**

- A.** A new virus may not follow the usual seasonal pattern of influenza, and may occur any time of year.
- B.** The next influenza pandemic may spread rapidly throughout the world.
- C.** The pandemic may occur in waves lasting from 6 to 8 weeks over a period of 12 to 24 months.
- D.** Local organizations and governments will not be able to rely on state or federal assistance to support local response efforts.

- E.** An effective vaccine for the new virus may not be available for 6 to 8 months after the pandemic begins and there may not be enough vaccine for everyone.
- F.** Antivirals may be in short supply and may not be effective.
- G.** Insufficient medication and vaccine supplies will place a greater importance on non-medical strategies, such as social distancing and respiratory etiquette.
- H.** Reduction of workforces due to the direct and indirect effects of flu on employees and their families will occur.
- I.** There may be significant disruption and impact on our community's critical infrastructure, essential services, healthcare, education and social services.
- J.** Shortages in certain supplies, such as gloves, masks, IV fluid, ventilators and supporting supplies, and other critical items may develop due to interruptions in supply lines and production capacity.
- K.** The healthcare workforce may experience absenteeism of 25 to 40% at the peak due to illness in workers and family members, closure of schools and childcare centers and fear.
- L.** Emergency Medical Services (EMS) and hospitals will face extremely high demands.

#### **IV. CONCEPT OF OPERATIONS**

##### **A. OVERVIEW**

1. The ICPHD will be the lead agency in coordinating the local health and medical response to a pandemic with local, state, and federal agencies.
2. ICPHD's actions will focus on disease surveillance, disease investigation, measures to reduce the spread of the illness, and communication and education efforts.

3. The Island County government and Island County cities and towns must be organized and prepared to implement and enforce the medical directives of the County Health Officer.
4. The County government must be prepared to provide key and essential services with a reduced workforce.
5. Realistic planning for continuity of government operations (COOP) is essential and must be completed and tested well in advance of any emergency.

**B. DIRECTION AND CONTROL**

1. ICPHD will provide guidance for countywide preparedness efforts for pandemic response.
2. The County will be prepared to open its Emergency Operations Center (EOC) and will coordinate its operations with the Washington State EOC.
3. The ICPHD will normally coordinate pandemic related operations with the regional health district and the Washington State Department of Health. ICPHD will operate from the County EOC when it is opened.
4. Direction and control of County emergency response assets in support ICPHD mandated actions remains a departmental or local responsibility.
5. The County government must determine the criteria under which it should suspend legally required public meetings.
6. County school closing guidance will be based on State guidance and modified/implemented by the County Health Officer.

**C. COMMUNICATIONS**

1. The Island County EOC will employ the normally planned EOC communications with the Washington State EOC and with the media for public information purposes.
2. It should be considered that in the event of a serious or prolonged pandemic, utility systems including communications systems will lose operations and maintenance personnel and some systems will be seriously degraded or fail.
3. ICPHD PIO releases related to a pandemic issue will be coordinated with the regional health district and the State DOH to ensure consistency of communication and education messages. While coordination is encouraged, it will not delay critical public communications.
4. The Island County DEM (IC DEM) will facilitate the establishment of a Joint Information Center (JIC) for the County.
5. During Pandemic Phases 1, 2, and 3 ( See TAB A to this annex) the IC DEM will:
  - a. Develop with IC PHD communications strategies for pandemic influenza, including the infrastructure to support the EOC, and other functions.
  - b. Maintain the County web site with links to DOH and other sites with relevant medical and public health information;
  - c. Develop mechanisms to identify emerging public concerns. Address rumors proactively and correct misinformation;
6. During Pandemic Phases 4, 5, 6 (See TAB A to this annex) the IC DEM will:
  - a. Coordinate all public information releases through the County JIC.

- b. IC PHD will coordinate with local, regional, and state partners to develop consistent, accurate and clear public messages related to influenza prevention, treatment, and response strategies that are being implemented.

**D. SURVEILLANCE**

Surveillance (Schools, Nursing homes, doctors' offices/clinics) is conducted by IC PHD and will help track the spread of a pandemic illness and the impact on the County. Upon identification of a local pandemic influenza case, IC PHD will expand the county surveillance structure.

**E. SOCIAL DISTANCING**

1. Social distancing strategies are non-medical measures implemented to decrease the spread of the disease as guided by the epidemiology of the pandemic. Social distancing reduces disease spread by discouraging close person-to-person contact. Strategies include increasing adherence to public health advisories, voluntary social isolation during outbreaks, and health officer orders related to quarantines.
2. The decision process will begin with the county communicable disease and surveillance staff identifying increased levels of infection within the County. The process ends with the decision made by County, city-town, and school district officials to implement one or more social distancing measures and communicating that decision to all local stakeholders.
3. Social distancing strategies will be determined by the County Health Officer, in consultation and coordination with city-town, school, regional, and state authorities, and will be based upon the epidemiology of the pandemic, consequences of the strategies, and anticipated benefits of the strategies to be taken.
4. Social distancing strategies must be implemented in coordination with public and responder education and communication activities. Education and communication efforts will include the rationale for social distancing, the impacts of these strategies, and the

implementation of the strategies.

5. It is difficult to predict the short and long-term effects of social distancing. Effects may include economic losses, disruption of business, loss of school days, and a degree of public non-compliance and social disruption.
6. The effectiveness of social distancing strategies will be monitored. The County Health Officer, in consultation and coordination with regional and state authorities, will advise the County staff, city-town, and school leadership when social distancing strategies should be increased, decreased, or ended.
7. Strategies that may be implemented during Pandemic Phases 4, 5, and 6 include:
  - a. Closure of public gatherings such as theaters, stadiums, arenas, libraries, child cares, and churches;
  - b. Increased telecommuting and flex scheduling;
  - c. Limiting of travel by public transportation systems to essential-only activities;
  - d. Closure of public and private schools, and day care centers.
  - e. Discontinuing non-essential County and city-town services, allowing essential services to be sustained.

#### **F. VACCINES AND ANTIVIRAL MEDICATIONS**

1. IC PHD will provide vaccine management strategies during Pandemic Phases 1, 2, and 3, these will include:
  - a. Promoting annual influenza vaccinations for high-risk groups.

- b. Promoting pneumococcal vaccination of high-risk groups to reduce the incidence of secondary bacterial infections associated with influenza infections;
  - c. Continuing planning efforts for countywide mass vaccination clinic settings.
  - d. Maintain Memorandums of Understanding with facilities in Island County in which mass vaccinations clinics or points of distribution (PODs) would be held.
2. IC PHD vaccine management strategies during Pandemic Phases 4, 5, and 6, will include:
- a. Manage the county supply control, storage and distribution of vaccine, per CDC and WA State DOH protocols.
  - b. Provide updated recommendations to healthcare providers regarding priority groups to receive vaccination based on CDC and HHS guidelines.
  - c. Prepare to activate the Island County SNS/Mass Immunization Clinic plan, including coordinating with local and regional partners and training partner groups to clinic procedures and administration.
  - d. Work with IC DEM, Medical Reserve Corps, and CERT members on volunteer coordination for mass clinics.
  - e. Monitor the disease trends for effectiveness of vaccine and adverse reactions/safety.
3. Antiviral medications may be of benefit for controlling influenza prior to vaccine availability. There will be a limited supply of antiviral drugs available for use. As a result, antivirals will be used primarily for treatment of illness rather than prophylaxis. Antiviral management during Phase 3 will include:



- a. Reviewing CDC and HHS recommendations for priority antiviral usage.
  - b. Develop and distribute guidelines for healthcare providers regarding the use of antiviral medications.
4. Antiviral management during Phases 4, 5, and 6 will include:
- a. Determine the supply of antiviral medications available in Snohomish County.
  - b. Activate the SNS plan for medication request and distribution.
  - c. Identify priority groups of persons, based on CDC guidelines, to receive antiviral medications during the pandemic.
  - d. Develop and distribute guidelines for healthcare providers regarding the use of antiviral medications.
  - e. Monitor the use and effectiveness of antivirals, including adverse reactions.

**G. ISOLATION AND QUARANTINE**

1. The County Health Officer has the authority to impose isolation and quarantine measures, as outlined in RCW Chapter 70.05. The process for implementing isolation and quarantine measures is outlined in WAC 246-100. During the early stages of a pandemic, the use of isolation and quarantine may help to slow transmission of the virus in the community.
2. Phase 3 strategies will include:
  - a. Educating community partners to the importance of disease containment and their roles in assisting in the process.

- b. Encouraging community partners to develop work policies related to ill staff in the workplace and use of sick leave.
  - c. Being a role model for respiratory etiquette and use of standard infection control practices to prevent disease transmission in the workplace and home.
  - d. Working with neighboring jurisdictions and the WA State DOH in planning of isolation and quarantine policies.
3. Phase 4, 5, and 6 strategies will include:
- a. Directing ill persons to remain in isolation at home or in health care settings, as possible, until at least 7 days after onset.
  - b. During the early days of the pandemic, quarantining exposed persons up to 7 days to prevent continued person-to-person spread. Once transmission is established locally, quarantine will be of limited value in preventing disease spread.
  - c. Coordinating isolation and quarantine use, enforcement, and facilities with neighboring jurisdictions, WA State DOH, and community partners.
  - d. Coordinating care with the community human services agencies that may assist with physical and mental health needs of persons in isolation and quarantine.

## **H. ISLAND COUNTY AND LOCAL GOVERNMENT GENERALIZED ACTIONS**

- 1. Generalized county and city-town actions at each pandemic phase are shown in TAB B to this annex. Specific County department actions will by necessity be influenced if not mandated by the Public Health medical direction from the County Public Health Officer.

2. Major tasks for the County will be the preservation and continuation of County government and essential services. The County EOC when activated will actively monitor essential County services, regional utility performance (power, natural gas, fuel, etc) and the availability of food and other essential commodities. Shortages and requirements will be reported to the Washington State EOC.
3. The Island County Sheriff and other law enforcement departments will need to be vigilant for signs of civil distress and panic.
4. The County Joint information Center (JIC) will coordinate public information releases to promote accuracy and timeliness.
5. The County will document rumors and issue correct information as soon as it can be confirmed. Accurate and timely public information may be the greatest local challenge after than the medical emergency.

## **V. RESPONSIBILITIES**

### **A. LEGAL AUTHORITIES AND ROLES**

Various officials, within the scope of their jurisdiction at the local and county levels, play key roles in protecting public health and safety during a pandemic.

1. ISLAND COUNTY BOARD OF HEALTH
  - a. The County Board of Health shall supervise all matters pertaining to the preservation of the life and health of the people within its jurisdiction, and shall provide for the control and prevention of any dangerous, contagious, or infectious disease within its jurisdiction.
  - b. The Board of Health shall enforce through the Health Officer the public health statutes of the state and the rules promulgated by the State Board of Health and the Secretary of Health. The Board may also enact such local rules and

regulations as are necessary to preserve and promote the public health and to provide for the enforcement of those rules and regulations. RCW 70.05.060.

2. COUNTY HEALTH OFFICER

- a. The County Health Officer will be responsible for activating the pandemic influenza response plan.
- b. The County Health officer enforces the public health statutes, rules and regulations of the state and the Board of Health throughout Island County. The Health Officer has the authority to "control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction." The Health Officer may direct the isolation and quarantine of individuals or groups. RCW 70.05.070; WAC 100-246-040.
- c. The County Health Officer has the authority to carry out steps needed to verify a diagnosis reported by a health care provider, and to require any person suspected of having a reportable disease or condition to submit to examination to determine the presence of the disease. The County Health Officer may also investigate any suspected case of a reportable disease or other condition if necessary, and require notification of additional conditions of public health importance occurring within the jurisdiction. WAC 246-101-505 (10).
- d. The County Health Officer shall establish, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease. WAC 246-100-036(1).
- e. When there is an outbreak of a contagious disease with potential cases in a school or childcare center, the Health

Officer, after consultation with the Secretary of Health or designee, shall take medically appropriate actions. Those actions may include, but are not limited to closing the affected school, closing other schools, ordering cessation of certain activities, and/or excluding persons who are infected with the disease. Prior to taking action, the Health Officer shall consult with the superintendents of the school districts or the chief administrators of the childcare centers, and provide them and their boards of directors a written decision directing them to take action. WAC 246-110-020(1) and (2).

3. LOCAL LAW ENFORCEMENT

Local law enforcement officials have the authority to enforce the orders issued by the County Health Officer within the jurisdiction of the health department. County health boards, health officials, all officers of the state, counties and cities, including law enforcement officials shall enforce all rules that are adopted by the State Board of Health. RCW 43.20.050 (4).

4. COUNTY AND LOCAL EMERGENCY MANAGEMENT

After an emergency proclamation by the governor, local emergency management directors have the power to command the service and equipment of citizens as necessary [RCW 38.52.110(2) – Impressment of citizenry].

5. ISLAND COUNTY CORONER

a. In accordance with RCW 68.50.010,

“The jurisdiction of bodies of all deceased persons who come to their death suddenly.... where death is due to a violent contagious disease or suspected contagious disease which may be a public health hazard.... is hereby vested in the county coroner, which bodies may be removed and placed in the morgue under such rules as are adopted by the coroner with the approval of the county commissioners, having jurisdiction, providing therein how the bodies shall be brought to and cared for at the morgue and held for the proper identification where necessary.”

- b. The Island County Coroner may assume jurisdiction over deaths due to natural disease by pandemic flu in the following situations (RCW 68.50.010):
  - (1) To confirm by culture of blood and tissues a death that means the criteria for an emerging infectious disease.
  - (2) To confirm by culture of blood and tissues a death in a poultry worker where illness is suspected as flu.
  - (3) Any flu-like death of a family member of a poultry worker.
  - (4) A death of a traveler who has traveled in an area that placed him/her at risk for flu.
  - (5) To confirm suspected deaths from of pandemic flu to establish by culture the presence of the disease in Island County.
  - (6) Decedents who have no attending or treating physicians to certify the death.
  - (7) Unidentified decedents.
  - (8) Unclaimed or indigent decedents.

**B. ISLAND COUNTY PUBLIC HEALTH DEPARTMENT:**

- 1. Facilitating and supporting countywide pandemic planning and preparedness activities.
- 2. Educating the public and health care providers, response partners, businesses, community based organizations and elected leaders about influenza and the importance of planning and preventive measures.

3. Coordinating planning for and implementation of disease containment strategies and authorities.
4. Supporting the health care system's planning and response efforts for medical surge capacity including coordinating with IC DEM for mass casualty and mass fatality incidents.
5. Identifying and declaring diseases of public health significance and communicate such declarations to health care system partners.
6. Conducting county-wide surveillance to track the spread of the disease and its impact on the community.
7. Developing and implementing protocols for the use of limited supplies of influenza vaccine and antiviral medication consistent with CDC guidelines.
8. Directing distribution and administration of antiviral medication and/or vaccine, including mass clinic efforts.
9. Providing effective communications, in coordination with the Joint Information Center.

**C. ISLAND COUNTY GOVERNMENT**

1. All County Departments:
  - a. Identify legally required services and develop plans to continue those services with minimum staffing.
  - b. Develop internal plans to deal with customers or public that are disruptive due to reduced services and operation hours.
  - c. Develop internal plans to increase office hygiene, disinfect key boards and other commonly used surfaces.
  - d. Reduce number or meetings, or the required number of personnel at meetings at meetings. Utilize conference calling as a substitute for face-to-face meetings.

- e. All County departments that have customer service counters or desks should determine if this service can be suspended or modified to reduce the infection risk due to repeated public contact.
2. County Commissioners and Other elected Officials
- a. Review legal processes associated with leadership succession.
  - b. Determine the decision points (trigger points for the reduction or suspension of some county services and the closure to the public of County offices.
  - c. Determine the criteria for a formal declaration of emergency. Emergency and have such a declaration drafted.
  - d. Require County departments prepare or review continuity of operations plans and minimum or alternate staffing procedures.
  - e. Consult with the County Health Officer and implement agreed upon social distancing strategies.
3. Island County Sheriff
- a. Prepare for and respond to social unrest based on medical service delivery criteria or medication availability.
  - b. Prepare for and respond to social unrest at city, county, state, and federal offices if service hours or services are severely reduced.
  - c. Increase surveillance of pharmacies, retail drug stores and other locations where medications are stored.
  - d. Enforce quarantine orders.



- e. Review plans for operations under minimum staffing.
- 4. Fire Services and Emergency Medical Services
  - a. Prepare for social unrest based on reduced medical service delivery criteria or medication availability.
  - b. As directed implement enhanced operational protective practices for EMS personnel dealing with patients with respiratory illnesses. Prepare for shortages of basic protective materials including disposable gloves and disposable masks.
  - d. Review plans for operations under minimum staffing.
- 5. Public Works
  - Determine key services and processes and prepare plans to staff those processes with reduced or minimum staff.

## VI. REFERENCES

- A. Island County CEMP, ESF #8
- B. Island County Pandemic Influenza Plan, October 2008.
- C. Island County Public Health Emergency response Plan, February 2008

## TABS

<b>TAB A</b>	<b>Phases of a Pandemic</b>
<b>TAB B</b>	<b>Pandemic Phases and Generalized County Response Actions</b>
<b>TAB C</b>	<b>Pandemic Severity Index</b>
<b>TAB D</b>	<b>Social Distancing Measures, Impacts, and Stakeholders</b>
<b>TAB E</b>	<b>Guide to Home Care for Pandemic Flu</b>
<b>TAB F</b>	<b>Island County SNS Management Plan for H1N1 Influenza Drugs</b>

**TAB A PHASES OF A PANDEMIC**

(Taken from the Snohomish Health District Pandemic Influenza Response Plan Section V.)

The World Health Organization has developed a classification system for guiding response activities to an influenza pandemic. The phases are:

<b>Pandemic Phase</b>	<b>Definition</b>
Interpandemic Period (Phases 1 & 2)	<ul style="list-style-type: none"> <li>• Phase 1 - no new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection or disease may or may not be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</li> <li>• Phase 2 - No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</li> </ul>
Pandemic Alert (Phases 3, 4, 5)  <b>Current Phase as of 8/06: Phase 3</b>	<ul style="list-style-type: none"> <li>• Phase 3 - Human infections with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</li> <li>• Phase 4 - Small clusters with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</li> <li>• Phase 5 - Larger clusters but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</li> </ul>
Pandemic period (Phase 6)	<ul style="list-style-type: none"> <li>• Phase 6 - Increased and sustained transmission in the general population.</li> </ul>
Post-pandemic period (Return to Interpandemic period)	<ul style="list-style-type: none"> <li>• A return to the interpandemic period (the expected levels of disease with a seasonal strain) follows, with continued need to maintain surveillance and regularly update planning. An intensive phase of recovery and evaluation may be required.</li> </ul>

**TAB B PANDEMIC PHASES AND GENERALIZED CITY ACTIONS**

<b>Pandemic Phase</b>	<b>Definition and City Actions</b>
<p>Interpandemic Period (Phases 1 &amp; 2)</p>	<ul style="list-style-type: none"> <li>• Phase 1 - no new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection or disease may or may not be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</li> </ul> <p><b><u>Action:</u> Continued public awareness education and local planning for support and continuation of government services</b></p> <ul style="list-style-type: none"> <li>• Phase 2 - No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</li> </ul> <p><b><u>Action:</u> Continued public awareness education and local planning for support and continuation of government services. Increased public information about the risk.</b></p>
<p>Pandemic Alert (Phases 3, 4, 5)</p>	<ul style="list-style-type: none"> <li>• Phase 3 - Human infections with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</li> </ul> <p><b><u>Action:</u> Continued public awareness education and local planning for support and continuation of government services. Increased public information about the risk.</b></p> <ul style="list-style-type: none"> <li>• Phase 4 - Small clusters with limited</li> </ul>

**TAB B PANDEMIC PHASES AND GENERALIZED CITY ACTIONS**

	<p>human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p><b><u>Action:</u> Increased public awareness education. Review of local planning for support and continuation of government services. Increased public information about the risk. Travel warnings</b></p> <ul style="list-style-type: none"> <li>Phase 5 - Larger clusters but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</li> </ul> <p><b><u>Action:</u> Focused public awareness campaign. Review of local planning for support and continuation of government services. Active public information campaign coordinated with SHD. County continuity of government plans reviewed and coordinated. Local first responders using increased protective methods.</b></p>
<p>Pandemic period (Phase 6)</p>	<ul style="list-style-type: none"> <li>Phase 6 - Increased and sustained transmission in the general population.</li> </ul> <p><b><u>Action:</u> County EOC open. Formal Emergency declared. Social distancing strategies in use. Non-essential city offices and public assembly/public meetings suspended. County vigilant for indications of social unrest or panic.</b></p>

**TAB B PANDEMIC PHASES AND GENERALIZED CITY ACTIONS**

	<p><b>Continuous monitoring of key utility systems and food, water, and wastewater operations.</b></p>
<p>Post-pandemic period (Return to Interpandemic period)</p>	<ul style="list-style-type: none"> <li>• A return to the interpandemic period (the expected levels of disease with a seasonal strain) follows, with continued need to maintain surveillance and regularly update planning. An intensive phase of recovery and evaluation may be required.</li> </ul> <p><b><u>Action:</u> Continued public awareness education and local planning for support and continuation of government services. Pandemic actions reviewed, plans revised. Increased public information about the risk including lessons learned and best practices.</b></p>

**TAB C PANDEMIC SEVERITY INDEX**

**The Pandemic Severity Index (PSI)**

Severity level is initially based on case-fatality ratio (CFR), a single criterion that will likely be known even early in a pandemic when small clusters and outbreaks are occurring. Other measures, such as excess mortality, could be factored in later. Two events would prompt the CDC director to designate a pandemic category: the World Health Organization (WHO) declaring a phase 6 pandemic level and the US government declaring a stage 3, 4, or 5 alert.

**The pandemic severity index categories are:**

- Category 1, CFR of less than 0.1%
- Category 2, CFR 0.1% to 0.5%
- Category 3, CFR 0.5% to 1%
- Category 4, CFR 1% to 2%
- Category 5, CFR 2% or higher

This **PSI** has been a missing aspect to pandemic preparedness. The pandemics of 1957 and 1968 both fit into Category 2, whereas the severe pandemic of 1918-19 qualified as a Category 5. This factor must be considered when planning community mitigation actions, as the designated Pandemic Level (1 thru 6) does not consider the Pandemic Severity Index, i.e., Pandemic Level 6 with a Severity Index Category 1 only means wide-spread disease with minimal morbidity and mortality consequences. Much better this than a

Pandemic Level 3 with a PSI Category of 3, which could well mean 5 to 10 times the morbidity and death.

**TAB D Social Distancing Measures, Impacts, and Stakeholders**

(Taken from the Snohomish Health District Pandemic Influenza Response Plan, Table 1)

<b>Measure</b>	<b>Economic Impacts</b>	<b>Social Impacts</b>	<b>Stakeholders</b>
Direct government agencies to implement pandemic emergency staffing plans (telecommuting, flex shifting)	3	1	All government agencies within the scope of authority
Encourage private sector to implement pandemic emergency staffing plans (telecommuting, flex shifting)	3	1	All private businesses, non-profit organizations, business associations
Close all public and private schools.	4	4	All school superintendents and private school directors
Minimize social interaction at all public and private colleges and universities	2	2	All college and university presidents
Close all large child care centers	4	4	All public and private child care center directors
Minimize social interaction at all libraries	1	1	All library facility managers
Limit activities at all houses of worship	1	2	All faith-based organizations
Close all community centers	1	1	All public and private facility managers
Close all theaters	1	1	All public and private facility managers



Suspend large gatherings (sports events, concerts, parades)	2	2	All facility operators, event organizers, permitting jurisdictions
Suspend government functions not dedicated to pandemic response or associated with continuity of critical services	3	3	All government agencies within the scope of authority
Recommend that mass transit be used only for essential travel	2	2	Mass Transit agencies

**Social Distancing Measures, Impacts and Stakeholders**

**Economic Impacts:** 1 = minor (minimal short and long term impacts jurisdiction-wide; specific facilities may experience major impacts)  
 2 = moderate (noticeable short term impacts to business and government but manageable in the long term for moderate and large organizations)  
 3 = significant (major short term economic impacts jurisdiction-wide, governments will allocate significant resources to maintain emergency response actions and critical infrastructure)  
 4 = extreme (major disruption of operations for all businesses and governments; long term economic impacts jurisdiction-wide)

**Social Impacts:** 1 = minor (minimal impacts on community functions or public well being)  
 2 = moderate (noticeable short term social impacts to communities; significant hardships created for some members of the community)  
 3 = significant (major short term social impacts jurisdiction-wide; widespread disruption of normal societal functions)  
 4 = extreme (major disruption of social fabric)

**Stakeholder:** Party that will be directed to modify operations in order to comply with social distancing orders.

**TAB E Guide to home Care for Pandemic Flu**

Taken from the Snohomish County Health Care Response to Pandemic Influenza, Appendix B

**WHEN A HOUSEHOLD MEMBER IS SICK:**

- Have only one caregiver for the sick person.
- Limit the sick person to one area of the house (for example a bedroom and bathroom).
- Avoid sharing personal items with each other, including computers, pens, towels, plate, glasses etc.
- Disinfect door knobs, telephones, switches, keys, toys, and other common objects.
- Use very hot water and detergent to wash clothes or dishes.
- Wash your hands after handling dirty laundry or dishes, and before unloading the washer or dishwasher.
- Stay home – do not go out in public unless it is absolutely necessary.

*A mixture of 1 gallon of water and ¼ cup bleach makes a good disinfectant.*

**WHEN YOU ARE THE CAREGIVER:**

- Wash your hands before you provide care and afterwards.
- Keep your hands away from your eyes, nose, and mouth.
- Keep a care log. Write down the date, time, fever, symptoms, medicines given and dosage. Make a new entry when symptoms change or at least every 4 hours.

**Hand-washing**

1. Wet hands with warm running water & soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse with water.
5. Dry your hands with a paper towel and use it to turn off the faucet.

**PREVENT DEHYDRATION:**

Dehydration occurs when the body loses too much water and its not replaced quickly enough and it can be dangerous. An early warning is if the patient has a dry mouth or is thirsty. This can occur through fever, diarrhea, or vomiting. To prevent dehydration:

- Give ice chips and light foods such as soup and broth.
- Give Pedialyte or other re-hydration drink. (Avoid sports drinks, juices, and soda pop.)
- If drinking liquids makes nausea worse, give one sip at a time. When vomiting occurs, rest the stomach for ten minutes and then offer small amounts of liquid. Start with a teaspoonful every five minutes in children and a tablespoonful every five minutes in older children and adults.

**Re-hydration Solution**

*1 liter of water (1 qt plus ¼ cup)  
8 level tsp. sugar  
1 level tsp. salt*

*To improve the taste and add potassium, you can add ½ mashed banana or ½ cup of orange juice to this mix.*

**REDUCE FEVER:**

- Give plenty of fluids.
- Give medication to reduce fever such as acetaminophen, aspirin or ibuprofen as directed on the container's label. Do **NOT** give aspirin to anyone younger than 20 years old.
- Give a sponge bath with lukewarm water to reduce discomfort.

**OTHER IDEAS TO RELIEVE DISCOMFORT:**

- Have the patient breath moist warm air from the shower or use a room humidifier if they are congested.
- Place a warm washcloth on their forehead or below their eyes & over their nose to relieve sinus pain.
- Dissolve ¼ tsp salt in 1 cup of warm water and gently squirt 1-2 tablespoons into the nose, one nostril at a time, using a bulb syringe. Ask patient to blow nose gently. This can be done 2-4 times a day to relieve congestion.

**WHEN TO CALL FOR HELP:**

- If the patient is a child over 2 years old or an adult, call their doctor or call \_\_\_\_\_ if:
  - They have a fever over 102.5° and aspirin, Tylenol or ibuprofen have not brought it down.
  - They have a fever over 102.5° and seem to have difficulty breathing.
  - They have had a fever of 101° for 5 days and are not improving.
  - They may be dehydrated (for example they don't have tears, have not peed for 12 hours, or have a very dry mouth).
  - They are confused.
  - They have cool, clammy skin.
  - An existing serious medical condition, such as heart disease, diabetes, or cancer seems worse.
- If the patient is under 2 years old, call their doctor or call \_\_\_\_\_ if:
  - They have fever greater than 100.5
  - They may be dehydrated
- Call 911 if you believe the patient's condition may be life-threatening.

TAB F SNS Management Plan for H1N1 Influenza Drugs

Version 1

# **Island County Strategic National Stockpile Management Plan For H1N1 Influenza Drugs**



~ May 2009 ~

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## AUTHORITIES

1. RCW 70.05.070. The local Health Officer has authority to act to control and prevent the spread of any dangerous contagious or infectious disease that may occur in his/her jurisdiction.
2. RCW 43.20.050(4). All police officers, sheriffs, constables and all other officers and employees of the state or any county, city or township thereof, are authorized to enforce all rules adopted by the State Board of Health.
3. WAC 246-101-505. Local Health officers are to review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.
4. WAC 246-101-425. Members of the general public shall cooperate with public health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.
5. Refer to Emergency Support Functions #8 Health, Medical, and Mortuary Service Island County Comprehensive Emergency Management Plan (CEMP)
6. Refer to ATTACHMENT 2 TO ESF 8 of the Island County CEMP: Island County Strategic National Stockpile Plan Aug 2008

## INTRODUCTION

H1N1 Influenza A (“swine flu”) is a novel influenza virus that has significant potential for widespread contagion in humans (see: <http://www.cdc.gov/h1n1flu/> and [Swine Flu Information - Washington St Dept of Health](#)).

To date H1N1 Influenza A isolates worldwide have shown in vitro sensitivity to oseltamivir and zanamivir. The FDA has issued Emergency Use Authorizations (EAU) for the use of those agents for H1N1 Influenza A treatment.

(see: [http://www.cdc.gov/h1n1flu/eua/pdf/fda\\_letter\\_tamiflu.pdf](http://www.cdc.gov/h1n1flu/eua/pdf/fda_letter_tamiflu.pdf) and [http://www.cdc.gov/h1n1flu/eua/pdf/fda\\_letter\\_relenza.pdf](http://www.cdc.gov/h1n1flu/eua/pdf/fda_letter_relenza.pdf) )

For further information see: <http://www.cdc.gov/h1n1flu/eua/>

The CDC Division of **Strategic National Stockpile** (DSNS) has been given the authority from HHS and CDC leadership to initiate shipment of materiel for the swine flu influenza outbreak. DSNS has been given permission to release 25 percent of states’ and localities’ allocation of SNS-held antiviral drugs\*, personal protective equipment, and respiratory protection devices. Once this materiel leaves federal control, it becomes a state and/or local responsibility to maintain, store, secure, and deploy. If the materiel should go unused, states and local jurisdictions should be prepared for long term storage. At the time this document is being drafted, **antivirals supplied by SNS may only be used to treat H1N1 influenza A infections and related exposures.**

\* approximately 2,200 courses of oseltamivir and 540 courses of zanamivir

# PROCEDURES

## **Custody of SNS supplies:**

Once delivered to Island County and receipted by designated representatives of the Island County Public Health Department (ICPH), custody of SNS supplies becomes the sole responsibility of ICPH.

## **Authority over SNS supplies:**

ICPH retains sole authority over all SNS supplies in Island County in regards to their use even after release of those supplies to cooperating governmental and private agencies for distribution to the public. All distributions must be authorized by ICPH in writing. Distributions of SNS pharmaceuticals may only be made to agencies within Island County that are capable of tracking, storing, accounting for, and dispensing to the public under the pharmacy and hospital laws, rules, and regulations of the State of Washington or those United States laws rules or regulations governing tribal reservations where Washington State law does not apply.

## **Receipt of Materials:**

SNS materials will be delivered by agents of the Washington State Department of Health (DOH) to two designated sites in Island County. All SMS shipments will be delivered to the Oak Harbor storage sites, Island Drug and North Whidbey Fire and Rescue. The Island Drug pharmacists are designated by the Island County Public Health Officer to be the primary agents working under the authority of ICPH to take receipt of the pharmaceuticals, perform receipt inventory, sign for receipt, and assure proper storage of materials. The North Whidbey Fire and Rescue Chief Is likewise designated to take receipt of the PPE portion of the county's allotment of PPE supplies.



### **Storage of Materials:**

The antivirals will be required to be maintained in a temperature range of 59 to 86 degrees and will need to be stored in accordance with Board of Pharmacy regulations which are summarized as follows:

The antiviral storage site must: Be well lighted and ventilated; Have adequate space for operations and be a clean storage space; Have a secure entry with identified and limited access; Have secure walls and ceiling (acoustical tiles are not secure).

If the antivirals are **stored more than 30 days** (this excludes <30 days short term storage), the storage area must have continuous measurement of temperature and humidity and have records of the measurements; have an alarm system, if not staffed 24/7; have camera surveillance or a motion monitor for security;

### **Inventory Control:**

SNS regulations require that the custodial jurisdiction must rack and document the inventory and, and retain records for two years. Inventory control and documentation will be the responsibility of the respective pharmacists acting under the authority of ICHP as long as the SNS materials are stored in pharmacy and hospital facilities which will last at least for the duration of the current federally designated swine flu emergency. At the end of the emergency, if inventory remains, plans for long-term storage and inventory meeting the requirements above will be developed and executed.

### **Release of materials:**

SNS pharmaceuticals are to be used solely for **treatment** of individuals with H1N1 infection or significant exposure to same. Any other use of SNS drug supplies is illegal and unauthorized under US federal law. Release of drugs from storage requires an appropriate signed receipt by a pharmacist or designated ICPH public health nurse or physician legally able to take possession of prescription

drugs. All entities other than ICPH to which release of materials is made must have signed one of the “Memorandum of Understanding Concerning Use of SNS Materials” listed in the appendices. SNS pharmaceuticals may be released to the following agencies for subsequent dispensing to end users: Whidbey General Hospital and Retail Pharmacies to be determined as needed.

*Retail pharmacies:* The primary retail pharmacies participating in the dispensing of the SNS medications are the Island Drug facilities of Oak Harbor and Bayview, and Marks Camano Pharmacy of Camano Island. The Whidbey General Hospital pharmacist will receive SNS supplied medications as requested to meet their needs in compliance with public law. These four dispensing points are the only designated points of distribution under the present POD plan. A Memorandum of Agreement has been signed authorizing these two retail pharmacies to participate in this manner. Detailed inventory and dispensing records are to be maintained by each of the retail pharmacies, and the Whidbey General Hospital pharmacist, filed by date and reconciled monthly with a report to the ICHP Health Officer. These records will be kept by ICHP for no less than two years.

*Hospital:* While Whidbey General Hospital may maintain custody over SNS supplies provided for inpatient care, the hospital does not have jurisdictional authority over SNS materials stored on their premises. SNS materials must be properly released to the hospital before they can be dispensed. The hospital pharmacist is designated to receive the pharmaceuticals for the hospital. The following requirements apply to this type of release. All releases will be in reasonable quantities to cover current inventory needs to treat hospital inpatients and outpatients. All transfers from the SNS supply to hospital pharmacy supplies must be documented by written receipt and hospital inventory records. Those inventory records and all receipts will be filed by date and reconciled from time to time with inventories by the hospital pharmacist, and kept by ICPH for no less than two years.

### **Transportation and Physical Transfers:**

Transportation of SNS materials is the responsibility of receiving entities, agencies, pharmacies and departments.

**Inventory Set Asides:**

Government first responders: Five treatment courses of oseltamivir are set aside from the total adult supply at Island Drug and five treatment courses are set aside at Mark's Camano Pharmacy for the treatment of first responders (EMS and Public Safety). These may be released only on approval of the Island County Health Officer or designee. The set asides will be reflected in the inventory records.

Health Care Workers: Ten treatment courses of oseltamivir are set aside from the total adult supply at Whidbey General Hospital for the treatment of health care workers with direct patient contact exposure. These may be released only on approval of the Island County Health Officer or designee. The set asides will be reflected in the inventory records.

The intent of set asides is to ensure treatment course availability for individuals who are at high risk of exposure to H1N1 influenza A exposure in the line of duty. A secondary reason is to shorten the illness duration of critical personnel to expedite their return to work. Set asides are intended to be physically separated from the main store of SNS pharmaceuticals. They are not to be distributed until all other sources of oseltamivir in Island County, public or private have been exhausted; and may only be used under direct written order of the Island County Health Officer or designated Acting Island County Health Officer.

**Security:**

Security of retail and hospital pharmacies is considered in general to be adequate to store SNS materials. In special circumstance of high security concerns the ICPH department personnel or hospital

personnel will notify and consult local law enforcement to secure storage.

**Designated Pharmacists:**

The Island County Health Officer designates Whidbey General Hospital pharmacist Chris Johnston as the “hospital pharmacist” for the SNS supply stored at Whidbey General Hospital. The Island County Health Officer designates Island Drug pharmacist Aaron Syring as the Island Drug pharmacist. And Mark Phibbs as the Camano Island pharmacist for the SNS supply stored at Mark’s Camano Pharmacy.

**SIGNATURES**

\_\_\_\_\_  
Keith Higman                      \_\_\_\_\_                      Date                      Director, Island County  
Public Health Department

\_\_\_\_\_  
Roger S Case, MD                      \_\_\_\_\_                      Date                      Health Officer, Island County

APPENDIX 1

**Memorandum of Understanding concerning Storage, Use, and Management of Strategic National Stockpile Materials between Whidbey General Hospital and Island County Public Health Department**

**Dated:** \_\_\_\_\_

Whidbey General Hospital (the hospital) and Island County Public Health Department (ICPH) understand that the SNS supplies released in the H1N1 influenza A emergency are subject to the following:

The release is for the public good during a time of national emergency. Both the hospital and ICPH enter this agreement to promote the public's health and well being.

ICPH holds primary custody responsibility of and sole authority over all SNS supplies in Island County.

The hospital agrees to store SNS pharmaceuticals in its pharmacy which complies with all requirements of law concerning hospital pharmacies and storage of prescription drugs in Washington State.

The storage of SNS pharmaceuticals by the hospital will continue for the duration of the national emergency and for a reasonable time thereafter if inventory remains after the emergency ends.

ICPH will expeditiously arrange for permanent storage of remaining inventory after the emergency ends.

In addition to storage, the hospital will assign hospital pharmacist time and responsibility to act on behalf of ICPH as delineated in the *Island County Strategic National Stockpile Plan for H1N1 Influenza A Drugs, May 2009*.

Pharmaceuticals released from the SNS storage supply to the hospital for its use will be:

- Discernibly separate from the SNS supply in the pharmacy.
- Released to the hospital at no cost.
- Released to the hospital in accordance with the *Island County Strategic National Stockpile Plan for H1N1 Influenza A Drugs May 2009*.
- Maintained and used in accordance with Washington State law.
- Inventoried in such a fashion as to provide permanent inventory and utilization records back to ICPH.
- Appropriately prescribed, ordered and administered to the hospital's inpatients and outpatients consistent with treatment guidelines for H1N1 Influenza A as provided by ICPH under the authority of the Island County Health Officer.
- Provided to patients at no cost other than a small administration and handling fee as allowed under Washington State regulations and laws.
- Returned to ICPH on request of the Island County Health Officer and at the end of the emergency.
- Prescribed and administered only for treatment of H1N1 influenza A documentable by medical record entries that confirm that that restriction has been complied with.

For the Hospital:

\_\_\_\_\_ Date:  
\_\_\_\_\_

For Island County Public Health

\_\_\_\_\_ Date:  
\_\_\_\_\_

APPENDIX 2 (A)

**Memorandum of Understanding concerning Strategic National Stockpile (SNS) Pharmaceuticals between Island Drug Pharmacy and Island County Public Health Department**

**Dated:**\_\_\_\_\_

Island Drug Pharmacy (the pharmacy) and Island County Health and Human Services Department (PCHHS) understand that the SNS supplies released in the H1N1 influenza A emergency are subject to the following:

The release is for the public good during a time of national emergency. Both the pharmacy and ICPH enter this agreement to promote the public's health and well being.

ICPH holds primary custody responsibility of and sole authority over all SNS supplies in Island County.

Pharmaceuticals released from the SNS storage supply to the pharmacy will be:

- Discernibly separate from any commercial pharmaceutical supplies in the pharmacy.
- Released to the pharmacy at no cost.
- Released to the pharmacy from the storage supply initially upon presentation of a signed and countersigned copy of this document
- Released in by procedures and in amounts delineated in the *Island County Strategic National Stockpile Plan for H1N1 Influenza A Drugs May 2009*.

- Released subsequently by presentation of inventory and dispensing records as delineated in *Island County Strategic National Stockpile Plan for H1N1 Influenza A Drugs May 2009*.
- Transported from storage sites at the pharmacy's expense by pharmacy personnel legally able to take receipt of prescription drugs under Washington State law.
- Inventoried in such a fashion as to provide permanent inventory and utilization records back to ICHP.
- Dispensed in accordance with Washington State Law for a legal prescription.
- Provided to patients at no cost other than a small administration and handling fee as allowed under Washington State regulations and laws.
- Returned to ICPHS on request of the Island County Health Officer and at the end of the emergency.
- Dispensed only for treatment of H1N1 influenza documented by a prescription that confirms that federal restrictions have been complied with:
  - The prescription must state some variation of "**for treatment...**"
  - The prescription must state some variation of "**...of H1N1**" or "**...of swine...**"
  - The prescription **must** be **filled within 48 hours** (or two days) of the time that it was written.

It is understood that this agreement applies only to oseltamivir or zanamivir released from SNS supplies and does not apply to commercially obtained generic or brand name oseltamivir or zanamivir.

For the Pharmacy:

\_\_\_\_\_ Date:  
\_\_\_\_\_



For Island County Public Hospital:

\_\_\_\_\_ Date:

\_\_\_\_\_

APPENDIX 2 (B)

**Memorandum of Understanding concerning Strategic National Stockpile (SNS) Pharmaceuticals between Mark's Camano Pharmacy and Island County Public Health Department**

**Dated:** \_\_\_\_\_

Mark's Camano Pharmacy (the pharmacy) and Island County Health and Human Services Department (PCHHS) understand that the SNS supplies released in the H1N1 influenza A emergency are subject to the following:

The release is for the public good during a time of national emergency. Both the pharmacy and ICPH enter this agreement to promote the public's health and well being.

ICPH holds primary custody responsibility of and sole authority over all SNS supplies in Island County.

Pharmaceuticals released from the SNS storage supply to the pharmacy will be:

- Discernibly separate from any commercial pharmaceutical supplies in the pharmacy.
- Released to the pharmacy at no cost.
- Released to the pharmacy from the storage supply initially upon presentation of a signed and countersigned copy of this document
- Released in by procedures and in amounts delineated in the *Island County Strategic National Stockpile Plan for H1N1 Influenza A Drugs May 2009*.

- Released subsequently by presentation of inventory and dispensing records as delineated in *Island County Strategic National Stockpile Plan for H1N1 Influenza A Drugs May 2009*.
- Transported from storage sites at the pharmacy's expense by pharmacy personnel legally able to take receipt of prescription drugs under Washington State law.
- Inventoried in such a fashion as to provide permanent inventory and utilization records back to ICHP
- Dispensed in accordance with Washington State Law for a legal prescription.
- Provided to patients at no cost other than a small administration and handling fee as allowed under Washington State regulations and laws.
- Returned to ICPHS on request of the Island County Health Officer and at the end of the emergency.
- Dispensed only for treatment of H1N1 influenza documented by a prescription that confirms that federal restrictions have been complied with:
  - The prescription must state some variation of ***"for treatment..."***
  - The prescription must state some variation of ***"...of H1N1"*** or ***"...of swine..."***
  - The prescription ***must*** be ***filled within 48 hours*** (or two days) of the time that it was written.

It is understood that this agreement applies only to oseltamivir or zanamivir released from SNS supplies and does not apply to commercially obtained generic or brand name oseltamivir or zanamivir.

For the Pharmacy:

\_\_\_\_\_ Date: \_\_\_\_\_

For Island County Public Health:

Date: \_\_\_\_\_

## **Policy Guidelines for Prescribing Medications Provided via the Strategic National Stockpile (SNS)**

Current guidelines for prescribing medications from the federally funded stockpile of medications (i.e., the Strategic National Stockpile), call for these medications to be used in the following circumstances:

1. treatment of confirmed, probable, or suspected cases of swine influenza A (H1N1)\*
2. For milder cases of swine flu in persons at high risk of complications of influenza

They may not be used to treat those with seasonal flu, or for mild cases of H1N1 influenza for which providers would not normally use antiviral medications. Be advised that antiviral medications at best, shorten the duration and severity of illness, and thus initiation is not recommended past 48 hours of onset of symptoms.

Thus, only those prescriptions written with the following annotation printed on the prescription will be filled from the SNS supply of medicinals: **“for H1N1 flu per health directive”**.

These prescriptions must be written by a health care provider licensed in Washington State, and must be filled within two days of the date on the prescription.

This policy does not apply to commercially supplied antivirals that are available to pharmacies through normal supply channels, and does not apply to patients hospitalized for H1N1 illness.

Prophylaxis may be recommended only in the following instances:

1. One ten-day course for household close contacts who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, age-related risk factors, children younger than 5 years old, and pregnant women) of a confirmed or probable case.
2. One ten-day course for health care workers or public health workers who experienced a breach in function of their personal protective equipment during close contact with an ill confirmed, probable, or suspect case of swine-origin influenza A (H1N1) virus infection during the case’s infectious period.

### **\*Case Definitions**

**Confirmed:** A confirmed case of H1N1 is defined as a person *with an acute febrile respiratory illness* with laboratory confirmed H1N1 infection at CDC by one or more of the following tests:

1. real-time RT-PCR
2. viral culture

**Probable:** A probable case of H1N1 infection is defined as a person *with an acute febrile respiratory illness* who is positive for influenza A, but negative for H1 and H3 by influenza RT-PCR

**Suspect:** A suspected case of H1N1 is defined as a person *with acute febrile respiratory illness* with onset

- within 7 days of close contact with a person who is a confirmed case of N1N1 infection, or
- within 7 days of travel to community either within the U.S. or internationally where there are one or more confirmed cases of H1N1, or
- resides in a community where there are one or more confirmed cases of H1N1

**The key to keep in mind with antiviral prescribing are:**

**1)** The highest priority use of antivirals is to prevent serious morbidity and mortality in high risk groups and control transmission in certain high-risk settings (health care facilities, long-term care settings, day care facilities, incarcerated populations) where we have hard data supporting the efficacy of these drugs.

**2)** The lowest priority is to modestly shorten the duration of illness in healthy populations who can be isolated at home for the duration of their infection and are unlikely to expose high risk populations

**3)** As the SNS supplies become available, an entitlement psychology is likely to emerge. We need to aggressively counterbalance the public expectation that Tamiflu = cure and that no tax-supported drugs should be withheld from deserving citizens. I think we have made a good start with these messages by equating "swine flu" outbreaks with seasonal influenza. Most people who have experienced seasonal influenza did not take oseltamivir and have recovered uneventfully. We need to further reinforce that message: healthy people recover rapidly from influenza with fluids, rest, etc. Bacterial complications, if they occur, are readily treatable.

**4)** Current CDC guidelines (i.e. treat everyone with suspected illness) arose in the context of high severity pandemic containment theory and have dubious relevance to the current pandemic. This is an untested communicable disease control strategy, unlikely to be applicable to the current situation (widely distributed, mild clinical illness indistinguishable from background viral URI incidence, and lack of prompt, definitive diagnostic tools). About the only thing that is certain is that widespread use of oseltamivir will produce resistant strains of the novel H1N1 virus, leaving only zanamivir as an effective drug next Fall.

So, in the final analysis it is incumbent upon all health care providers to practice "antiviral stewardship" based on the same philosophy that guides sound antibiotic stewardship –

1. avoidance of antimicrobials when of low benefit or clearly unnecessary, and
2. to be ever mindful of the potential for unintended consequences – drug side effects, antiviral resistance, and the perils of setting unrealistic public expectations.

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