PIRA_Section II: Epidemiology and Laboratory_TEST - Final

Form Approved

OMB Number: 0920-0879

Expiration Date: 03/31/2018

Introduction

Background

The 2009 H1N1 influenza pandemic underscored the importance of communities being prepared for potential threats to public health security. Because of its unique abilities to respond to infectious, occupational, or environmental incidents, the Centers for Disease Control and Prevention (CDC) plays a pivotal role in ensuring that state and local public health systems are prepared for these and other public health incidents.

The identification of the novel influenza A (H7N9) virus illnesses in China in 2013 highlights the importance of influenza pandemic preparedness. To date, the reported case fatality ratio from human H7N9 infections is more than 30%. Should the H7N9 virus mutate to allow for sustained human-to-human transmission, it appears capable of causing severe disease in all ages. To better prepare for such a scenario, it is important to understand the collective ability of our nation to prepare for and respond to a pandemic of substantially different epidemiology than the 2009 H1N1 pandemic.

State and local public health departments are first responders for public health incidents. To better prepare these agencies to respond, CDC provides funding and technical assistance for state, local, and territorial public health departments through the Public Health Emergency Preparedness (PHEP) cooperative agreement. CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning provide national standards that help state and local public health departments strengthen their ability to respond to all hazards, including influenza pandemics, and build more resilient communities. Consistent with this approach, the following Pandemic Preparedness Readiness Assessment for State and Local Public Health Planners specifically aligns with 11 public health preparedness capabilities and administrative preparedness planning goals.

Overview

The Pandemic Preparedness Readiness Assessment for State and Local Public

Health Planners promotes state, local, and territorial public health preparedness and immunization program collaboration through the administration of a self-assessment designed to measure jurisdictional readiness to respond to an influenza pandemic. Although the content of this assessment does not encompass every contingency or element necessary to effectively respond to an influenza pandemic, CDC technical experts in differing programs have helped to arrange content within the following seven priority planning areas:

1. Vaccination Planning

2. Epidemiology and laboratory

3. Medical Care and Countermeasures

4. Healthcare Systems

5. Community Mitigation

6. Public Information and Communication

7. Public Health and Immunization Workforce

Information collected from the assessment will not be used to score or competitively rank public health emergency preparedness or immunization programs. Rather, this assessment is designed to identify preparedness gaps, as well as promising state, local, and territorial preparedness practices. Assessment results will be used by the CDC to inform technical assistance and future program improvement initiatives.

Definitions

Allocation: Amount of pandemic influenza vaccine available for ordering.

Allocating: Process of dividing available vaccine among CDC's PHEP awardees or among registered pandemic influenza vaccine providers and facilities within an awardee's jurisdiction.

Critical infrastructure personnel (CIP): The full list of CIP is defined in Guidance on Allocating and Targeting Pandemic Influenza Vaccine; U.S. Department of Health and Human Services (HHS)/U.S. Department of Homeland Security (DHS); 2008 Guidance on Allocating and Targeting Pandemic Influenza Vaccine

Distribution: The process of transporting pandemic influenza vaccine from one location to another.

Enrollment: The process of enabling registered healthcare providers and facilities

to legally provide pandemic influenza vaccine.

Ordering: Process of requesting pandemic influenza vaccine from either the federal, state, city, or local government. Orders can be placed against an allocation or independent of allocation.

Non-pharmaceutical interventions (NPIs): Those interventions that can mitigate transmission of influenza and do not involve medical countermeasures. NPIs include voluntary home isolation, school closures, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.

Peak vaccine administration capacity: The highest rate at which a jurisdiction is able to provide pandemic influenza vaccine to its population; CDC recommends a peak vaccine administration capacity of at least 10% of the population per week.

Point of dispensing (POD) / mass vaccination clinic: Location for dispensing medical countermeasures, specifically for vaccine, during an influenza pandemic response. Located in a public or private space, this clinic is designed to vaccinate a large group of persons over a short time period. The POD or clinic might target the entire population or people in specific priority or high-risk groups. Public and/or private entities can manage a POD or clinic.

Closed POD: Point of dispensing/vaccination clinic closed to the general public and open only to a specific group (e.g., staff of a participating business or healthcare personnel in a specific hospital).

Open POD: Point of dispensing/vaccination clinic open to the general public, specifically to provide vaccine, during an influenza pandemic response.

Recruitment: The process of soliciting healthcare providers and facilities interested in and willing to provide pandemic influenza vaccine.

Registration: The submission of required information, similar to an application, by healthcare providers or facilities interested in providing pandemic influenza vaccinations.

Retail-based clinics: Non-pharmacy businesses that sell retail products (e.g., Walmart, Target) and serve as PODs/mass vaccination clinics.

School-located vaccination clinics: Vaccination clinics that target students and are typically held on school grounds.

displays a currently valid Office of Management and Budget control number. Send comments regarding this burden estimate, or any other aspect of this information collection, including suggestions for reducing this burden to CDC/Agency for Toxic Substance and Disease Registry Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attention: PRA (0920-0879).

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Section II: Epidemiology and Laboratory

Goal: Each awardee will have the capability to detect the start of an influenza pandemic, track pandemic activity, and monitor response effectiveness in the jurisdiction. Please work with the Influenza Surveillance Coordinator in your jurisdiction to address these questions.

Assumptions:
• Each awardee will conduct pandemic influenza surveillance using established seasonal influenza surveillance systems
• Each awardee will have the ability to detect influenza viruses using CDC real-time PCR (RT-PCR) methods

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Section II: Epidemiology and Laboratory

Please select your jurisdiction:

- ❍ Alabama
- ❍ Alaska
- ❍ American Samoa
- ❍ Arizona
- ❍ Arkansas
- ❍ California
- ❍ Chicago
- ❍ Colorado
- ❍ Commonwealth of the Northern Mariana Islands
- ❍ Connecticut
- ❍ Delaware
- ❍ Federated States of Micronesia
- ❍ Florida
- ❍ Georgia
- ❍ Guam
- ❍ Hawaii
- ❍ Idaho
- ❍ Illinois
- ❍ Indiana
- ❍ Iowa
- ❍ Kansas
- ❍ Kentucky

- ❍ Los Angeles County
- ❍ Louisiana
- ❍ Maine
- ❍ Maryland
- ❍ Massachusetts
- ❍ Michigan
- ❍ Minnesota
- ❍ Mississippi
- ❍ Missouri
- ❍ Montana
- ❍ Nebraska
- ❍ Nevada
- ❍ New Hampshire
- ❍ New Jersey
- ❍ New Mexico
- ❍ New York
- ❍ New York City
- ❍ North Carolina
- ❍ North Dakota
- ❍ Ohio
- ❍ Oklahoma
- ❍ Oregon
- ❍ Pennsylvania
- ❍ Puerto Rico

- ❍ Republic of Palau
- ❍ Republic of the Marshall Islands
- ❍ Rhode Island
- ❍ South Carolina
- ❍ South Dakota
- ❍ Tennessee
- ❍ Texas
- ❍ U.S. Virgin Islands
- ❍ Utah
- ❍ Vermont
- ❍ Virginia
- ❍ Washington
- ❍ Washington, DC
- ❍ West Virginia
- ❍ Wisconsin
- ❍ Wyoming

Please select your position:

- ❍ PHEP Director
- ❍ State Epidemiologist
- ❍ State Lab Director
- ❍ Other (please specify) _____

Section II: Epidemiology and Laboratory

Please answer the following questions on a scale of 1 to 5, with 1 being "no capacity" and 5 being "full capacity."

1. Does your jurisdiction have the capacity to conduct comprehensive contact tracing and epidemiologic investigations of initial (for example 40 cases or initial clusters) confirmed cases of novel influenza with epidemic/pandemic potential?

	No Capacity	2	3	4	Full Capacity
Please select capacity	❍	❍	❍	❍	❍

2. Does your jurisdiction have the capacity to collect basic epidemiologic data, such as demographic data, hospital admission data, admission to ICU, mechanical ventilation, and laboratory-confirmed influenza-positive hospitalizations in your jurisdiction?

	No Capacity	2	3	4	Full Capacity
Please select capacity	❍	❍	❍	❍	❍

3. Does your jurisdiction have the capacity to investigate influenza-associated deaths in children (note that influenza-associated death in children is a nationally notifiable condition)?

	No Capacity	2	3	4	Full Capacity

Please select capacity	❍	❍	❍	❍	❍

4. Does your jurisdiction have the capacity to conduct surveillance for influenza-associated mortality in adults?

	No Capacity	2	3	4	Full Capacity
Please select capacity	❍	❍	❍	❍	❍

5. Does your jurisdiction have the capacity to investigate a systematic subset of influenza-associated deaths in adults?

	No Capacity	2	3	4	Full Capacity
Please select capacity	❍	❍	❍	❍	❍

6. Does your jurisdiction have the capacity to collect detailed epidemiologic and clinical case information, such as onset date, symptoms, contacts, hospitalization or death, on a subset of initial cases identified during a large epidemic or pandemic?

	No Capacity	2	3	4	Full Capacity
Please select capacity	❍	❍	❍	❍	❍

7. Would your jurisdiction be willing to use CDC protocols and questionnaires developed at the onset of the pandemic for this purpose?

❍ Yes

❍ No

8. Does your jurisdiction have the capacity to transfer electronic death records to CDC in a reliable and timely fashion (within 2 weeks)?

	No Capacity	2	3	4	Full Capacity
Please select capacity	❍	❍	❍	❍	❍

9. Is your jurisdiction willing to follow a common protocol to transfer laboratory, surveillance, and case-investigation data electronically to CDC in a reliable and timely fashion (TBD)?

❍ Yes

❍ No

❍ Will do for some type of data, but not all (please specify)
_____

10. Is your jurisdiction able to test and differentiate novel influenza A viruses, for example influenza A(H7), A(H5), A(H3v), from seasonal influenza viruses?

❍ Yes

❍ No, but in development

❍ No

11. Does your jurisdiction have the capacity to transport specimens to CDC on a regular basis during a pandemic, given the expected surge in lab testing?

❍ Yes

❍ No, but in development

❍ No

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