

PIRA_Section V: Community Mitigation_TEST - Final

Form Approved

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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.

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it 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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Goal: Each awardee will recommend the implementation of nonpharmaceutical interventions (NPIs) during the earliest stages of an influenza pandemic. NPIs are separate from pharmaceutical countermeasures, such as vaccination or use of antiviral drugs, and routinely include the following:

- Voluntary home isolation (staying home when sick)
- Respiratory etiquette
- Hand hygiene
- Routine cleaning of frequently touched surfaces and objects

Social distancing measures may be recommended to mitigate a severe pandemic; examples include school closures and postponements or cancelations of mass gatherings.

Assumptions:

- CDC will provide guidance around NPIs, but implementing them will be a state and local responsibility.
- NPI recommendations may not be uniform across the nation at any given time.
- If epidemiologic data suggests sustained human-to-human transmission, to indicate high transmissibility of the novel influenza virus, CDC will recommend the following additional NPI measures:
 - o Voluntary home quarantine (staying home if exposed to a family member who is sick).
 - o Early, coordinated closures of childcare facilities, K-12 schools, and colleges/universities before influenza transmission becomes widespread.
 - o Ask parents to keep children, who are at risk of severe influenza outcomes and attend childcare facilities or K-12 schools, at home and away from others.
 - o If schools remain open, promote other school-based social distancing measures, such as seating students farther apart, canceling classes that bring students together from multiple classrooms, or postponing class trips.
 - o Additional workplace social distancing measures to reduce face-to-face contact between employees and customers, such as supporting flexible work arrangements, spacing employees farther apart at the worksite, or using home delivery of goods and services.
 - o Modifications, postponements, or cancelations of mass gatherings (i.e., any occasion, either organized or spontaneous, that attracts sufficient numbers of people to strain the planning and response resources of the community hosting the event), especially for local jurisdictions where influenza already circulates.

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Please select your jurisdiction:

mAlabama

mAlaska

mAmerican Samoa

mArizona

mArkansas

mCalifornia

mChicago

mColorado

mCommonwealth of the Northern Mariana Islands

mConnecticut

mDelaware

mFederated States of Micronesia

mFlorida

mGeorgia

mGuam

mHawaii

mIdaho

mIllinois

mIndiana

mIowa

mKansas

mKentucky

mLos Angeles County

mLouisiana

mMaine

mMaryland

mMassachusetts

mMichigan

mMinnesota

mMississippi

mMissouri

mMontana

mNebraska

mNevada

mNew Hampshire

mNew Jersey

mNew Mexico

mNew York

mNew York City

mNorth Carolina

mNorth Dakota

mOhio

mOklahoma

mOregon

- mPennsylvania
- mPuerto Rico
- mRepublic of Palau
- mRepublic of the Marshall Islands
- mRhode Island
- mSouth Carolina
- mSouth Dakota
- mTennessee
- mTexas
- mU.S. Virgin Islands
- mUtah
- mVermont
- mVirginia
- mWashington
- mWashington, DC
- mWest Virginia
- mWisconsin
- mWyoming

Please select your position:

- mPHEP Director
- mEpidemiologist
- mOther (please specify) _____

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1. Please select the statement that best reflects the degree to which your jurisdiction's influenza pandemic preparedness plan addresses assumptions and triggers for implementing NPIs.

mPlan addresses assumptions and triggers in detail

mPlan partially addresses assumptions and triggers

mPlan does not address assumptions and triggers

(End of Page 4)

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2. Does your jurisdiction's pandemic influenza plan anticipate simultaneous implementation of multiple NPIs during an influenza outbreak?

mYes

mNo >>>> Skip to Page 7: 4. If areas within your jurisdiction meet the CDC-established epidemiologic criteria to temporarily close schools or cancel mass gatherings, how likely is it that the jurisdictional and/or sub-jurisdictional stakeholders would implement these recommendations?

(End of Page 5)

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3. Which of the following factors will be considered in choosing which NPIs to implement? (check all that apply)

Severity of illness

Transmissibility

Populations most affected (including vulnerable populations)

None of the above

Other (please specify) _____

(End of Page 6)

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For the following set of questions, please assume your jurisdiction meets the CDC-established epidemiologic criteria (based on factors such as disease severity and transmissibility) to temporarily close childcare facilities, K-12 schools, and colleges/universities or to cancel mass gatherings. The questions will ask about:

- **The likelihood that decision-makers within your jurisdiction would close schools or cancel mass gatherings**
- **Whether your jurisdiction has policies in place to allow you to close schools or cancel mass gatherings**
- **The expected time it would take to implement such closures or cancelations**

4. If areas within your jurisdiction meet the CDC-established epidemiologic criteria to temporarily close schools or cancel mass gatherings, how likely is it that the jurisdictional and/or sub-jurisdictional stakeholders would implement these recommendations?

	Very Likely	Likely	Somewhat Likely	Not Likely at All	Unsure / Do not Know
Childcare Facilities	m	m	m	m	m
K-12 Schools	m	m	m	m	m
Colleges / Universities	m	m	m	m	m
Mass Gatherings	m	m	m	m	m

5. Are legal authorities at either the jurisdictional or sub-jurisdictional level needed to temporarily close either private or public schools or cancel mass

gatherings?

	Yes	No	Not Applicable
Childcare Facilities	m	m	m
K-12 Schools	m	m	m
Colleges / Universities	m	m	m
Mass Gatherings	m	m	m

6. Does your jurisdiction (or the local sub-jurisdiction) currently have that legal authority?

	Yes	No	Not Applicable
Childcare Facilities	m	m	m
K-12 Schools	m	m	m
Colleges / Universities	m	m	m
Mass Gatherings	m	m	m

7. Are policy changes within your jurisdiction needed to implement a recommendation to close schools or cancel mass gatherings?

	Yes	No	Not Applicable
Childcare Facilities	m	m	m
K-12 Schools	m	m	m
Colleges / Universities	m	m	m
Mass Gatherings	m	m	m

8. Accounting for jurisdictional decision-making, how long will it take to implement decisions to close schools or cancel mass gatherings?

	Less than 1 day	1 - 3 days	4 - 7 days	More than 1 week	Jurisdiction would not close
Childcare Facilities	m	m	m	m	m
K-12 Schools	m	m	m	m	m
Colleges / Universities	m	m	m	m	m

Mass
Gatherings

m

m

m

m

m

(End of Page 7)