Pandemic Influenza Planning Overview

Pandemic Influenza in Washington State

A worldwide outbreak of influenza—or a pandemic—would occur when a new influenza virus appears for which humans have no immunity. The virus would be easily spread from person-to-person and would circle the globe in waves over extended periods of time. Because it may likely strike in many areas of the state—and the country—at the same time, emergency response resources would be severely limited.

Estimates are that a pandemic influenza would cause more than 200,000 deaths in our country, with as many as 5,000 fatalities in Washington. Our state could also expect 10,000-24,000 people needing hospital stays and 480,000-1,119,000 people requiring outpatient visits. During a severe pandemic these numbers could be much higher.

Washington State Department of Health Plan

The Washington State Department of Health’s Pandemic Influenza Plan assumes resources will be limited. The plan maximizes our response capabilities with established partnerships and the effective use of existing assets. Our plan is part of the agency’s Comprehensive Emergency Management Plan and is structured around several phases of activity, from pre-pandemic surveillance to responding to an outbreak of pandemic influenza in the Pacific Northwest. We have followed the U.S. Department of Health and Human Services Pandemic Influenza Plan closely and are in the process of updating Washington’s plan now that we have received new federal guidance.

In the initial phases (no human-to-human transmission of the virus), Department of Health activities center on increased disease monitoring, coordination with international, federal, state, regional and local partners, emergency preparedness planning and public education programs.

In a pandemic alert phase (virus occurs in limited areas of a country outside the United States with human-to-human transmission), the agency will increase plan coordination with partners and stakeholders and initiate broader public outreach efforts. The agency may also stockpile antiviral medications—if available—for people who provide vital services and for people in high-risk groups as determined by federal recommendations.
In an elevated pandemic alert stage (increased and sustained transmission of the virus in several areas of the country of origin), the agency will brief the governor, senior state and local officials and stakeholders on threat and resource issues. Personnel will be placed on alert and staff reassigned to essential areas within the agency. Other activities will include working with federal health officials to screen travelers from areas where the flu is occurring, issuing travel alerts or restrictions, and assisting local agencies with identifying alternative healthcare and referral sites. The department will also increase public outreach activities (including information on precautions such as staying home when sick) coordinating with partners statewide, in bordering states and Canadian provinces.

In the pandemic influenza phase (pandemic influenza begins to spread globally), the agency will activate its Emergency Operations Center, send representatives to the Washington State Emergency Operations Center, monitor serious flu illnesses and deaths, implement necessary travel restrictions, activate Strategic National Stockpile (a federal reserve of emergency supplies and medications) procedures, assist local public health agencies, coordinate activities with partners and stakeholders, and begin emergency public information and public outreach campaigns.

When pandemic influenza arrives in the Pacific Northwest, the secretary of health will ask the governor to declare a state of emergency for Washington and will activate all agency emergency procedures. The agency will manage the distribution of Strategic National Stockpile supplies to local health agencies and assist with related issues, work with local public health and other partners on disease containment strategies (including isolation and quarantine procedures) as necessary, and issue recommendations for businesses, schools and for limiting large gatherings. The Department of Health will continually review the effectiveness of medications and emergency strategies. During this stage, the agency will reassign staff and hire temporary staff as needed to continue critical public health functions.

Throughout all phases of pandemic influenza planning and response, the Department of Health:

- Coordinates statewide planning and provides recommendations for local public health and healthcare systems planning, including surge capacity issues.
- Coordinates statewide monitoring and investigation of illnesses and deaths caused by influenza.
- Communicates with the Centers for Disease Control and Prevention, public health agencies in Canada, and other state, local, tribal and provincial health agencies.
- Provides laboratory facilities for influenza identification and serves as liaison to the Centers for Disease Control and Prevention.
- Coordinates any statewide distribution of vaccine or antiviral medication through the Strategic National Stockpile, prioritizes supplies and monitors medication safety.
- Provides information for the public on pandemic influenza and safety precautions.
• Serves as public health liaison to the Washington State Emergency Operations Center.
• Serves as liaison to the Washington State Department of Agriculture regarding the human impact of avian or animal influenza.

The Role of Local Health Jurisdictions
Local health jurisdictions play key roles in all phases of pandemic influenza planning and response including disease surveillance, healthcare system coordination, implementing strategies to stop the spread of disease, and educating the public. Local health agencies will also coordinate healthcare volunteers in their communities. Along with the state Department of Health, local health's partners include hospitals, healthcare providers, first responders, elected officials, government service agencies (such as transportation and public utilities), businesses, schools, tribal governments, community-based organizations and ports. Local health plans focus on issues related to disease control measures, protecting their communities, and ensuring the delivery of essential services. From organizing and overseeing local distribution of vaccines and supplies from the Strategic National Stockpile to advising schools and businesses on disease prevention strategies, local health departments are a vital part of statewide preparedness and response efforts.

Partnerships
The challenges presented by an outbreak of pandemic influenza can best be met by a coordinated effort between local, state, federal, tribal and cross-border partners. In addition to this plan, the Department of Health is working on recommendations involving the use of antiviral medications and guidance to assist other organizations with pandemic preparedness planning.

Our partners in pandemic influenza planning include—but are not limited to—local public health jurisdictions in Washington, tribal governments in Washington, Washington State Department of the Military, Washington State Department of Agriculture, Washington State Department of Ecology, Washington State Patrol and Washington State Office of the Superintendent of Public Instruction. Federal partners include the Centers for Disease Control and Prevention, Food and Drug Administration, Department of Health and Human Services, and others. This list will continue to grow.

Although pandemic planning and response involves the entire state Department of Health, several programs play critical planning and response roles including: Communicable Disease Epidemiology, Public Health Laboratories, Office of Risk and Emergency Management, Public Health Emergency Preparedness and Response, Immunization Program, and Communications Office.

For further information contact the Washington State Department of Health’s Public Health emergency Preparedness Program at (360) 236-4032.