

Is It a Cold or the Flu?

Symptoms	Cold	Flu
Fever	Rare	Yes, often high (102 to 104 ° F). Lasts three days
Headache	Rare	Yes, sudden and can be severe
Aches and pains	Mild	Usual, often severe
Fatigue and weakness	Mild	Yes, sudden and can last two-to-three weeks
Extreme Exhaustion	Never	Yes
Stuffy nose	Common	Sometimes
Sneezing	Common	Sometimes
Sore throat	Common	Sometimes
Chest discomfort, cough	Mild hacking cough	Common, can be severe



HHS Pandemic Influenza Plan

November 2, 2005

**PANDEMIC
PLANNING**
GET INFORMED / BE PREPARED

The *HHS Pandemic Influenza Plan* is a blueprint for pandemic influenza preparation and response. In particular, the *HHS Plan* provides guidance to national, state, and local policy makers and health departments. The goal is for all involved to achieve a state of readiness and quick response.

The *HHS Plan* is based on the knowledge that once a pandemic is triggered by the emergence of a novel influenza A virus subtype, it is a global event and all countries are at risk. The U.S. will work in concert with the World Health Organization and other international partners on containment and response activities abroad that also will assist the planning and monitoring for disease outbreaks in the U.S.

The *HHS Plan* includes an overview of the threat of pandemic influenza, a description of the relationship of this document to other Federal plans and an outline of key roles and responsibilities during a pandemic. In addition, the *HHS Plan* specifies needs and opportunities to build robust preparedness for and response to pandemic influenza. The preparations made for a pandemic today will have lasting benefits for the future.

Major components of the critical preparedness and ready response actions include:

- Intensifying surveillance and collaborating on containment measures – both international and domestic;
- Stockpiling of antivirals and vaccines and working with industry to expand capacity for production of these medical countermeasures;
- Creating a seamless network of Federal, state and local preparedness, including increasing health care surge capacity; and
- Developing the public education and communications efforts that will be so critical to keeping the public informed.

Strategies outlined in the *HHS plan* are based on an understanding of pandemics and influenza disease, and are guided by several overarching principles.

- Preparedness will require coordination among Federal, state and local government and partners in the private sector.
- An informed and responsive public is essential to minimizing the health effects of a pandemic and the resulting consequences to society.
- Domestic vaccine and production capacity sufficient to provide vaccine for the entire U. S. population is critical.
- Quantities of antiviral drugs sufficient to treat 25 percent of the U.S. population should be stockpiled.
- Sustained human-to-human transmission anywhere in the world will be the triggering event to initiate a pandemic response by the U.S.
- When possible and appropriate, basic public health measures will be employed to reduce person-to-person viral transmission and prevent or delay influenza outbreaks.
- At the start of a pandemic, vaccine, which will initially be in short supply, will be procured and distributed to state and local health departments for immunization of predetermined priority groups.
- At the onset of a pandemic, antiviral drugs from public stockpiles will be distributed to predetermined priority groups.

For a copy of the *HHS Pandemic Influenza Plan* visit: www.pandemicflu.gov.

The *Public Health Guidance for State and Local Partners* (Part 2 of the *HHS Plan*) provides 11 supplements on specific aspects of pandemic influenza planning and response..

Surveillance (Supplement 1) provides guidance on monitoring for influenza viruses and the health impact of influenza.

Laboratory Diagnostics (Supplement 2) provides guidance on the use of diagnostic tests to detect, characterize, and monitor novel subtypes of influenza, including avian influenza A (H5N1) and other viruses with pandemic potential. Occupational health issues for laboratory workers are also covered.

Healthcare Planning (Supplement 3) provides guidance for plans to include pandemic influenza surveillance, decision-making structures for responding to a pandemic, hospital communications, education and training, patient triage, clinical evaluation and admission, facility access, occupational health, distribution of vaccines and antiviral drugs, surge capacity, and mortuary issues. Planning for the provision of health care in non-hospital settings is also addressed.

Infection Control (Supplement 4) provides guidance on principles of infection control for limiting the spread of pandemic influenza including on the selection and use of personal protective equipment, hand hygiene and safe work practices, cleaning and disinfection of environmental surfaces, handling of laboratory specimens and post-mortem care. The guidance also covers infection control practices related to the management of infectious patients, the protection of persons at high-risk for severe influenza or its complications, and issues of occupational health.

Clinical Guidelines (Supplement 5) provides a guide related to clinical procedures for the initial screening, assessment, and management of patients as well as an assessment of locally available resources, such as rapid diagnostics, antiviral drugs and hospital beds.

Vaccine Distribution and Use (Supplement 6) provides guidance on the elements of a pandemic vaccination program, including planning for vaccine distribution, vaccination of priority groups, monitoring of adverse events, tracking of vaccine supply and administration, vaccine coverage and effectiveness studies, communications, legal preparedness, and training.

Antiviral Drug Distribution and Use (Supplement 7) provides guidance on the distribution and use of antiviral drugs for treatment and prophylaxis during an influenza pandemic. This section also covers the use of antiviral drugs in managing and containing infection with novel strains of influenza, including avian influenza A (H5N1) and human strains with pandemic potential.

Community Disease Control and Prevention (Supplement 8) provides guidance on the use of disease containment strategies to prevent or decrease transmission.

Managing Travel-Related Risks of Disease (Supplement 9) provides guidance on travel-related containment strategies that can be used during different phases of an influenza pandemic, ranging from distribution of health alert notices, to isolation and quarantine of new arrivals, to restriction or cancellation of nonessential travel.

Public Health Communications (Supplement 10) outlines key influenza pandemic risk communications concepts and addresses how CDC will provide timely and accurate information.

Workforce Support: Psychosocial Considerations and Information Needs (Supplement 11) focuses on psychosocial support services that will help workers manage emotional stress during an influenza pandemic and resolving related personal, professional, and family issues.

The *Public Health Guidance for State and Local Partners* is at: www.pandemicflu.gov.

Resources on Pandemic and Avian Influenza

New Jersey Department of Agriculture

Avian Influenza

www.nj.gov/agriculture/divisions/ah/diseases/avian_influenza.html

NJ Department of Agriculture Biosecurity

www.nj.gov/agriculture/divisions/ah/news/biosecurity.html

NJ Department of Agriculture Homeland Security

www.nj.gov/agriculture/news/hottopics/topics050107.html

USDA – APHIS

Biosecurity for the Birds

www.aphis.usda.gov/vs/birdbiosecurity

Veterinary Services Overview of Biosecurity and Avian Influenza

www.cdc.gov/flu/pp/biosecurity_on_farm_11_2004.pdf

Newsroom: Avian Influenza

http://www.aphis.usda.gov/newsroom/hot_issues/avian_influenza/avian_influenza.shtml

World Organization for Animal Health (OIE)

www.oie.int/eng/en_index.htm

New Jersey Department of Health and Senior Services

Pandemic and Avian Influenza

<http://nj.gov/health/er/avianflu.shtml>

Emergency Preparedness

<http://nj.gov/health/er/index.shtml>

Centers for Disease Control and Prevention

www.cdc.gov/flu

U.S. Department of Health and Human Services

<http://www.pandemicflu.gov/>

Poultry Importation and Fair Regulations for Neighboring States

New York

www.agmkt.state.ny.us/AI/AIHome.html

Pennsylvania

www.agriculture.state.pa.us/agriculture/cwp/view.asp?a=3&q=127347&agricultureNav=|

Delaware

www.state.de.us/deptagri/poultryah/index.shtml

Maryland

www.mda.state.md.us/animal_health



PANDEMIC INFLUENZA

Stages of a Pandemic

The World Health Organization (WHO) has developed a **global influenza preparedness plan**, which defines the stages of a pandemic, outlines the role of WHO, and makes recommendations for national measures before and during a pandemic. The phases are:

Inter-pandemic period

Phase 1 : No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

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.

Pandemic alert period

Phase 3: Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Larger cluster(s) 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).

Pandemic period

Phase 6: Pandemic: increased and sustained transmission in general population.

Notes: The distinction between **phases 1 and 2** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.

The distinction among **phases 3, 4, and 5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.