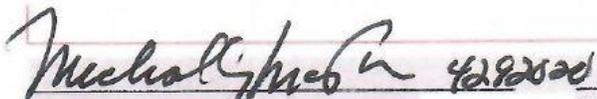


Portsmouth City and Scioto County Health Department Emergency
Response Plan

APPENDIX 6:

PANDEMIC RESPONSE

Portsmouth City and Scioto County Health Department hereby re-adopts the
Pandemic Response Appendix as evidenced by the signature of the Health
Commissioner on the line below.



Handwritten signature of Michael Martin with the date 4/29/2020 written below it.

Michael Martin, Scioto County Health Commissioner date _____



Handwritten signature of Chris Smith with the date 4/30/20 written below it.

Chris Smith, Health Commissioner _____ date _____

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INTRODUCTION

With the increase in global transport, as well as urbanization and overcrowded conditions in some areas, the likelihood of a new disease (virus or bacteria), or even a “stable” endemic disease, to take hold around the world and become a pandemic rapidly is increasing. To ensure a clear understanding of the terms “epidemic” and “pandemic”, the definitions have been included in this introduction.

Epidemic: An outbreak of disease that affects a much greater number of people than is usual for the locality or that spreads to regions where it is ordinarily not present. A disease that tends to be restricted to a particular region (endemic disease) can become epidemic if non-immune persons are present in large numbers (as in time of war or during pilgrimages), if the infectious agent is more virulent than usual, or if distribution of the disease is more easily effected. Epidemics may also be caused by new disease agents in the human population, such as the Ebola Hemorrhagic virus.

Pandemic: An epidemic of infectious disease that is spreading through human populations across a large region; for instance, multiple continents, or even worldwide. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic. Throughout history there have been a number of pandemics, such as smallpox, tuberculosis, and influenza (1918). More recent pandemics include the Human Immunodeficiency Virus (HIV) pandemic and the 2009 influenza pandemic. Past pandemics can lead and have led to high levels of illness, death, social disruption, and economic loss.

Three conditions must be met for a pandemic to occur:

- 1) A new virus, virus subtype, bacteria, or bacteria subtype must emerge or occur beyond its expected numbers;
- 2) It must infect humans and cause serious illness; and
- 3) It must spread easily and be sustained (continue without interruption) among humans.

In 2006, the H5N1 virus in Asia and Europe met the first two conditions: it is a new virus for humans (H5N1 viruses have never circulated widely among people), and it has infected more than 100 humans, killing over half of them. In 2009, the H1N1 virus was discovered in Mexico after several individuals suffering from a flu-like illness died. H1N1 became a pandemic as this virus spread across the entire world.

Due to past and recent history and the looming possibility of the H5N1 (and other novel influenza-types) virus, Public Health must be prepared to deal with a mass panic, mass vaccination, medical surge capacity being exceeded, and high absenteeism among Public Health Staff.

PURPOSE

The purpose of this Pandemic Response Appendix (PRA) is to provide the framework for the Portsmouth City and Scioto County Health Department

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(PCHD/SCHD) to identify, respond to and control a pandemic. The PRA addresses surveillance, emergency response, pharmaceutical delivery, and communications. The four main response activities that the health department will use to prevent the spread of disease during a pandemic will be:

- Public Information and Education
- Epidemiological Surveillance
- Limitations on Movement / Community Containment
- Vaccination and Antiviral Drugs.

Some of the figures and tables used in this document refer to pandemic influenza, but a pandemic is not limited to influenza.

STATUTORY AUTHORITY

Ohio Administrative Code (OAC) Chapter 3701-3 provides authority of local health districts with respect to human infectious diseases.

SITUATION AND ASSUMPTIONS

- Morbidity and mortality can be minimized by having a comprehensive plan in place.
- A pandemic will occur; the unknowns are time, extent, and amount of warning.
- The origin of the novel disease is unknown.
- Multiple geographic areas will be affected simultaneously, incapacitating large numbers, including those responsible for both health and non-health related emergency services.
- Shortages of essential resources will occur (e.g. pharmaceutical supplies, personal protective equipment (PPE), morgue sites, perishable resources, etc.) because of the widespread nature of the disease and high demand for resources.
- A vaccine specific to the pandemic strain may not be available at the beginning of a pandemic. Once a novel virus/bacteria is identified, it may take as long as 6 to 8 months before vaccine is available for distribution.
- The Ohio Department of Health (ODH) has/will developed a prioritization scheme regarding prioritization for early vaccination.
- The annual influenza vaccination program, as well as other immunizations, will remain a cornerstone of prevention since prior influenza vaccination(s) may offer some protection against a novel influenza variant and decreases the risk of co-infection.

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- The PCHD/SCHD Mass Dispensing and Strategic National Stockpile (SNS) Plan will be initiated to vaccinate Scioto County's population of 75,314 by order of ODH/Centers for Disease Control and Prevention (CDC) only.
- When the SNS is initiated, the Governor has declared a state of emergency.

CONCEPT OF OPERATIONS

Direction and Control (Incident Management)

The ultimate responsibility and authority of implementing any other form of community containment measures and/or use of medical countermeasures during a public health emergency is that of the Board of Health, the Health Commissioner and the State's public health authority.

Detailed information on public health Incident Command System (ICS) is located in "Annex 1: Direction and Control" of the PCHD/SCHD Emergency Response Plan (ERP).

Activation and Implementation

Typical Sequence of Activities

- The Portsmouth City and Scioto County Health Department Emergency Response Plan and/or the Scioto County Emergency Operations Plan should be activated prior to the activation of this Appendix.
- The activation and implementation of the Pandemic Response Plan should be considered during any incident that a disease outbreak/spread affects multiple health departments' jurisdiction.
- The activation and implementation of Appendix 6: Pandemic Response of the PCHD/SCHD Emergency Response Plan is determined by Health Commissioner, or his designee.
- Documentation and a description of the activities and actions taken related to pandemic response by PCHD/SCHD may be included on the Incident Command System (ICS) form 201 and ICS Activity Log.

Interoperative Communications

Refer to "Implementing Instruction (II): Pandemic: Activities During Pandemic Phases" and "Annex 2: Interoperative Communications" of the PCHD/SCHD ERP

The health department will provide updates and guidance to the Scioto County Emergency Management Agency (EMA), city/county governments, as well as to other response agencies pertaining to disease activity, community containment measures, and countermeasures. The need for Points of Dispensing (POD) establishment, the population to be served, and the request for countermeasures will be communicated as well. "Implementing Instruction (II): Pandemic: Activities During Pandemic Phases" provides a more detailed

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description of operations that will likely occur as a disease outbreak moves toward a pandemic level.

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The PCHD/SCHD is the lead agency for a pandemic, or suspect novel outbreak and response within Scioto County. Within PCHD/SCHD, the Infectious Disease Nurse(s)/Epidemiologist of the Nursing Division(s) is responsible for all aspects of the local outbreak investigation.

The PCHD/SCHD will communicate public health surveillance information and findings pertaining to a pandemic, or suspect novel influenza, outbreak, via Scioto County Health Alert Network, to the following Portsmouth City and Scioto County partners:

- Scioto County Hospitals; Southern Ohio Medical Center and Kings Daughters Medical Center Ohio
- Scioto County Law Enforcement; Portsmouth City Police Department
- Scioto County Emergency Management Agency (EMA);
- Scioto County Emergency Medical Services (EMS);
- Scioto County Non-Hospital healthcare;
- Ohio Department of Health (ODH);
- Centers for Disease Control and Prevention (CDC);
- Scioto County elected officials;
- Scioto County school systems;
- Scioto County Public Works/Utilities

The following table identifies Scioto County partner agencies and their respective responsibilities in a pandemic outbreak:

Agency	Responsibilities
Health Dept.	<p>LEAD AGENCY</p> <ul style="list-style-type: none"> • Public health programs • Clinics • Food sanitation • Death certificates • Individuals with functional needs • Facilities, resources • Biological information • Vector control • Public information & education • Epidemiology
Southern Ohio Medical Center and Kings Daughters	<ul style="list-style-type: none"> • Provide direction and control for the hospital • Provide liaison to the Emergency Operations Center (EOC) • Provide for emergency treatment and hospital care for

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Agency	Responsibilities
Medical Center	<ul style="list-style-type: none"> ill • Hospital Public Information Officer (PIO) works with Health Dept. PIO to disseminate information to the general public • Maintain an adequate supply of PPE for its personnel
Emergency Medical System (EMS)	<ul style="list-style-type: none"> • Provide adequate Personal Protective Equipment (PPE) to their response staff, along with proper education • Ensure all first responder EMS staff requested by the Health Departments to undergo prophylaxis • Provide personnel if available to assist with treatment and transport of patients • Provide EMS representation to EOC • Ensure that all decontamination procedures are followed per CDC protocol
EMA	<ul style="list-style-type: none"> • Coordinate resources • Coordinate County EOC Operations and Communications • Contact County PIO to assist with Public Education and Information
Law Enforcement	<ul style="list-style-type: none"> • Sheriff/Police Chief should provide a liaison to the EOC • Provide traffic and crowd control enforcement at POD sites and security at medical facilities • Provide emergency escort to medical personnel to their job site, if needed • Provide security at POD sites • Provide escort of medical supplies to designated POD sites, if needed • Ensure all first responder law enforcement requested by the Health Departments to undergo prophylaxis • Command any/all security/traffic control volunteers.
County Engineer & Public Works	<ul style="list-style-type: none"> • Provide a liaison to the EOC • Provide adequate road signage, barricades, and other traffic control devices • Personnel & equipment augmentation • Damage assessment on infrastructure
School System	<ul style="list-style-type: none"> • May provide a liaison to the EOC • May provide emergency transportation resources • Protection of school children

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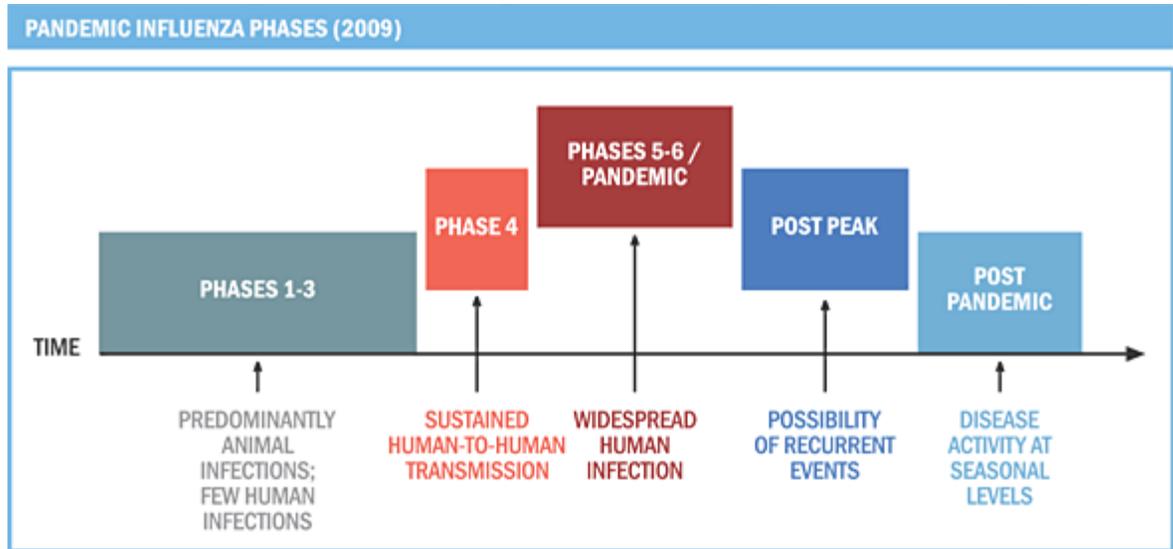
Agency	Responsibilities
	<ul style="list-style-type: none"> • Provide use of facilities • Provide school nurses and other staff if available
Elected Officials	<ul style="list-style-type: none"> • Responsible for the emergency operations in jurisdiction • Cooperation with the EMA director and support of EOC operations • Access to city/township assets to support operations per EOC requests • May participate and support Joint Information Centers (JIC) operations
Volunteer Agencies	<ul style="list-style-type: none"> • Provide a liaison to the EOC • Provide medical and non-medical staff for clinics • Provide staff for EOC
Mental Health Agencies	<ul style="list-style-type: none"> • Per Scioto County Emergency Operations Plan(EOP), may provide Crisis Incident Stress Management team will coordinate mental health functions • Provide a liaison to the EOC if requested • Provides counseling for emergency responders and other staff as deemed necessary • Arrange counseling services to the general public • Provide medically trained personnel, if available, at mass prophylaxis clinics

HEALTH DEPARTMENT ACTIVITIES

In 2005, the World Health Organization (WHO) began monitoring the activity of a virus (H5N1 influenza) that was known to cause illness and death in birds. Because of the potential risk of the H5N1 virus evolving/mutating into a virulent human virus, WHO was prompted to define phases of a pandemic to provide a global framework to aid countries in pandemic preparedness and response planning. It was expected that response activities would be developed for each phase. It is likely that the evolution of any pandemic will be identified and declared by the federal government similarly to the phases described below.

Figure 6.1: WHO Pandemic Phase Table:

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The table which follows lists each “phase”, the “pandemic activities” level, a brief description of each “phase”, and additional information that may be helpful in understanding what is occurring in each phase. “Pandemic activities” levels are described in detail in “Implementing Instruction (II): Pandemic: Activities During Pandemic Phases”.

WHO PHASES (PANDEMIC ACTIVITY)	BRIEF DESCRIPTION	ADDITIONAL EXPLANATION
1 (PRE-PANDEMIC)	Predominantly Animal Infections	No viruses circulating among animals have been reported to cause infections in humans.
2	Predominantly Animal Infections with a few Human Infections	An animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and it is therefore considered a potential pandemic threat.
3 (NOVEL DISEASE ACTIVITY ALERT)	Predominantly Animal Infections with Several Human Infections, but No Sustained Human-to-Human Transmission	An animal or human-animal influenza re-assortment virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.
4 (PANDEMIC ALERT)	Sustained Human-to-Human Transmission	Characterized by verified human-to-human transmission of an animal or human-animal influenza re-assortment virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant

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WHO PHASES (PANDEMIC ACTIVITY)	BRIEF DESCRIPTION	ADDITIONAL EXPLANATION
		upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.
5 (PANDEMIC)	Wide Spread Human Infection within One WHO Region	Characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.
6	Wide Spread Human Infection Across more than One WHO region	Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5 . Designation of this phase will indicate that a global pandemic is under way.
POST PEAK PERIOD (SECOND WAVE)	Possibility of Recurrent Events	Pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave. Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.
POST-PANDEMIC (RECOVERY)	Disease Activity at Seasonal Levels.	Pandemic disease activity will have returned to levels normally seen. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

Crisis Communications and Public Education

- “Annex 3: Public Information and Warning” of the ERP will be utilized for the dissemination of public information and education, which will enable the public to prevent, protect against, respond to and recover from a pandemic.

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- The health department will collaborate with local partners in the EOC, regional Epidemiologists, and other health districts in the south central region as means to disseminate accurate and comparable messages.
- Public education will include, but is not limited to:
 - Personal prevention measures, such as: hand washing, cough etiquette, etc.;
 - Disease specific information, such as: signs & symptoms of the disease, incubation period, etc.;
 - How to care for yourself and family members;
 - When to seek medical care; and
 - Who is most at risk for complications.
- Public Information will include, but is not limited to:
 - Movement of the disease into or within the community;
 - Progress on vaccine development;
 - Prioritization of countermeasure dispensing; and
 - Location, date, and time of PODs.

Epidemiology and Surveillance

Information may be gathered in order to guide the response and to select strategies to mitigate morbidity and mortality. The “phase” of a potential pandemic disease outbreak may determine the intensity of activities that will be occurring. Most of the activities listed below are performed during Phase 1 (Pre-Pandemic), but are intensified as the disease activity moves through the “phases”:

- Monitoring data sites:
 - Ohio Disease Reporting System (ODRS);
 - Epidemiology (EPI) Center; and
 - National Retail Data Monitor (NRDM).
- Investigating unusual/unexpected deaths related to disease;
- Monitoring CDC and WHO sites for novel disease activities;
- Passive surveillance of absenteeism in schools, daycare, and long-term care facilities;
- Increased communications with county partners and other health departments in the south central region pertaining to novel disease activities;
- When the novel disease moves to a pandemic status, obtain specimens for lab testing from individuals with symptoms of the pandemic disease;
- Limited lab testing once pandemic disease confirmed in region; and
- Compiling, organizing, and completing data for analysis.

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See: "Annex 4: Epidemiologic Response" of the PCHD/SCHD ERP for additional details, as well as "Implementing Instruction (II): Pandemic: Activities During Pandemic Phases".

Community Containment/Limit Transmission

Containment strategies to slow the spread of disease may be limited by a short incubation period, a large proportion of asymptomatic infections, and/or non-specific nature of clinical illness from the pandemic disease. Strategies to limit transmission will depend upon:

- Observed mortality rate;
- Transmissibility;
- Characteristics of the affected population; and
- Other observed epidemiological characteristics of the pandemic disease.

Community containment strategies and their implementation are discussed in detail in Appendix 2: Community Containment.

Hand washing & "cover your cough" etiquette campaigns are the keystone to limiting the spread of any disease and will be especially important to implement before, during, and after a pandemic. These campaigns will likely be the focus of activities prior to the receipt and dispensing of any wide spread anti-microbials and/or development, receipt, and administration of vaccine.

Personal Protective Equipment (PPE), such as surgical masks have not been proven effective in the protection /prevention against disease for the "wearer", so the recommendation of wearing respiratory PPE for the general public will likely not be made. CDC (2009). "Interim Recommendations for Facemask and Respirator Use to Reduce 2009 Influenza A (H1N1) Virus": <http://www.cdc.gov/h1n1flu/masks.htm>.

Social Distancing is a community containment strategy that will likely be recommended. The severity of the pandemic disease will determine the extent of the recommendation.

Figure 6.2: Pandemic Severity Index

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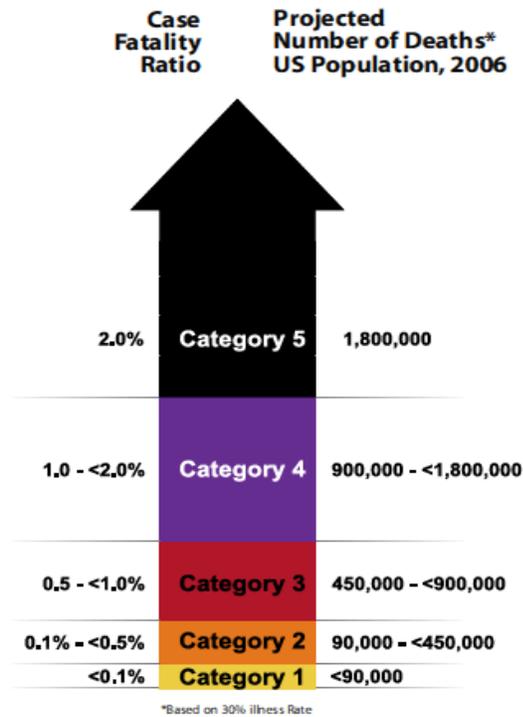


Figure 6.3: Social Distancing Recommendations by Pandemic Severity Index

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons † (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Medical Countermeasures

The Appendix 1: Medical Countermeasures will be utilized to detail pharmaceutical requests and delivery in the event of a pandemic. The Ohio Strategic Stockpile or the SNS may be a resource for medical

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countermeasures when local resources are depleted or predicted to be insufficient and normal replenishment supply lines are insufficient.

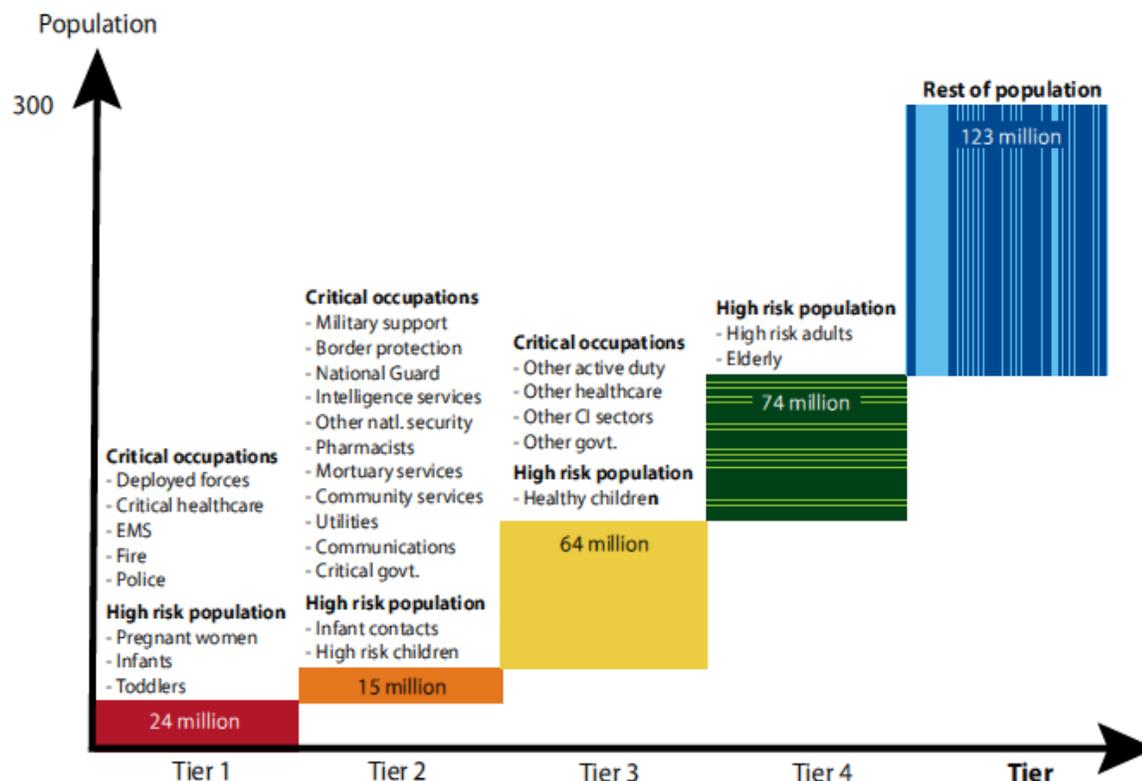
Distribution of Medical Countermeasures

The PCHD/SCHD may distribute medical countermeasures to agencies which are licensed to dispense pharmaceuticals, or have received authorization via a specific emergency declaration to dispense pharmaceuticals to a particular population, such as: hospitals, pharmacies, and/or closed POD sites. For details and guidelines, refer to: "Implementing Instruction (II): Dispensing: Countermeasure Distribution" for additional details.

Mass Dispensing (PODs)

PCHD/SCHD is not authorized to dispense prescription medications to individuals without an emergency declaration giving them authorization. The dispensing of medical countermeasures may be performed through the use of "Points of Dispensing" (PODs). Refer to "Appendix 1: Medical Countermeasures" in the ERP. Details for activating and setting up a POD can be found in "Implementing Instruction (II): Dispensing: Activation and Demobilization Process Checklist" and the POD Notebook for the site selected.

Figure 6.4: Prioritization Scheme for Distribution of Medical Countermeasures



ODH has established a protocol for the distribution of medical countermeasures. Unless the disease characteristics, the availability of the countermeasures, and/or ODH/CDC determine a need for a different dispensing priority, the above priority protocol will be followed.

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General Population Definitions & Rationale for Receipt of Countermeasures

Tier	Group	Definition	Rationale
1A	Pregnant Women	Women at any stage of pregnancy	Pregnant women are at high risk of severe complications or death from pandemic disease due to immunological, circulatory, & respiratory changes that occur during pregnancy; vaccinating the pregnant woman also may protect newborn infants due to passive transfer of maternal antibodies.
1B	Infants & toddlers, 6 – 35 months old	Infants & toddlers in the specified age group	Persons in this age group are at high risk of severe complications or death from pandemic disease, vaccination may require a lower dose than used to protect older children & adults; antiviral medications are not approved for use in children < 1 year old; public values prioritize children highest among groups defined by age & disease status.
2A	Household contacts of infants under 6 months old	Household contacts of infants under 6 months old	Infants under 6 months old cannot be directly protected by vaccine & antiviral drugs are not approved for this age group; therefore, protecting young infants by vaccinating household contacts is the best option; public values prioritize children among groups defined by age & disease status.
2B	Children 3 – 18 years old with a high risk medical condition.	Children in a specific age group with a specific medical condition that increases the risk of severe pandemic disease, including heart & lung diseases, metabolic disease, renal disease, & neuromuscular diseases that compromise respiratory function, as defined by ACIP recommendations for seasonal influenza vaccination.	Children with these conditions are at increased risk of severe complications or death from pandemic disease; public values prioritize children highest among groups defined by age & disease status.

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Tier	Group	Definition	Rationale
3	Children 3 – 18 years old without a high risk medical condition.	Children in the specified age group not included in above	Public values prioritize children highest among groups defined by age & disease status; vaccinating children may reduce transmission of pandemic disease to household contacts & in the community; if children are protected by vaccine, schools can re-open mitigating secondary adverse consequences of closing schools.
4	High risk persons 19 - 64	Adults in the specified age group with a specific medical condition that increases the risk of severe pandemic disease, including heart & lung diseases, metabolic disease, renal disease, & neuromuscular diseases that compromise respiratory function, as defined by ACIP recommendations for seasonal influenza.	Adults with these conditions are at high risk of severe complications or death from pandemic disease.
4	Persons over 65 years old	Elderly adults in the specified age group	Persons in this group are at high risk of severe complications or death from pandemic disease
5	Individuals without disabilities, 19 – 64 years old	Adults in the specified age group not included above.	Persons in this group lack age, health condition, & occupational rationales for priority pandemic vaccination

Documentation & Reporting

The Health Department will utilize the database programs available per CDC/ODH recommendation. See "Appendix 1: Medical Countermeasures" and "Implementing Instruction (II): Dispensing: Countermeasure Distribution" for additional details of documentation and reporting requirements.

Adverse Event Reporting

- Physicians and healthcare facilities are instructed to call the Health Department and to follow-up with the submission of the Vaccination Adverse Events Reporting Sheet (VAERS) form.
- The Epidemiologist and the Health Departments Infectious Disease control nurses will continue to provide education regarding adverse events.

Administered/Dispensed or Distributed Countermeasures

- The name, current address, allergies, and date of birth of each individual receiving a medical countermeasure will be recorded, filed,

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and maintained per the Medical Record Retention Policy of PCHD/SCHD Policy and Procedure Manual.

- Data entry of administered countermeasures may be completed by Public Health Nurses, Health Department Clerical staff, Hospital staff, and Volunteers (trained and utilize as needed) either in an electronic or "paper and pen" format.
- Countermeasure recipient's information may be done in an ODH/CDC prescribed database system, or a local managed database, if no State/Federal database is identified and available.
- The number of countermeasures administered/dispensed or distributed may be collected by an individual health district and shared with county partners, other health departments within the South Central Region, and/or ODH.

Receipt and Movement of Countermeasures

- Receipt and movement of countermeasures is outlined in "Appendix 1: Medical Countermeasures".
- Receipt, movement, and/or inventory of countermeasures information may be collected by an individual health department and shared with county partners, other health districts within the South Central Region, and/or ODH.

Surveillance Records

- Any records generated as a result of epidemiological surveillance and investigation will be maintained by the recording agency. Example: PCHD/SCHD will maintain any surveillance records collected by its staff; Southern Ohio Medical Center hospital will maintain any surveillance records collected by its staff; etc.
- Surveillance records may be either in an electronic or "paper and pen" format unless specified by ODH/CDC.

Memorandums of Understanding	
Southern Ohio Medical Center	Allows for any schools facilities to serve as dispensing site locations for mass prophylaxis/ vaccination. Closed POD

Implementing Instructions	Location
II: Pandemic:	
Activities During Pandemic Phases	Dropbox --> rph SCO region --> implementing instructions --> pandemic
Mitigation Strategy by Pandemic Severity	Dropbox --> rph SCO region --> implementing instructions --> pandemic
Alternate Tiering For Dispensing	Dropbox --> rph → SCO region --> implementing instructions>

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Implementing Instructions	Location
	pandemic
II: Contain:	
Decision Path for Infection Control Measures	Dropbox --> rph → SCORegion--> implementinginstructions --> containment
Response to a Suspected Smallpox Outbreak	Dropbox --> rph → SCORegion --> implementinginstructions --> containment
Quarantine & Isolation Agreement/Orders	Dropbox --> rph → SCORegion --> implementinginstructions --> containment
II: MCM:	
Countermeasure Distribution	Dropbox --> rph → SCORegion --> implementinginstructions --> dispensing
POD Notebook(s), Site Specific	ERC OFFICE

Reference	Location
ODH Infectious Disease Control Manual	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infectious-disease-control-manual/infectious-disease-control-manual
Annex 2: Interoperative Communications	ERC Office, bookshelf, A Drive
Annex 3: Public Information & Warning	ERC Office, bookshelf A Drive
Annex4: Epidemiological Response	ERC Office, bookshelf A Drive
Appendix 1: Medical Countermeasures	ERC Office, bookshelf A Drive
Appendix 2: Community Containment	ERC Office, bookshelf
CDC (2017). "Community Mitigation Guidelines to Prevent Pandemic Influenza"	https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm?s_cid=rr6601a1_w
CDC (2018): "Interim Updated Planning Guidance on Allocating & Targeting Pandemic Influenza Vaccine"	https://www.cdc.gov/flu/pandemic-resources/national-strategy/planning-guidance/index.html
CDC (2016). "Influenza: Influenza Risk Assessment Tool (IRAT)"	https://www.cdc.gov/flu/pandemic-resources/national-strategy/risk-assessment.htm#purpose
CDC (2009). "Interim Recommendations for Facemask and Respirator Use to Reduce 2009 Influenza A (H1N1) Virus"	http://www.cdc.gov/h1n1flu/masks.htm

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Reference	Location
(2009)	
CDC (2017). "Pandemic Influenza Plan"	https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf
CDC (2019). "Influenza (Flu)"	http://www.flu.gov/planning-preparedness/federal/index.html
US DHHS (2017). "HHS Pandemic Influenza Plan"	https://www.cdc.gov/flu/pandemic-resources/index.htm
CDC (2014). "Updated Preparedness and Response Framework for Influenza Pandemics". MMWR: 63(RR06);1-9	https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm
CDC (2017). "Community Mitigation Guidelines to Prevent Pandemic Influenza". MMWR Recomm Rep 2017;66(No. RR-1):1-34.	https://stacks.cdc.gov/view/cdc/44313
CDC (2018). "INTERIM UPDATED PLANNING GUIDANCE ON: Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic".	https://www.cdc.gov/flu/pandemic-resources/pdf/2018-influenza-guidance.pdf
"Pandemic Activities: Rural with Hospital"	Reference-Pandemic-ActivitiesRuralwithHospital
"Pandemic Activities: Rural without Hospital"	Reference-Pandemic-ActivitiesRuralwithoutHospital

SUMMARY OF CHANGES

Date of Review	Version	Change #	Summary of Change	Initials*
041516	2016	1	Reviewed for spelling, acronym definitions, & active links. Corrects made.	SCO-MD
		2	Reviewed for People-First language. Changes made.	SCO-MD
		3	Added "Typical Sequence..." section.	SCO-MD
041617	2017	1	Updated/verified hyperlinks to references	SCO-MD
		2	Added new reference document link.	SCO-MD
		3	Changed "distribution" to "dispensing"	SCO-MD
		4	Spelled out "HIV"	SCO-MD

Portsmouth City and Scioto County Health Department Emergency Response Plan

Date of Review	Version	Change #	Summary of Change	Initials*
		5	Spelled out "influenza", in place of "flu"	SCO-MD
051518	2018	1	Reformatted "Summary of Changes"	SCO-MD
		2	Verified hyperlinks	SCO-MD
		3	Changed implementing instructions titles, ie. "containment" became "contain" & "dispensing" became "MCM"	SCO-MD
		4	Reviewed for acronym definitions & spelling errors. Changes made as needed	SCO-MD
042319	2019	1	Removed the word "plan" from Annexes & Appendices referenced in this appendix	SCO-MD
		2	Verified hyperlinks as activate or updated	SCO-MD
		3	Acronym definitions, spelling, grammar reviewed	SCO-MD

* key for "Initials" column

SCO-MD SCO's health department PHEP Coordinators – Molly Davis,ERC

ATTACHMENT A: CRITICAL WORKFORCE

This attachment is a spreadsheet containing the agency name, positions/classifications considered critical workforce that would respond to a pandemic incident, as well as the location where the critical workforce individual will be administered vaccine.

END OF DOCUMENT.