BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer
DEPARTMENT OF HEALTH SERVICES

JONATHAN E. FIELDING, M.D., M.P.H.
Director of Public Health and Health Officer

313 North Figueroa Street, Room 909
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.lapublichealth.org

November 15, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: **PANDEMIC INFLUENZA PREPAREDNESS**

On October 18, 2005, the Board approved a motion by Supervisors Knabe and Molina, instructing the Director of Public Health to report back to the Board within 30 days with an assessment of the County's pandemic flu prevention and preparedness programs, in consultation and coordination with other experts and vital constituencies, including the Los Angeles County Office of Emergency Management, Emergency Medical Services Agency (EMS), County Hospital and Clinic operations, local schools of medicine and public health, medical and hospital associations, area chambers of commerce, the State Department of Health Services, the California Conference of Local Health Officers, the U.S Centers for Disease Control and Prevention (CDC), the Los Angeles County Office of Education and all school districts within Los Angeles County.

On November 1, 2005, the Board approved a motion by Supervisor Antonovich, directing the Department to include in its pandemic flu plan, an assessment of how to administer, coordinate and determine priorities regarding avian flu vaccination, once available.

This is the response to those motions and an update on pandemic influenza planning since our memo of October 7, 2005.

Background - Pandemic Influenza Preparedness and Planning

The importance of pandemic influenza planning and preparedness is underscored by the sustained presence of avian H5N1 in Southeast Asia since 1997 and the recognition of Severe Acute Respiratory Syndrome (SARS) in 2003. These events led the Department to enlist the assistance of clinicians and emergency department staff, infection control professionals, CDC Quarantine Station staff, university student health centers, and others in planning to monitor for and identify the agent in unusually severe or contagious respiratory illnesses.

In 2003 the World Health Organization upgraded the pandemic alert stage to phase 3 - human influenza infection with a new subtype, H5N1. Due to the year-round presence of H5N1 infection in fowl and, the small but growing number of humans exposed to sick fowl, our influenza surveillance systems are now activated year-round and clinicians must maintain a high index of suspicion.

Since then pandemic influenza preparedness and planning have been ongoing. The Pandemic Influenza Plan relies upon the All Hazards Plan to guide the response to the problems that would be encountered in any emergency. This format is in keeping with the state and federal governments' Pandemic Influenza Plans and provides the basis for coordinated and collaborative preparations and action by the Los Angeles County Department of Health Services (LAC DHS), the County's Office of Emergency Management, EMS, the state, and federal agencies, including the CDC. The Pandemic Influenza Plan provides guidance to handle the problems that are specific to pandemic influenza. It is important to understand that, in the event of pandemic influenza, our Plan will continue to evolve as new information emerges to shape the federal and state guidelines that have been incorporated into our Pandemic Influenza Plan.

Assessment of Pandemic Influenza Planning and Preparedness and Next Steps
LAC DHS is better prepared today for pandemic influenza than at any time in the past—and we are continually refining our preparedness through planning, exercises and drills to test the systems. We are working with many partner agencies that have roles in response to large disasters, such as law enforcement, healthcare providers and facilities, public utilities, and voluntary organizations, to identify potential problems and then work to resolve them. Since recognition of unusual respiratory illness occurs at the doctor-patient level, we are also regularly reminding clinicians to test patients accordingly and immediately report unusual cases or clusters of potentially novel communicable diseases. Our Public Health Laboratory (PHL) plays a vital role in the early detection and identification of respiratory infections and we have taken steps to increase its capacity to identify viral agents rapidly. The following are our more recent accomplishments:

1. ***Pandemic Influenza Plan Preparation and Revision***
   County Public Health staff participated on the CDC Pandemic Surveillance task force in 2001-2002 and helped to write the surveillance section of the National Pandemic Plan. Staff also participated in a review of the entire National Plan earlier this year in conjunction with the National Association of City and County Health Officials (NACCHO). The experience and extensive knowledge of the national plan has been instrumental in creating our County Pandemic Influenza Plan. In 2003 a full time pandemic planning position was funded in Acute Communicable Disease Control (ACDC) and planning activities began with healthcare partners. We have shared the All-Hazards Plan, a foundation of our Pandemic Influenza Plan, to the multiple stakeholders that attended the All-Hazards Planning meeting held on 15 March 2005.

   Assessment: Our plan is firmly based on the best available guidance for Pandemic Influenza and the core elements of the plan include:

   - Surveillance of influenza-like illnesses year-round;
   - Laboratory identification of circulating flu types/ strains of influenza;
   - A strengthened emergency response structure utilizing an Incident Command System;

- Communication messages in multiple languages addressing common concerns: respiratory hygiene, the role of influenza antiviral medications and vaccination, and other prevention strategies;
- Strategies to limit transmission, including emphasis on personal hygiene, as well as home self-isolation when ill, possible focused closure of schools and work places experiencing high incidence rates of influenza like illnesses, and possible community-wide suspension of large public gatherings;
- Plans to utilize hospital surge capacity—we have provided guidelines to hospitals and are working with Hospital Association of Southern California (HASC) and local hospitals to develop their preparedness and surge capacity plans, including triage centers and non-traditional sites of care;
- Vaccine delivery capabilities—when vaccine becomes available. Receipt, distribution and administration of available vaccine will be conducted using the Strategic National Stockpile plan and the points of distribution (PODs) model as outlined in the All-Hazards Plan. An exercise of our capacity for administration of mass vaccination through the POD model was conducted as part of our smallpox preparedness exercise on June 23, 2004. Priority groups for pandemic flu vaccination will be synchronized with federal Department of Health and Human Services (DHHS) and California State Department of Health Services recommendations. The federal priority list for receipt of pandemic influenza vaccines was published this month in the DHHS Pandemic Influenza Plan; and
- Antiviral acquisition and distribution capabilities will also be based on the Strategic National Stockpile Plan and POD or other models for distribution of medicines as outlined in the All-Hazards Plan. Priority groups for receipt of antiviral medicines will also be harmonized with federal and state guidelines for priorities. The federal priority list for receipt of antiviral medications in the setting of pandemic influenza was also published this month in the DHHS Pandemic Influenza Plan

Next Steps:

- We plan to have the Pandemic Influenza Plan reviewed by the Bioterrorism Advisory Committee during its next scheduled meeting.
- The federal government released new guidance for pandemic influenza planning on November 2, 2005 and a revised State plan should be released by year's end. As a result, our plan will need to be synchronized with the federal plan and the upcoming revision of the state plan. To that end, an internal Public Health Pandemic Influenza Preparedness Task Force has been established to achieve this work.

1) Surveillance and Lab Readiness

Assessment:

- Public Health conducts many routine and specialized surveillance activities to detect both standard and expected influenza viral strains as well as novel strains. One purpose of surveillance is to detect viral strains that are possibly different from the vaccine strains or that cause excess morbidity or mortality.
- Public Health has one half-time epidemiologist for influenza surveillance and has conducted various forms of influenza surveillance, including lab-based virologic surveillance, outbreak investigation, absenteeism in schools and businesses, and Pneumonia & Influenza death reporting.
- As of November 1, 2005, during this flu season, a total of four positive influenza cases have been identified from our sentinel physicians in Los Angeles County—no novel strains have been identified.

- The Public Health Laboratory is now capable and prepared to test and identify influenza A H5N1 viral samples.

Next Steps:

- When conditions warrant, epidemiology resources in ACDC will be reassigned to enhance surveillance capacity, as happened in the winter of 1997-98 and during the SARS situation of 2003.
- Public Health has notified Mosquito Abatement and Control Districts about the California Department of Food and Agriculture's (CDFA) poultry testing program. In the event that sentinel chickens flocks used for West Nile Virus (WNV) monitoring become ill or die unexpectedly, the chickens are to be tested for the presence of Avian Influenza.

2) **Vaccine and Antivirals**

Assessment:

- The current Pandemic Influenza Plan incorporates federal guidance on the use of vaccine and antivirals during a pandemic, including prioritizing specific groups. DHHS groups prioritized to receive vaccine in the first tier and listed in order of priority are:
  - Vaccine and antiviral manufacturers and others essential to manufacturing and critical support;
  - Medical workers and public health workers who are involved in direct patient contact, other support services essential for direct patient care, and vaccinators;
  - Persons >_ 65 years with 1 or more influenza high-risk conditions;
  - Persons 6 months to 64 years with 2 or more influenza high-risk conditions;
  - Persons 6 months or older with a history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year;
  - Pregnant women;
  - Household contacts of severely immuno-compromised persons who would not be vaccinated due to likely poor response to vaccine;
  - Household contacts of children <6 month olds;
  - Public health emergency response workers critical to pandemic response; and
  - Key government leaders.
- Vaccine will be be made available through federal distribution systems and the current plan will distribute vaccine according to the federal guidance.
- Public Health and EMS have coordinated ordering some Tamiflu for treatment in the event of a pandemic. However, availability of Tamiflu is currently limited. Even so, EMS has procured a small stockpile of 5,000 courses of Tamiflu and Public Health has ordered 5,000 courses.

Next Steps:

- LAC DHS PH and EMS are ordering another 5,000 courses of Tamiflu.

3) **Communications**

Critical to the success of our plan are informational activities and materials developed both for internal and external (the public and healthcare professionals) audiences.

Assessment:

- Public Health regularly participates in state and federal conference calls tracking pandemic and standard influenza
- Public Health staff attended professional conferences on pandemic planning
- *Educational presentations for Community Health Services' Area Health Officers and* Medical Directors, Emergency Medical staff, and LAC DHS PH Immunization Program staff were developed so that they may make presentations to local community groups on request
- Staff drafted an article for *Connections* (the LAC DHS staff monthly newsletter)
- The portion of the LAC DHS PH draft plan that pertains to acute care hospitals was distributed to infection control professionals to assist them in development of individual hospital plans.
- Our website resources were expanded (http://lapublichealth.org/acd/flu.htm)
- Handwashing and respiratory hygiene educational materials were posted on our website: (http://lapublichealth.org/acd/respitoryhygiene.htm, http://lapublichealth.org/acd/handwash.htm)
- Several announcements were disseminated via the Health Alert Network:
  - Avian Influenza Advisory (2/28/05)
  - Hospital survey on Pandemic Flu (6/21/05)
  - Hospital Pandemic Influenza Guidelines/Dispensing Vaccination Center Guidelines emailed to all 103 LAC Hospitals (8/22/05)
  - Update on Identifying and Reporting Suspect Avian Influenza Cases (11/1/05)
- An update on pandemic/avian influenza was presented to the DHS Health Leadership Board emphasizing the importance of the County and private hospitals in developing pandemic plans, especially in relationship to issues of surge capacity (11/10/05).
- Public communication objectives were developed by ACDC and are being made into specific messages by the Public Health Risk Communications team.
- An informational presentation for the Public Health Speaker's Bureau describing influenza including avian and pandemic influenza was developed (11/1/05).
- ACDC provided technical advice to the Los Angeles Unified School District in their preparations to advise parents about avian and pandemic influenza.(11/1/05).

Next Steps:

- Message maps need to be developed into specific messages and translated
- A method to quickly communicate changes in clinical guidelines and reporting to all healthcare providers is currently being developed.
- The SPAs are currently enlisting community liaisons in every community to be able to more effectively communicate pandemic preparedness and family preparedness messages.
- Methods to ensure that vulnerable populations within the County are able to receive appropriate attention during the pandemic are being developed.
- ACDC will provide technical assistance to LACOE in advising other school districts on preparations to advise parents about avian and pandemic influenza.

4) Hospital Surge Capacity

In 1997-98 there was a mismatch between the influenza vaccine and the influenza strain that predominated that winter. Several special studies were conducted to understand the problem and its consequences in hospitals and EMS. As a result, many hospitals developed overflow plans for handling high numbers of patients in their emergency departments.

Assessment:

- ACDC has conducted 2 surveys of hospitals to assess the status of their planning process.
- The number of those requiring hospital services may exceed our best estimates of hospital surge capacity.

Next Steps:

- A plan to use alternative settings for triage and care is being finalized and reviewed.
- Solutions to the logistical concerns of staffing and supplies are being sought.

5) Operational Preparation, Readiness and Response

The experience from Hurricane Katrina has demonstrated and underscored the need for good working relationships with all emergency responders. Exercises and drills are vital to ensure that all responders understand their respective roles and that good working relationships and communications exist through all agencies and at all levels of government.

Assessment:

- Public Health has conducted or participated in many exercises and drills for the all-hazards plan, including most recently a CDC pandemic flu exercise held at Los Angeles Airport (LAX) on October 20, 2005. As a result, working relationships and understanding of respective roles and responsibilities of Public Health, EMS, law enforcement, fire, and state and federal agencies were strengthened.
- Staff also participated in the following:
    - California Distance Learning Health Network – Public Health Preparedness/Pandemic Influenza
    - a tabletop exercise for the western states, sponsored by the Council of State and Territorial Epidemiologists and CDC, in Santa Fe, New Mexico, June 2005.

Next Steps:

- Public Health is planning a Pandemic Flu tabletop exercise in Spring 2006.

To strengthen our prevention and preparedness programs, Public Health and EMS continue to collaborate not only with the state and federal governments, but also with our partners, including the County Office of Emergency Management, LACMA and medical care practitioners, HASC and individual hospitals, schools of public health and medicine, businesses and chambers of commerce, the Los Angeles County Office of Education and school districts. These agencies and groups will continue to be vital to our preparations and will continue to participate in various aspects of our planning and preparedness.

If you have any questions or need additional information, please let either of us know.

TLG:JEF:sc
510:018

Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors