## STATE AND LOCAL PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist. It identifies important, specific activities you can do now to prepare. Many are specific to pandemic influenza, but a number also pertain to any public health emergency.

This checklist is based on the HHS Pandemic Influenza Plan, Public Health Guidance for State and Local Partners, but is not intended to set forth mandatory requirements. Each state and local jurisdiction should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own laws and procedures.

**Community Preparedness Leadership and Networking** [Preparedness Goal 1—Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.]

Completed	In Progress	Not Started		
			•	Establish a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community-based, and faith-based sectors, as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of the jurisdiction's operational pandemic plan.
			•	Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
			•	Within every state, clarify which activities will be performed at a state, local, or coordinated level, and indicate what role the state will have in providing guidance and assistance.
			•	Assure that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan established under Federal Emergency Support Function 8 (ESF8): Health and medical service and compliant with National Incident Management System.
			•	Address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries in the plan.
			•	Formalize agreements with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs.
			•	Ensure existence of a demographic profile of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.
			•	Address provision of psychosocial support services for the community, including patients and their families, and those affected by community containment procedures in the plan (see Supplement 11).



Completed	In Progress	Not Started			
			•	Test the communication operational plan that addresses the needs of targeted public, private sector, governmental, public health, medical, and emergency response audiences; identifies priority channels of communication; delineates the network of communication personnel, including lead spokespersons and persons trained in emergency risk communication; and links to other communication networks (see Supplement 10).	
			•	Identify for all stakeholders the legal authorities responsible for executing the operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.	
			•	Make clear to all stakeholders the process for requesting, coordinating, and approving requests for resources to state and federal agencies.	
			•	Create an Incident Command System for the pandemic plan based on the National Incident Management System and exercise this system along with other operational elements of the plan.	
			•	Assist in establishing and promoting community-based task forces that support healthcare institutions on a local or regional basis.	
			•	Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the pandemic influenza response plan.	
			•	Identify the state and local law enforcement personnel who will maintain public order and help implement control measures. Determine in advance what will constitute a "law enforcement" emergency and educate law enforcement officials so that they can pre-plan for their families to sustain themselves during the emergency.	
			•	Ensure that the plans are scalable, to the magnitude and severity of the pandemic and available resources. Revise as necessary.	
<b>Surveillance</b> [HHS Supplement 1. Preparedness Goal 3—Decrease the time needed to detect and report chemical, biological, or radiological agents in tissue, food, or environmental agents that cause threats to the public's health. Preparedness Goal 5—Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.]					
Completed	In Progress	Not Started			
			•	Conduct year-round traditional surveillance for seasonal influenza (e.g., virologic, outpatient visits, hospitalization, and mortality data), including electronic reporting.	
			•	Improve capacity for rapid identification of unusual influenza strains by working with federal partners to enhance laboratory-based monitoring of seasonal influenza subtypes, as described in Supplement 1 (Surveillance).	
			•	Develop and be prepared to implement enhanced surveillance once a pandemic is detected to ensure recognition of the first cases of pandemic virus infection in time to initiate appropriate containment protocols, and exercise regularly.	
			•	Link and routinely share influenza data from animal and human health surveillance systems.	
			•	Obtain and track information daily during a pandemic (coordinating with epidemiologic and medical personnel) on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases. Use these reports to determine priorities among community outreach and education efforts.	

				s [HHS Supplement 2. Preparedness Goal 3—Decrease the time needed to detect and all agents in tissue, food, or environmental agents that cause threats to the public's health.]
Completed	In Progress	Not Started		
			•	Institute surveillance for influenza-like illnesses (ILI) among laboratory personnel working with novel influenza viruses.
			•	Develop and test a plan for surge capacity of public health and clinical laboratories to meet the needs of the jurisdiction during a pandemic.
			•	Assess regularly the influenza diagnostic testing proficiency and adherence to biosafety containment and biomonitoring protocols.
			•	Inform frontline clinicians and laboratory personnel of protocols for safe specimen collection and testing, how and to whom a potential case of novel influenza should be reported, and the indications and mechanism for submitting specimens to referral laboratories (see Supplements 3, 4, 5).
				s [HHS Supplement 3. Preparedness Goal 6—Decrease the time needed to provide hose affected by threats to the public's health.]
Completed	In Progress	Not Started		
			•	Test the operational plan for the healthcare sector (as part of the overall plan) that addresses safe and effective 1) healthcare of persons with influenza during a pandemic, 2) the legal issues that can affect staffing and patient care, 3) continuity of services for other patients, 4) protection of the healthcare workforce, and 5) medical supply contingency plans.
			•	Ensure all components of the healthcare delivery network (e.g., hospitals, long-term care, home care, emergency care) are included in the operational plan and that the special needs of vulnerable and hard-to-reach patients are addressed.
			•	Ensure that plan provides for real-time situational awareness of patient visits, hospital bed and intensive care needs, medical supply needs, and medical staffing needs during a pandemic.
			•	Test the operational plan for surge capacity of healthcare services, workforce, and supplies to meet the needs of the jurisdiction during a pandemic.
			•	Test the plan provisions for mortuary services during a pandemic.
			•	Maintain a current roster of all active and formerly active healthcare personnel available for emergency healthcare services.
			•	Determine what constitutes a medical staffing emergency and exercise the operational plan to obtain appropriate credentials of volunteer healthcare personnel (including in-state, out-of-state, international, returning retired, and non-medical volunteers) to meet staffing needs during a pandemic.
			•	Ensure healthcare facilities in the jurisdiction have tested a plan for isolating and cohorting patients with known or suspected influenza, for training clinicians, and for supporting the needs for personal protective equipment.
			•	Ensure the healthcare facilities in the jurisdiction have tested an operational plan to initiate, support, and implement quarantine of potentially exposed healthcare personnel (see Supplements 4 and 5).

				nes [HHS Supplements 4 and 5. Preparedness Goal 6—Decrease the time needed to ance to those affected by threats to the public's health.]
Completed	In Progress	Not Started		
			•	Ensure the Health Alert Network in the jurisdiction reaches at least 80% of all practicing, licensed, frontline healthcare personnel and links via the communication network to other pandemic responders (see Supplements 3, 10).
			•	Craft messages to help educate healthcare providers about novel and pandemic influenza, and infection control and clinical guidelines, and the public about personal preparedness methods.
			•	Develop and test a plan (as part of the communication plan) to regularly update providers as the influenza pandemic unfolds.
			•	Ensure appropriate local health authorities have access to EPI-X and are trained in its use.
				oplement 6. Preparedness Goal 6—Decrease the time needed to provide hose affected by threats to the public's health.]
Completed	In Progress	Not Started		
			•	Work with healthcare partners and other stakeholders to develop state-based plans for vaccine distribution, use, and monitoring; and for communication of vaccine status.
			•	Exercise an operational plan that addresses the procurement, storage, security, distribution, and monitoring actions necessary (including vaccine safety) to ensure access to this product during a pandemic.
			•	Ensure the operational plan delineates procedures for tracking the number and priority of vaccine recipients, where and by whom vaccinations will be given, a distribution plan for ensuring that vaccine and necessary equipment and supplies are available at all points of distribution in the community, the security and logistical support for the points of distribution, and the training requirements for involved personnel.
			•	Address vaccine security issues, cold chain requirements, transport and storage issues, and biohazardous waste issues in the operational plan.
			•	Address the needs of vulnerable and hard-to-reach populations in the operational plan.
			•	Document with written agreements the commitments of participating personnel and organizations in the vaccination operational plan.
			•	Inform citizens in advance about where they will be vaccinated.
				IHS Supplement 7. Preparedness Goal 6—Decrease the time needed to provide hose affected by threats to the public's health.]
Completed	In Progress	Not Started		
			•	Develop state-based plans for distribution and use of antiviral drugs during a pandemic via the Strategic National Stockpile (SNS), as appropriate, to healthcare facilities that will administer them to priority groups. Establish methods for monitoring and investigating adverse events.
			•	Test the operational plan that addresses the procurement, storage, security, distribution, and monitoring actions necessary to assure access to these treatments during a pandemic.
			•	Ensure the jurisdiction has a contingency plan if unlicensed antiviral drugs administered under Investigational New Drug or Emergency Use Authorization provisions are needed.

		eparedness C to the public		6—Decrease the time needed to provide countermeasures and health guidance to ealth.]
Completed	In Progress	Not Started		
			•	Exercise the jurisdiction's operational plan to investigate and contain potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain.
			•	Exercise the jurisdiction's containment operational plan that delineates procedures for isolation and quarantine, the procedures and legal authorities for implementing and enforcing these containment measures (such as school closures, canceling public transportation, and other movement restrictions within, to, and from the jurisdiction) and the methods that will be used to support, service, and monitor those affected by these containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings.
			•	Ensure the jurisdiction has exercised the operational plan to implement various levels of movement restrictions within, to, and from the jurisdiction.
			•	Inform citizens in advance about what containment procedures may be used in the community.
		_		Supplement 10. Preparedness Goal 4—Improve the timeliness and accuracy of public's health.]
Completed	In Progress	Not Started		
			•	Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, exercise, and update of communications plans.
			•	Plan and coordinate emergency communication activities with private industry, education, and non-profit partners (e.g., local Red Cross chapters).
			•	Identify and train lead subject-specific spokespersons.
			•	Provide public health communications staff with training on risk communications for use during an influenza pandemic.
			•	Develop and maintain up-to-date communications contacts of key stakeholders and exercise the plan to provide regular updates as the influenza pandemic unfolds.
			•	Implement and maintain, as appropriate, community resources, such as hotlines and Web site, to respond to local questions from the public and professional groups.
			•	Ensure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
		•		nsiderations and Information Needs [HHS Supplement 11. Preparedness Goal 6—ntermeasures and health guidance to those affected by threats to the public's health.]
Completed	In Progress	Not Started		
			•	Develop a continuity of operations plan for essential health department services, including contingency planning for increasing the public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community's response plan.
			•	Ensure availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics. <i>continued</i>

Community Disease Control and Prevention (including managing travel-related risk of disease transmission) [HHS

Completed	In Progress	Not Started		
			•	Develop workforce resilience programs and ensure readiness to deploy to maximize responders' performance and personal resilience during a public health emergency.
			•	Assure the development of public health messages has included the expertise of behavioral health experts (see Supplement 10).