

CDC Forensic Epidemiology Case Study:

Strengthening the Coordination of Public Health and Law Enforcement during an Influenza Pandemic*

Objectives / Topics for Case Study

1. Develop a clear understanding of measures needed to ensure coordination between public health and law enforcement agencies, and between federal and state/local agencies, during the pre-event phase of an influenza pandemic.
2. Acquire knowledge about the coordination of public health and law enforcement in declared emergencies.
3. Understand the legal authorities of public health, law enforcement, and other agencies available for implementing pharmaceutical and non-pharmaceutical interventions in both declared and undeclared public health emergencies.
4. Recognize how implementation of selected interventions such as isolation, quarantine, restriction of movement, closure and cancellation of public places or events will be coordinated between public health and law enforcement agencies.
5. Develop a clear understanding of plans for ensuring continuity of operations between public health and law enforcement agencies during the event phase of an influenza pandemic.
6. Identify essential criteria and approaches for assessing agencies' preparedness for an influenza pandemic.
7. Identify basic personal protective measures and knowledge that will allow law enforcement personnel to function effectively in a pandemic setting

Background

Today is November 19. Within the past 2 weeks, the World Health Organization (WHO) has confirmed the isolation of a novel and highly virulent strain of influenza A (H5N1) from clinical specimens obtained from people on several continents. On November 16, the Centers for Disease Control and Prevention (CDC) confirmed the isolation of the same strain in three U.S. states.

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Question 1: What information will tribal, state, county, city, and other local public health and law enforcement agencies receive about an emerging disease threat, and what sources will provide this information?

Answers / discussion points: Public health agencies will receive information about the disease (pathogenicity, communicability, exposure routes, morbidity, mortality, a preliminary estimate of pandemic severity based on the Pandemic Severity Index (PSI) created by the CDC, and available treatment); information about the spread of the disease; guidance for media outreach and response messages; guidance on the efficacy of personal protective equipment (PPE); and recommendations concerning prevention, quarantine, and isolation. Public health agencies may receive information about a specific patient, especially if that can influence intervention plans or aid in their identification of case contacts. The WHO will communicate its information to the CDC. The CDC will be in communication with State health departments, and may be in communication with public health officials at the city or county level. State health officials will be expected to pass information received from the CDC down to their local jurisdictions.

State and local law enforcement agencies will be expected to review their legal authorities and roles concerning the quarantine and isolation of citizens, their pandemic response plans, and appropriate media response messages. While they will primarily be involved in maintaining public order, they may be involved in any mass vaccination planning, mass prevention intervention, voluntary or involuntary restriction on movement, and mass casualty planning, and they will need information to prepare for these events. Local police departments will probably receive continuous updates from their state police agencies and potentially from the DHS, in coordination with the CDC and state and local health departments.

Information for both groups and the public may also come from the media.

Question 2: What is the difference between “quarantine” and “isolation”?

Answers / discussion points: Both are non-pharmaceutical interventions used to prevent the spread of communicable diseases among populations. Isolation is the separation of ill persons from others and restriction of their movement to prevent the spread of disease. Quarantine is the separation from others and restriction of movement of people who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious.

Notification of Probable Influenza Pandemic

Today is November 19; so far, there are no reported cases of influenza in (this state). Following the CDC's announcement of the confirmation of pandemic influenza in the United States, the (this state) Communicable Disease Surveillance and Control Unit (CDSCU) fully activated its plan for intensified surveillance for influenza, including active daily surveillance for cases of influenza-like-illness (ILI) diagnosed in hospital emergency rooms, in outpatient facilities, and in health care providers' offices located throughout the state.

The CDC has reported the following preliminary findings from epidemiological investigations:

- The illness typically presents as classical influenza with abrupt onset of fever, malaise, muscle aches, cough, and runny nose.
- In approximately 10% of cases, the illness rapidly progresses to a primary viral pneumonia, acute respiratory distress syndrome, and death.
- At-risk populations include people in all age groups regardless of their previous health (i.e., includes otherwise healthy people, as well as those with pre-existing health conditions).
- The average incubation period (i.e., time from the patient's disease exposure to onset of initial symptoms) is approximately 36-48 hours.

No information is available yet regarding the effectiveness of an influenza vaccine administered to people before they become ill. Preliminary evaluation indicates that anti-viral agents (e.g., oseltamivir, zanamivir) administered both pre- and post-exposure are only partially effective in preventing or lessening the severity of illness.

Question 3: What limits are there on sharing disease-related information about patients between public health, law enforcement, corrections, and other agencies?

Answers / discussion points: Personal health information may always be shared by health care providers with public health authorities to prevent or reduce a serious and imminent threat to a person or to the public. Privileged patient medical information in the possession of a state or local health department is protected by federal, state, and local laws, including the federal Health Insurance Portability and Accountability Act (HIPAA), the federal Privacy Act, the federal Freedom of Information Act, and the federal Public Health Service Act. The authorities and limitations of State privacy and open records laws, as well as the authorities of state public health officials, vary by state.

Personal health information may always be disclosed to law enforcement officials (1) as required by law (including court orders, court-ordered warrants, and subpoenas) and administrative orders; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; (5) when the agency holding the information

believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime, or crime victims, and the perpetrator of the crime.

Once personal health information is lawfully obtained by either public health officials or law enforcement officials, each can share that information with the other in furtherance of the purpose for which the information was obtained.

November 20: Governor Convenes Meeting of the Pandemic Influenza Response Group

Overnight and early this morning (November 20), the (this state) CDSCU received reports of influenza-like illness among people visiting emergency rooms, urgent care facilities, and health care providers' offices located in the metropolitan area of (the State capital), but also in other parts of the state. The CDSCU immediately informed the State Health Director, who then, according to his State's pandemic preparedness plan, notified the Governor's office. Within a short time, the Governor convened the (this state) Pandemic Influenza Response Group.

The Governor opens the meeting by asking the CDSCU to provide an update on the status of ILI reported throughout the state and other relevant information. The CDSCU reports the following information, based on calls to local public health agencies and health-care facilities, as well as additional reports the CDSCU has received from the CDC and the Governor's office.

- Cases of ILI have been reported among a small number of people of all age groups who live in both city and suburban neighborhoods.
- A cluster of cases has occurred among residents and staff of one large long-term care facility within (the State capital). The long-term care facility is affiliated with two local hospitals that often accept transfers of patients from that facility.
- Clusters of cases have occurred among students, teachers, and staff at local middle and high schools throughout the area.
- A small cluster of cases has been reported among city bus drivers and other transit workers who attended an in-service training a few days earlier.
- A cluster of cases has occurred among inmates in a state prison located on the outskirts of the city.

Question 4: What would be the make up of your State's Pandemic Influenza Response Group?

Answers / discussion points: The State's Pandemic Influenza Response Group may include representatives from the state's homeland security council, state and local health departments, the attorney general's office, state and local law enforcement and public safety, state and local emergency management, the state National Guard, and state court officials.

November 20: Governor Considers Declaring a Public Health Emergency

Given this information about the unfolding threat of an influenza pandemic within the state, the Governor has asked members of the Pandemic Influenza Response Group to offer opinions on the merits of declaring a public health emergency.

Question 5: Under what legal authorities and criteria can a state public health emergency be declared, and who can make the declaration?

Answers / discussion points: Typically, state statutes establish the procedures through which a state or local public health emergency must be declared. Most often, the Governor declares the emergency with input from health officials. A state public health emergency may generally be characterized as an occurrence or imminent threat of an illness or health condition that: (1) is believed to be caused by bioterrorism or the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin; and (2) poses a high probability of any of the following harms: (a) a large number of deaths in the affected population; (b) a large number of cases of serious permanent or long-term disability in the affected population; or (c) widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

At the federal level, the Secretary of Health and Human Services can declare a Public Health Emergency under section 319 of the Public Health Service Act (42 U.S.C. 247d) if it is determined that significant outbreaks of infectious disease or bioterrorist attacks exist. This declaration authorizes the Secretary to “take such action as may be appropriate to respond to the public health emergency.”

The President can, at the request of a governor, declare an “emergency” under the Stafford Act, allowing the Federal Emergency Management Agency (FEMA) to direct any federal agency, using any federal resources and authority, to take action “in support of state and local emergency assistance efforts to save lives, protect property and the public health and safety, and lessen or avert the threat of catastrophe.” Stafford Act § 502(a) 42 U.S.C. § 5192(a).

The President can declare an emergency without the request of a governor if the situation involves an area that is the preeminent responsibility of the United States such as national defense.

Question 6: Following the declaration of a public health emergency, what are the effects on public health and law enforcement operations and coordination in response to the emergency?

Answers / discussion points: Public health officials generally can exercise principal health authority to control communicable disease without “declaring” a public health emergency. They have the ability to order quarantine or isolation, issue travel restrictions, conduct contact tracing, and give inoculations or medical examinations. Law enforcement is required to enforce the quarantine or isolation orders. On the other hand, for emergency management, a declaration is critical to “turn on” emergency authorities.

In each state, the declaration of a public health emergency will allow State officials to utilize fully those “police powers” inherent in the State’s authority to protect public health and safety. State statutes generally provide powers for mandatory immunization, testing, treatment, and isolation or quarantine, although these are subject to constitutional and statutory procedural protections.

Although privacy rules apply before, during, and after a public health emergency, it should be noted that the Federal Privacy Rule recognizes that public officials will need protected health information to deal effectively with bioterrorism threats or pandemic emergencies. To facilitate the communications that are essential to a quick and effective response to such events, the Federal Privacy Rule permits covered entities to disclose needed information to public officials in a variety of ways. Covered entities may disclose protected health information, without the individual's authorization, to a public health authority acting as authorized by law in response to a bioterrorism threat or public health emergency (see 45 CFR 164.512(b), public health activities). The Federal Privacy Rule also permits a covered entity to disclose protected health information to public officials who are reasonably able to prevent or lessen a serious and imminent threat to public health or safety related to bioterrorism (see 45 CFR 164.512(j), to avert a serious threat to health or safety). In addition, disclosure of protected health information, without the individual's authorization, is permitted where the circumstances of the emergency implicates law enforcement activities (see 45 CFR 164.512(f)); national security and intelligence activities (see 45 CFR 164.512(k) (2)); or judicial and administrative proceedings (see 45 CFR 164.512(e)).

November 20: Governor Requests A Review of Legal Authorities for Interventions

As part of the Pandemic Influenza Response Group’s deliberations, the Governor is asking the Attorney General and the legal counsel for key agencies – including public health, law enforcement, and emergency management – to confirm legal authorities for intervention measures. The intervention measures that the Governor is considering include non-pharmaceutical interventions (NPIs) such as isolation (separation or movement restriction of ill people), quarantine (separation or movement restriction of exposed people), a general restriction of movement, and closure or cancellation of public places and events. The questions posed by the Governor include the following:

Question 7: What legal authorities authorize and empower public health agencies to implement NPIs during an influenza pandemic?

Answers / discussion points: A state's authority to compel isolation and quarantine within its borders is derived from its inherent "police power," which is the authority of a state government to enact laws and regulations to safeguard the health, safety, and welfare of its citizens. Because of this authority, the states are responsible for intrastate isolation and quarantine practices, and they conduct their activities in accordance with their respective statutes. Most state statutes provide health directors the authority to implement control measures to manage communicable disease and prevent the spread of the disease. These may include: 1) the authority to require submission to examinations and tests; 2) quarantine and isolation authority; and 3) subject to some limitations and other considerations, the right of entry upon the premises of any place where entry is necessary to enforce the provisions of public health laws. When an infectious disease is confined to a specific locale, the authority for quarantine usually rests with local or state public health officials. The authority is generally relinquished to the state when the event affects more than a single community or has the potential to spread across jurisdictional boundaries within the state (Barbera et. al, 2001).

The federal government has the authority to order quarantine when presented with the risk of transmission of infectious disease across state lines or from foreign countries. Legislation specifies that the list of diseases for which people may be federally quarantined be established in a Presidential Executive Order. The CDC is the federal agency within the U.S. Department of Health and Human Services that generally manages specific federal quarantine events. Such management includes the coordination of federal assistance from other agencies in support of federal, state, or local authorities. Some states may have legislation on the locations where isolation and quarantine should take place. Isolation of individuals in need of medical care might optimally be done at a medical facility. Quarantine may be carried out at a medical facility, detention center, home, or (in some states) other places of an individual's choice. Quarantine should be achieved by the least restrictive means necessary.

Question 8: How is the use of legal authorities of public health and public safety agencies coordinated between agencies and between federal and state agencies?

Answers / discussion points: Federal and state emergency plans will identify what tasks are to be performed by specific Federal and State agencies and under what statutory authority. Where authorities overlap, or where more than one authority will be required to address a public health emergency, Executive Orders and Memorandums of Understanding/Agreement (MOUs or MOAs) can be utilized. For example, state or local laws may prescribe how assistance is to be sought, as well as whether a public safety agency is authorized to enforce a non-

voluntary quarantine or isolation order, absent judicial approval in cases of noncompliance. In addition, Joint Command or other centers may be established during an emergency to coordinate operations between agencies.

Question 9: What are the potential limitations on the capacity of public health and law enforcement agencies to exercise legal authority to implement NPIs during an influenza pandemic?

Answers / discussion points: Generally, use of NPIs is subject to constitutional and statutory procedural protections, which state that measures must be reasonable (i.e., a quarantine cannot be more restrictive than necessary to achieve its purpose), preserve a person's right to due process (14th Amendment), not infringe on a person's freedom of religion, and be applied equitably. Additionally, governments may be required to provide those persons placed under quarantine or in isolation with reasonable amenities (e.g., adequate food, shelter and medical care). In providing food, shelter, and medical care, governments also have to consider the needs of special populations and may be limited by the severity of the outbreak. Also, practical limitations may prevent the full use of statutorily available NPIs, including policy decisions, non-cooperation or resistance from the public (and unwillingness to use deadly force to protect public health), misinformation, and lack of sufficient personnel.

November 20: Governor Requests Review of Plans for Continuity of Coordination

The Governor now asks her staff and members of the Pandemic Influenza Response Group to create a list of social events planned throughout the state for the next week. These include:

- Statewide pre-Thanksgiving school events planned for this year to commemorate new historical discoveries about the first Thanksgiving.
- Traditional family and social Thanksgiving gatherings.
- A sold-out Thanksgiving Day basketball game to be played in an arena in the city.
- The opening of a new, nationally hyped film the day after Thanksgiving.
- Kickoff of the traditional post-Thanksgiving holiday shopping season.

Anticipating the urgent need for implementation of NPIs and other significant community safety measures, regardless of whether a public health emergency is declared, the Governor requests an update on the status of agencies' operations plans. Pre-event efforts to ensure continuity of coordination between public health and law enforcement agencies and the courts are key points of discussion.

Question 10: What should public health agencies include in their operations plans to ensure sufficient staff and other resources needed to implement control measures?

Answers / discussion points: Key elements include: 1) deciding on the lead agency for coordinating the maintenance of essential services during a pandemic; 2) planning inter- and intra-agency collaborations, including a good understanding of the local Incident Command Structure (ICS); 3) determining essential community services and the corresponding personnel whose reduction or absence would pose a serious threat to public safety; 4) identifying essential personnel and providing them with vaccination or antiviral drugs, if available and effective; 5) identifying auxiliary personnel who may be available to assist with maintenance of essential services during a pandemic (e.g., non-profit, civic, faith-based, or other voluntary organizations; other non-public health or non-public safety government employees for non-health-care related roles; government assistance in the form of epidemiologic assistance from the CDC, the Medical Reserve Corps, and Community Emergency Response Teams; and medical or nursing students for health-care assistance); 6) developing protocols for accepting and training volunteers and workers from these fields for defined essential service roles; and 7) establishing websites for up-to-date materials (e.g., www.pandemicflu.gov and www.cdc.gov/flu/) (WHO).

Question 11: What should law enforcement and other public safety agencies include in their plans to ensure sufficient staff and other necessary resources?

Answers / discussion points: Key elements include: 1) prioritizing missions and resourcing only those missions above a certain priority level during the public health emergency; 2) identifying additional missions that will be required because of the public health emergency and determining where those missions fall within the priority list; 3) determining the availability of resources each organization may depend on; 4) cross training for each position (i.e., using the concept of “three deep” per job to take into account absences) and describing the organizational structure to be used during a public health emergency; 5) implementing testing, NPIs, and use of antivirals among personnel; 6) providing resources for families of personnel; and 7) coordinating with public health.

Question 12: What steps should the courts take to ensure continuity of operations during an influenza pandemic?

Answers / discussion points: Key elements include: 1) determining the capacity for remote work (i.e., teleconferencing); 2) developing contingency plans for operation with a reduced workforce; 3) identifying and prioritizing mission-critical functions; 4) consulting with public health officials; 5) ensuring coordination among agencies not usually involved with court emergency planning; 6) engaging in desktop exercises, and 7) increasing biosafety levels available in court rooms (i.e., by reducing contact using personal protective equipment [PPE] or partitions). Courts should also review substantive and due-process issues, specifically those relating to quarantine and isolation orders, and consider development of judicial benchbooks for public health emergencies.

Question 13: How have public health and law enforcement agencies and the courts in your community coordinated with each other in the pre-event phase to ensure continuity of operations and effective interactions during an influenza pandemic?

Answers / discussion points: Jurisdictions can consider the creation of standing, joint public health / law enforcement working groups; development of MOUs containing governing legal authorities, operational principles, and specification of responsibilities; and development of protocols for coordinated response activities.

Question 14: How should public health and law enforcement agencies communicate and cooperate with the media during a public health emergency? What are the key messages to convey?

Answers / discussion points: A good way to communicate with the media is through a Joint Information Center (JIC). The JIC should conduct a joint press conference that conveys a unified message, with representatives from law enforcement and public health agencies, as well as any other key agencies (local government, emergency management, etc.) with critical information that needs to be shared with the public. Key messages include where to report any suspected cases of influenza, personal infection control practices (e.g., hand washing, respiratory etiquette), and updates on the epidemiological investigations and what is known concerning human-to-human transmissibility and advice on when to seek medical care. It is important that communications be regular, factual, honest, and proactive, and they should be provided throughout the emergency. Law enforcement and public health agencies may also consider setting up a hotline to respond to public inquiries.

November 21: Addressing Arriving Passengers and Crew at Airport

(Note: optional section if not considered highly relevant to jurisdiction)

As of November 21, the Governor still has not declared a public health emergency in (this state). However, near the conclusion of the Response Group's afternoon meeting, the Governor is interrupted to receive the following urgent message: the CDC Quarantine Station located at the nearby international airport has just communicated that the captains of two inbound transoceanic flights have radioed ahead to report that several passengers and crew aboard each plane have experienced acute onset of fever and respiratory tract symptoms while on the flight. Both flights have been airborne for more than 12 hours and both originated in countries where H5N1 has been isolated among residents. Both captains have conveyed information suggesting that some apparently well passengers are panicking and disorderly, and they may attempt to flee the airport immediately upon arrival. The international airport is situated near a major metropolitan area, but straddles areas in two counties and three separately incorporated municipalities.

Discussions among members of the Pandemic Influenza Response Group about this development

highlight the need for implementing control measures for passengers and crew on incoming flights, and preserving operations and public order in the airport at large. The Governor's advisors recommend that both public health and law enforcement staff should be ordered to the airport to address this situation, which will also be covered by the media.

There are two federal air marshals on board one of the flights. Cabin crew members have asked the marshals to help control the passengers.

Question 15: What measures might be directed toward the ill passengers and crew to protect other people on board?

Answers / discussion points: Those who are ill should be separated from others by 6 feet, wear a paper or gauze surgical mask if they can tolerate it, and cover their nose and mouth when coughing. In addition, caregivers should wear masks if ill people cannot tolerate wearing masks and should wear disposable gloves for direct contact with blood or body fluids. **However, gloves are not intended to replace proper hand hygiene.** Immediately after activities involving contact with body fluids, gloves should be carefully removed and discarded and hands should be thoroughly cleaned. Gloves should not be washed or reused.

Question 16: At the airport, which sector – public health or law enforcement – will meet the arriving flights and what will their duties be?

Answers / discussion points: Public health authorities will take charge on-site with assistance from law enforcement to maintain order. Public health authorities will implement control measures, and will interview and evaluate passengers. Law enforcement authorities will assist in enforcing quarantine or isolation, maintain order, and assist in transporting passengers to isolated areas. A unified command structure may need to be put in place with public health, law enforcement, and other important personnel, including emergency medical services (EMS), and Federal customs and immigration officials from the Department of Homeland Security. The State public health agency (local) and the CDC (international) have the authority to issue isolation and/or quarantine orders.

All ports of entry with a CDC quarantine station are developing communicable disease response plans. Because these plans may differ substantially among airports, public health and law enforcement agencies should contact the relevant quarantine station for details. Airport Operations will most likely divert plane(s) with ILI passengers away from the terminal to a remote field location where security personnel can better isolate the plane. Depending on the specific airport's advance plan, the aircraft might also be parked at a gate with inside space where passengers can be held temporarily while an ill passenger's diagnosis is confirmed (time range: 6 to 12 hours or more).

Further questions that might be posed to participants: Who will determine

whether state or federal isolation or quarantine orders will be issued? Who will be in charge of the unified command? Who will be in charge of decontaminating the aircraft? What will happen to the passenger luggage and its contents? Will luggage handlers need special PPE? Who is going to pay for all this? Where will the passengers and crew be billeted? Will some passengers be allowed to leave for home quarantine? Will quarantined and isolated passengers be separated? How will family and personal privacy issues be addressed? Has your law enforcement agency participated in the development of communicable disease response plans at your international airport?

Question 17: What are potential areas of confusion in regard to which levels of government (i.e., federal, state, local) are in charge?

Answers / discussion points: The international airport straddles areas in two counties and three separately incorporated municipalities. It also includes what is essentially an international border in the federal inspection service area, where US Customs and Border Protection (CBP) officers allow passengers to enter the United States. The federal government has primary responsibility for preventing the introduction of communicable diseases from foreign countries into the United States, although the federal government may accept state and local assistance in the enforcement of federal quarantine regulations and may assist states and local officials in the control of communicable diseases. It is possible that federal, state, and local health authorities will have separate but concurrent legal quarantine power over aircraft passengers arriving at a large city airport.

Question 18: Which passengers who are exiting the aircraft might be contagious?

Answers / discussion points: Contagious passengers are those who are ill (have symptoms of influenza) and perhaps those who are late in their incubation period (i.e., infected and about to develop symptoms). Passengers who were exposed to ill people on the flight are very unlikely to be contagious when they leave the aircraft. The key point is that most of the passengers, even if they have been exposed or even infected during the flight, do not pose a threat to law enforcement personnel meeting the flight. Routine protective measures (e.g., maintaining some distance; washing hands; keeping hands out of nose, mouth, and eyes) should still be followed, but law enforcement personnel should not be anxious about working around these passengers.

November 23: Implementing NPIs in Different Settings

Throughout November 22 and 23, the (this state) CDSCU has received increasing reports of influenza-like illness from health-care providers throughout the state. Moreover, preliminary reports indicate that at least 10% of the people with cases of influenza-like illness have progressed rapidly to catastrophic respiratory distress. Lab results have confirmed that the

illness is caused by the influenza A (H5N1) virus. The Governor's Pandemic Influenza Response Group is now meeting daily. Based on this additional information about the apparent rapid spread of the pandemic strain, the Governor has declared a state of emergency, and members of the Response Group conclude that NPIs must be implemented immediately. Among the interventions now ordered by the Governor are:

- An advisory for people not to travel on Thanksgiving Day (Nov. 24) for family or social gatherings, and to undertake other travel only for emergencies.
- Cancellation of the Thanksgiving Day basketball game.
- Closure of shopping malls, movie theaters, restaurants, and other public venues for one week.
- Quarantine of all residents and staff of the large long-term care facility and the two hospitals that routinely receive patients from the facility.
- Group quarantine of all students, teachers, staff, and their immediate family members who attend or work at the middle and high schools reported to have experienced clusters of influenza-like illness.
- Group quarantine of all transit workers who attended in-service training within the previous week.

In addition, physicians at an Indian Health Service (IHS) clinic in the state report several cases of influenza in tribal members who live on the reservation where the clinic is located.

Question 19: Which agency or agencies will enforce NPIs such as mandatory quarantine and closures or cancellations?

Answers / discussion points: The agencies and officials responsible for enforcing the quarantine vary from state to state and in some cases they may be federal authorities. Memorandums of Understanding (MOUs) or other contingency plans and agreements outlined by the health department should give guidance. Most state statutes provide health directors the power to implement control measures to manage communicable diseases and prevent the spread of a disease, including limiting the freedom of a person for the period of communicability. While the health director may have the authority to implement control measures, law enforcement or the National Guard may be required to enforce some of them, such as quarantine and the right of entry.

Question 20: What level of force should be used to enforce a quarantine order?

Answers / discussion points: In many states, violation of a quarantine order constitutes a criminal misdemeanor, but some areas may not choose to use law enforcement to enforce quarantines, because leaky quarantines (i.e., less than 100% compliance) can still be somewhat effective during an outbreak.

Question 21: Which agencies would make and enforce quarantine orders for tribal members who live on tribal lands?

Answers / discussion points: Tribal laws and regulations are similar to those of states concerning promoting the health, safety, and welfare of tribal members. Tribes, like states, are sovereign entities with police power authority to enact their own disease control rules and regulations. Therefore, local health authorities are responsible for isolation and quarantine practices within tribal lands, in accordance with their respective laws. However, the Secretary of Health and Human Services, working through the CDC, has the authority to implement disease control measures on tribal lands if necessary (25 U.S.C. 198, 231; 42 U.S.C. 2001).

Question 22: Which agency should seek court orders for enforcement of NPIs and how will they obtain those court orders?

Answers / discussion points: Public health is the agency that should seek court orders, and practical provisions for obtaining orders should be included in pandemic response and operations plans.

Question 23: What are the roles of public health and law enforcement agencies in the delivery of food, medicine, and other essentials to families and individuals subject to quarantine or isolation?

Answers / discussion points: Some states may have legislation that establishes where isolation and quarantine should take place. Isolation of individuals in need of medical care optimally is done at a medical facility, and hence public health and medical personnel will be involved in the delivery of essentials. Quarantine may also be carried out at a detention center, home, or (in some states) other place of the individual's choosing. Regardless of where the quarantine takes place, the state should keep track of those in quarantine and communicate with them to determine mental status, medical condition, and need for essentials. While delivering essentials to those in quarantine or isolation is primarily a public health function, law enforcement personnel may be called upon to assist in these functions if the city or state does not have sufficient social services or public health personnel.

Question 24: What plans and approaches exist for providing personal protective equipment to public health and law enforcement professionals who will be in contact with community members while implementing NPIs during an influenza pandemic?

Answers / discussion points: OSHA has published guidelines for preparing workplaces for an influenza pandemic. In addition, the CDC has posted information regarding workplace planning. Plans for protection may include incorporating pandemic influenza into disaster planning scenarios, making PPE

available to people in the workplace and offering training on how to use it, developing a protocol for the management of people with possible pandemic influenza (such as maintaining a specified distance if PPE is not available), and providing a communication plan to inform staff about initiating use of PPE.

November 25: Coordination during Distribution of Vaccines and Anti-Virals

By November 25, the pandemic influenza strain has spread throughout the state, and some communities have reported violations of quarantine and other restrictions on movement ordered in those communities. On November 25, the decision is made to release (this state's) stockpile of anti-viral medications and vaccines. Determination of who will receive the medications and vaccines is based on membership in priority categories determined by the Pandemic Influenza Response Group. Distribution will be done at a limited number of designated health-care facilities throughout the state. Officials for some of these facilities report that they have already been required to use security personnel to turn away large numbers of apparently healthy people who have aggressively demanded medications, food, and care, and they anticipate further problems with crowd control.

Question 25: What staffing plans are there for rationing, security, and communication of messages about points of distribution?

Answers / discussion points: Answers will vary, but may include reference to pandemic response plans for drug and vaccine distribution and security. Each state has different rationing policies and designated tiers of people who will receive medication in order of ranking. Discussion should include rationing medications for families of key tier groups. Pre-arranged and/or private security may be available at hospitals and points of distribution. Highway patrol, federal marshals, and/or the National Guard may distribute pharmaceuticals to states, but any further assistance will have to be requested.

As the number of individuals in isolation or quarantine grows, public health and law enforcement agencies will have to depend on voluntary compliance, since personnel may not be available for enforcement of non-pharmaceutical interventions.

Epilogue: Assessing the Preparedness of Public Health and Law Enforcement Agencies

Question 26: In your community / jurisdiction, do all public health and law enforcement staff members possess a copy of the pandemic influenza plan? What steps have been taken and what trainings conducted to ensure that each has read and otherwise become familiar with the plan?

Answers / discussion points: Individual answers will vary.

Question 27: What are three to five priority measures to focus on in order to strengthen your jurisdiction's coordination between public health and law enforcement agencies in the response to pandemic influenza?

Answers / discussion points: Individual answers will vary, but possible aspects to work on before a disaster occurs include developing working groups that consist of law enforcement and public health personnel, meeting regularly, opening lines of communication, conducting basic cross-training in each other's disciplines, and understanding the authority that law enforcement and public health agencies have in a situation.

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