# Wood County Health Department

# Pandemic Influenza Preparedness and Response Plan April, 2006

### Table of Contents

Acronyms		3
Introduction		4
Purpose		5
Planning Assumptions		5
Plan Development and Maintenance		6
Phases of a Pandemic		8
Organization of the Pandemic Influenza Preparedness and Response Plan.		9
Pandemic Plan by Phase		11
I. Interpandemic Period		
Phase 1 and 2		11
II. Pandemic Alert Period		
Phase 3 and 4		12
Phase 5		15
III. Pandemic Period		
Phase 6		19
IV. Postpandemic Period		
End of the first pandemic wave		22
Second or later waves of the pandemic		24
End of the pandemic		24
Appendices		
A. Comparison of phases published by WHO in 1999 versus the prese	ent	
(2006)		25
B. Legal Authority		26
C. Essential Public Health Services		35
D. Key Activities by Sector and by Phase of Influenza Pandemic		36

### **Acronyms**

CDC Centers for Disease Control and Prevention

EOC Emergency Operations Center EM Emergency Management EMS Emergency Medical Services

DPH Wisconsin Division of Public Health

HAN Health Alert Network
ICS Incident Command System
ILI Influenza-like Illness

JPIC Joint Public Information Center LPHD Local Public Health Department

NIMS National Incident Management System

PHEP Public Health Emergency Plan PIO Public Information Officer PPE Personal Protective Equipment

NRODPH Northern Regional Office – Division of Public Health RECIN Regional Early Childhood Immunization Network

SNS Strategic National Stockpile
WIR Wisconsin Immunization Registry

2-1-1 A statewide telephone communications network for disseminating public

health information

### **Introduction**

A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in a very short time. It is difficult to predict when the next influenza pandemic will occur or how severe it will be. Wherever and whenever a pandemic starts, everyone around the world is at risk.

Influenza is a highly infectious viral illness. Influenza disease is characterized by the abrupt onset of fever, myalgia, sore throat, nonproductive cough and headache. The virus is spread through contact with droplets from the nose and throat of an infected person during coughing and sneezing. At least four pandemics of influenza occurred in the 19<sup>th</sup> century, and three occurred in the 20<sup>th</sup> century. The pandemic of "Spanish" influenza in 1918-1919 caused an estimated 21 million deaths worldwide.

The impact of an influenza pandemic on the healthcare system could be devastating. Based on projections using the Centers for Disease Control and Prevention's (CDC) FluAid software, between 40 and 100 million people could become clinically ill in the United States; 18 to 75 million could require outpatient care; 180,000 to 1.5 million persons could be hospitalized and between 64,000 and 440,000 people could die. The potential for high levels of morbidity and mortality as well as the significant disruption to society make planning for the next influenza pandemic imperative. The data in Tables 1 and 2 are based on estimates obtained using CDC's FluAid software and describe the possible range of health outcomes of an influenza pandemic in the United States, in Wisconsin, and in Wood County.

Table 1: Ranges of Estimated Morbidity and Mortality from Influenza if a Pandemic Were to Occur

Category	<b>United States</b>	Wisconsin	Wood County
Clinically Ill	40-100 million	780 thousand-1.8	11,333-26,444
		million	
Outpatient visits	18-75 million	320 thousand-1.4	4,778-20,144
		million	
Hospitalizations	180 thousand-1.5	3,000-27,000	54-410
	million		
Deaths	64-440 thousand	1,000-8,000	20-125

Table 2: Most Likely Distribution and Attack Rates of Influenza Morbidity (Inpatient & Outpatient) and Mortality in Wood County by Age Group

Health Outcome	Age Groups	Gross Attack Rates			
		15%	25%	35%	
Deaths:	0-18 years	4	7	10	
	19-64 years	26	43	60	
	65+ years	24	39	55	
Hospitalizations:	0-18 years	24	40	56	
	19-64 years	88	146	204	
	65+ years	64	107	150	
Outpatient Visits:	0-18 years	2,120	3,533	4,946	
	19-64 years	5,114	8,524	11,933	
	65+ years	1,399	2,332	3,265	

### Purpose

The purpose of the *Pandemic Influenza Preparedness and Response Plan* is to provide a guide for the Wood County Health Department on how to respond before, during, and after a pandemic situation. The Wood County Health Department's plan follows U.S. Department of Health and Human Services guidance for developing pandemic influenza response plans and is intended as a companion to the *Wisconsin Pandemic Influenza Preparedness Plan*. It is imperative to interpret the Wood County Health Department's plan in the context of the state and federal plans.

### **Planning Assumptions**

- Everyone will be affected to some extent by the influenza pandemic.
- The period of a pandemic influenza outbreak in a community will likely last from six to eight weeks. There may be more than one wave in a given community.
- The entire pandemic may last two to three years.
- The health impact of a pandemic event will be great:
  - An estimated 30% of persons may become ill in a major pandemic influenza wave.
  - The duration of illness for an uncomplicated case of influenza is five days.
  - Medical care services will likely be severely taxed or overwhelmed.
  - 10% or more of the workforce may be out of work due to illness at the peak of a major pandemic influenza wave. This estimate includes work loss while caring for oneself or for ill family members.
- Issues surrounding prophylaxis and treatment are complex:
  - The time from a candidate vaccine strain to the production of the first vaccine dosage could be six months or more.
  - Once vaccine is available, it may take five months to produce an adequate supply of vaccine for the entire U.S. population.
  - Two doses of vaccine administered 30 days apart may be required to develop immunity to a novel virus.
  - The federal government will purchase all influenza vaccine during a pandemic.
  - A six to eight week course of antivirals is recommended for prophylaxis; a five-day course is recommended for treatment.
- Local governments have the primary responsibility to provide public health, mental health and emergency medical services within their jurisdictions. State government will augment public health, mental health and emergency medical services that exceed the capabilities of the local government. The Federal Response Plan will support public health and medical activities as required by the State of Wisconsin in accordance with pre-established activation procedures.
- Plans for responding to pandemic influenza are based on existing command and control templates developed at the local, state and regional levels, and integrate with existing emergency plans, activities and inventories.

### Plan Development and Maintenance

The *Pandemic Influenza Preparedness and Response Plan* is a public health plan. The plan will be shared with other partners and stakeholders who may be asked to develop their own Pandemic Influenza plan that coordinates with the public health plan. An outline of potential roles/activities for partners is found in Appendix D. Checklists for certain partner organizations can also be found at <a href="https://www.pandemicflu.gov">www.pandemicflu.gov</a>. These partners and stakeholders include:

- The Health Department medical advisor
- Emergency Management (EM) Director
- Social Services Director
- Unified Services Director
- Representatives from St. Joseph's and Riverview Hospitals
- Board of Health
- County Board Chairperson
- Sheriff
- Police Chief(s)
- Fire Chief(s)
- Public Works
- Highway Commissioner
- Maintenance Director(s)
- Information Systems Director
- Register of Deeds
- Hospital Administrator(s)
- Emergency Room Medical Director(s)
- Clinic Administrator(s)
- Emergency Medical Services (EMS) Personnel
- Pharmaceutical Supplier(s)
- Local Pharmacists
- Red Cross
- Funeral Directors
- Coroner
- Large Industries or employers
- Aviation Authorities and others providing air support and transport
- Department of Agriculture
- Department of Natural Resources
- Veterinarian(s)
- School officials
- Faith-based and community organizations
- Medical offices and clinics
- Other partners and stakeholders

The National Incident Management System (NIMS) will be used to manage the response to pandemic influenza.

The Health Officer is responsible for plan maintenance. The plan will be reviewed annually and will be updated as needed. Updates will be based on the results of relevant exercises, updated information from the Division of Public Health (DPH) and/or CDC, and other sources as appropriate.

### **Phases of a Pandemic**

The World Health Organization (WHO) has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities for an influenza pandemic. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype that may lead to a pandemic.

Pandemic Phases	Public Health Goals
Interpandemic Period Phase 1 – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.	Strengthen influenza pandemic preparedness at all levels. Closely monitor human and animal surveillance data.
Phase 2 – No new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses substantial risk of human disease.	Minimize the risk of transmission of animal influenza virus to humans; detect and report such transmission rapidly if it occurs.
Pandemic Alert Period  Phase 3 – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.
Phase 4 – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.	Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.
Phase 5 – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Maximize efforts to contain or delay spread to possibly avert a pandemic, and to gain time to implement response measures.
Pandemic Period  Phase 6 – Pandemic is declared. Increased and sustained transmission in the general population.	Implement response measures including social distancing to minimize pandemic impacts.

### Organization of the Pandemic Influenza Preparedness and Response Plan

This plan is organized by phase. The recommended functions to perform during each phase are referenced within the following area of operation. The functions listed in each phase are supported by additional plans, including the Wisconsin Public Health Emergency Plan (PHEP).

### A. Command and Management

Existing command and control system structures should be applied to pandemic influenza. Plans need to delineate operational priorities and who will be responsible for making public health and health care decisions related to the response to pandemic influenza, who will be responsible for preparing and maintaining the state plan, who will be responsible for all major policy decisions, ensuring coordination among affected units, maintaining lists of key partners, and mobilizing additional resources.

### B. Surveillance, Investigation and Containment

Current surveillance systems should be enhanced prior to the start of a pandemic, to assure that the high demand for timely information in a pandemic can be met. Key questions to be answered by surveillance during a pandemic fall into two main categories: 1) detection of the novel strain, and 2) disease monitoring.

Please see the following sections of the PHEP for additional detail and guidance:

- Sections 8 Active Surveillance
- Section 9 Isolation
- Section 10 Quarantine and Homecare
- Section15 Laboratory Procedures

### C. Emergency Response

Emergency response refers to the maintenance of both critical health care services and non-health care community services. Many of the issues relevant to pandemic flu planning are already addressed in existing emergency response plans. The difference during a pandemic is the prolonged duration of the response, the anticipated absenteeism resulting from illness and the limited availability of non-human resources. This pandemic plan builds on existing local emergency plans. In addition, it more specifically addresses unique issues including surge capacity, identification of back-up personnel, maintenance of essential public services to protect the public's health and safety, utilization of overflow locations for inpatient and outpatient care, allocation of scarce non-human resources, planning protocols for triage to overflow locations and the availability of the material care necessary to support home health care services.

Please see the following sections of the PHEP for additional detail and guidance:

- Sections 19 Responder Workforce
- Section 21 Special Needs Populations
- Section 22 Residential Facilities

(May also reference both the Hospital and EMS Emergency Plans as well.)

#### **D.** Communication

Key activities include the preparation of materials and identifying channels of communication. CDC will make a number of materials available before and during an influenza pandemic, including: basic communication materials (such as question and answer sheets and fact sheets) on influenza, influenza vaccine, antiviral agents, and other relevant topics in various languages, and general preventive measures such as "do's and don'ts" for the general public. Public information referred to in this plan will be based on material and information from the CDC and DPH. These messages will be coordinated through a Joint Public Information Center (JPIC). Local communication will be provided by trained and credible spokespersons.

For additional detail and guidance please see:

- The Wood County Risk Communication Plan
- Section 25 Crisis Communications of the PHEP

### E. Vaccine

Vaccine serves as the central preventive strategy during a pandemic. The delivery of vaccine during the pandemic will contrast with annual influenza vaccine plans because the entire population will likely become the primary target.

Final decision regarding the degree of federal vaccine purchase in an epidemic may not be made until pandemic vaccine is being produced. Agencies should anticipate different possible funding scenarios including complete federal purchase and distribution to states, partial federal purchase with distribution to states, and minimal federal purchase (similar to the annual influenza vaccination program).

Influenza vaccine will continue to be administered by both the public and private sector during a pandemic. Initial supplies will be limited. As a result, vaccine should be administered based on prioritization of the population. Recommendations for priority groups for vaccine will be established at the national level. Once sufficient supplies are available, the method for administering vaccine will be based on the availability of infrastructure and resources within the public and private sector. Mass vaccination clinics are an option.

Please see the following for additional detail and guidance:

- PHEP Section 16 SNS
- PHEP Section 17 Mass Clinics
- Wood County Mass Clinic Plan

### **D.** Antiviral Medications

Antiviral medications can be used to control and prevent influenza during, but not limited to the period before vaccine is available. They are available for both prophylaxis and therapy. Existing production capacity for influenza antiviral drugs is less than would be needed to provide prophylaxis or treatment for the entire population. Recommendations for priority groups for antiviral use will be established at the national level. The state and local agencies will establish a process for reviewing these recommendations and revising as needed based on local factors.

The amantadanes, amantadine and rimantadine, are best suited for prophylaxis (preventive care) because of the high potential for viral resistance to emerge during treatment, the potential supply, and their cost. Neuraminidase inhibitors (oseltamivir and zanamivir) should be used for therapy because of the potential for viral resistance when adamantanes are used for therapy.

Please see the following section of the PHEP for additional detail and guidance:

• Section 16 SNS

### **Pandemic Plan by Phase**

### I. <u>Interpandemic Period - Phases 1 and 2</u>

No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. The circulating animal influenza virus subtype poses substantial risk of human disease.

### A. Command and Management

- ☐ Meet with appropriate partners and stakeholders and review all plans to assure congruence.
- □ Coordinate with bordering jurisdictions, including Northwoods Consortium member agencies, Northern Regional Office Division of Public Health (NRODPH), and DPH.
- □ Coordinate with local healthcare providers.

### B. Surveillance, Investigation and Containment

- □ Support state surveillance activities including Sentinel Clinician Surveillance and Laboratory Surveillance and other enhanced surveillance activities as recommended by DPH and/or CDC.
  - Monitor the Health Alert Network (www.han.wisc.edu)
- □ Adopt strategies to prevent spread of infection to the U.S. from affected areas (e.g., travel advisories or precautions, assessment of travelers from affected areas, etc) as recommended by the CDC and/or DPH.
- □ Monitor influenza activity throughout population groups.
  - See Appendix E: Contact Information for Large Businesses, Schools, Nursing Homes and Day Cares.

### C. Emergency Response

□ Normal operations.

### **D.** Communications

- ☐ If information is requested, refer to information and fact sheets prepared and made available from the CDC and/or DPH as the credible source of information.
  - www.cdc.gov/flu
  - www.han.wisc.edu
  - www.PandemicFlu.gov
  - www.dhfs.state.wi.us
- □ Emphasize annual influenza vaccine and the use of pneumococcal vaccine during the preparation phases of the pandemic.
- □ Identify and train a Public Information Officer (PIO) and back-up.
- Register community partners on the Wisconsin Health Alert Network (HAN).

### E. Vaccine

□ Hold annual meetings with healthcare providers to assess antiviral and vaccine 'in-hand' and 'ordered' to ensure adequate community supply.

### F. Antiviral Medication

□ Hold meetings as needed with healthcare providers and pharmacists to assess antiviral and vaccine 'in-hand' and 'ordered' to ensure adequate community supply.

### II. Pandemic Alert Period - Phases 3 and 4

Human infection(s) are occurring with a new subtype. There are small cluster(s) with limited human-to-human transmission. Spread is highly localized.

### A. Command and Management

- Meet with appropriate stakeholders including Emergency Management and Chief Elected Officials to develop Incident Command structure for an extended community response to pandemic influenza.
- Review legal authorities for pandemic response activities and limitations.

### • Appendix B or Part D: Legal References in the PHEP

□ In conjunction with DPH, receive updates, no less than weekly, from public health regional offices.

### • See Section 26: Integrated Communications of the PHEP

- □ Notify/update local government officials of pandemic status and potential need for additional resources.
- Meet with school personnel to develop a strategy for closing and re-opening of schools if necessary. Discuss methods for continuity of education through distance learning mechanisms or closed settings.
- □ Document expenses of pandemic response.
- □ Prepare to request partial activation of the local Emergency Operations Center.
- Continue to meet with appropriate partners and stakeholders and review the plans.
- □ *Continue* to coordinate with bordering jurisdictions including Northwoods Consortium member agencies, NRODPH, and DPH.
- □ *Continue* to coordinate with local healthcare providers.

### B. Surveillance, Investigation and Containment

- □ Initiate Influenza-like Illness (ILI) symptom surveillance with local community healthcare providers.
  - See Appendix F: Pandemic Influenza Surveillance
- ☐ If recommended by the state, add pandemic influenza to the list of diseases for which quarantine can be implemented.
  - Control of Communicable Diseases Manual 18th edition
  - Epinet Manual located on HAN (www.han.wisc.edu)
- □ Investigate the epidemiology of all early cases either originating in the US or that are imported into the country.
- □ The completeness and timeliness of reports from all participating laboratories and sentinel providers should be assessed, and non-reporters should be contacted to improve their performance as necessary.
- □ Monitor influenza activity throughout population groups.
  - See Appendix E: Contact Information for Large Businesses, Schools, Nursing Homes and Day Cares
- □ *Continue* to support state surveillance activities including Sentinel Clinician Surveillance and Laboratory Surveillance and other enhanced surveillance activities as recommended by DPH and/or CDC.
  - Monitor the Health Alert Network (www.han.wisc.edu)
- □ *Continue* to adopt strategies to prevent spread of infection to the US from affected areas (e.g., travel advisories or precautions, assessment of travelers from affected areas, etc.) as recommended by the CDC and/or DPH.

### C. Emergency Response

- □ Review and revise, as needed, plans for maintenance of critical health care and non-health care services during a pandemic.
  - See Appendix C: Essential Public Health Services
- □ Assess availability of personnel, supplies and materials for infection control and clinic care of infected patients should a pandemic occur. This includes:
  - Respirators (surgical and N95)
  - Gowns and gloves
  - Ventilators
  - Bed capacity
- □ Disseminate infection control guidelines to hospitals, long term care facilities and medical care providers.
  - Attachments 5-7 of the PHEP
- □ Educate health care providers through satellite broadcasts, webcasts, and other communication channels.
- □ Educate the public regarding prevention and detection of influenza.

### **D.** Communications

- □ Contact 2-1-1 representative.
  - Michelle Hartjes:

• Work: 211

Home:435-4278Cell: 451-1011

• Email: michelle@uwswc.org

- □ Enhance clinician awareness of the potential for a pandemic and the importance of diagnosis and viral identification for persons with influenza-like illness, especially from potentially affected areas.
- □ Educate officials, politicians, community leaders and the media about what information will and will not be available during a pandemic.
- ☐ Issue a media release describing the plan of action for Wood County.
- □ Refer to crisis communication plan to guide external communications.
  - See Section 25 and Appendix 5 of the PHEP
  - Risk Communications Plan
- □ Enhance access to information through websites and other communication channels.
- □ Monitor media coverage and address misinformation.
  - Contact our PIO Peter Kastenholz, Wood County Corporate Council
- □ Update HAN user profiles and Command Caller trees. Ensure appropriate stakeholders are registered on the HAN.
- □ *Continue*, if information is requested, to refer to information and fact sheets prepared and made available from the CDC and/or DPH as the credible source of information.
  - www.cdc.gov/flu
  - www.han.wisc.edu
  - www.PandemicFlu.gov
  - www.dhfs.state.wi.us
- □ *Continue* to emphasize annual influenza vaccine and the use of pneumococcal vaccine during the preparation phases of the pandemic.

### E. Vaccine

□ Assess capacity of health care and emergency response systems to meet vaccine needs in a pandemic.

- □ Confirm availability of facilities needed to distribute vaccine, including mass clinic sites.
  - Appendix 16 of the Mass Clinic Plan
- □ Meet with Law Enforcement to ensure the security of influenza vaccine during storage, delivery, and dispensing.
- □ Update the vaccine distribution plan prioritizing target groups, projected supply, and available human resources.
- □ Notify the medical community of the status of the vaccine distribution plan.
- □ Ensure human resources and logistics are in place to begin vaccinating and drug distribution, taking into account need for additional staff due to illness.

### • Mass Clinic Plan

□ Conduct training for relevant agencies and partner groups regarding vaccine delivery protocols and procedures.

### F. Antiviral Medication

- □ Notify the medical community of the status of the antiviral distribution plan.
- □ Update the anti-viral distribution plan prioritizing target groups, projected supply, and available human resources.
- □ Assess antiviral availability in the jurisdiction.

### II. Pandemic Alert Period - Phase 5

Large cluster(s) of human infection but human-to-human spread is localized; suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible.

### A. Command and Management

- ☐ Meet with appropriate partners and stakeholders to review the plans; activate as necessary.
- □ Administrative and Medical decision-makers during the pandemic:
  - > County Board Chairperson
  - Emergency Management Director
  - > Sheriff
  - Police Chief
  - Public Works/Highway Director
  - > Maintenance Director
  - Register of Deeds
  - Medical Advisor
  - > Health Officer
  - Board of Health Chairperson
  - Hospital Administrator(s)
  - > ER Medical Director(s)
  - Clinic Administrator(s)
  - > EMS Supervisor
  - Social Service Director
  - > Unified Services Director
  - Pharmaceutical Supplier(s)
  - Local Pharmacists
  - Red Cross
  - > Funeral Directors
  - > Coroner
  - > Large Industries or employers
  - > Aviation Authority and others providing air support and transport
  - > Department of Agriculture
  - > Department of Natural Resources
  - Veterinarian(s)
- □ Monitor staffing resources necessary to activate plan.
  - Appendix 20 Staffing Model in the Mass Clinic Plan
- Continue to review legal authorities for pandemic response activities and limitations.

### • Appendix B or Part D: Legal References in the PHEP

- □ *Continue* in conjunction with DPH to receive updates, no less than weekly, from public health regional offices.
- □ *Continue* to meet with school personnel to develop a strategy for closing and re-opening of schools if necessary.
- □ *Continue* to notify/update local government officials of pandemic status and potential need for additional resources.
- □ *Continue* to document expenses of pandemic response.
- □ *Continue* to coordinate with bordering jurisdictions including Northwoods Consortium member agencies, NRODPH, and DPH.
- □ *Continue* to coordinate with local healthcare providers.

### B. Surveillance, Investigation and Containment

- □ As directed by DPH, assess and fill gaps in US sentinel surveillance and reporting sources for viral isolates, morbidity and mortality.
- Reassess containment strategies such as isolation, quarantine, travel restrictions, etc.

### • See Isolation and Quarantine sections in PHEP

- Monitor health impacts including deaths and hospitalizations.
- □ Community impacts should be assessed by measuring absenteeism in schools and local businesses.
- □ Monitor disease and health outcomes.
- □ *Continue* to investigate the epidemiology of all early cases either originating in the US or that are imported into the country.
- □ *Continue* to assess the completeness and timeliness of reports from all participating laboratories and sentinel providers, and non-reporters should be contacted to improve their performance as necessary.
- □ *Continue* to maintain ILI symptom surveillance with local community healthcare providers

### • See Appendix F: Pandemic Influenza Surveillance

- Continue to support state surveillance activities including Sentinel Clinician Surveillance and Laboratory Surveillance and other enhanced surveillance activities as recommended by DPH and/or CDC
  - Monitor the Health Alert Network (www.han.wisc.edu)
- □ *Continue* to adopt strategies to prevent spread of infection to the US from affected areas (e.g., travel advisories or precautions, assessment of travelers from affected areas, etc.) as recommended by the CDC and/or DPH.
- □ *Continue* to monitor influenza activity throughout population groups
  - See Appendix E: Contact Information for Large Businesses, Schools, Nursing Homes and Day Cares

### C. Emergency Response

- □ Meet with Mental Health personnel to discuss crisis counseling plan.
- □ Review and revise plans for maintenance of critical health care and non-health care services during a pandemic

### • See Appendix C: Essential Public Health Services

- □ *Continue* to assess availability of personnel, supplies and materials for infection control and clinic care of infected patients should a pandemic occur.
- □ *Continue* to disseminate infection control guidelines to hospitals, long term care facilities and medical care providers.
- □ *Continue* to educate health care providers through satellite broadcasts, webcasts, and other communication channels.

### **D.** Communications

- □ Review 24/7 contact mechanisms of emergency response personnel in the county.
  - See Attachment 1 of the PHEP
  - Emergency Operations Plan
- □ Open Joint Public Information Center (JPIC) if needed.
- □ Activate information on 2-1-1.
- □ Activate hotline; update as necessary.
- □ PIO distributes information to the public through the JPIC.

- □ Update stakeholders and the media through regular briefings; coordinate with JPIC if opened.
- □ Review and modify messages and materials as needed.
- □ Coordinate communication plans with area hospital(s) and other partners through the JPIC.
- □ Conduct briefings with partners to determine new information to be relayed to public. This information should also be coordinated with DPH.
- □ *Continue* to enhance access to information through websites and other communication channels.
- □ *Continue* to monitor media coverage and address misinformation.
- □ Continue to refer to crisis communication plan to guide external communications
- □ *Continue*, if information is requested, to refer to information and fact sheets prepared and made available from the CDC and/or DPH as the credible source of information.

### E. Vaccine

- □ Assure availability of resources and personnel for vaccine distribution and administration.
- □ Update the vaccine distribution plan prioritizing target groups, projected supply, and available human resources.
- □ Notify the medical community of the status of the vaccine distribution plan.
- □ Contact the IPS distribution site to order vaccine for Wood County Health Department, Saint Joseph's Hospital, Riverview Hospital and Marshfield Clinic.
  - IPS Plan
- Ensure the security of influenza vaccine during storage and delivery when available.
  - Appendix 11 Security Plan in the Mass Clinic Plan
- □ Administer federally purchased vaccine to priority groups based on recommended strategies.
  - IPS Checklist
- □ *Continue* to arrange for facilities use, based on anticipated need.
  - Appendix 16 Facility Assessment of the Mass Clinic Plan
- □ *Continue* to ensure human resources and logistics are in place to begin vaccinating and drug distribution, taking into account need for additional staff due to illness.
- □ *Continue* to conduct training for relevant agencies and partner groups regarding vaccine delivery protocols and procedures.

### F. Antiviral

- □ Disseminate antiviral use guidelines to the medical community and conduct training for public health staff involved in antiviral distribution protocols and procedures.
- □ Purchase additional anti-viral drugs, as possible.
- □ Activate the antiviral drug distribution program, as needed.
- □ Implement data management system for antiviral distribution.
- □ Support delivery of antivirals to priority groups
  - Identify priority groups using IPS Checklist
  - Appendix 12 in Mass Clinic Plan
- □ *Continue* to assess antiviral availability in the jurisdiction.
- Continue to notify the medical community of the status of the antiviral distribution plan.
- □ *Continue* to modify the anti-viral distribution plan prioritizing target groups, projected supply, and available human resources.

### III. Pandemic Period - Phase 6

Pandemic is declared. Increased and sustained transmission in the general population.

### A. Command and Management

- □ Implement Incident Command. Public Health will be named the lead agency.
  - Wisconsin Act 186
- □ Activate county Emergency Operations Center.
- □ Activate the following facilities as needed:
  - Mass Clinic Sites (Public Health)
  - Mortuary Sites (Emergency Management)
  - Off site treatment facilities (Health Community)
  - Emergency Operations Center (Emergency Management)
  - Health Department Situational Room (Public Health)
- □ Monitor staffing resources needed to sustain plan.
- □ *Continue* to meet with appropriate partners and stakeholders to review the plans; activate as necessary.
- □ *Continue* in conjunction with the DPH to receive updates, no less than weekly, from public health regional offices.
- □ *Continue* to notify/update local government officials of pandemic status and potential need for additional resources.
- □ *Continue* to document expenses of pandemic response.
- □ *Continue* to coordinate with bordering jurisdictions, including Northwoods Consortium member agencies, NRODPH, and DPH.
- □ *Continue* to coordinate with local healthcare providers.

### B. Surveillance, Investigation and Containment

- □ Characterize epidemiology and evaluate response and control activities.
- ☐ If resources are available, follow-up and monitor isolation and quarantine cases. Educate patients regarding self-triage and monitoring.
- □ *Continue* to assess and fill gaps in US sentinel surveillance and reporting sources for viral isolates, morbidity and mortality, as directed by DPH.
- □ *Continue* to reassess containment strategies such as isolation, quarantine, travel restrictions, etc.
- □ *Continue* monitoring health impacts including deaths and hospitalizations.
- □ *Continue* to assess the community impact by measuring absenteeism in schools and local businesses.
- □ *Continue* to maintain ILI symptom surveillance with local community healthcare providers.

### • See Appendix F: Pandemic Influenza Surveillance

- □ *Continue* to support state surveillance activities including Sentinel Clinician Surveillance and Laboratory Surveillance and other enhanced surveillance activities as recommended by DPH and/or CDC.
  - Monitor the Health Alert Network (www.han.wisc.edu)
- □ *Continue* to monitor influenza activity throughout population groups
  - See Appendix E: Contact Information for Large Businesses, Schools, Nursing Homes and Day Cares

□ *Continue* to monitor disease, health outcomes, vaccination coverage and effectiveness, anti-viral resistance, and vaccine safety.

### C. Emergency Response

- □ Assure the hospital and EMS emergency plans are activated as necessary.
- □ Implement staffing plans for extended influenza response.
- □ Activate Mass Mortuary Plan as necessary. Considerations should be taken around disposal of bodies, transportation, off-site morgues, religious considerations, and PPE for morticians.

### • See Section 27: Mass Fatality Management in PHEP

- □ Coordinate with healthcare facilities to establish inpatient medical care in non-traditional facilities to provide hospital bed surge capacity.
- □ Provide adequate PPE to healthcare workers.
- □ Assess current antivirals/vaccine in county among all healthcare partners. Allocate resources appropriately.
- □ Offer crisis-counseling services.
- □ *Continue* to disseminate infection control guidelines to hospitals, long term care facilities and medical care providers.
- □ *Continue* to educate health care providers through satellite broadcasts, webcasts, and other communication channels.

#### **D.** Communications

- □ Conduct press conferences as needed.
- □ *Continue* to update information on 2-1-1.
- □ *Continue* to activate hotline; update as necessary.
- Continue having the PIO distribute information to the public through the JPIC.
- □ *Continue* to update stakeholders and the media through regular briefings; coordinate with JPIC if opened.
- □ *Continue* to review and modify messages and materials as needed.
- □ *Continue* to coordinate communication plans with area hospital(s) and other partners through the JPIC.
- □ *Continue* to conduct briefings with partners to determine new information to be relayed to public. This information should also be coordinated with DPH.
- □ *Continue* to enhance access to information through websites and other communication channels.
- □ *Continue* to monitor media coverage and address misinformation.
- Continue to refer to crisis communication plan to guide external communications.
- □ *Continue*, if information is requested, to refer to information and fact sheets prepared and made available from the CDC and/or DPH as the credible source of information.

### E. Vaccine

- □ Verify standing orders for influenza vaccination.
- □ Fully activate the vaccination distribution program.

### • IPS Plan

- □ Enter vaccine information into an immunization registry (WIR, RECIN).
- □ *Continue* to assure the security of influenza vaccine during storage and delivery when available.

### • Security Plan

□ *Continue* to administer federally purchased vaccine to priority groups based on recommended strategies.

### F. Antiviral

□ Distribute antiviral drug from the SNS for prophylaxis and therapy based on accepted strategies.

### • Mass Clinic Plan

- Disseminate antiviral use guidelines to the medical community and conduct training for public health staff involved in antiviral distribution protocols and procedures.
- □ *Continue* to purchase additional anti-viral drugs, as possible.
- □ *Continue* to fully activate the antiviral drug distribution program.
- □ *Continue* to implement data management system for antiviral distribution.
- □ *Continue* to support delivery of antivirals to priority groups.
- □ *Continue* to assess antiviral availability in the jurisdiction.

### IV. Postpandemic Period - End of first pandemic wave

The increase in outbreak activity in countries initially affected by the novel virus has stopped or reversed, but outbreaks continue elsewhere. A second wave is likely to occur 3-9 months after the initial epidemic wave.

### A. Command and Management

- Assess coordination during prior pandemic phases and revise plans, as needed.
- □ Determine additional resources and authorities that may be needed for subsequent pandemic waves.
- ☐ Meet with appropriate partners and stakeholders to review the plans; activate as necessary.
- □ *Continue* to monitor staffing resources necessary to sustain plan.
- □ *Continue* in conjunction with DPH to receive updates, no less than weekly, from public health regional offices.
- □ *Continue* to notify/update local government officials of pandemic status and potential need for additional resources.
- □ *Continue* to document expenses of pandemic response.
- □ *Continue* to coordinate with bordering jurisdictions including Northwoods Consortium member agencies, NRODPH, and DPH.
- □ *Continue* to coordinate with local healthcare providers.

### B. Surveillance, Investigation and Containment

- □ Assess surveillance during prior pandemic phases and revise plans, as needed.
- □ *Continue* to enhance surveillance to detect further waves.
- □ *Continue* to characterize epidemiology and evaluate response and control activities.
- □ *Continue* to maintain ILI symptom surveillance with local community healthcare providers.

### • See Appendix F: Pandemic Influenza Surveillance

- Continue to support state surveillance activities including Sentinel Clinician Surveillance and Laboratory Surveillance and other enhanced surveillance activities as recommended by DPH and/or CDC
- □ *Continue* to monitor influenza activity throughout population groups.
  - See Appendix F: Contact Information for Large Businesses, Schools, Nursing Homes and Day Cares
- □ *Continue* to monitor health impacts including deaths and hospitalizations.
- □ *Continue* to monitor disease, health outcomes, vaccination coverage and effectiveness, anti-viral resistance, and vaccine safety.

### C. Emergency Response

- □ Assess effectiveness of health care service delivery during pandemic phases and revise appropriate emergency plans as needed.
- □ *Continue* as needed to establish inpatient medical care in non-traditional facilities to provide hospital bed surge capacity.
- □ *Continue* to disseminate infection control guidelines to hospitals, long term care facilities and medical care providers.
- □ *Continue* to educate health care providers through satellite broadcasts, webcasts, and other communication channels.

### **D.** Communications

- □ Assess effectiveness of communications during prior pandemic phases and revise plans, as needed.
- □ *Continue* to update information on 2-1-1.
- □ *Continue* to activate hotline; update as necessary.
- □ *Continue* having the PIO distribute information to the public through the JPIC.
- □ *Continue* to update stakeholders and the media through regular briefings; coordinate with JPIC if opened.
- □ *Continue* to review and modify messages and materials as needed.
- □ *Continue* to coordinate communication plans with area hospital(s) and other partners through the JPIC.
- □ *Continue* to conduct briefings with partners to determine new information to be relayed to public. This information should also be coordinated with DPH.
- □ *Continue* to enhance access to information through websites and other communication channels.
- □ *Continue* to monitor media coverage and address misinformation.
- □ Continue to refer to crisis communication plan to guide external communications
- □ *Continue*, if information is requested, to refer to information and fact sheets prepared and made available from the CDC and/or DPH as the credible source of information.

### E. Vaccine

- □ Assess vaccine distribution and use during prior pandemic phases and revise plans, as needed.
- □ *Continue* to administer vaccine to persons not previously protected.
- □ *Continue* to fully activate the vaccination distribution program.
- □ *Continue* to enter vaccine information into WIR or RECIN.
- □ *Continue* to assure the security of influenza vaccine during storage and delivery when available.
- □ *Continue* to administer federally purchased vaccine to priority groups based on recommended strategies.

#### F. Antiviral

- □ Assess antiviral distribution and use during prior pandemic phases and revise plans, as necessary.
- □ *Continue* to distribute antiviral drug from the SNS for prophylaxis and therapy based on accepted strategies.
- □ *Continue* to disseminate antiviral use guidelines to the medical community and conduct training for public health staff involved in antiviral distribution protocols and procedures.
- □ Continue to purchase additional anti-viral drugs, as possible.
- □ *Continue* to fully activate the antiviral drug distribution program.
- □ *Continue* to implement data management system for antiviral distribution.
- □ *Continue* to support delivery of antivirals to priority groups.
- □ *Continue* to assess antiviral availability in the jurisdiction.

### IV. Postpandemic Period - Second or later waves of the pandemic

A second wave of outbreaks caused by the novel virus is expected to occur 3-9 months after the initial epidemic wave. Additional waves may also occur. Key activities at this phase include review of the pandemic response, phased return to normal operations; re-implement level 1, 2, 3 responses as needed and follow-up documentation and accounting.

### IV. Postpandemic Period - End of the pandemic

Pandemic has ended, likely two to three years after it began. Decreased susceptibility to the pandemic virus and continued changes in the influenza virus result in the end of the pandemic and return to the inter-pandemic phase. An official declaration will be made by the World Health Organization. Key activities at this phase include review of the pandemic response and incorporation of lessons learned into the pandemic influenza preparedness and response plan to guide planning activities for the next pandemic.

### A. Command and Management

- □ Convene partners and stakeholders to complete after action report.
- □ Incorporate recommended changes and lessons learned to the plan.
- □ *Continue* to document expenses of pandemic response.

### Appendix A

New Pandemic Phases (2006)	Additional National Subdivisions of New Phases
Interpandemic Period	Subdivisions of frew Fitages
Phase 1. No new influenza virus subtypes	
have been detected in humans. An influenza	
virus subtype that has caused human infection	
may be present in animals. If present in	
animals, the risk <sup>1</sup> of a human infection or	
disease is considered to be low.	
Phase 2. No new influenza virus subtypes	Affected or extensive travel/trade
have been detected in humans. However, a	links with affected
circulating animal influenza virus subtype	country.
poses a substantial risk of human disease.	
	Not affected.
Pandemic Alert Period	
<b>Phase 3</b> . Human infection(s) with a new	Affected or extensive travel/trade
subtype, but no human-to-human spread, or at	links with affected country.
most rare instances of spread to a close contact.	
	Not affected.
<b>Phase 4</b> . Small cluster(s) with limited human-	Affected or extensive travel/trade
to-human transmission but spread is highly	links with affected country.
localized, suggesting that the virus is not well	
adapted to humans <sup>2</sup> .	Not affected.
<b>Phase 5</b> . Larger cluster(s) but human-to-	Affected or extensive travel/trade
human spread still localized, suggesting that	links with affected country.
the virus is becoming increasingly better	
adapted to humans, but may not yet be fully	Not affected.
transmissible (substantial pandemic risk).	
Pandemic Period	N
<b>Phase 6.</b> Pandemic phase: increased and	Not yet affected.
sustained transmission in general population.	Affected on automoive travel/t
	Affected or extensive travel/trade
	links with affected country.
	Subsided.
	Next wave.
Postpandemic Period	TOME WATER
Return to interpandemic period.	Return to interpandemic period.

\_

<sup>&</sup>lt;sup>1</sup> The distinction between *phase 1* and *phase 2* is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include: pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localized or widespread; other information from the viral genome; and/or other scientific information.

<sup>&</sup>lt;sup>2</sup> The distinction between *phase 3*, *phase 4*, and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include: rate of transmission; geographical information and spread; severity of illness; presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and/or other scientific information.

### Appendix B Legal Authority

**Notice:** This document quotes and summarizes but does not interpret state code and regulation. Nothing in this document should be construed as providing legal counsel. Mass clinic planners may wish to consult their legal counsel for any such legal guidance. Also please note that throughout this document, the word "department" stands for the Wisconsin Department of Health and Family Services unless used as part of the phrase "local health department".

### I. State Statute and Code

### A. Department of Health and Family Services Powers and Duties as a Public Health Authority

The State of Wisconsin has wide-reaching legal powers in the event of a public health emergency. A selection of applicable rights and responsibilities- found in code and statute-is noted below.

### **General State Authority**

### S. 250.042 declares that if the

- (1) "governor declares a state of emergency related to public health under s. 166(1)(b)1 and designates the department as the lead state agency to respond to that emergency, the department shall act as the public health authority during the period of the state of emergency. The department shall ensure that the emergency operations during the state of emergency are conducted using the incident command system required under s. 166.03(2)(a)1. During the period of the state of emergency, the secretary may designate a local health department as an agent of the department and confer upon the local health department, acting under that agency, the powers and duties of the public health authority." (2) "As the public health authority, the department may do any of the following: Purchase, Store or Distribute
- (a) Purchase, store or distribute antitoxins, serums, vaccines, immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies that the department determines are advisable to control a public health emergency.

### **Patient Records**

(b) Act as specified in s. 252.041" This section about statewide immunization programs performed by the department requires "any person who immunizes an individual under this section shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of the immunization and the name and title of the person who immunized the individual. These records shall be available to the individual or, if the individual is a minor, to his or her parent, guardian or legal custodian upon request."

Furthermore, the department must also inform state residents of how to protect themselves from a public health emergency, what actions the public health authority is taking to control the emergency. The department must use "all available means" to convey this information including reasonable efforts to make information available to individuals with disabilities and provide the information in the primary languages of individuals who do not understand English.

### **B.** Investigation and Control of Communicable Diseases

### General Statement of Powers and Duties

### Department of Health and Family Services

In general, S. 250.04(2)(a) notes that "The department possesses all powers necessary to fulfill the duties prescribed in the statues and to bring action in the courts for the enforcement of public health statutes and rules."

### **Local Health Officers**

S. 252.03 states that every local health officer shall immediately investigate and report all circumstances of any communicable disease and "promptly take all measures necessary to prevent, suppress and control communicable diseases..."

### Specific Provisions, Local and State

Wisconsin Administrative Code 145 further details the powers and duties of local and state health officers in investigating and controlling communicable diseases:

### **Local Health Department Actions**

*HFS 145.05(1)* states that the "local health officer shall use all reasonable means to confirm in a timely manner any case or suspected case of a communicable disease and shall ascertain so far as possible all sources of infection and exposures to the infection. Follow-up and investigative information shall be completed by the local health officer and reported to the state epidemiologist on forms provided by the department."

### State and Local Health Department Actions

HFS 145.05(4) states that "The department, in cooperation with the local health officer shall institute special disease surveillances, follow-up reports and control measures consistent with contemporary epidemiological practice in order to study and control any apparent outbreak or unusual occurrence of communicable diseases."

### Education, Counseling, Examinations and Treatment

HFS 145.06(4) and 145.06(4)(a) notes that the following officials: the state health officer, any agent of the Department of Health and Family Services, any agent appointed by the Department, to whose attention it has come that "a person is known or suspected of having a contagious medical condition which poses a threat to others, the official may direct that person to comply with any of the following, singly or in combination as appropriate:

- (a) Participate in a designated program of education or counseling.
- (b) Participate in a defined program of treatment for the known or suspected condition.
- (c) Undergo examination and tests necessary to identify a disease, monitor its status or evaluate the effects of treatment on it."

### Specific Provisions, State

More specific actions that may be taken by the state are established in S. 250 and S. 252.02(1)-(6):

### Surveillance and Inspection

"establish systems of disease surveillance and inspection to ascertain the presence of any communicable disease."

### Location Access and Removal of Individuals

"enter any building, vessel or conveyance to inspect the same and remove there from any person affected by a communicable disease."

### Medical Aid

"In an emergency, may provide those sick with a communicable disease with medical aid and temporary hospital accommodation."

### Close/Prohibit Public Gatherings

"close schools and forbid public gatherings in schools, churches and other places to control outbreaks and epidemics."

### Establish/Enforce Rules

"promulgate and enforce rules or issue orders for guarding against the introduction of any communicable disease into the state, for the control and suppression of communicable diseases, for the quarantine and disinfection of persons, localities and things infected or suspected of being infected by a communicable disease and for the sanitary care of jails, state prisons, mental health institutions, schools, hotels and public buildings and connected premises."

### Issue Public Health Orders

"issue orders for any city, village or county by service upon the local health officer. Rules that are promulgated and orders that are issued under this subsection supersede conflicting or less stringent local regulations, orders or ordinances."

### Agency

"appoint an agent to execute its rules or orders."

### All Emergency Measures Necessary

"authorize and implement all emergency measures necessary to control communicable diseases."

### Mandatory medical examinations

S. 252.06(3) states that "If a local health officer suspects or is informed of the existence of any communicable disease, the officer shall at once investigate and make or cause such examinations to be made as are necessary."

### Procurement of medicines and vaccines

S.. 250.042(2)(a) As the public health authority, the department may (a)" Purchase, store, or distribute antitoxins, serums, vaccines, immunizing agent, antibiotics, and other pharmaceutical agents or medical supplies that the department determines are advisable to control a public health emergency."

### Compulsory Vaccination during a State of Emergency

- S. 252.041 states that except in situations where the department has been designated as the lead state agency and has promulgated rules (1) "that specify circumstances, if any, under which vaccination may be performed on an individual, that "the department, as the public health authority, may do all of the following as necessary to address a public health emergency:
- (a) Order any individual to receive a vaccination unless the vaccination is reasonable likely to lead to serious harm to the individual or unless the individual, for reasons of religion or conscience, refuses to obtain the vaccine.

(b) Isolate or quarantine, under *S* 252.06, any individual who is unable or unwilling for reasons specified under sub. (1) to receive vaccination under par.(a)."

### C. Collection of Records and Data

Wisconsin Administrative Code HFS 145 addresses a variety of recordkeeping issues specific to communicable diseases:

### Reporting of diseases, unusual clusters and suspicious events

HFS 145.04(1), Responsibility for Reporting, requires health care providers, laboratories, health care facilities, teachers principals or nurses serving a school or day care center, or any persons who knows or suspects a person of having a communicable disease to notify the local health officer.

### **Confidentiality of Reported Information**

HFS 145.04(2)(d) states that all such information reported "shall remain confidential except as may be needed for the purposes of investigation, control and prevention of communicable diseases."

### Combined Reporting of Information

*HFS 145.04(4)(c)* permits "Local health departments serving jurisdictions within the same county may, in conjunction with the department, establish a combined reporting system to expedite the reporting process."

### **DHFS and Local Health Department Collaboration**

Further, HFS 145.04(4)(c) declares that "The department in cooperation with the local health officer shall institute special disease surveillances, follow-up reports and control measures consistent with contemporary epidemiological practice in order to study and control any apparent outbreak or unusual occurrence of communicable diseases."

### Access to hospital and provider records

*Per S. 250.04(4)* the department "may use hospital emergency room and inpatient health care records, abstracts of these records and information the state or federal government collects to correlate exposure to certain occupational and high-risk environments with resulting acute or chronic health problems. If the department finds that an occupational health hazard exists, it shall disseminate its findings and promote efforts to educate employees and employers about the health hazard."

### Veterinary: Diseases Reported within One Day

Wisconsin Administrative Code, ATCP 10.02 addresses reportable diseases; general. (1) Diseases reported within one day. A veterinarian or diagnostic laboratory that diagnoses or finds evidence of any disease identified in Appendix A shall report that diagnosis or finding to the department in the manner provided under sub. (3), within one day after making the diagnosis or finding." Appendix A includes avian influenza and "Any disease that is foreign or exotic to Wisconsin."

### Reporting Potential Causes of Public Health Emergencies (Pharmacies)

Reporting requirements for Pharmacies may be found in S. 440.142:

(1) " A pharmacist or pharmacy shall report to the department of health and family services all of the following:

- (a) An unusual increase in the number of prescriptions dispensed or nonprescription drug products
- (2) sold for the treatment of medical conditions specified by the department of health and family services by rule under *S.* 252.02 (7);
  - (b) An unusual increase in the number of prescriptions dispensed that are antibiotic drugs.
  - (c) The dispensing of a prescription for treatment of a disease that is relatively uncommon or may be associated with bioterrorism, as defined  $S.\ 166.02(1)(r)$ ."
- (3)(a) Except as provided in par (b) a pharmacist or pharmacy may not report personally identifying information concerning an individual who is dispensed a prescription or who purchases a nonprescription drug product as specified in sub (1) (a), (b), or (c).
- (b) Upon request by the department, a pharmacist or pharmacy shall report to that department personally identifying information other than a social security number concerning an individual who is dispensed a prescription or who purchases a nonprescription drug product as specified in sub (1) (a), (b), or (c)." (subsections are noted above)

### D. Public Health Emergency Management

### Public Health Emergency, Defined

Per S. 166.02(7), "Public health emergency" means the occurrence or imminent threat of an illness or health condition that meets all of the following criteria:

- (a) Is believed to be caused by bioterrorism or a novel or previously controlled or eradicated biological agent.
- (b) Poses a high probability of any of the following:
  - 1. A large number of deaths or serious or long-term disabilities among humans.
  - 2. A high probability of widespread exposure to a biological, chemical or radiological agent that creates a significant risk of substantial or future harm to a large number of people."

### Role of the Public Health Council

S. 250.07(1m) provides that the public health council "shall monitor implementation of any document developed by the department under sub(1)(a) and shall advise the governor, the legislature, the department, and the public on progress in implementing the document and coordination of responses to public health emergencies."

### Powers and Duties of the Governor

### Declaration of a Public Health Emergency

Per S. 166.03(4)(b), "the governor may:

- (1.) Proclaim a state of emergency for the state or any portion of the state if he or she determines that an emergency resulting from enemy action or natural or man-made disaster exists. If the governor determines that a public health emergency exists, he or she may declare a state of emergency related to public health and may designate the department of health and family services as the lead state agency to respond to that emergency. The duration of such a state of emergency shall not exceed 60 days as to emergencies resulting from enemy action or 30 days as to emergencies resulting from natural or man-made disaster, unless either is extended by joint resolution of the legislature. A copy of the proclamation shall be filed with the secretary of state. The proclamation may be revoked at the discretion of either the governor by written order or the legislature by joint resolution.
- (2.) On behalf of the state, enter into mutual aid agreements concerning emergencies with other states."

And during a state of emergency:

- (4.) "declare priority of emergency management contracts over other contracts, allocate materials and facilities in his or her discretion, and take, use and destroy private property for emergency management purposes. Such taking, use or destruction shall be in the name of the state."
- (5.) "issue such orders as he or she deems necessary for the security of persons and property.
- (6.) "contract on behalf of the state with any person to provide equipment and services on a cost basis to be used in disaster relief.
- (7.) "related to public health, suspend the provisions of any administrative rule if the strict compliance with that rule would prevent, hinder or delay necessary actions to respond to the emergency and increase the health threat to the population."

### Mutual Aid

S.166.03(7)(a) Counties, towns and municipalities may cooperate under S. 66.0301 to furnish services, combine offices and finance emergency management services.

(b) Counties, towns and municipalities may contract for emergency management services with political subdivisions, emergency management units and civil defense units of this state, and upon prior approval of the adjutant general, with such entities in bordering states. A copy of each such agreement shall be filed with the adjutant general within 10 days after execution thereof." (Note: S.66.0301 refers to intergovernmental cooperation under general municipality law.) Volunteer Liability

### **Exemption from Liability**

S.166.03(10), "No person who provides equipment or services under the direction of the governor, the adjutant general, the head of emergency management services in any county, town, municipality or federally recognized American Indian tribe or band in this state, the department of health and family services if that department is designated by the governor under S.166.03(1)(B)I., or a local health department acting under s.251.(3)(3) during a state of emergency declared by the governor is liable for the death of or injury to any person or damage to any property caused by his or her actions, except where the trier of fact finds that the person acted intentionally or with gross negligence.

S.166.03(8)(e) "Emergency management employees as defined in par.(d) shall be indemnified by their sponsor against any tort liability to third persons incurred in the performance of emergency management activities while acting in good faith and in a reasonable manner. Emergency management activities constitute a governmental function."

### II. Federal Privacy Rule (HIPAA) and Public Health

The Health Insurance Portability and Accountability Act of 1996, (HIPAA) privacy rule establishes national standards for the use and management of protected health information (PHI). This policy has thus proven to be of specific interest to public health preparedness planners. The April 11, 2004 issue of CDC's Morbidity and Mortality Weekly Report (MMWR) serves as formal guidance from the Department of Health and Human Services on the implementation and application of the HIPAA Privacy Rule.

The HIPAA Privacy Rule is written both to protect an individual citizen's privacy and the effective function of the public health system in order to "accomplish essential public health objectives and to meet certain other societal needs (e.g., administration of justice and law enforcement)."\*

Selected provisions and definitions of HIPAA specific to public health activities follow:
(\* Emphasis added)

### **Protected Health Information**

PHI is defined in an April 11 issue of the CDC's Morbidity and Mortality Weekly Report (MMWR) as

"generally individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium. This information must relate to

- 1) the past, present or future physical or mental health, or condition of an individual;
- 2) provision of health care to an individual; or
- 3) payment for the provision of health care to an individual

If the information identifies or provides a reasonable basis to believe it can be used to identify an individual, it is considered individually identifiable health information."

### Public Health Authority, Defined under HIPAA

*Per the same MMWR*, "A public health authority is broadly defined as including agencies or authorities of the United States, territories, political subdivisions of states or territories, American Indian tribes, or an individual or entity acting under a grant of authority from such agencies and responsible for public health matters as part of an official mandate."

### **Covered Entity, Defined under HIPPA**

Covered entities are those that are required to conform with HIPAA rule when handling protected health information (PHI). Entities include health plans, health care clearinghouses, health care providers. The MMWR of April 11, 2004 acknowledges that some public health agencies may perform covered functions such as providing health care and may be subject to the privacy rule for those covered activities. Per the MMWR, such agencies may wish to designate themselves hybrid agencies, thus "a public health authority can carve out its noncovered functions, so that the majority of Privacy Rule provisions apply only to its health-care component..."

### Public Health Activities under Memoranda or Agreement

The HIPAA Privacy Rule provides that the "other entities" identified in contracts, letters and memoranda of agreement that frequently used by public health "are public health authorities under the Privacy Rule with respect to the activities they conduct under a grant of authority from such a public health agency."

#### Permitted PHI Disclosures without Authorization

Per the MMWR, "The Privacy Rule permits covered entities to disclose PHI, without authorization, to public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability." Further, the MMWR states that "PHI can be disclosed to public health authorities and their authorized agents for public health purposes including but not limited to public health surveillance, investigations, and interventions."

### **Minimum Necessary Standard**

With regard to the amount of information that may be disclosed to a public health or other non-covered entity, the MMWR states that "The Privacy Rule usually directs covered entities to limit the amount of information disclosed to the minimum necessary to achieve the specific goal [45 CFR s. 164.514(d)(1)]. This requirement usually applies to disclosures to a public health agency. It would not apply, however, if the disclosure were required by law, authorized by the individual, or for treatment purposes.\* A covered entity may also reasonably rely on a public official's determination that the information requested is the minimum necessary for public health purposes." (\*Emphasis added)

### The HIPAA Privacy Rule and State Laws

According to the MMWR the Privacy Rule preempts less stringent state laws that related to privacy of PHI. Further, according to the MMWR, the Department of Health and Human Services "may, upon specific request from a state or other entity or person, determine that a provision of state law that is contrary to the federal requirements and that meets certain additional criteria, will not be preempted by the federal requirements." *The MMWR identifies several possible reasons for such a determination, including that the state law* "is necessary to serve a compelling public health, safety or welfare need and, if a Privacy Rule provision is at issue, if the Secretary determines that the intrusion into privacy is warranted when balanced against the need to be served." Finally, the MMWR notes that the Privacy Rule "specifically does not preempt contrary state public health laws that provide for the reporting of disease or injury, child abuse, birth or death, or for the conduct of public health surveillance, investigation or intervention [45 CFR s. 160.202]."\*

(\*Emphasis added)

### **State Resources**

### Wisconsin Legislature web sites

- Statute http://www.legis.state.wi.us/rsb/stats.html
- Code http://www.legis.state.wi.us/rsb/code/codtoc.html

### **Key State Statutes**

- Chapter 14-Fire Prevention
- Chapter 15-Executive Branch
- Chapter 166-Emergency Management
- Chapter 250-Health; Administration and Supervision
- Chapter 252-Communicable Diseases
- Chapter 440-Department of Regulation and Licensing

### Key State Administrative Code

- ATCP 10-Animal Diseases
- HFS 110-Licensing of Ambulance Service Providers and Emergency Medical Technicians-Basic and Basic IV
- HFS 139-Qualifications of Public Health Professionals Employed by Local Health Departments
- HFS 145.04-Reports of Communicable Diseases
- HFS 146-Vaccine Preventable Diseases

### Appendix C Ranking of Local Public Health Services

- 1. **Public Health Service:** List the Public Health programs your LPHD provides.
- 2. # Service effects: Provide an estimate of the number of clients served by the program
- 3. # of staff involved: provide an estimate of the number of staff involved with the program
- 4. **Service Rank**: Rank the program based on a pandemic influenza setting. 1=Most Important to maintain; 5=Least Important to maintain
- 5. **Alternative methods to provide service**: Least important services may continue through suspension of program elements (e.g. recertification, education, etc.) and through alternate delivery mechanisms (e.g. pick up points, mail option).

Public Health Program/Service	# Service effects	# of staff involved	Rank           1 = Most           Important           5 = Least           Important	Alternate Methods to Provide Service
Coalition Work	N/A	13	4	Suspend activities until after pandemic
Hepatitis C/HIV Testing	140	2	4	Send to Planned Parenthood/Clinic
Communicable Disease	400	2	1	Follow up Category I; others as time allows
TB Testing	740	2	4	Suspend until after pandemic; send to clinic
Rabies Control	25	3	1	Utilize Humane Officer and Law Enforcement
Public Health Preparedness	N/A	3	1	Suspend planning; focus on pandemic
Healthy People Wood County	N/A	32	3	Suspend activities until after pandemic
Human Health Hazards	90	3	1	Investigate severe; prioritize
Indoor Air	N/A	3	4	Suspend unless HHH; refer to state staff
Outdoor Air	N/A	3	4	Suspend unless HHH; refer to state staff
Lead	25	4	2	Follow up only if blood lead ≥20
Water Testing	200	3	4	Suspend unless HHH; follow up on complaints
EH Inspection/Licensing	710	3	2	Complaint-based only; refer to state staff
Clean Sweep	500	3	5	Suspend activities until after pandemic
Radon	400	3	5	Suspend activities until after pandemic
Immunization Clinics	1800	12	2	Reduce number offered; refer to provider
MCH Services	1500	6	4	Very high risk only; refer to provider
CSHCN	55	2	4	Very high risk only; refer to provider
PNCC	25	4	4	Very high risk only; refer to provider
Tobacco Control	N/A	1	5	Suspend activities until after pandemic
WWWP	160	1	4	Follow up on abnormals; refer to state
Healthy Smiles	1850	3	5	Suspend until after pandemic
School Health	3000	3	3	Consultation focused on pandemic issues only
WIC	1300	4	2	Suspend recertification process; mail drafts.
Head Start	40	1	3	Consultation focused on pandemic issues only
Chronic Disease	N/A	4	5	Suspend activities until after pandemic
Jail Health	N/A	1	3	Reduce hours; provide only necessary services
PCW	80	2	4	Reduce hours; address crises only; no new pts.
HRSA Grant	N/A	2	4	Give to partners to continue services
Safe Kids Coalition	N/A	2	5	Suspend activities until after pandemic

## Appendix D Key Activities by Sector and by Phase of Influenza Pandemic

Phase	Medical Care	Law Enforcement	Fire/EMS	Public Health	Community/Schools	Special Populations	Support Services (Red Cross)
Phases 1 and 2				NORMAL OPER	ATIONS		
Phase 3	Normal Operations	Normal Operations	Normal Operations	Normal Operations which includes	Normal Operations	MCHD to compile list of special populations	Normal Operations
Phase 4	Normal Operations	Normal Operations	Normal Operations	weekly review of ILI surveillance through sentinel clinicians	Normal Operations		Normal Operations
Phase 5	Inventory of expendable supplies and order as necessary	Normal operations	Review Pandemic Plan  Assure flu vaccination of staff  Inventory and order PPE	Enhanced surveillance of respiratory illness  Increased testing for influenza  Contact follow-up if case confirmation	Provide information to employees, students about infection control and pandemic flu  Encourage ill people to stay home  Increase access to respiratory hygiene products  Encourage flu vaccination	Provide information about infection control and pandemic flu in all languages and to administrators of treatment facilities (i.e. jails, nursing homes, CBRF's)  Encourage influenza vaccination of all	Normal Operations Participate in Pandemic influenza planning
Phase 6	Participate in County pre-EOC  Review Pandemic Plan  Educate providers  Monitor and report staff illnesses to MCHD	Participate in County pre-EOC  Review Pandemic Plan  Provide staff training  Order PPE  Create staffing plan for shortages	Review plan with department members  Require flu vaccination of staff  Train staff in Triage System  Conduct refresher	Continued enhanced surveillance and follow-up of confirmed case contacts  Participate in pre-EOC  Continue to monitor daily/weekly reports of infection rates, spread of pandemic	Mandate people stay home if ill  Report rates of staff/student illness to MCHD  Restrict business travel as advised by CDC  Plan for areas of business/school/community that could be closed if staff resources depleted	Report rates of institutional residents and staff illness to MCHD  Increase influenza vaccination  Continue to provide up to date information	Participate in pre-EOC  Maintain contact with ICC

Phase	Medical Care	Law Enforcement	Fire/EMS	Public Health	Community/Schools	Special Populations	Support Services (Red Cross)
	Inventory and order supplies and DME  Identify bed & facility capacity  Plan for increased mortality  Evaluate isolation capacity  Create alternative staffing patterns  Identify satellite locations for hospital overflow  Assess phone	Identify auxiliary staff  Review dispatch protocols  Report rate of staff illness to MCHD	Training on infection control and disease transmission  Work with ICC to educate public on when and when not to use EMS  Report staff illness levels to MCHD	Influenza, and guidelines for surveillance  Monitor illness in health care and safety workers  Begin preparations for mass clinics	Work with pre-EOC to identify other employees that could be deployed during pandemic  Work with ICC to provide up to date information to employees and customers  Order additional respiratory hygiene products		Clossy
Phase 6	capacity Implement	Participate in	Participate in	Participate in EOC	Participate in EOC	Participate in EOC	Participate in
	Coordinate communication through EOC & JIC  Identify increased security needs & implement	Coordinate communication through EOC & JIC  Distribute PPE  Implement staffing plan changes	Triage non- emergency calls  Cancel all vacations  Call in off-duty staff to replace ill staff	Continue monitoring and increased surveillance  Implement mass clinics for anti-virals and vaccinations as they become available  Continue to monitor	Implement contingency plans  Continue to monitor for illness  Deploy well employees to most critical settings	Reduce visiting hours  Access transportation resources if residents need to be moved  Continue to provide information in all languages	Work with ICC  Update staff and volunteers of situation  Survey availability

Phase	Medical Care	Law Enforcement	Fire/EMS	Public Health	Community/Schools	Special Populations	Support Services (Red
	Implement revised staffing plans  Manage admissions  Expand facilities as needed  Increase referrals to home care  Set up phone banks	Suspend vacations  Provide security at immunization sites Provide security for vaccine  Implement plan for prioritization of calls at Communication Center  Implement mutual aid as needed  Enforce curfews and public closings as directed by EOC	Prepare retiree list for possible recall  Implement mutual aid as needed	Staff illness rates			Cross) Of staff and volunteers Support and assist with mental health services Support and assist with feeding Ensure the safety of the nation's blood supply
Phase 6	Assess, review, revise plan  Return to normal operations and re-implement plan as new phases arise	Assess, review, revise plan  Restock PPE  Return to normal operations and reimplement plan as new phases arise	Assess, review, revise plan  Restock PPE  Implement respite— reestablish time off  Re-implement plan as new phases arise	Assess, review, revise plan  Continue surveillance activities  Re-implement plan as new phases arise	Assess, review, revise plan Return to normal operations Re-implement plan as new phases arise	Assess, review, revise plan  Return to normal operations  Re-implement plan as new phases arise	Assess, review, revise plan  Return to normal operations  Re-implement plan as new phases arise

Phase	Medical Care	Law	Fire/EMS	Public Health	Community/Schools	Special Populations	Support
		Enforcement					Services
							(Red
							Cross)
Postpandemic	End pandemic plan implementation and evaluate response. Create after action reports and revise plans accordingly.						
Period							

### Appendix E Contact Information for Hospitals, Clinics, Large Businesses, Schools, Nursing Homes and Daycares

Name	Address	Phone	Contact
			Person
	HOSPITALS / CLINICS		
Aspirus Doctors Clinic	420 Dewey Street	423-0122	
_	Wisconsin Rapids		
Marshfield Clinic	1000 North Oak Avenue	387-5511	
	Marshfield		
Riverview Family Clinic	420 Dewey Street	422-7750	
	Wisconsin Rapids		
Riverview Hospital	410 Dewey Street	423-6060	
	Wisconsin Rapids		
Saint Joseph's Hospital	611 Saint Joseph Avenue	387-1713	
	Marshfield		
	BUSINESSES		
City of Marshfield	630 South Central Avenue	387-6597	
(Administrator)	Marshfield		
City of Wisconsin Rapids	444 West Grand	421-8216	
(Mayor)	Wisconsin Rapids		
County of Wood	400 Market Street	421-8457	
(Human Resources)	Wisconsin Rapids		
Deboer Transportation	8814 County Trunk F	652-2911	
	Arpin		
Stora Enso	231 1 <sup>st</sup> Avenue North	422-3111	
	Wisconsin Rapids	007.7111	
Domtar	100 Wisconsin River Drive	887-5111	
T, I	Port Edwards	207 1771	
Figi's Inc.	3200 South Maple Avenue Marshfield	387-1771	
Ho-Chunk Nation	999 Wilson Lane	886-2997	
Ho-Chunk Nation	999 wilson Lane Nekoosa	880-2997	
Markfest Inc.	1613 North Central Avenue	384-8866	
Warklest IIIc.	Marshfield	364-6600	
Marshfield Door Systems	118 South Palmetto Avenue	384-2141	
Warshield Boot Systems	Marshfield	304-2141	
Ministry Home Care	3930 8 <sup>th</sup> Street South	423-5590	
William's Home Care	Wisconsin Rapids	123 3370	
	611 Saint Joseph's Avenue	387-9685	
	Marshfield		
Renaissance Learning	2911 Peach Street	424-3636	
	Wisconsin Rapids		
Roehl Transport	8555 East 29 <sup>th</sup> Street	591-3795	
·	Marshfield		
Shopko Stores	1306 North Central Avenue	387-2504	
	Marshfield		

	8 <sup>th</sup> Street	423-3100	
		423-3100	
710777	Wisconsin Rapids	40.5.0000	
V&H Inc.	1505 South Central Avenue	486-8800	
	Marshfield		
Wal-Mart Associates	4331 8 <sup>th</sup> Street South	423-1900	
	Wisconsin Rapids		
	2001 North Central Avenue	384-9440	
	Marshfield		
Wick Building Systems	2301 East 4 <sup>th</sup> Street	387-2551	
	Marshfield		
Erco Worldwide	100 State Highway 73	887-4000	
Eres worldwide	Port Edwards	007 1000	
	SCHOOLS		
A 4' II' 1 C 1 1		422 0010	
Assumption High School	445 Chestnut Street	422-0910	
	Wisconsin Rapids		
Assumption Middle School	440 Mead Street	422-0950	
	Wisconsin Rapids		
Auburndale Public Schools	10564 School Avenue	652-2117	
	Aurburndale		
Bethel Academy	8054 Bethel Road	652-2763	
	Arpin		
Good Shepard Lutheran	10611 Hwy 13 South	325-3355	
School	Wisconsin Rapids		
Immanuel Lutheran School	111 11 <sup>th</sup> Street	423-0272	
Immunuer Zumerum Sensor	Wisconsin Rapids	125 0272	
	Wisconsin Rapids		
	604 S. Chestnut	384-5121	
	Marshfield	304-3121	
Marshfield Area Catholic	710 Columbus Avenue	387-1177	
		36/-11//	
Schools	Marshfield	207 1101	
Marshfield Public Schools	1010 East 4 <sup>th</sup> Street	387-1101	
	Marshfield	122 722	
Mid-State Technical	500 32 <sup>nd</sup> Street North	422-5300	
College	Wisconsin Rapids		
Mid –State Technical	2600 West 5 <sup>th</sup> Street	387-2538	
College – Marshfield	Marshfield		
Campus			
Nekoosa Public Schools	600 Section Street	886-8003	
	Nekoosa		
Our Lady Queen of Heaven	750 10 <sup>th</sup> Avenue South	422-0980	
	Wisconsin Rapids		
Pittsville Public Schools	5459 Elementary Avenue	884-6694	
	Pittsville		
Port Edwards Public	801 2 <sup>nd</sup> Street	887-9095	
Schools	Port Edwards	007 7073	
Sacred Heart	710 Vilas	886-3761	
Sacred Heart	Nekoosa	000-3/01	
Coint Dayl's Lydlerer	311 14 <sup>th</sup> Avenue South	421.2624	
Saint Paul's Lutheran		421-3634	
School	Wisconsin Rapids		

UW- Marshfield/ Wood	2000 5 <sup>th</sup> Street	389-6530	
County	Marshfield		
Wisconsin Rapids Area	1120 Lincoln Street	422-0900	
Catholic Schools	Wisconsin Rapids		
Wisconsin Rapids Public	510 Peach Street	422-6000	
Schools	Wisconsin Rapids		
Wood County Alternative	6471 Cameron Avenue	569-4424	
School	Vesper		
	DAYCARES		
ABC Child Care Center	602 East Arnold Street	387-2218	
	Marshfield	007 2210	
ABC Children's Enrichment	3541 Plover Road	424-2212	
Center	Wisconsin Rapids	121212	
	&		
	1350 Two Mile Ave.	423-7300	
	Wisconsin Rapids		
Bambi-Land Day Care	1017 Laurel Street	387-2190	
	Marshfield		
Building Blocks Learning	941 West Grand Ave.	424-2252	
Center	Wisconsin Rapids		
Child Care Center of	803 North Peach Ave.	384-4854	
Marshfield	Marshfield		
Child Care Center of Saint	601 North Pine Street	387-7606	
Joseph's	Marshfield		
Country Kids Playhouse	3631 Townline Road	325-7425	
	Wisconsin Rapids		
Happy Days Day Care	3030 13 <sup>th</sup> Street	423-0242	
Center	Wisconsin Rapids		
Head Start Wood County –	211 Wisconsin River Drive	887-3360	
Port Edwards	Port Edwards		
Just Like Home Family	2115 Marathon Street	384-2818	
Child Care	Marshfield		
The Kids Company	2330 4 <sup>th</sup> Street South	421-3776	
	Wisconsin Rapids		
Lil' Stars Night Care	331 20 <sup>th</sup> Avenue South	423-9344	
	Wisconsin Rapids		
Little Ones	1140 13 <sup>th</sup> Street North	423-6730	
	Wisconsin Rapids		
Lollipop Daycare	1910 Franklin Street	423-8860	
	Wisconsin Rapids		
Lots of Tots	441 Garfield Street	423-8860	
	Wisconsin Rapids		
Rainbow Preschool	205 Market Street	886-3300	
	Nekoosa		
Rocking Horse Learning	2934 Hwy 13 North	421-2600	
Center	Wisconsin Rapids		
Rug Rats Day Care	811 West 5 <sup>th</sup> Street	886-5701	
	Nekoosa		
St. Lawrence Early	551 10 <sup>th</sup> Avenue North	422-0990	
Childhood Center	Wisconsin Rapids		

Sunshine Preschool and Day	411 Airport Ave.	424-1819	
Care Center	Wisconsin Rapids		
Suzy's Little Angels	5520 Strodman Avenue	423-7854	
	Nekoosa		
Tender Heart Day Care	841 19 <sup>th</sup> Avenue South	423-4074	
	Wisconsin Rapids		
Tender Loving Children's	990 3 <sup>rd</sup> Street	887-3795	
Center	Port Edwards		
Think of the Children	5031 Griffith Ave.	423-8001	
	Wisconsin Rapids		
Tootsie Bear Day Care	851 Saratoga Street	423-3005	
	Wisconsin Rapids		
Wee One Day Care	6411 Wazeecha Ridge Court	421-0488	
	Wisconsin Rapids		
Y's Kids Preschool	211 Wisconsin River Dr.	887-3240	
	Port Edwards		
YMCA Kid's Clubhouse	211 Wisconsin River Dr.	887-3245	
	Port Edwards		
Zellner Family Daycare	6150 County Road N	652-6807	
	Arpin		
	NURSING HOMES		
A Touch of Home I	814 East 6 <sup>th</sup> Street	387-6868	
	Marshfield		
A Touch of Home II	720 South Cypress Ave.	384-4851	
	Marshfield		
Bethel Nursing and Rehab	8045 Bethel Road	652-2798	
Center	Auburndale		
Edgewater Haven	1351 Wisconsin River Drive	885-8300	
Family Heritage Medical	130 N. Strawberry Ln.	424-1600	
and Rehabilitation	Wisconsin Rapids		
Genesis Eldercare	Bethel Center: 8014 Bethel Rd.	652-2103	
	Arpin		
	Marshfield Center: 814 W. 14 <sup>th</sup> St.		
	Marshfield	387-1188	
Healthy Alternatives	788 Co. Rd. JJ	886-5232	
	Nekoosa		
Helping Hands Home	5531 Auburn Ave.	424-0772	
Health Care	Wisconsin Rapids		
Hilltop Homes	914 Hwy 73 S	325-7400	
	Wisconsin Rapids		
Ho-Chunk Nation	4912 Winneshiek Ln	886-5199	
	Nekoosa		
Maple Ridge Lodge	S2931 N. Frey Ave.	384-4657	
	Marshfield		
Miller Elder Care	3017 W. Mann Rd	389-8100	
	Marshfield		
Pleasant View Living	7052 Hetze Rd.	435-3915	
	Wisconsin Rapids		

Renaissance	1500 Pepper Ave.	424-7468	
	Wisconsin Rapids		
Riverview Manor	921 3 <sup>rd</sup> Street S.	421-7468	
	Wisconsin Rapids		
Seniors Comfy Nest	1521 4 <sup>th</sup> Street	887-3860	
	Port Edwards		
Strawberry Lane Medical	130 Strawberry Lane	424-1600	
and Rehabilitation Center	Wisconsin Rapids		

## Appendix F Pandemic Influenza Surveillance

Number of:	Date	Riverview Hospital	Saint Joseph's Hospital
Newly Hospitalized			
Cases			
<b>Newly Quarantined</b>			
Persons			
Pandemic Cases			
Deaths			
<b>Discharged Patients</b>			
Newly Hospitalized			
Cases			
<b>Newly Quarantined</b>			
Persons			
<b>Pandemic Cases</b>			
Deaths			
<b>Discharged Patients</b>			
Newly Hospitalized			
Cases			
Newly Quarantined			
Persons			
Pandemic Cases			
Deaths			
<b>Discharged Patients</b>			
Newly Hospitalized			
Cases			
<b>Newly Quarantined</b>			
Persons			
Pandemic Cases			
Deaths			
<b>Discharged Patients</b>			
Newly Hospitalized			
Cases			
Newly Quarantined			
Persons			
Pandemic Cases			
Deaths			
<b>Discharged Patients</b>			