

Community Disease Control & Prevention (incl. Travel)
PHASES 1/2 - SITUATIONS A, B, and/or C
Novel (new) influenza virus in birds or other animals overseas,
in North America, and/or NJ
RESPONSE ACTION – NO ACTIVITY

Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATIONS A and/or B
First case of novel (new) influenza virus (no human spread) overseas and/or in North America
RESPONSE ACTION – WATCH

Action Item 1: Develop an operational plan for community disease control

- 1.1 NJ Department of Health and Senior Services (NJDHSS) Communicable Disease Service (CDS) staff draft this NJDHSS Community Disease Control plan (including roles and responsibilities of NJDHSS, local health, and healthcare facilities) based upon their experiences, research, and the most recent “CDC Guidance for Community Strategy for Pandemic Influenza Mitigation” (Appendix 1) as well as the U.S. Department of Health and Human Services (HHS) “HHS Pandemic Influenza Plan,” Supplement 8 – Community Disease Control & Prevention (<http://www.hhs.gov/pandemicflu/plan/pdf/S08.pdf>).

Activities for isolation and treatment of ill persons and voluntary home quarantine of household contacts are included in this NJDHSS plan. Recommendations for dismissal of students from schools/childcare and social distancing as well as workplace/community social distancing are included in this plan; however, they are implemented through the NJ State Pandemic Influenza Response Plan.

NOTE: Community containment measures occur at the local level. Implementation of these measures is a collaborative process involving the Local Board of Health, the Local Health Department (LHD), the Local Information Network and Communications System (LINCS) agency, schools, the municipal, county and state governments (including first responders and the Local Emergency Planning Council [LEPC]), and private, municipal, county and state resources. To address this issue, NJDHSS is leading a strategic planning initiative through the NJ Office of Homeland Security & Preparedness (NJOHSP) Second Chairs group to develop the State Pandemic Influenza Response Plan which will provide NJ with the framework for the governmental and private sectors’ response.

- 1.2 CDS works with experts in surveillance, clinical guidelines, and infection control to develop the NJDHSS operational plan for isolation and treatment of ill persons and quarantine of their household contacts. For the first cases in the community, see Surveillance section of this plan, Phase 3C.
- 1.3 CDS staff in conjunction with subject matter experts in surveillance, clinical aspects, infection control, health care planning, vaccine and antiviral drug distribution, mental health, community disease control and communications developed a “Public Health Packet for Community Containment” (Appendix 2) for LHDs, LINCS agencies, and home health agencies. The materials in this packet are for staff to use for patient/contact follow-up, which may or may not include home visits. The packet includes:

Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATIONS A and/or B
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- Instructions for packet use and roles of LHDs, LINCS and home health agencies
- Personal Protection for Home Visits - See “Infection Control in Healthcare Settings” (Infection Control section of this plan: Appendices 1 & 2)
- Home Assessment Checklist (Attachment C)
- Isolation Agreement (Attachment D)
- Quarantine Agreement (Attachment E)
- I/Q Administrative Order (Attachment F)
- How to Obtain Antivirals (Attachment G)
- Patient Self-Care Instructions (includes: infection control procedures, list of supplies, social distancing basics, self-diagnosis and treatment, when to seek medical care, where to obtain medical care) (Attachment H)
- Contact Tracing/Contact Line List (See Surveillance section of this plan: Appendix 10 + Attachments A & A1.)
- Contact Tracing – Symptom Log (Surveillance section of this plan: Appendix 10, Attachment B)

1.4 Decisions regarding methods to stockpile and distribute medications (symptomatic treatment, antivirals) to homebound are made in accordance with the Strategic National Stockpile (SNS) Plan and the State Pandemic Influenza Response Plan.

1.5 Planning for and implementation of hotlines:

- Content development for hotline scripts (including when and where to seek medical care) is described in the Public Health Communications section of this plan (Phases 1/2C, Action Item 3.3)
- Publicity regarding hotlines through the NJDHSS Office of Communications (OCOM) (Public Health Communications section of this plan: Phases 1/2C, Action Item 3.3)
- Use of hotlines to remotely identify possible cases as part of medical surge capacity is addressed in the Healthcare Planning section of this plan of this plan (Phases 1/2A, Action Item 1.4)

Action Item 2: Finalize draft Community Disease Control plan

2.1 CDS staff distribute the draft plan to stakeholders for comments:

- American Red Cross of Central NJ
- Citizens
- NJ Department of Human Services Commission for the Blind & Visually Impaired
- NJ Department of Human Services Division of the Deaf & Hard of Hearing
- Home Care Association of NJ
- LINCS Health Officers
- NJ Association of Area Agencies on Aging
- NJ Association of Public Health Nurse Administrators
- NJ Association of School Administrators
- NJ Association of Health Plans

Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATIONS A and/or B
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RESPONSE ACTION – WATCH

- NJ Business Force
- NJ Department of Children & Families
- NJ Department of Education
- NJ Food Council
- NJ Local Boards of Health Association
- NJ Office of Emergency Management
- NJ Primary Care Association
- NJ School Boards Association
- NJ State Funeral Directors Association
- NJ State League of Municipalities
- NJ Department of Human Services Office of Licensing (Child Care)
- NJ Health Officers Association

2.2 CDS staff, through the chain of command, send the draft plan to NJDHSS Senior Staff for approval. Once approved, the Commissioner of NJDHSS vets the plan with the Governor and other agencies.

2.3 CDS staff obtain feedback and finalize Community Disease Control plan.

2.4 The Deputy Commissioner/State Epidemiologist distributes the Community Disease Control plan to stakeholders.

2.5 CDS staff provides copies of the plan for the NJDHSS Health Command Center (HCC) and stores it on CDS computers on the Y drive at:
Y:\IZDP\Influenza\Pandemic Plans\Version 4\2008 Plan.

Action Item 3: Train, exercise and revise Community Disease Control plan

3.1 CDS staff coordinate NJDHSS staff training on the Community Disease Control plan.

3.2 NJDHSS Health Infrastructure Preparedness Emergency Response (HIPER) Exercise Team, in conjunction with CDS staff, develops, conducts and evaluates exercises to test the NJDHSS Community Disease Control plan and to maintain response proficiency.

3.3 As evaluation data concerning effective containment measures becomes available from CDC and from State exercises, CDS staff will review and revise the plan and distribute recommendations based on these revisions to planning partners.

Action Item 4: Collaborate with external partners

4.1 NJDHSS directs LHDs and LINCS agencies to develop coordinated community disease control plans (to include involvement of local law enforcement) based upon the NJDHSS Community Disease Control plan and the most recent CDC “Guidance for Community Strategy for Pandemic Influenza Mitigation” (Appendix 1) as well as the “HHS Pandemic

Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATIONS A and/or B
First case of novel (new) influenza virus (no human spread) overseas and/or in North America
RESPONSE ACTION – WATCH

Influenza Plan,” Supplement 8 – Community Disease Control & Prevention
(<http://www.hhs.gov/pandemicflu/plan/pdf/S08.pdf>)

- 4.1 NJDHSS State Epidemiologist advises non-health partners (e.g., school superintendents, municipal officials) of the potential impacts of an influenza pandemic and related community containment measures and advises them to develop plans to address these issues.
- 4.3 NJDHSS advises the NJOHSP of the need to work with NJ’s critical infrastructure sectors and state and local offices of emergency management to develop emergency plans of support for community containment measures and the unintended second and third order consequences of these measures.

Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATION C
First case of novel (new) influenza virus (no human spread) in NJ
RESPONSE ACTION - ALERT

Action Item 1: Implement containment measures for a group exposure

- 1.1 Based upon case-patient’s history, determine and implement the method(s) needed to notify individuals of their potential exposure and provide them with the mechanism to contact public health officials for further instructions
 - For a group of known individuals, routine methods of case-contact notification are used
 - For a group where potential contacts cannot be identified individually, CDS staff works with OCOM and the NJ Department of Human Services, Division of Mental Health Services, Disaster and Terrorism Branch (DTB) to craft and distribute an advisory to alert the public of potential exposure
 - For a group where not all individuals are known, a combination of notification methods are used
- 1.2 NJDHSS advises LHDs to provide instructions to potentially exposed individuals. Select from items in “Public Health Packet for Community Containment” (Appendix 2).
- 1.3 Depending on the situation, CDS staff may develop protocols for work quarantine.

Community Disease Control & Prevention (incl. Travel)
PHASE 3 – SITUATIONS D, E, and/or F
First case of human to human spread of novel (new) influenza overseas,
in North America, and/or NJ
RESPONSE ACTION – ALERT

Action Item 1: Provide guidance for home management of patients and close contacts

- 1.1 CDS staff advise individuals (public) with influenza-like illness (ILI) about when to seek medical attention (See Public Health Communications section of this plan: Phase 3, Situation B, Action Item 3). For those patients who arrive at hospitals, CDS staff provides healthcare providers (HCPs) with CDC guidance on which patients should be hospitalized and which should be sent home (See Clinical Guidelines section of this plan: Phases 1/2, Situation A, Action Item 3.5).
- 1.2 CDS staff advise LHDs, LINCS agencies, and home health agencies to use the “Public Health Packet for Community Containment” (Appendix 2) for voluntary isolation and quarantine of cases and contacts.
- 1.3 CDS staff remind local boards of health of their authority under N.J.S.A 26:4-2 “Powers of State department and local board” (Appendix 3)

Action Item 2: Update NJDHSS Community Disease Control plan

- 2.1 CDS staff review the NJDHSS Community Disease Control plan based upon the extent of disease, the CDC Pandemic Severity Index, virulence of the virus, and experiences and research on effective measures, and update plan to include the latest recommendations.
- 2.2 CDS staff, through the chain of command, send the updated plan to NJDHSS Senior Staff for approval. Once approved, the Commissioner of NJDHSS vets the plan with the Governor and other agencies.
- 2.3 CDS staff distribute the updated Community Disease Control plan to stakeholders.

Action Item 3: Assign staff to community disease control

- 3.1 The NJDHSS Deputy Commissioner/State Epidemiologist and Senior Assistant Commissioner cooperatively assign personnel to serve as community disease control staff for the impending pandemic.

Community Disease Control & Prevention (incl. Travel)
PHASE 4 – SITUATION A
Clusters of cases of human spread overseas
RESPONSE ACTION – ALERT

Action Item 1: Community disease control staff work with the Influenza Surveillance Program (ISP) and local health authorities to develop a mechanism to capture community containment measures being implemented by local health authorities. See “Tracking Community Containment Measures” (Appendix 4) To be implemented in Phase 5C, Action Item 1

1.1 ISP develops a mechanism and reporting protocol for community containment measures being implemented.

Action Item 2: Provide information to OCOM for the development of community containment messages

2.1 CDS staff provide information used for development of community containment messages to OCOM. Messages include reasons and need for early, targeted community containment measures and their various layers:

- Case containment, such as voluntary case isolation, voluntary quarantine of members of households with ill persons, and antiviral treatment/prophylaxis
- Social distancing measures, such as dismissal of students from classrooms and social distancing of adults in the community and at work
- Infection control measures, including hand hygiene and cough etiquette

Community Disease Control & Prevention (incl. Travel)
PHASE 4 – SITUATION B
Clusters of cases of human spread in North America
RESPONSE ACTION – ALERT

Action Item 1: Prepare for implementation of the Community Disease Control plan in NJ

1.1 CDS staff recommend, through the chain of command, that NJDHSS notifies the Governor that the State should be put on “Standby” to prepare for implementation of community containment measures and consider invoking the Emergency Health Powers Act (Appendix 5).

Community Disease Control & Prevention (incl. Travel)

PHASE 4 – SITUATION C

Clusters of cases of human spread in NJ

RESPONSE ACTION – RESPOND

Action Item 1: Implement home management of patients and management of close contacts

- 1.1 CDS staff advise LHDs, LINC agencies, and home health agencies to implement home isolation of patients, where clinically appropriate, and quarantine of close contacts (both voluntary). See “Public Health Packet for Community Containment” (Appendix 1).

The length of quarantine will be determined by the characteristics of the virus at the time. Information is provided by CDS clinical staff, based on information from CDC and World Health Organization (WHO). Quarantine will be warranted only for a limited time when:

- There is limited disease transmission in the area;
- Most cases can be traced to contact with an earlier case or exposure to a known transmission setting (e.g., a school or workplace where a person has fallen ill); and
- Intervention is likely to either significantly slow the spread of infection or to decrease the overall magnitude of an outbreak in the community.

- 1.2 CDS staff reinforce with LHDs the local and county offices of emergency management’s (OEM) role and responsibility to arrange for needed supplies and services for home management of patients and close contacts. Also see the Antiviral Distribution and Use section of this plan.

Action Item 2: Recommend implementation of community containment measures

NOTE: Community containment measures may not be applied uniformly across the state.

- 2.1 Invoke the Emergency Health Powers Act, if not done in previous Phase.
- 2.2 Based on the evaluation of the effectiveness of current containment measures and strategies, or the extent of disease, the CDC Pandemic Severity Index and virulence of the virus, CDS staff recommend additional containment measures through the chain of command. The recommendations are in collaboration with subject matter experts (SMEs) in surveillance, clinical aspects and infection control, and with maintenance of essential functions as a consideration.

Potential recommendations include those in “CDC Guidance for Community Strategy for Pandemic Influenza Mitigation” (Appendix 1) as well as:

- The public defers non-essential travel to areas in NJ impacted by the influenza virus;
- Symptomatic persons not to use public transit;
- School closures;
- Businesses implement their continuity of operations and disease control plans;
- Citizens practice personal risk reduction behaviors (may be limited to hand hygiene or may include voluntary day(s) at home);
- Social distancing measures (regional or more widespread in conjunction with local officials) to include possible cancellation of public gatherings, events or gathering places. This may include sports and recreational events, religious gatherings, public meetings, concerts, plays, casinos, movie theaters, shopping malls, gyms, and community centers; and
- Congregate or institutional living facilities to restrict public access.

Community Disease Control & Prevention (incl. Travel)
PHASE 5 – SITUATION A
Widespread cases of human spread of novel (new) influenza virus overseas
RESPONSE ACTION – RESPOND

Action Item 1: Continue community containment activities of the previous Phases as appropriate and feasible for the situation

Community Disease Control & Prevention (incl. Travel)
PHASE 5 - SITUATIONS B and/or C
Widespread cases of human to human spread of novel (new) influenza virus
in North America and/or in NJ
RESPONSE ACTION – RESPOND

Action Item 1: Implement tracking of community containment measures by local health authorities, as developed in Phase 4A, Action Item 1

- 1.1 Community containment measures are reported by the local health authority to the regional/LINCS epidemiologist responsible for that jurisdiction.
- 1.2 The regional/LINCS epidemiologist collects county/city specific community containment measures and evaluates the effectiveness of community containment measures.
- 1.3 The regional/LINCS epidemiologist reports these findings to ISP.
- 1.4 ISP relays the following information to community disease control staff:
 - Compilation of regional/LINCS epidemiologic evaluations
 - Suggested recommendations regarding community containment measures
- 1.5 Community disease control staff relay the above ISP information through the NJDHSS chain of command

Community Disease Control & Prevention (incl. Travel)
PHASE 6
Increased and sustained transmission in the general population
RESPONSE ACTION – RESPOND

Action Item 1: Recommend changes to the use of community containment measures

- 1.1 CDS staff continue Community Disease Control plan Action Items of previous Phases as appropriate and feasible for the situation.
- 1.2 CDS staff work with LINCS agencies to continue to evaluate the effectiveness of community containment measures implemented by local health authorities. Based upon this data and CDC guidance, CDS staff recommends changes to the use of community containment measures. Recommendations are through the chain of command.

Community Disease Control & Prevention (incl. Travel)
BETWEEN WAVES
RESPONSE ACTION - WATCH

Action Item 1: Evaluate effectiveness of community containment measures and modify plan accordingly

- 1.1 Community disease control staff reviews national and state data on communities where there was successful containment of the pandemic wave.
- 1.2 Community disease control staff recommend changes to the Community Disease Control plan through the NJDHSS chain of command.
- 1.3 NJDHSS senior staff discuss recommended changes with NJOHSP staff responsible for the NJ State Influenza Pandemic Response Plan.