

Winona County Community Health Services

Pandemic Influenza Plan

Supplement to the Winona County
Emergency Operations Plan

Version 1.0
July 2009

Updated: July 2009

Preface

A moderate to severe influenza pandemic will place extraordinary and sustained demands on the public health and medical care systems as well as providers of essential services across the globe, country, state and Winona County. To prepare for the next pandemic, an event considered by many experts to be inevitable, the Winona County Community Health Services (Winona County CHS) in cooperation with various state and local organizations has developed this Pandemic Influenza Plan.

The US Department of Health and Human Services (DHHS) released their initial Pandemic Influenza Plan in November 2005, and the National Implementation Plan was issued by the Homeland Security Council in May 2006. In addition, the Minnesota Department of Health (MDH) released a draft of their updated plan in April 2006 (current plan may be seen at: <http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/plan/plan.html>). These plans provide guidance and serve as the basis for the Winona County Pandemic Influenza plan.

Emergency preparation is a continuum and planning efforts will always be evolving. As new information arises and lessons are learned, this Pandemic Influenza Plan will be updated as necessary. Also, as indicated in the MDH Pandemic Influenza Plan, it

“...assumes that there will be sufficient resources to respond and manage the pandemic. The MDH recognizes that the extent of the pandemic may overwhelm the capacity to respond and thus there may be a scaling back or re-prioritizing as the pandemic evolves. This may have a significant impact for the regional and local level response.”

Due to the potential of a pandemic to overwhelm the capacity of local resources, there may be “scaling back or re-prioritizing” of the local response as well.

Purpose of Supplement

This Pandemic Influenza Plan outlines the operational functional areas Winona County CHS will follow to respond to pandemic influenza. This plan is a supplement to the Winona County Emergency Operations Plan (EOP) and corresponding standard operating guidelines (SOGs). The Winona County EOP is the core “all hazards” plan for the County and is the framework for all major emergencies, including public health emergencies like pandemic influenza. The EOP addresses response functions common to many types of emergencies, including:

- Activation/notification,
- Legal Authorities,
- Use of the National Incident Management System (NIMS),
- Security,
- Transportation and other logistics,
- Volunteer Management,
- Public Information, and
- Communication systems.

This pandemic influenza plan outlines unique, public health-related operational aspects of pandemic flu response.

Guiding Principles

Because pandemic influenza may require difficult choices by residents and organizations throughout the community, WINONA COUNTY CHS has used the following guiding principles in the development of this plan:

1. An informed and responsive public is essential to minimizing the health effects of a pandemic and the resulting consequences to society. All Winona County residents are encouraged to be active partners in preparing our community, workplace and home for pandemic influenza.
2. WINONA COUNTY CHS will work with state, regional and local government and private sector partners to coordinate pandemic influenza preparedness and response. The Winona County Emergency Coordinating Council (WCECC) will serve as the primary public health planning advisory group.
3. Due to the prolonged nature of a pandemic influenza event, this plan utilizes the pandemic phases defined by the World Health Organization (WHO) in order to facilitate coordinated planning and response. In actual practice, the distinction between the various phases of a pandemic due to influenza may be blurred or shift in a matter of hours, which underscore the need for flexibility. (check - update table?)

WHO Pandemic Phases	
Interpandemic period	
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 of human infection or disease is considered to be low.
Phase 2	<p>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p> <p>Note: The distinction between phase 1 and phase 2 is based on the risk of human infection or disease resulting from circulating strains in animals. This distinction is based on various factors and their relative importance according to current scientific knowledge. Relevant 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; and/or other scientific parameters.</p>

Pandemic alert period	
Phase 3	Human infection(s) with a new subtype, but no human-to-human spread or, at most, rare instances of spread to a close contact.
Phase 4	Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). Note: The distinction between phases 3, 4, and 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 location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.
Pandemic period	
Phase 6	Pandemic: increased and sustained transmission in general population.

OBJECTIVES**SCOPE****LIMITATIONS****Concept of Operations****Decision Making Structure – CHS Org Chart ? or NIMS****Planning Assumptions**

1. The 1918 influenza pandemic serves as the basis for worse-case scenario estimates for this plan (however, a more severe pandemic could occur, but cannot be predicted).
Based on the 1918 pandemic:
 - Up to 30 percent of the workforce will be too sick to come to work at some point during the pandemic.
 - Rates of absenteeism will likely be driven to 40 percent during the peak of the 6-8 week wave of disease. Lower rates of absenteeism will occur during the weeks

before and after the peak of the pandemic when employees may stay home to care for ill family members or out of fear of infection at work.

- Up to 2 percent of the 30 percent who have fallen ill may die which could overwhelm mortuary, cremation, and burial services.
- 2. The use of individual quarantine as a tool for containment of pandemic influenza will be time-limited (early in the pandemic).
- 3. Hospitals and clinics will be overwhelmed by the amount of individuals requiring care.
- 4. Medical standards of care may be adjusted.
- 5. Families will need to assume responsibility for the care of family members (with mild to moderate symptoms) in their homes due to a limited availability of hospital beds.
- 6. Closing schools and daycare centers may be necessary and will have a significant impact on the availability of the workforce.

Legal Authority (some of these are noted below – maybe should add statutes)

Plan Organization

This pandemic response plan follows the main categories outlined in the MDH Pandemic Influenza Plan. It focuses on the response activities, primarily during phases 5 and 6 of the pandemic. **Pre-pandemic planning, coordination and community education activities conducted during earlier pandemic phases are not a focus of this plan.**

Response Functional Areas

General

WINONA COUNTY CHS is a lead response agency for bioterrorism, outbreaks of infectious disease, and other public health emergencies and will provide Incident Management and Management staff for these types of emergencies, including pandemic influenza (Winona County Emergency Operations Plan). The functional areas below outline key operational areas that may be necessary for a pandemic response. Trigger points for activating each functional area will follow the general parameters of the WHO phases of a pandemic, but cannot be specifically identified in advance due to the unknown nature of the specific pandemic influenza virus.

The following is a list of the key local activities:

- Communications
- Epidemiological Surveillance
- Community Disease Containment
- Infection Control
- Clinical and State Laboratory Issues
- Healthcare Planning

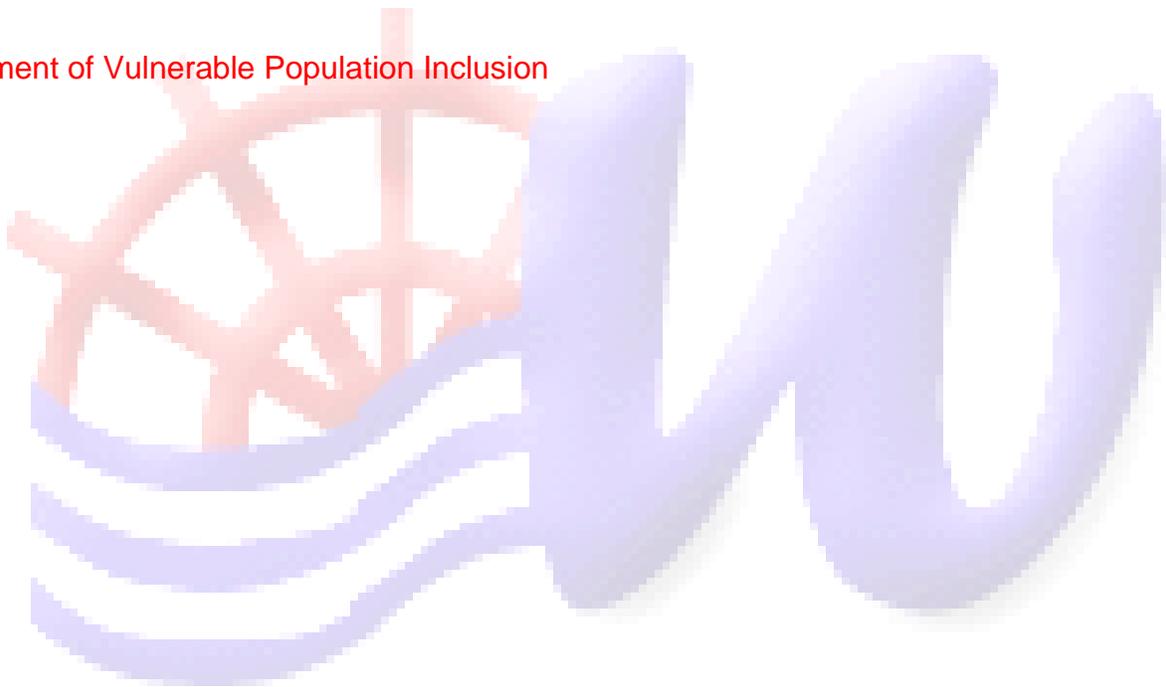
- Antiviral and Vaccine distribution
- Poultry Worker Health/Animal Health Collaboration
- Care of the Deceased
- Flu Center

Pandemic Severity and Pandemic Timelines with Triggers

(I think this is the same as we started in the Flu Center Plan but we might change Triggers)

Statement of Ethics – Our local mission statement but add qualifier of protocols, limited resources ??

Statement of Vulnerable Population Inclusion



Communications (MDH Plan Technical Section A)

Effective communication is an essential part of the response to a large, complex, and protracted event like an influenza pandemic. Communications throughout a pandemic includes public/media communications, and internal/partner communications. WINONA COUNTY CHS will play a direct role in the following aspects of internal, partner and public communications:

- Assure appropriate coordination of messages delivered to the public.
- Assure timely, appropriate and accurate messages are disseminated to the public through regular media communication channels.
- Assure messages reach multiple audiences through a variety of vehicles.
- Assure appropriate, accurate and timely information is shared with local and regional responders and partners, and state agencies.
- Assure WINONA COUNTY CHS staff is informed of new developments, changes and the steps being taken to respond on the federal, state, regional and local level.

Actions

As part of Incident Management and in coordination with Winona County Emergency Management, Winona Health, American Red Cross Winona County Chapter, MDH, and other partners WINONA COUNTY CHS will:

General Communication Actions

- Maintain appropriate mechanisms for emergency notifications from state and federal agencies through 24-7 public health emergency contacts, updated emergency contact information for staff and partners, and Health Alert Network (HAN).
- Maintain appropriate mechanisms for emergency notification and activation of staff and resources during an emergency through updated emergency contact phone numbers for all-staff and utilizing emergency calling tree protocols when appropriate.
- Utilize and maintain communication equipment needed for rapid communication to multiple parties, including but not limited to: VHF Radio, 800 MHz radio system, amateur radio (if needed), cell phones, **and satellite phone** and laptop computers, portable devices equipped with emergency contact information, plans, procedures, documents and templates.
- Utilize vehicles for message dissemination to the public, as appropriate:
 - Media Relations (media releases, broadcast fax, media briefings, background materials, interviews, blast e-mails, informal media contact lists, GovDelivery subscription service, etc.),
 - Emergency Alert System – **Code Red System, School Call out System??**
 - Public internet (www.co.winona.mn.us),
 - Public hotline capability,
 - Public warmline capability.

Public Message Development and Dissemination

The MDH Communications Office is the lead state agency to coordinate messages between federal and local government. They will identify, develop, and adapt federal educational messages and materials (talking points, fact sheets, news releases, web content, etc.) utilizing subject matter experts to address the pandemic influenza topics and response actions.

WINONA COUNTY CHS will:

- Activate, if necessary, and staff a Joint Information Center (JIC) for media briefings and updates.
- Adapt public messages and materials for approval by content expert(s) and incident command at the local level prior to dissemination.
- Monitor local media stories, calls from the public, and information and feedback from staff, response partners and external organizations to identify and address emerging issues, concerns, rumors and misinformation.
- Provide information and feedback to the MDH Communication Office regarding messages and materials that need to be addressed through revisions, clarification, and updating of data or technical information.
- Use non-traditional public information strategies, as appropriate, including the Emergency Alert System (E.A.S.), web pages, and Emergency and Community Health Outreach (ECHO) for limited English populations.
- **Activate a local warm line , when no state public warm line has been established or if it has exceeded its capacity and adequate staffing is available**
- Activate a local hotline, when no state public hotline has been established or if it has exceeded its capacity and adequate staffing is available.

Technical Chapter A – Communication Plan – Health Care & Public

Local Health Departments will need to insure that their communications systems—from the local Health Alert Network to redundant daily communication modes—are up to date. Local Health Departments should also scope out their communications plans for the public and with health care by creating plans with triggers, protocols, and contact lists. The Communications Plan should address each of the elements listed below:

Tactical Communications

Communications Medium	Responsibility	Special Considerations during Pandemic Response
HAN Statewide	Minnesota Dept of Health	Read and follow MDH Directives during response within stated timeframe
HAN Local	Local Public Health Managers & EP Coordinator	Send out to appropriate local HAN list MDH HAN's and add local information as necessary
Phone Landlines	Local PH agency and County Information Systems staff	Assure dedicated lines, such as a local hotline or warmline, have prepared messages for public when answered and maintain as stated in public media releases
Phone Landlines-	Winona Co Emergency	Use mass notification to specific populations or

Community Alert Systems (i.e. Code Red and Local Schools)	Management and Winona County Sherriff and the Chief Dispatcher and Winona Area Public Schools Superintendent	general population.
Cell phones	Local Public Health Managers ,EP Coordinator, PH staff as directed and County Information Systems staff	Agency maintains a list of cell phones for a redundant means of communication.
Phone – Satellite	Winona Co Emergency Management and Winona Health (one each).	Phones available for redundant means of communication.
Email	Local PH agency and County Informations systems staff	Limit e-mail traffic if needed to allow messages to get to MDH and other key response partners
Radios 800 MHz and VHF	Winona Co Emergency Management and Winona County Sherriff and the Chief Dispatcher	Use local radio communications as needed for local response of emergency providers.
Ham Radios	Winona Amauter Radio Club volunteers activated by Winona Co Emergency Management	Use to provide necessary point to point commuicaionts between LPH EOC and resources such as a mass clinic site.
Hotline – Warmline Resources	Local Public Health in cooperation with MDH	Assure proper public information.

Functional Communications – Health Care

Health Care Facilities	Situational Triggers for Communication				Methods/ Modes of Communication	Contact Lists Completed
	Flu Centers	Surge Situations	Vaccination Planning	Antiviral & PPE Planning		
Hospitals	See Flu Center Plan Appendix				Local phone & e-mail	Yes – key contacts in local HAN
Clinics	See Flu Center Plan Appendix Attached				Local phone & e-mail	Yes – key contacts in local HAN
LongTerm Care & Home Care	N/A	See Special Populations Appendix			Local phone & e-mail	Yes – key contacts in local HAN
Group Homes & Treatment Centers					Local phone & e-mail	Yes – key contacts in local HAN
Other						

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Functional Communications - Regional Networks

Regional Entities	Triggers for Communication	Methods/Modes of Communication	Contact Lists Completed
MAC			
Adjacent Jurisdictions (tribes, counties, cities, cross-border)			
Other			

Functional Communications - Public Information

While information such as talking points and fact sheets will be provided by MDH using CDC and state guidelines, local agencies should prepare formats, contacts, and local information in advance

Communication Format	Contacts	Translations Needed	Considerations/Issues
Public Service Announcements	MDH and Local PIO	Yes- majority Spanish and Hmong	See local resources below for
Press Release Templates	MDH HAN messages and or PIO messages		See MDH workspace if directed
Press Conference Protocols			
Procedures for Media Questions			
Procedures for Questions from Citizens			
Hotline/Warmline Message Content			
Displays			
Fact Sheets (local insertions)			
Faith-based Populations Messaging			
Minority Populations Messaging	Project FINE & ECHO	Does all local language needs	Continue to provide the prepared state resources for health messages and current information

Public Information

			regarding an actual event to Project FINE & ECHO
Volunteer Organization(s) Messaging	ARC		
Other			



Epidemiological Surveillance (MDH Plan Technical Section B)

Disease surveillance will be critical to provide data for Incident Management and to respond to questions from the public and media. Surveillance is conducted to:

1. Detect the introduction of the disease in the state and Winona County,
2. Monitor disease activity including geographic and demographic distribution over time, and
3. Monitor disease severity by demographic factors and over time.

In Minnesota, routine influenza surveillance is accomplished using the following methods: sentinel site reports, school and long-term care disease outbreak reporting, critical case and death reporting, laboratory test results and retrospective mortality data assessment. Hospital, clinics, schools, childcare centers and other institutions call . **MDH epidemiologists contact Winona County CHS when an outbreak occurs and provide guidance for action. ~~WINONA COUNTY CHS and/or~~** MDH epidemiologists when they see an unusual case or outbreak of disease. Very early cases of Pandemic influenza in Winona County will likely be identified in this way.

Once efficient human-human transmission is established influenza pandemics expand very rapidly, and some of the routine surveillance methods such as school-based and long-term care outbreaks will no longer be sustainable. At that time, sentinel sites and hospital-based reporting will be the principle surveillance mechanisms coordinated by the MDH. The Centers for Disease Control (CDC) will establish a disease definition for reporting purposes and the MDH will coordinate laboratory testing protocols. MDH may also activate work-site surveillance at that time to measure community impact.

Actions

During an influenza pandemic, the primary surveillance role of **WINONA COUNTY CHS epidemiologists** will be to:

- Assist the MDH with the investigation and disposition of early suspect cases.
- Act as a resource of accurate disease information to local decision-makers, medical facilities, schools, businesses and other partners.
- Encourage and enable local disease reporting from sentinel sites and hospitals in accordance with the state surveillance plan.

Community Mitigation (Disease Containment) (MDH Plan Technical Section C)

Disease containment measures may be instituted in attempts to limit or slow transmission of the influenza virus, especially in the absence of an effective vaccine. Disease containment includes individual measures (e.g. isolation and quarantine) and community-level measures (e.g. suspension of public gatherings). The Governor has authority to institute certain community containment measures.

Measures that Affect Individuals

- Isolation of infectious patients in hospitals.
- Isolation of non-hospitalized infectious patients.
- Quarantine of individuals that are close contacts of infectious individuals during pandemic alert period.
- Quarantine of individuals during the early pandemic period when the scope of the outbreak is focal and limited.

Measures that Affect Groups of Exposed or At-Risk Persons

- Quarantine of groups of exposed persons.
- Measures that apply to use of specific sites or buildings (ex. sports events; community swimming pools).

Measures that Affect Communities

- Community-wide infection control measures (“don’t work when ill”; “cover-your-cough”, “**stay home from school ___ days when ill**”, etc.)
- “Snow days” and self-shielding
- Closure of office buildings, shopping malls, schools, and public transportation
- Widespread community quarantine (cordon sanitaire) – extremely rare/unlikely

Isolation and quarantine may occur in Minnesota at the request of federal or state authorities. It is anticipated that most people who are requested to isolate or quarantine themselves would do so voluntarily. MDH may have to seek court orders if necessary under Minnesota Statutes, sections 144.419 -144.4197, which address legal authorities and the process for isolation and quarantine. Ramsey County District Court has statewide jurisdiction for such cases.

Actions

As part of Incident Management and in coordination with Winona County Emergency Management, Winona Health Services, American Red Cross Winona County Chapter, MDH, and other partners WINONA COUNTY CHS will:

- Activate the protocol for an isolation and quarantine event, including the identification of locations for quarantine of people who cannot be quarantined at home.
- ~~Work with MDH, and CDC Quarantine Officials stationed at the MSP International Airport for screening, isolating, and quarantining passengers arriving on flights at Rochester International Airport.~~
- Activate the monitoring plan for people in quarantine.
- Activate the behavioral health services as part of the isolation and quarantine response.

- Activate local volunteer organizations to assure coordination of the delivery of essential services for those individuals or groups placed in isolation or quarantine.

Add Community Mitigation table from template with items as requested page 9



Infection Control (MDH Plan Technical Section D)

MDH and CDC provide ongoing guidance to WINONA COUNTY CHS, local healthcare, other caregivers, volunteers and the public for infection control issues such as:

- Appropriate types of infection control precautions
- The proper use of personal protective equipment (PPE)
- Hand hygiene
- Cleaning and disinfection for equipment, linen and patient care environment
- Waste disposal
- Disease containment (e.g. social distancing, work quarantine)

Actions

As part of Incident Management and in coordination with Winona County Emergency Management, Winona Health Services, American Red Cross Winona County Chapter, MDH, and other partners WINONA COUNTY CHS will:

- Serve as the local resource and contact for infection control information recommended by MDH to health care providers, other care givers and emergency workers, volunteers and the public. Current infection control information available to the public includes hand hygiene and “Cover your Cough” **and/or school protocols are known.**
- Ensure that WINONA COUNTY CHS staff has training and an adequate supply of PPE to perform their job duties. PPE will include, but not be limited to gowns, gloves, goggles, masks/ respirators, face shields, and feet and head covers. Staff will have access to PPE for job duties on-site and in the community.
- Disseminate information provided by CDC and MDH regarding the public’s use of masks.

Clinical and State Laboratory Issues (MDH Plan Technical Section E and I)

Clinical care and coordination with the MDH laboratory are the primary responsibilities of the healthcare providers. The primary clinical roles and responsibilities of WINONA COUNTY CHS during a pandemic-alert period are to assist the MDH with the following:

- Educating healthcare providers about novel/pandemic influenza signs, symptoms and epidemiology.
- Educating healthcare providers on diagnosis protocols including specimen collection and laboratory test selection.
- Facilitating access to laboratory testing.
- Investigating suspect cases.
- Informing clinicians about recommended infection control protocols.

Actions

As part of Incident Management and in coordination with Winona County Emergency Management, Winona Health Services, American Red Cross Winona County Chapter, MDH, and other partners, WINONA COUNTY CHS will:

- Assure that identified staff will be responsible (and remain updated) as local experts regarding clinical aspects of the disease and related epidemiology and laboratory content.
- Answer basic clinical and infection control questions, and be able to refer clinicians to MDH as necessary.
- Monitor that messages about clinical and epidemiologic suspect case criteria and diagnostic testing are consistent with those being disseminated by local Infection Control Practitioners (ICP's) and hospitals.
- Provide feedback to MDH concerning needs that local ICPs, hospitals and clinicians feel are not being met in the area of clinical management and information.
- Provide clinical training necessary to assure local hotline/warmline staff has accurate clinical and epidemiological information.

Healthcare Planning (MDH Plan Technical Section F)

A pandemic will place a substantial burden on inpatient and outpatient healthcare services. Illness and absenteeism among healthcare workers will increase the demand for services and further strain the ability to provide quality care. In Southeast Minnesota, approximately 144,000 people could become ill from a severe pandemic influenza, and 16,000 would need hospitalization.

Healthcare emergency response planning is conducted within each healthcare institution, and since 2002, is coordinated regionally through the Minnesota Hospital Preparedness Program administered by the MDH. Mayo Clinic serves as the Regional Hospital Resource Coordinator (RHRC) for SE Minnesota regional planning and is responsible for planning/response coordination and communication among regional hospitals and with other regional partners. Medical surge capacity planning and response are key components of the MHPP to enhance the capacity of the healthcare system to respond to pandemic influenza. The MDH is responsible for statewide coordination of patient care when human and material resources overwhelm regional capacity (MDH Pandemic Influenza Plan).

Actions

As part of Incident Management and in coordination with Winona County Emergency Management, Winona Health Services, American Red Cross Winona County Chapter, MDH, and other partners, WINONA COUNTY CHS will:

- Coordinate disease surveillance and reporting with local healthcare and MDH.
- Coordinate communications with healthcare organizations (see Communications section) related to the community educational messages, and disease prevention/containment measures.
- At the request of the healthcare community, open designated facilities for offsite fever/flu clinic(s) and other patient care needs (as necessary) to respond to the surge of patients.
- Coordinate the distribution of limited amounts of vaccine and antivirals obtained through the federal Strategic National Stockpile (SNS) or other state/federal program.
- Coordinate with home health care agencies and other organizations (as resources are available) to provide support to those needing care in their homes.
- Communicate state and federal guidance related to adjusting standards of patient care.
- Assure deployment of health-related volunteers to assist needed response functions.
- Assess behavioral health needs with other local partners.

Other healthcare-related response activities include transportation coordination and support between Emergency Medical Services and Emergency Management, and other logistical support issues.

Assess Distribution (**MDH Plan Technical Section G**)

Vaccine and antiviral drugs are an important adjunct to prevention and control of influenza. However, they will likely be in limited supply.

Antivirals

Based on the MDH plan, antivirals will be procured and stockpiled at the federal level and in private caches. They will be used for treatment by medical providers at hospitals or other healthcare facilities. The state, with the guidance of DHHS and public and private stakeholders, will define priority groups and strategies to implement the proper use of antivirals. Depending on the type and location of the antiviral stockpiles, distribution will vary from private internal distribution to the use of some or all components of the Strategic National Stockpile (SNS).

Supplies

Add template table page 13

Vaccine Distribution (MDH Plan Technical Section H)

Vaccines

Vaccine procurement, stockpiling, and distribution are under intensive review at the national level. After identification of a pandemic-causing virus, the initial production of a specific vaccine will likely take 4-6 months, and production will be slow and lag behind demand. Also, the likely need for two doses of vaccine may substantially decrease the amount that is received in MN and increase the timeframe in which it is received. High risk groups and essential personnel groups will be identified based on federal/state guidance and will receive priority for the limited amounts of vaccine.

Actions

As part of Incident Management and in coordination with Winona County Emergency Management, Winona Health Services, American Red Cross Winona County Chapter, MDH, and other partners, WINONA COUNTY CHS will:

- Activate plans to vaccinate essential personnel based on the availability of the vaccine. *Note: Determination of essential personal priority groups will be event dependent and driven by federal and state guidelines. WINONA COUNTY CHS will work with MDH providers on this priority group framework.*
- Activate plans to vaccinate high priority groups and the general public as vaccine becomes available, including plans for special populations (e.g. non-English speakers, the hard of hearing).
- Activate plans (if necessary) to participate in antiviral distribution strategies.
- Coordinate with the regional response plan the rapid allocation and distribution of critical pharmaceuticals, and medical supplies provided through the SNS.
- Provide consistent standardized media messages to facilitate public understanding of priority groups and vaccine/antiviral usage and allocation.

Cross reference SNS??

Add Template tables pages 14, 15, and 16

Insert
Laboarotory (MDH Technical Chapter I)



Poultry Worker Health/Animal Health Collaboration (MDH Plan Technical Section J)

Animal health emergency response is a primary responsibility of State government, specifically the following State agencies:

- Board of Animal Health
- Department of Natural Resources
- Department of Agriculture

State Avian Influenza (AI) plans focus primarily on limiting the impact of high-pathogenic AI (HPAI) in domestic poultry flocks. In addition, because there is a concern for HPAI to be passed to domestic poultry flocks from migratory waterfowl, plans are being developed by the Minnesota Department of Natural Resources (DNR) to begin testing migratory waterfowl in coordination with the Federal US Fish and Wildlife Service. Responsibilities of the DNR include preparing plans and procedures for sampling animals, depopulating flocks (if necessary), and providing technical and laboratory support (State of MN Avian and Influenza Pandemic, MEOP Supplement).

Actions

At the local level, Winona County Emergency Management is the lead coordinator with state agencies for animal emergency response. In coordination with MDH, WINONA COUNTY CHS provides human health risk assessment and information related to animal emergencies.

If the State identifies HPAI in domestic poultry or wild waterfowl in Winona County, it does NOT indicate a pandemic and the level of emergency response activation will be determined by the severity of the animal disease emergency.

If HPAI is identified in domestic poultry flocks, WINONA COUNTY CHS will:

- Assist MDH in poultry worker surveillance, education, antiviral distribution (if available) and poultry worker use of personal protective equipment (PPE)
- Activate the monitoring plan for poultry workers in quarantine
- Activate local volunteer organizations to assure coordination of the delivery of essential services for those poultry workers placed in isolation or quarantine

If HPAI is identified in local migratory waterfowl, WINONA COUNTY CHS will:

- Assess the risk to human health in coordination with MDH and other state/federal agencies
- Recommend actions to reduce direct human exposure to infected birds and their feces which may include:
 - Disseminating state policy information based on community needs.
 - Posting signs with personal protection information in areas highly concentrated with infected birds.
 - Installing barriers to limit human contact with areas highly concentrated with infected birds.
 - Providing public information on personal hygiene precautions to take if exposed to dead/dying birds or their feces (i.e. handwashing).
 - Provide public information on proper handling and disposal of dead/dying birds.

Care of the Deceased (MDH Plan Technical Section K)

Care of the deceased is the primary responsibility of the County Coroner and local morticians. Winona County averages 3 resident deaths per day. During a pandemic, estimates project an average of 23 deaths per day over an 8 week wave of disease. In addition to the surge overwhelming local coroner and mortuary services, MDH provides specific infection control recommendations when caring for the deceased. WINONA COUNTY CHS will assist MDH, as needed, with local training and education of:

- Medical examiners/coroners
- Morticians
- Health care facilities
- National Guard
- Volunteer organizations

Actions

As part of Incident Management and in coordination with Winona County Emergency Management, Winona Health Services, American Red Cross Winona County Chapter, MDH, and other partners, WINONA COUNTY CHS will:

- Activate the Mass Deaths plan in the EOP, including the need for temporary morgues.
- Request state (D-MERT) and federal (D-MORT) fatality management resources (as need and if available).
- Disseminate state/federal guidance and information on disease control strategies for funeral services.
- **Activate, only if necessary, the local mass burial site, which has been predetermined in accordance with the local planning and zoning codes.**