

**Wisconsin Pandemic Influenza Operations Plan:
All Priorities and Appendix A**

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Health

Priority 1: Mass vaccination

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Agencies Involved in the Planning for this Priority Area

Wisconsin Department of Health and Family Services
Wisconsin Department of Military Affairs
Wisconsin Department of Transportation
Wisconsin Emergency Management
Wisconsin Emergency Police Services

Assumptions

Medical countermeasures for pandemic influenza, including vaccine, will be high-value assets and will require increased security for storage, transportation, and dispensing.

Staff and volunteers assigned to support pandemic influenza medical countermeasures logistics are critical to the response.

Pre-pandemic vaccine against H5N1 virus will be stockpiled by the federal government and released to the State if a pandemic caused by an H5N1 virus begins.

Pandemic influenza vaccine production will require 4-6 months from the time pandemic vaccine strain is selected.

Pandemic vaccine will be allocated to project areas in proportion to their total population.

Manufacturing capacity of 4.2 million courses per month corresponds to being able to vaccinate 1.5% of Wisconsin's population with two doses per month.

Vaccination will be done by priority groups.

Priority groups are subject to change.

Vaccine will be shipped weekly only to locations identified in this plan.

Up to 100 ship-to sites can be designated in the state.

Ancillary vaccination supplies will not be provided by the SNS.

There will be no separate vaccine allocated for Indian Health Service.

Tribes may choose to work with local public health agencies or establish their own mass clinic plans to vaccinate priority groups within their jurisdiction.

The State of Wisconsin will be responsible for countermeasure administration to all federal employees in the state with the exception of active duty staff at Ft. McCoy.

The CDC and FDA will have in place an Emergency Use Authorization allowing the use of a vaccine that is not approved by the FDA.

Status of current state activities

The State has developed a Strategic National Stockpile (SNS) plan for the receipt, distribution and dispensing of emergency medical materials, including vaccines. The SNS plan defines roles and responsibilities at the State and local/tribal levels. The State is defined as the requester, receiver and distributor of federal assets, and therefore is responsible for delivering these federal assets to hospitals, tribal health centers and local public health departments. The role of hospitals, tribal health centers and local public health departments is to use these federal assets to mitigate an incident.

The State has provided guidance to all tribal and local public health departments for requesting, receiving and administering mass prophylaxis and vaccinations.

Tribal and local public health agencies have identified and secured 202 facilities to be used as Points of Dispensing (POD) in an influenza pandemic.

Each local public health agency has developed and exercised a Mass Clinic (POD) plan that includes site security, public communications, and volunteer staffing. Tribes are included in their local public health department plans and exercises. Hospitals, other care facilities, and first responders and essential personnel have been included in some of these exercises and plans.

The State has augmented its Web-based immunization registry to control and track SNS inventory and patients.

The State has a volunteer database, the Wisconsin Emergency Assistance Volunteer Registry, or WEAVR, to collect and store contact information on professional and paraprofessional volunteers interested in filling critical response and recovery roles following a major public health emergency. This information is available to local health officers.

Description of Recent Accomplishments

A Mobile SNS Preparedness Course was held in two locations in the state; this trained tribal, local, and state staff on dispensing medical countermeasures during a public health emergency.

The State has developed a Web-based version of the SNS Local Technical Assessment Tool for tribal and local public health agencies to self-assess their Mass Clinic (POD) plans to effectively prophylax or vaccinate their jurisdictions. Data will be analyzed to find common problems and identify areas for improvement and assist local planners with developing a SNS workplan.

The State has a security plan using State Patrol, National Guard and local law enforcement agencies to safeguard the storage and transportation of emergency medical materials, and is expanding the plan to include antivirals and pandemic influenza vaccine.

Distribution and Administration including systems for Receipt, Distribution and Storage:

OVERVIEW OF RECEIPT, DISTRIBUTION AND STORAGE

Pandemic vaccine will be allocated to tribal and local public health agencies based on population size; however, DPH may allocate vaccine based on the situation at the time. Allocation tables are available by county for the amount of vaccine to be distributed on a weekly basis based on CDC's assumption of providing vaccine for 1.5% of the state's population. To control vaccine and ensure proper use, DPH will ship vaccine only to tribal and local public health agencies. Pre-pandemic vaccine will be allocated based on population size, although at this time no estimate is available for how much vaccine would be allocated to Wisconsin. For example, Wisconsin's population is currently estimated at 5,509,026; vaccine to cover 1.5% of that is 1,907 courses weekly. Oneida County's population is estimated at 37,189; based on 1.5% of this, Oneida County would receive 13 courses per week. Allocation tables indicate the administration rate per hour to help local agencies plan sufficient staffing and add extra shifts.

Wisconsin will receive its pre-pandemic and pandemic influenza vaccine at the same central location as smallpox and anthrax vaccines, and then redistribute it. The central location has two walk-in coolers with double redundant cooling systems and emergency power. The system is electronically monitored to ensure proper operation and predict potential system failures. The coolers have an electronic temperature monitoring system that sounds an alarm locally and at the 24/7 security desk of the Capitol Police Department. In the event of an alarm, Capitol Police contact DPH Immunization Program staff or DPH on-call staff. The walk-in coolers are kept locked when not in use. Access to the cooler room is limited to DPH Immunization Program staff; intrusion alarms notify Capitol Police.

Pre-pandemic and pandemic influenza vaccine will be received by the DPH Immunization Program. The Distribution Manager for yearly influenza vaccine will act as the Distribution Manager for pre-pandemic and pandemic influenza vaccine. Immunization Program staff are trained to receive and ship vaccine on a daily basis, as well as for high-volume shipping during influenza season. A Standard Operating Procedure for the cold chain management of SNS vaccines is in place. A call list for Immunization Program staff using the Health Alert Network's Command Caller can quickly and automatically contact all staff, or they can be manually contacted. Staff are required to update their Health Alert Network contact information every 90 days.

Distributed vaccine will be shipped in Styrofoam containers with coolpacks that are adequate for local transport and day use. If the vaccination clinic lasts for more than one day, arrangements will be made to store the vaccine in a secure location with temperature monitoring. Graphing thermometers are adequate for this monitoring and will be supplied by the Wisconsin Immunization Program if storage sites do not have them available. All local public health agencies have monitored storage capacity within their Mass Clinic Plans and have exercised secure storage.

The Wisconsin Immunization Registry (WIR) will be used for inventory management. All tribal and local public health agencies receiving pre-pandemic and pandemic influenza vaccine must

use the WIR to document vaccine inventory and administration. Agencies must complete WIR training before receiving vaccine. Pre-pandemic and pandemic influenza vaccines will be added to the WIR inventory system when received. WIR inventory reports are available to DPH management and can easily be transmitted to CDC.

Vaccines will be shipped by DPH Immunization Program staff to tribal and local public health agencies. The Immunization Program conducts annual site visits to assess the capability for proper storage and cold chain management at tribal and local public health agencies. Based on the predicted allocation of vaccine, all tribal and local public health agencies in Wisconsin have sufficient cold storage space available.

Vaccine shipment modes will be based on threat analysis. If the vaccine is at high risk for theft (as assessed by state and federal law enforcement), law enforcement agencies will be tasked with transporting vaccine for smaller shipments and escorting larger vaccine shipments from the distribution center to local public health agencies. If the vaccine is at low risk for theft, shipping will be done by contract couriers and/or State staff. Pre-pandemic and pandemic influenza vaccine shipments will be tracked using the WIR inventory system. Receiving agencies must acknowledge receipt of shipment and validate quantity, lot numbers and expiration dates of the order. For vaccines transported by law enforcement, IPS chain-of-custody forms will be used. Just-in-time training materials are located with the forms on the Wisconsin Health Alert Network.

Detailed Implementation Steps

RECEIPT

Source: Wisconsin Strategic National Stockpile Plan

RSS warehouses are located strategically in the state. Only one RSS warehouse will be operational during an incident; however, the other warehouse may be used to support cross-border activities. The choice of which RSS warehouse to use will be made by state and federal officials based on population exposed, current threat assessment, and infrastructure integrity. The RSS warehouse will serve as a central breakdown point. Medication and supplies will be sorted at this point for transport to patient treatment centers and mass clinics.

Acceptance of SNS Materials

The Department of Health and Family Services is registered with the DEA as a distributor of Schedule II and IV controlled substances; therefore, any officer within the department could sign for the controlled substances.

Inventory Management

The Web-based Wisconsin Immunization Registry (WIR) now has an SNS module to place and fill orders for SNS material, track inventory, and track patients. Access to the WIR-SNS will be limited to those who have been granted access by their Health Officer and who have received training.

If the WIR-SNS is not available, ordering SNS assets will be done using the WI-SNS Order form. Order forms should be faxed to the local Emergency Operations Center (EOC). If there is no fax capability, the orders can be read over the telephone, cellular phone, satellite phone or amateur radio. At each local EOC, the federal Health and Medical representative (ESF-8) will review the orders to eliminate duplication and forward them to the state EOC. The state EOC will prioritize orders and forward them to the Inventory Control Center at the RSS warehouse.

The Wisconsin Immunization Registry SNS module will be used for managing all inventories from the Strategic National Stockpile.

DISTRIBUTION

Source: Wisconsin Strategic National Stockpile Plan

Transportation

Trucks will be the primary means of transporting SNS materials. The State has contracts with several common carriers that can be used to move SNS materials from the RSS warehouse to the distribution sites and to the dispensing sites. Vehicles provided by the Wisconsin Office of Fleet Management or the National Guard will serve as back-up. In conjunction with local public health departments, the State will work with Wisconsin Emergency Police Services, the State Patrol, the National Guard and local law enforcement to plan for route selection, security, traffic control and other pertinent issues.

Tribal and local public health agencies have identified and secured 202 facilities throughout the state to be used as mass clinics (or POD) for mass dispensing or mass vaccinating. The State has a listing of these and has identified routes to each location. Local mass clinic plans include POC information, MOUs, floor plans and security plans for each site. The Local Health Officer is the main point of contact, with each having at least one backup. Each tribal and local public health department maintains a 24/7 call plan and call list on the Health Alert Network.

Source: Wisconsin Pandemic Influenza Plan

DPH will distribute vaccine and supplies (*e.g.*, needles, syringes) necessary for influenza vaccine administration through a centralized distribution system to local health departments, using SNS infrastructure for storage and transport. The exact clinic sites to which vaccine will be shipped will depend upon the distribution of disease in the state; for example, if there are no cases of pandemic influenza in the state and vaccine is available, vaccine will be more widely distributed around the state than if there were cases of pandemic influenza associated with a particular index case in a single city in the state.

A specified number of doses of vaccine and medical supplies will be distributed to local health departments based on population size and distribution of prioritized essential services personnel. Supplies may be shipped separately from vaccine. Exact numbers of doses and equipment supplied will depend upon the amounts available and the site(s) of influenza illness in the state. We have been advised that between 5,000 and 10,000 doses per month would be available to Wisconsin (2% of the US population) once vaccine production begins.

DPH will consult with Wisconsin Emergency Management (WEM) to coordinate assistance in the storage, security, and transportation of vaccine and supplies, as appropriate. All local health departments have mass clinic plans which include local storage, transportation, chain of custody, and security.

DPH will advise the use of existing pneumococcal vaccine for high-risk individuals to be administered by health care providers, home health agencies, the Visiting Nurse Association, LHDs and others, as vaccine is available to them. While not a part of SNS stocks, this vaccine is known to decrease secondary bacterial infections following viral infections, and so should be part of a comprehensive pandemic influenza plan.

STORAGE

Source: Emergency Mass Clinic Vaccine Storage Guide

Vaccine Storage and Handling

Vaccines must be kept within the manufacturer's recommended temperature range, typically (2° to 8° C), and the package insert should be consulted for optimal cold-storage criteria. Vaccines to mitigate a public health emergency will be received by DPH at a single secure cold-storage location. This location has 24-hour security and temperature monitoring. DPH will then distribute vaccine, ensuring cold-chain management, to treatment centers, tribal health centers, and local public health agencies involved in the mitigation of the public health emergency.

Distributed vaccine will be shipped in Styrofoam containers with coolpacks that are adequate for local transport and day use. If the vaccination clinic lasts for more than one day, arrangements will be made to store the vaccine in a secure location with temperature monitoring. Graphing thermometers are adequate for this monitoring.

VACCINE SECURITY AND TRACKING

Since the supply of vaccine is limited and the demand for vaccine may be extremely high, care must be taken to protect the vaccine supply from theft and fraud. Vaccine usage at the mass clinic will be monitored closely; requests for additional vaccine will be made through the local Emergency Operations Center to the state Emergency Operations Center. The local EOC will contact the state EOC to coordinate the return of unused vaccine.

Vaccine security will be based on public reaction to the emergency. Security procedures may range from locking the storage area to armed guards. Local planners have discussed security measures with their local law enforcement agency and included these measures in their local mass vaccination plans.

The Wisconsin SNS Security Plan will be used to protect pre-pandemic and pandemic influenza vaccines. The Director of Wisconsin Emergency Police Services is the state security coordinator for SNS and pandemic influenza countermeasures. State agencies for security include the Capitol Police, Wisconsin Emergency Police Services, Division of State Patrol, Department of Military

Affairs, Department of Justice, and Division of Criminal Investigations. Specific local law enforcement agencies and county sheriff's departments are tasked with providing security for specific facilities used as RSS sites, with the exception of state-owned property where Capitol Police have jurisdiction. The facility to be used to receive and distribute pre-pandemic and pandemic influenza vaccine is state-owned and staffed by state employees. State employees must display their state identification at all times when working in areas where vaccine is kept.

Security plans for Mass Clinic operations are being enhanced to support a vaccination campaign that has limited vaccine that goes to specific priority groups. Each tribal and local public health department has worked with their local law enforcement agencies for security, crowd control and traffic management for dispensing National Strategic Stockpile assets.

ADMINISTRATION

Source: Wisconsin Pandemic Influenza Plan

Role of DPH:

- Distribute the CDC standard vaccine information statements (VIS) that detail the risks and benefits of the vaccine in English and in various languages for non-English speakers.
- Develop necessary standing orders and other written materials for healthcare providers that include recommendations to develop a vaccine strategic plan, a summary of the most recent ACIP influenza vaccine recommendations, clinic flow charts, and handling and storage instructions.
- Provide the mechanism for ordering influenza vaccine from the DPH.
- Ensure adequate provision of clinic supplies to local health departments (LHD).
- Develop a system for the prioritization of vaccine, to be used statewide, in cooperation with the CDC.
- Determine method of vaccine delivery and work with LHD and hospitals to identify state/local responsibility for stages of delivery, transport and security.

Role of tribal and local public health departments:

- Develop, practice and implement a mass-vaccination plan in collaboration with local health care providers and first responders. These plans are scalable, and have as their worst-case scenario the need to vaccinate the population in the specific jurisdiction within four days.
- Continue to emphasize annual influenza vaccine and the use of pneumococcal vaccine during the preparation phases of the pandemic.
- Coordinate activities with bordering jurisdictions.

- Develop local systems to estimate the number of persons in priority groups for vaccination.
- Improve current influenza and pneumococcal vaccination programs.
- Assure the security of influenza vaccine during storage and delivery when it becomes available.
- Contact and train volunteers for assistance during public health emergencies such as mass vaccination clinics.

MASS VACCINATION OR TREATMENT CLINICS

Source: Wisconsin Mass Clinic Planning Template

Triage

The triage point for a mass clinic is intended to separate ill and symptomatic clients and/or contacts of likely cases from the rest of the mass clinic as early as possible.

- Medical personnel perform initial assessment and separate symptomatic from asymptomatic clients.
- RN or MD will perform a basic health exam on the symptomatic clients and determine whether they need transport to a treatment facility.
- Volunteer personnel (such as EMTs) will transport clients via ambulance or bus to the treatment facility.
- Volunteer staff will facilitate clinic flow and routing.
- Volunteers and signs will direct clients to the next station.
- If a client is symptomatic, perform Contact/Household Member Evaluation.

Registration

Clients entering the clinic will be greeted by staff and receive a packet of information. This will also be the point at which all clients are registered, and given a client ID that will be used to track their progress through the clinic.

Patient Education

Those clients that are registered that do not require triaging will be sent to an orientation session. Orientation will be presented by video in rooms holding 20-25 people with a moderator. The orientation provides essential medical and legal information which will assist people in completing their screening forms.

Screening

Individuals will proceed to the screening area with completed screening forms. These forms will be reviewed with staff, and are intended to identify contraindications or family members with contraindications.

- Staff reviews the screening with each client.
- If clients answer positively to any of the listed contraindications for themselves or a family member, they be directed to the counseling station.
- If there are no identified contraindications, the client will sign applicable consent forms and proceed to the next station.

Counseling

Two to four stations will be available to offer private counseling for clients with certain conditions (contraindications) or special needs.

Dispensing Area

- Clients sign consent forms (include Investigative New Drug forms if necessary).
- Staff hand out or administer medicine with information sheets.
- Volunteers create separate lines for: the elderly, disabled and others who may not be able to stand for long periods of time; people with children (correct pediatric dosing takes longer than adult dosing).
- A pharmacist presides over the dispensing operation.
- Staff establish a record/log of those who received medication.
- Staff develop a contingency plan for anyone who picks up medication for family members.
- Volunteers will facilitate clinic flow and routing.
- Volunteers and signs direct clients to the next station.

Vaccination Area

Vaccination stations with 2 staff per station will be available for clients. Clients will be routed to vaccination stations based on the clinic design.

- Clients will have an opportunity to ask remaining questions.

- They will be asked to sign a "consent roster" indicating they have watched the video and had all questions answered.
- If a client refuses to take the vaccine, they will sign a "refusal roster" indicating they have watched the video and had their questions answered and are refusing the vaccine at this time. If they are a contact to a case, they will be instructed on appropriate quarantine measures, symptoms for which to monitor and appropriate contact information.
- Staff will record those who received vaccination on hard copy for real-time or later entry in WIR.
- Volunteers will facilitate clinic flow and routing.
- Volunteers and signs will direct clients to the next station.

Checkout

Clients receiving their medication or receiving vaccination will proceed to the checkout station. Staff will provide information and documentation to assist clients in managing their treatment beyond the clinic.

Special Needs Services

The mass clinic must be able to provide additional assistance to special needs populations able to access the clinic. The services required are dependent upon the unique needs and demographics of the targeted patient base.

Communications Regarding Clinics

While some communications methods regarding vaccination and clinics are site-specific, DPH has prepared message maps and template communications for a number of situations, including pandemic influenza. These are available for several non-English speaking populations as well as in English. Multi-media plans to address people with low literacy skills have also been developed.

STAFFING AND TRAINING

Mass clinic staffing is the responsibility of tribal and local public health agencies. Their mass clinic plans are NIMS-compliant and identify staffing in accordance with ICS, including the adaptation of the ICS form for public health. Tribal and public health agencies have assigned personnel to key functions. In smaller agencies, MOUs with other jurisdictions exist to share personnel resources. All local Health Officers and Tribal Health Directors have access to the Web-based Wisconsin Emergency Assistance Volunteer Registry (WEAVR) to find volunteers in their area. The State's Mass Clinic Planning Template provides job action sheets for each position in the Mass Clinic. Just-in-time training materials for mass dispensing prophylaxis, mass

vaccination with smallpox vaccine, and influenza vaccine are available through the Health Alert Network.

Due to limited vaccine availability, each tribal and local public health department will receive vaccine in quantities that will not require multiple shift operations. Milwaukee County may require multiple shifts if operating a single mass clinic location, which will then require 321 doses per shift based on two 8-hour shifts. The weekly vaccine allocation to Wisconsin should be at a rate that is easily sustainable.

Each tribal and local public health agency maintains Mass Clinic plans for providing mass prophylaxis and/or mass vaccination for the citizenry within their jurisdiction. Tribal health directors are given the choice to work with their local public health departments or maintain their own plan for their jurisdiction. These mass clinic plans address the staffing and training requirements to support the operation.

The following Mass Clinic positions have job action sheets and just-in-time training material has been developed.

Medical Services Director: It is necessary for this person be a licensed healthcare professional (preferably a medical doctor or an advanced practice nurse). They are responsible for supervision of those who will be providing direct client care. As a result, it is important to have someone with the appropriate experience managing this portion of the clinic. Staff for these roles require greater training, and should ideally have pre-event training. If appropriately trained, they may rotate among stations. If they cannot rotate, it is important that adequate staff are available to provide relief.

Triage worker: medical personnel for evaluation, volunteer staff for transport and clinic flow; just-in-time training acceptable.

Registration worker: volunteers, just-in-time training acceptable.

Educator: public health worker who knows enough about the medications and situation to answer questions and refer persons to medical screening. Need not be health professional. Pre-event training preferable.

Screener: experienced public health staff or medical professional. Just-in-time training acceptable.

Counselor: Medical professional or experienced public health staff. Just-in-time training acceptable.

Vaccinator: Registered Nurse or delegate; must be supervised by RN. Just-in-time training acceptable. Assistant for paperwork may be volunteer; may be trained at the site.

Checkout staff: must be able to answer questions, so experienced public health or medical professional staff. Pre-event training preferable, just-in-time training acceptable.

Special Needs Services: dependent upon population being served; may include translators, persons to assist with physical demands of clinic attendees.

DATA COLLECTION

Vaccinations with pre-pandemic and pandemic influenza vaccine will be recorded in the Wisconsin Immunization Registry (WIR). The WIR is a computerized Internet database application that was developed to record and track immunization dates of Wisconsin's children and adults. System requirements are a PC-based computer, Internet connection, and Microsoft Explorer 6.0 or greater (WIR is not 100% compatible with other browsers). WIR paper input forms will be used if Internet connection or WIR-PC (an enhancement to WIR that allows a free-standing version of WIR to be used without Internet connection, and later synchronized with the Web-based database) are not available. All paper records will be put into the WIR by DPH staff as soon as possible. Data uploaded into the WIR will be analyzed by DPH and submitted to CDC on a weekly basis. Data sent to CDC will not include names in accordance with DPH policy. The WIR will generate reminder recall lists of individuals requiring their second dose. Local agencies can use these lists to remind clients when their second dose is due.

Vaccine Monitoring

DPH Immunization Program is responsible for assigning a Vaccine Safety Coordinator for new vaccines. This coordinator will be one of the experienced staff who presently oversees vaccine safety and supply. The Vaccine Safety Coordinator will coordinate surveillance activities with tribal and local public health agencies, will monitor adverse reactions to influenza vaccine through the Vaccine Adverse Events Reporting System (VAERS) and will assist local agencies and clinicians with VAERS reporting. DPH will staff a hotline to receive reports of adverse events and answer vaccination questions from the public as well as local public health and tribal agencies. The public information campaign will include messages to report any vaccine-related adverse events.

The DPH will monitor adverse reactions to influenza vaccine through the Vaccine Adverse Events Reporting System (VAERS). A vaccine safety coordinator will be appointed from among the DPH Immunization Staff, and will be responsible for advising local health departments on VAERS reporting requirements and assisting them with any reporting problems.

Vaccinations with pre-pandemic and pandemic influenza vaccine will be recorded in the Wisconsin Immunization Registry (WIR). The WIR is a computerized Internet database application that was developed to record and track immunization dates of Wisconsin's children and adults. System requirements are a PC-based computer, Internet connection, and Microsoft Explorer 6.0 or greater (WIR is not 100% compatible with other browsers). WIR paper input forms will be used if Internet connection or WIR-PC (an enhancement to WIR that allows a free-standing version of WIR to be used without Internet connection, and later synchronized with the Web-based database) are not available. All paper records will be put into the WIR by DPH staff as soon as possible. Data uploaded into the WIR will be analyzed by DPH and submitted to CDC on a weekly basis. Data sent to CDC will not include names in accordance with DPH

policy. The WIR will generate reminder recall lists of individuals requiring their second dose. Local agencies can use these lists to remind clients when the second dose is due.

Vaccination by Priority Groups

The DPH will determine a prioritization scheme to vaccinate those state government officials and personnel deemed a priority to maintain essential services. With limited vaccine available to begin vaccination, the Chief Medical Officer and Clinical Management Team will finalize a scheme to prioritize those groups to whom vaccine will be directed to maintain health and critical services in Wisconsin. No more than 25% of persons targeted may be in administrative positions. Recommendations for vaccination prioritization will be based on current CDC guidelines and consultation with experts, including a bio-ethicist. The scheme, in order of priority may include:

Vaccination targets:

Persons necessary to provide legal authority to initiate activities not specified by current state laws

- The Governor of Wisconsin
- The Lieutenant Governor and Secretary of State as individuals identified by statute to take charge of state functions in the event of the loss or incapacitation of the Governor.

Persons essential to maintain basic community infrastructure contingent on the epidemiology of the pandemic and the quantity of influenza vaccine available.

These include:

Staging: Category A Group and their household members

- Licensed health care workers including physicians, physician assistants, nurses, mental health professionals
- State public health officials, including the Chief Medical Officer, State Health Officer, and members of the Clinical Management Team
- First responders (Fire, Police, EMT's)
- Medical laboratory workers
- Emergency management personnel
- National Guard members that have been mobilized by the Governor
- Long term care facility staff
- Utility fieldworkers (gas, electric, water, sewer, etc.)
- Communications personnel
- Fuel suppliers
- Food suppliers

- Waste management workers (general and medical)
- Public transportation drivers
- Air travel personnel (pilots, air traffic controllers, etc.)
- Corrections workers
- Morticians/coroners/medical examiners
- Pharmacists
- Red Cross field workers
- U.S. Postal Service workers
- Contracted persons involved in the transportation of vaccine

Staging: Category B Group

- Day care providers
- Teachers
- Clergy
- Other non-licensed mental health professionals

Local public health departments in Wisconsin have identified or are in the process of identifying critical infrastructure personnel and special populations within their communities. The exact procedures for vaccinating these populations will be developed at the local level using current guidance from CDC and DPH.

Following vaccination of essential personnel as above, tribal and local health agencies will activate appropriate plans to provide vaccination for the general public

Health

Priority 2: Public Health Continuity of Operation Plan (COOP)

Lead Contact

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Agencies Involved in the Planning for this Priority Area

WI Department of Administration
WI Division of Public Health

Assumptions

The clinical disease attack rate could be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.

Rates of absenteeism will depend on the severity of the pandemic.

In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.

Certain public health measures (closing schools, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism.

The demand for public health services in a pandemic will increase substantially.

Business supply chains including those for medical supplies may be interrupted, making it difficult to continue business operations.

Pre-pandemic planning and employee education are critical to help public health respond more effectively to a pandemic.

Current State Activities:

Executive Branch agencies of the State of Wisconsin are building on their existing Continuity of Operations Plans (COOP) to ensure that they can continue the highest priority time-sensitive business services during a pandemic. Agency-level COOP plans are in place for 24 state agencies and business-service-level COOP plans are in place for 249 time-sensitive business services.

The state-level Continuity of Government Plan has established a State Continuity Coordination Center as the body that will manage and direct state agency business continuity activities during a pandemic. The state Continuity of Government organization in the Wisconsin Department of Administration has developed pandemic preparedness checklists and implementation task lists at the state, agency, business service and site level.

Agencies have completed the pandemic business impact assessment identifying business services that must be continued during a pandemic, the maximum possible interruption that could be tolerated, the minimum number of state employees required to operate these services, the number of those state employees that can work from home at this time, the number that could work from home if additional enabling actions are taken, and updated contact information for their key officials and all their building coordinators. State Continuity of Government has established improved communications procedures to distribute information and directions to agencies.

The Division of Public Health has identified 11 "Time-Sensitive Services" for which continuity of operations plans have been developed in accordance with requirements established by the Department of Administration (lead state COOP planning agency). These plans were developed, entered and are maintained in a State database using software selected by the State. Lead and back-up personnel are identified for each plan. These personnel also have hard copies of each plan. For pandemic influenza, the Public Health COOP Plan "Communicable Disease Epidemiology" plan would be activated. This specific plan was tested during a DPH COOP tabletop exercise conducted on February 7, 2007.

Operational Plan

Maintain Essential Public Health Functions

The State Continuity Coordination Center (SCCC) shall manage and direct state agency business continuity activities during periods of pandemic influenza or other pandemic disease or pestilence. The SCCC will report to the Governor through the state Emergency Operations Center (EOC) and will rely on medical advice from the Department of Health and Family Services (DHFS) and human resources policy advice from the Office of State Employment Relations (OSER).

At established trigger points the SCCC will issue alert and action messages to agencies, directing them to initiate the alert and action tasks in their agency-level, business-service-level and site-level COOP pandemic implementation checklists. The alert message will signal the start of daily morning reports from the building coordinator at each state agency site to the agency's command center and then to the SCCC. These morning reports will include data on the number of state employees present, absent and known ill and any operational issues or problems. The SCCC will maintain a situational awareness assessment of state agency business operational capability and recommend actions to senior state officials to address problems or issues. Based on directions from the Governor, the state EOC and senior state officials, the SCCC will provide daily directional updates to state agency command centers on additional business continuity, social distancing and/or infection control steps to take to respond to changing conditions, and provide advice and direction on human resource issues.

Agency command centers will provide directions and communications to their managers, supervisors, business services, site building coordinators and employees in accordance with directions from the SCCC.

Pre-Identify Personnel, Equipment and Resource to Support Sustained Response/Survivability and Recovery

Human capital plans for State employees that identify: staffing needs, mission-critical positions and contingency plans.

The Department of Health and Family Services has completed pandemic business impact assessments identifying business services that must be continued during a pandemic, the maximum possible interruption that could be tolerated, the minimum number of employees required to operate these services, the number of those employees that can work from home at this time, and the number that could work from home if additional enabling actions are taken.

DHFS is updating its Continuity of Operations Plans (COOP) to ensure the highest priority time-sensitive business services can continue during a pandemic. The updates include identifying staffing needs and options to meet those needs. The Office of State Employment Relations (OSER) will explore the possibility of creating an enterprise-wide skill-bank for mission-critical position classifications, positions and employees to assist agencies in meeting their needs.

Current civil service and contractual provisions will be followed through WHO Phase 4. At WHO Phase 5 and/or 6, the Governor/Legislature may amend certain civil service and contractual provisions related to transfer, vacation, temporary assignments, layoff, grievances, contract employees and any other related staff assignment issues. The civil service selection and appointment process, while abbreviated, should attempt to follow all legal requirements for filling vacancies of any permanent positions.

Approaches for communicating with and educating the state workforce during an influenza pandemic.

The State of Wisconsin began an employee awareness and education campaign on October 10, 2006 with the first of a series of messages sent to all approximately 64,000 Executive Branch employees. Since mid-November, 2006, "wash your hands" and "cover your cough" signs have been displayed in common areas of state offices and tissues and hand sanitizers have been made available in conference rooms and other common areas.

The state-level Continuity of Government Plan has established a State Continuity Coordination Center (SCCC) as the body that will manage and direct state agency business continuity activities during a pandemic, including communications and education of the workforce. Once a pandemic begins the SCCC will initiate messages to Executive Branch employees consistent with the overall risk communications plan. The SCCC will rely on medical advice from the Department of Health and Family Services (DHFS) and human resources policy advice from the Office of State Employment Relations (OSER). Agencies will distribute the initial and ongoing messages to their employees.

Strategies for consulting and bargaining with exclusive representatives of bargaining units

- OSER and the State Human Resources Management Council (SHRMC) leadership team consult with a group of 18 state unions on staffing best-practices, uniform policy implementation and employee communication improvement recommendations
- The State will follow all non-represented and union pay provisions, with the possibility of delayed payments for out-of-class, overtime (OT), differentials and other non-base-pay wages during a pandemic.
- Changes related to scheduling and compensation issues may require guidance pursuant to an executive order.

Procedure for changing policies that need modification or enhancement

The OSER-SHRMC joint advisory committee will review all requests for human resources and labor rights (HR/LR) policy and procedure modifications and propose those changes to the Director of OSER for evaluation and implementation.

The State Plan for maintaining public health functions and services is defined in the Wisconsin Pandemic Influenza Plan. Essential personnel have been identified as follows:

AVAILABLE PERSONNEL AND RESOURCES WITHIN THE DHFS, DPH AND WISCONSIN STATE LABORATORY OF HYGIENE TO ASSIST IN THE INFLUENZA PANDEMIC RESPONSE

Personnel

Bureau of Communicable Diseases and Preparedness (BCDP)

- Epidemiologists experienced in disease investigations
- Physicians
- Veterinarians
- Infection control practitioners
- Public health nurses
- Public health educators
- Clerical and support staff

Bureau of Environmental and Occupational Health (BEOH)

- Registered sanitarians
- Industrial hygienists
- Registered nurses
- Toxicologists

Bureau of Community and Health Promotion (BCHP)

- Public health nurses
- Epidemiologists
- Physicians
- Public health educators

Wisconsin State Laboratory of Hygiene (WSLH)

- Microbiologists
- Virologists
- Laboratory technicians
- Other laboratory staff
- Laboratory testing facilities for infectious agents, to provide assessment data as part of a response to a novel influenza virus

Bureau of Health Information and Policy (BHIP)

- State Registrar
- Assistant State Registrar
- Vital records personnel

Office of Operations

- IT personnel to maintain HAN, PHIN, and necessary information systems

- Logistic staff
- Financial management staff

Resources and Inventory Lists

Bureau of Health Information and Policy (BHIP)

- Physicians by medical specialties
- Morticians,
- Crematories
- Medical examiners/coroners,
- Casket manufacturers, embalming supply companies, and
- Stress counselors

Bureau of Communicable Diseases and Preparedness (BCDP)

- Infection control practitioners
- Local health department and regional office contact lists
- Tribal health centers
- Hospital 24/7 contacts (Office of Operations)
- Public Health Consortia list

Bureau of Environmental Health

- State and local environmental health contacts
- Public water supply contacts

Wisconsin State Laboratory of Hygiene (WSLH)

- Clinical and local public health laboratories
- Contacts at the Wisconsin Veterinary Diagnostic Laboratory and UW Madison Veterinary School
- Laboratory directors/managers, and essential laboratory staff
- Specimen collection and transport arrangements and information management

Division of Disability and Elder Services, Office of Quality Assurance (OQA)

- Licensed and certified healthcare facilities

Alternate sites of business have been developed if they are needed. All staff are equipped with laptop computers and cell phones which may be taken to the site(s) of investigations.

Personnel, equipment, and other resources needed are detailed within the Public Health COOP Plan "Communicable Disease Epidemiology". ICS roles for a public health emergency such as pandemic influenza are also identified, with primary, secondary, and tertiary individuals specified. The plan is NIMS-compliant.

Pre-Identify Primary and Individuals for core functional roles per the Incident Command System.

DPH Continuity of Operations Planning (COOP) Status as of 02/26/07

Public Health ICS Branch Director - Tom Sieger, DPH Deputy Adm.

DPH Service Plans, Plan Leads and Alternates

Office of the Administrator – Dr. Sheri Johnson, Administrator

Service Plan – Emergency Notification and Response (Completed 02/08/06)

DHFS 24X7 Emergency Telephone Number

Lead - Tom Anderson; Alternate Leads 1) Oren Hammes, 2) Paul Schmidt

Service Plan – Public Health Information Network (Completed 02/15/06)

Lead – Jim Grant; Alternate Lead – Terry Hiltz

Bureau of Communicable Diseases and Preparedness – Jim Vergeront, Acting Director

Communicable Disease Epidemiology Section – Jim Kazmierczak, Acting Chief

Service Plan - Communicable Disease Epidemiology – Completed 2/23/06

Lead – Jim Vergeront; Alternate Lead – Jim Kazmierczak

Immunization Section – Dan Hopfensperger, Chief

Service Plan – Immunization (Completed 02/16/06)

Lead - Dan Hopfensperger, Alternate Lead – Jeff Berg

STD Section – Tony Wade, Chief

Service Plan – Sexually Transmitted Diseases (Completed 02/16/06)

Lead – Brandon Kufalk; Alternate Leads 1) Karen Dixon, 2) Phan Ly Luong

Tuberculosis Unit – Akan Okoeninn, Chief

Service Plan – Tuberculosis

Lead – Akan Ukoeninn. Alternate Lead – June Doyle

AIDS/HIV Section – Jim Vergeront, Chief

Service Plan – HIV/AIDS (Completed 2/16/06)

Lead - Michael McFadden, Alternate Lead - Neil Hoxie

Bureau of Environmental and Occupational Health – Chuck Warzecha, Director

Health Hazard Evaluation Section – Bill Otto, Chief

Service Plan – Elevated Lead Blood Level Tracking and Reporting (Completed 02/16/06)

Lead - Margie Coons; Alternate Lead – Jeff Havlena

Bureau of Health Information and Policy – Pat Guhleman, Acting Director

Vital Records Section – John Kiesow, Section Chief

Service Plan – Vital Records Services (Completed 01/19/06)

Lead - Jane Kraus; Alternate Lead – Linda Langlois

Bureau of Local Health Support & Emergency Medical Services –Larry Gilbertson, Dir.

Emergency Medical Services Section – Paul Wittkamp, Acting Section Chief

Service Plan – Local Health Support and Emergency Medical Services (Completed 02/22/06)

Lead - Paul Wittkamp; Alternate Lead – Brian Litza

Office of Operations – Diane Christen, Director

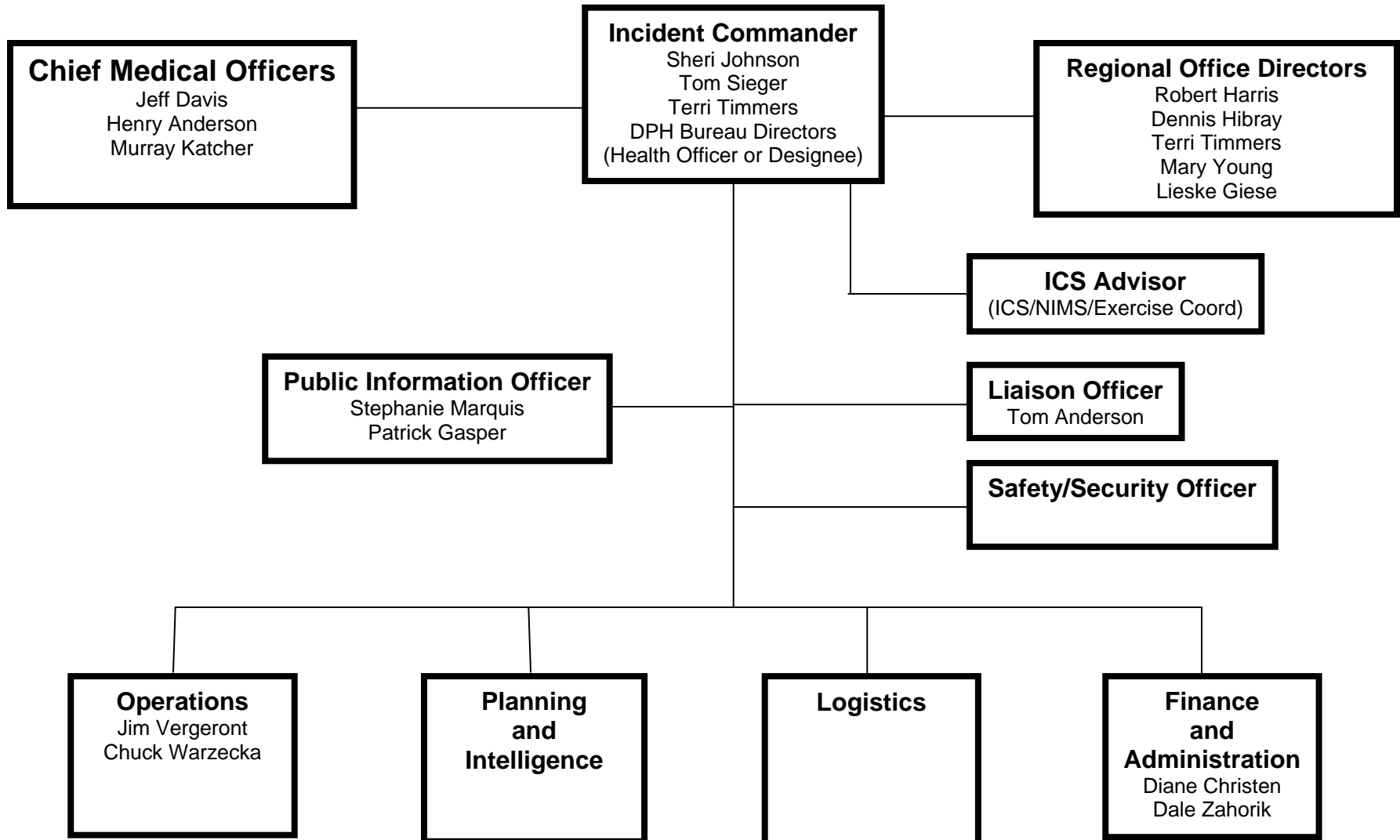
Service Plan – Office of Operations (Completed 02/16/06)

Office of Operations. Lead – Diane Christen

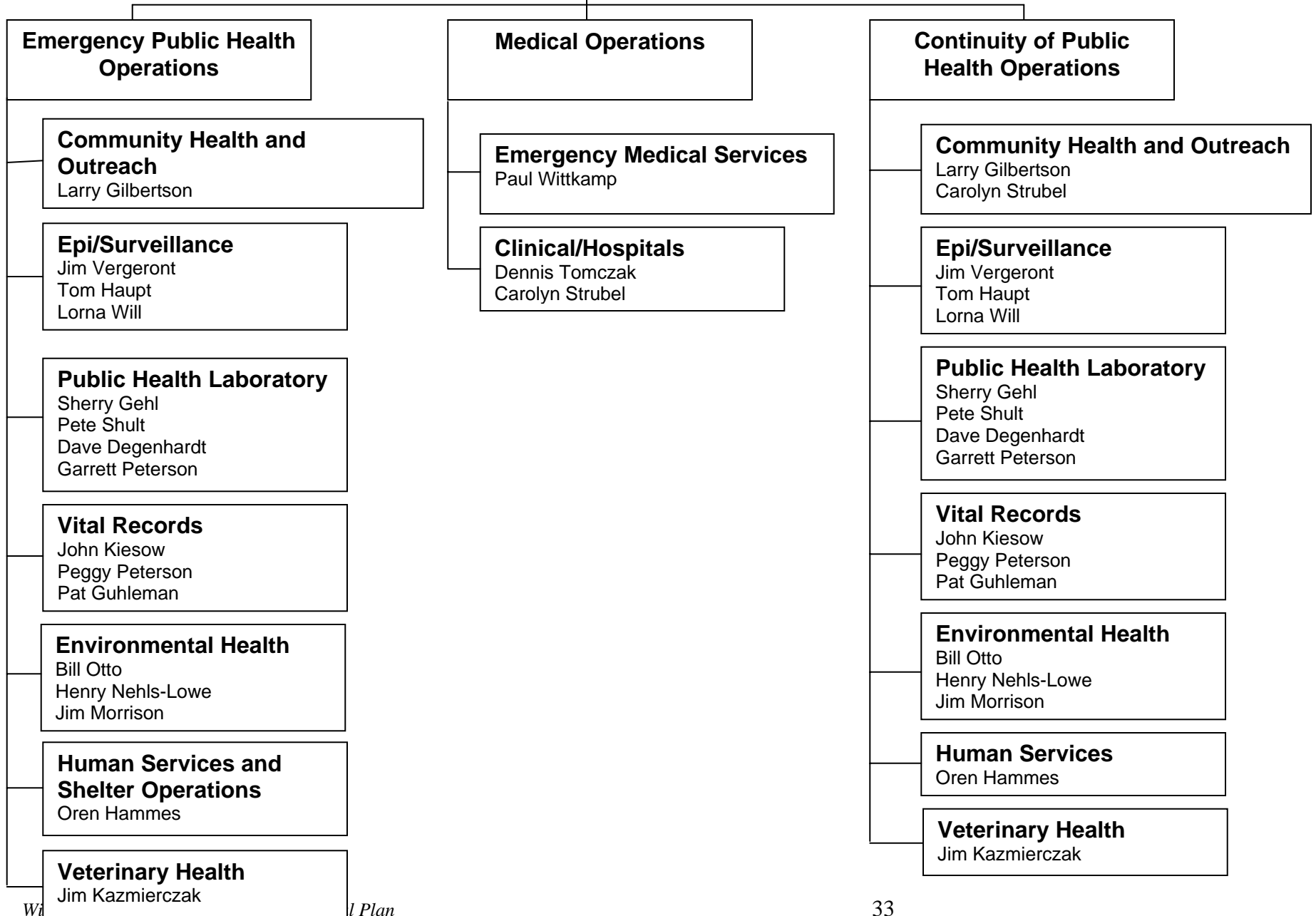
Wisconsin Division of Public Health Incident Command System

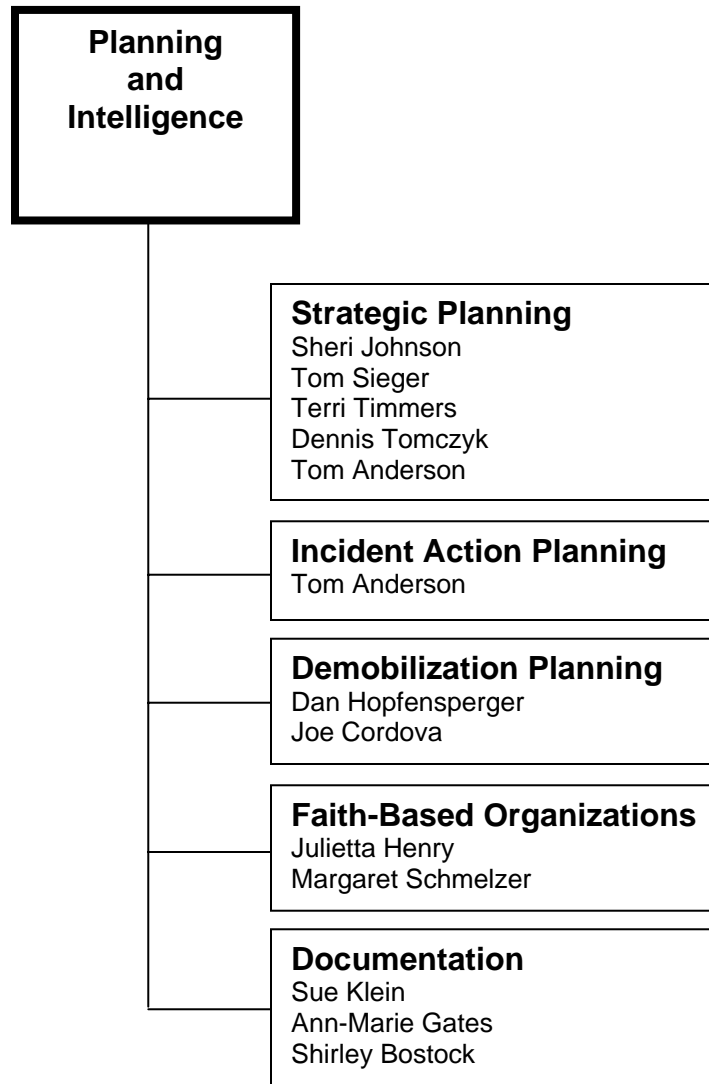
Wisconsin Division of Public Health Incident Command System

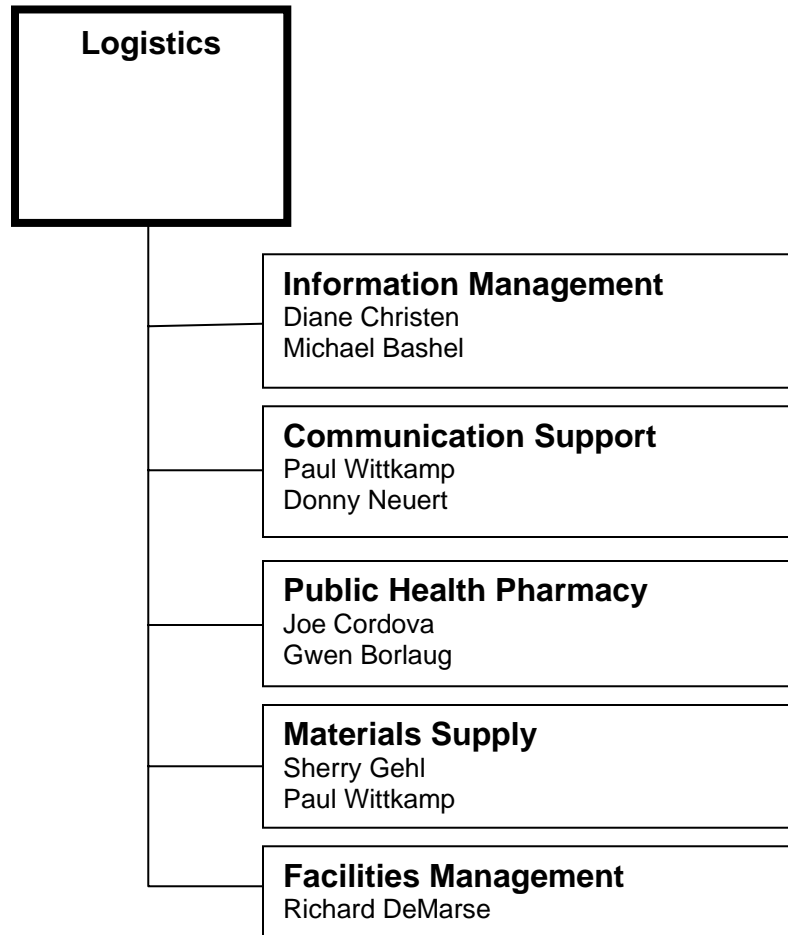
DRAFT With interim staff April 5, 2007

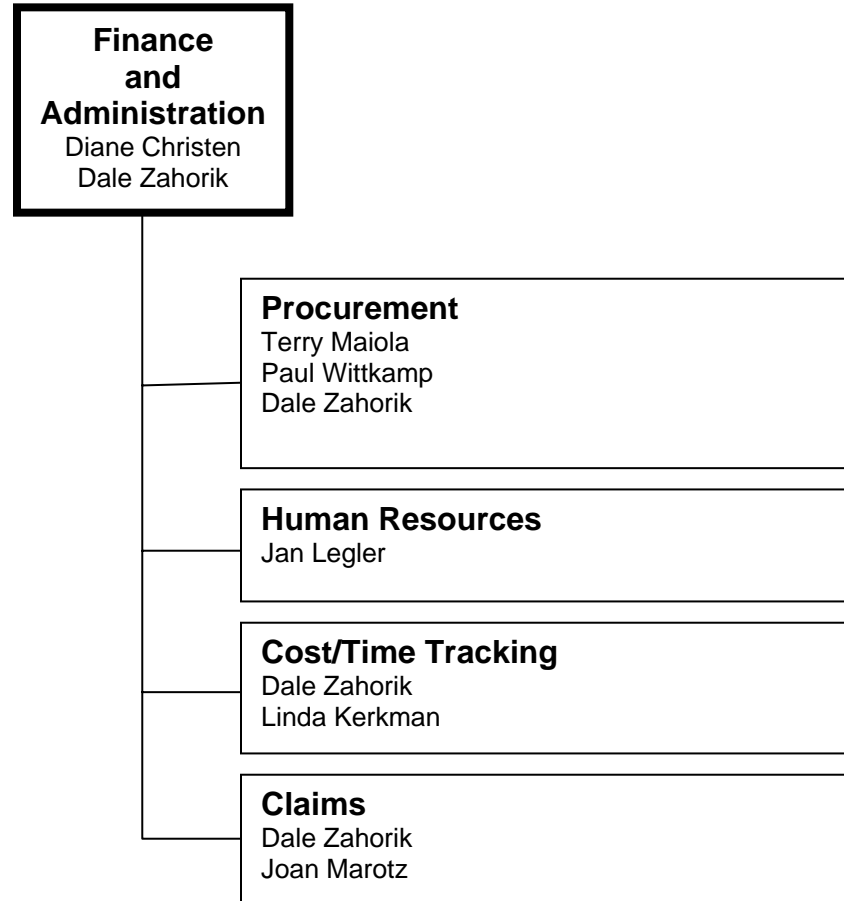


Operations *Priority 2: Public Health COOP*
Jim Vergeront
Chuck Warzecka









Health

Priority 3: Surveillance and Laboratory: Public Health Surveillance

Lead Contact

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Agencies involved in the planning for this Priority Area:
Wisconsin Division of Public Health

Assumptions

Pandemic planning is part of the State's overall planning for emergency preparedness. Activities related specifically to pandemic influenza are integrated with the state's overall preparedness activities.

An influenza pandemic will occur in the near future. We do not know if it will be severe (as in 1918) or mild (as in 1967).

Vaccine specific to the pandemic strain of influenza will not be available for at least six months after the declaration of a pandemic by the World Health Organization (WHO). Limited supplies of vaccine will be available through the Department of Health and Human Services/Centers for Disease Control after that time. Evidence of any efficacy of existing vaccine against the pandemic strain will not be available for several months after the declaration of a pandemic by WHO.

There will not be sufficient antiviral medication to treat all those infected by the pandemic strain, nor to provide prophylaxis to all essential personnel or the population at large.

There will not be sufficient hospital staff, beds, nor equipment necessary to provide the care for all who are ill.

Wisconsin's primary goals for any pandemic are rapid identification and control of the disease, whether the disease presents first in animals or in humans.

If a pandemic approaches the severity of the 1918 pandemic, our goals will switch to maintaining critical infrastructure and meeting the basic needs of the population (food, shelter) so that our society can be reconstructed after the pandemic passes. The possible trigger points for this change in goals include:

- Simultaneous outbreaks throughout the state and the United States which exceed our ability to control them.
- 30% or more of the population affected, with 40% absenteeism.

While it is never possible to be completely prepared for any emergency which may occur, it is possible to identify possible scenarios, identify needed partners, and create and test agreements with those partners. While we do not know what form or severity the next pandemic will take, our goal is to be prepared for the test scenarios as developed by CDC and other agencies.

Wisconsin's pandemic plans (for humans and for animals) are in revision, and will continue to be added to and adapted as our knowledge about pandemic influenza grows.

Summary of Current State Activities:

Wisconsin has a well-established system to conduct surveillance for influenza-like illness (ILI) activity, through the Sentinel Clinician Program (SCP) directed by the Wisconsin Division of Public Health (DPH), Bureau of Communicable Diseases and Preparedness (BCDP). Since 2004, DPH has performed year-round surveillance for ILI. As of February 12, 2007, during the 2006-07 influenza season, the DPH had recruited 64 clinicians to participate in influenza sentinel surveillance. The 64 clinicians represent a sentinel clinician to total population ratio of 1:84,000, exceeding the CDC's recommended ratio of 1:250,000. During the 2006-2007 influenza season, an average of 64% of the 64 sentinel clinicians reported each week. Of these, 67% reported more than half of the weeks during the year.

Additional influenza surveillance activities currently being performed in Wisconsin include:

- Voluntary reporting of ILI outbreaks in long-term care facilities, schools, and other congregate settings.
- Continued DPH and Wisconsin State Laboratory of Hygiene (WSLH) collaboration with the Wisconsin Veterinary Diagnostic Laboratory and the University of Wisconsin School of Veterinary Medicine regarding zoonotic cases of influenza, especially among avian and swine populations.
- Pediatric sentinel influenza surveillance, to monitor ILI among pediatric patients in Wisconsin.
- Weekly reporting to CDC of the level of influenza activity in Wisconsin.

Accomplishments: Human Surveillance for Novel Influenza Viruses:

In January 2004, DPH and WSLH developed Wisconsin criteria for testing for suspected novel influenza; 29 specimens from people who met Wisconsin criteria have been tested since then. Thirteen of these specimens were positive for influenza, but none was considered a novel strain. One of the influenza A isolates identified in a traveler returned from China was selected as the influenza A/H3 strain represented in the 2006-07 influenza vaccine (A/Wisconsin).

One of the samples received for influenza surveillance was identified as an influenza A isolate that the WSLH was not able to subtype. Subsequent testing at the CDC characterized the isolate as influenza A (H1) of probable swine origin. An investigation by the DPH confirmed the patient had been exposed to ill swine.

Implementation steps for enhanced human surveillance to rapidly detect initial cases of pandemic influenza virus early in a pandemic

The DPH and the WSLH have widely distributed a protocol for enhanced influenza surveillance via fax, Health Alert Network (HAN) and e-mail to all hospitals, infection control professionals and laboratories in Wisconsin. In addition, hospital, nursing home, Wisconsin Medical Society and other health associations have been given the protocol and asked to post it on their Web sites.

Under the protocol, DPH and the WSLH request that health care providers collect specimens from any patient who meets the following criteria:

- The patient presents with signs and symptoms characteristic of influenza (fever, cough or sore throat, myalgia), AND
- The patient has returned from any country or geographic area where a human case of influenza from a novel virus has been identified, within 10 days prior to the onset of signs and symptoms.

Health care providers are asked to collect the following specimens from any patient who meets the criteria:

- One throat and one nasal pharyngeal (NP) swab in viral transport media (for virus isolation and RT-PCR).

All patients who present to a health care setting with fever and respiratory symptoms should be managed according to CDC recommendations for Respiratory Hygiene and Cough Etiquette.

Those patients who meet the above criteria for testing and whose symptoms do not warrant hospitalization can be managed with droplet precautions unless the patient becomes hospitalized with x-ray-confirmed pneumonia. As the DPH recommendations exceed those of the CDC by testing all persons that have returned from a country affected with type A (H5N1) influenza, it was determined by the DPH that droplet precautions are sufficient for those patients seen in an outpatient or ambulatory setting.

- However, a health care facility may choose to place patients that meet the above criteria that present to an outpatient or ambulatory setting in contact and airborne isolation at their discretion. Example: The patient had a known history of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset. This is consistent with CDC recommendations.
- If a patient is hospitalized with x-ray-confirmed pneumonia with no known etiology, the patient should be placed in contact and airborne isolation (similar to a suspect case of SARS).

Enhanced influenza surveillance will continue until the Chief Medical Officer and the Clinical Management Team decide to discontinue enhanced influenza surveillance. This will likely occur

when the novel influenza virus has been identified in all regions of the state during any phase of the pandemic or when transmission of the novel virus has ceased.

Links with animal diseases and zoonoses

DPH has an MOU with the Wisconsin Department of Agriculture, Trade, and Consumer Protection, which is responsible for monitoring of notifiable animal diseases in the state. This MOU details what information will be shared, in what time frame, and with whom, in the case of a zoonosis found in a Wisconsin animal.

Monitoring of influenza-related hospitalizations and death throughout the pandemic:

The DPH is developing an electronic reporting system to monitor influenza-associated hospitalizations in Wisconsin.

- The Wisconsin Electronic Disease Surveillance System (WEDSS) will allow reporting of electronic data through a secure Web site and will consolidate current data reporting systems.
- WEDSS will provide faster, more complete data notification through an electronic laboratory interface.
- The alerting functions of WEDSS will provide rapid notification of an unusual occurrence of disease or possible outbreaks.
- All local health departments in Wisconsin and the majority of the most frequent disease reporters (hospitals and other health facilities) will use the system by the end of 2007.
- Outbreak information is managed within WEDSS; thus any case of illness may quickly be linked to an existing outbreak, or may be designated an outbreak without the need of repeat data entry into another system.
- Forms and protocols may be customized by Wisconsin staff at any time, and then be instantly available to all disease reporters and public health staff.

The DPH will also:

- Assist local registrars in developing plans for filing and issuing death certificates in a mass fatality situation such as an influenza pandemic.

Procedures for notification and information-sharing, including points of contact between health departments, hospitals and medical examiners, vital statistics office and other stakeholders including Department of Defense facilities:

The DPH in cooperation with the WSLH will continue the weekly distribution of influenza surveillance data to laboratories, LHDs, health care providers, infection control professionals (ICPs) and others.

EMERGENCY NOTIFICATION

The DPH will oversee and coordinate the Command Caller™ system:

- The Command Caller™ system includes developing and revising policies and procedures, coordinating the training of staff, including 24/7 on-call staff, and technical assistance.
- The Command Caller™ system gives DPH the capability to alert local, regional and statewide partners in a timely and efficient manner of unusual or emergency situations associated with pandemic influenza.
- The Command Caller™ system uses a variety of contact methods, including telephone, fax, pager, and e-mail.
- The message from the Command Caller™ system directs public health partners and stakeholders to a detailed alert on the Health Alert Network (HAN). Public health partners and stakeholders include:
 - Local Health Departments
 - Hospital and other health facilities
 - Regional Public Health Consortia
 - Emergency Management staff
 - Other entities

Epi-X is an alerting system provided through CDC; Wisconsin is increasing Epi-X membership among local public health departments to allow another method of emergency notification of health departments. At this time, approximately 30 of Wisconsin's 92 local health departments have membership on Epi-X.

Information Sharing

The Wisconsin Health Alert Network (HAN) and Public Health Information Network (Wi-PHIN) are used for sharing information with public health and its partners. Contact information is kept updated on the HAN; the PHIN provides role- and jurisdiction-based access to information needed by public health, clinicians, and others. Since the Wi-PHIN is a secure site, individually-identifiable information may be shared so that local public health departments may get the patient information they need.

Operational steps to obtain and track impact of the pandemic on numbers of influenza-related deaths and hospitalizations and to guide local health departments in reporting the information to the State Department of Health and to the CDC in a timely manner;

The Wisconsin Electronic Disease Surveillance System (WEDSS) is set up to allow jurisdictional- and role-based access to data for LHDs and health care providers. Built into the WEDSS is a notification system which allows each registered user to specify under what circumstances the system should notify the user, and also to specify the methods (e-mail, fax, beeper, text message). In this way, early notification of, for example, an excess of cases can be provided automatically to all users.

The case report data are sent to CDC via NETSS. The DPH is working toward sending real-time data to CDC via the Public Health Information Network Message System (PHIN-MS)..

Health

Priority 3: Surveillance and Laboratory: Public Health Laboratory

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Agencies involved in the planning for this Priority Area:

Wisconsin State Laboratory of Hygiene (WSLH)
Wisconsin Division of Public Health (WDPH)
Wisconsin Veterinary Diagnostic Laboratory (WVDL)
135 clinical laboratories that comprise the Wisconsin Laboratory Response Network (WLRN)

Assumptions

Pandemic planning is part of the WSLH's overall planning for emergency preparedness. Activities related specifically to pandemic influenza are integrated with the laboratory's overall preparedness activities.

An influenza pandemic will occur in the near future. We do not know if it will be severe (as in 1918) or mild (as in 1967).

Our primary goal for any pandemic is rapid laboratory identification to support control of the disease, whether the disease presents first in animals or in humans.

While it is never possible to be completely prepared for any emergency which may occur, it is possible to identify possible scenarios, identify needed partners, and create and test agreements with those partners. While we do not know what form or severity the next pandemic will take, our goal is to be prepared for the test scenarios as developed by CDC and other agencies.

The WSLH's emergency response plans, including those for pandemic influenza, are under constant review and revision, and will continue to be added to and adapted as our knowledge about pandemic influenza grows.

Many clinical laboratories and other testing sites will be involved in diagnostic testing for influenza using rapid tests now commercially available. These testing sites will need guidance in test performance, interpretation, and in biosafety, and will be instrumental in laboratory-based surveillance needed to support public health control efforts.

Clinical laboratories receive little guidance from their institutions in planning and response to pandemic influenza or other public health emergencies. They will rely heavily on the WSLH for assistance in planning and protocols for emergency response.

Diagnostic testing with the highest sensitivity and specificity and the shortest turn-around time (measured in hours) will be required to detect and identify potentially novel strains of influenza and differentiate these from seasonal influenza or other circulating respiratory pathogens.

Rapid and redundant electronic result reporting will be required for submission of critical laboratory results to CDC, the Wisconsin Division of Public Health, clinicians, and clinical laboratories.

Ongoing training and exercising of emergency response plans will be required within the public health laboratory and with sentinel laboratory testing sites throughout the state.

The public health laboratory will need an effective emergency notification system and well-practiced protocols for activation of its Incident Command System and Continuity of Operations plans.

Summary of Current State Activities

The Wisconsin State Laboratory of Hygiene (WSLH) has adopted a multifaceted approach to pandemic influenza preparedness for laboratories in Wisconsin, including enhanced testing capabilities and capacities at the WSLH, development of an emergency stockpile of critical supplies, a series of exercises with clinical laboratories, and multiple educational programs.

The WSLH has enhanced testing capabilities and capacities by:

- Adopting real-time PCR methodologies for influenza identification using two platforms, including one "high throughput" platform.
- Developing the capability to test for resistance to the adamantane influenza antivirals using pyrosequencing methodology.
- Developing internal staff surge capacity by training most WSLH Communicable Disease Division testing staff to perform real-time PCR.
- Developing agreements with two other Laboratory Response Network (LRN) reference laboratories in Wisconsin which are capable and committed to providing surge capacity for influenza and other testing of public health importance, under the direction of the WSLH.
- Developing collaborative agreements for mutual support with the University of Wisconsin Veterinary Diagnostic Laboratory and the Bureau of Laboratory Services in the Department of Agriculture, Trade, and Consumer Protection.
- Acquiring basic laboratory testing, specimen collection and transport supplies maintained in emergency stockpiles located throughout the state, for use by clinical laboratories and local public health jurisdictions.
- Maintaining a commercial courier system for rapid delivery of specimens to the WSLH.

The WSLH has provided educational programs to clinical laboratories throughout Wisconsin through audio conferences and in-person presentations related to seasonal and pandemic influenza. The WSLH oversees a network of 10 full-service virology labs and over 100 rapid influenza testing sites that provide weekly data on the number of specimens tested, diagnostic methods used, and the number of positive influenza tests detected. The virology labs serve as a flexible source for influenza isolates for further characterization, while the rapid sites collect specimens for submission to WSLH for RT-PCR or virus isolation/subtyping.

The WSLH has conducted a series of exercises involving clinical laboratories, including:

- Presentation of a scenario related to avian influenza and pandemic influenza, followed by a discussion of detection, notification, and communication protocols during regional meetings in 2004 and 2006.
- Distribution of a "Laboratory Checklist for Pandemic Influenza Response" that was developed from the 2006 discussions.

Implementation steps for augmenting the capacity of public health and clinical laboratories to meet the needs of their jurisdiction during an influenza pandemic:

The WSLH will maintain enhanced testing capacities by:

- Maintaining or updating (upon CDC request) real-time PCR methodologies for rapid influenza detection and identification using two platforms, including one "high throughput" platform. Real-time PCR has replaced viral culture as the frontline test for laboratory diagnosis and surveillance of seasonal and novel subtypes of influenza A. A subset of specimens positive by PCR for seasonal types and subtypes are reflexed to culture for further characterization and submission to the CDC. Specimens positive by PCR for a novel subtype will not be cultured, but immediately forwarded to the CDC. Evidence of a novel subtype of influenza A is immediately reported to the Wisconsin Division of Public Health and to the CDC following existing results reporting protocols.
- Maintaining a highly sensitive, specific and rapid real-time multiplex PCR system and full viral and bacterial culture capabilities for diagnosis of a wide range of respiratory pathogens, in addition to influenza.
- Providing the capability to test for resistance to adamantanes (currently available) and provide resistance testing for the neuraminidase inhibitors (when available) using pyrosequencing methodology.
- Providing for internal staff surge capacity by ongoing training of most WSLH Communicable Disease Division testing staff to perform real-time PCR.
- Maintaining and exercising laboratory diagnostic surge capacity agreements already in place for response to influenza and other infectious diseases of public health importance with two other LRN Reference Laboratories in Wisconsin [the Milwaukee Health Department Laboratory (MHDL) in Milwaukee and the Marshfield Clinic Research Foundation (MCRF) in Marshfield].
- Developing a collaborative agreement for mutual support with the University of Wisconsin Veterinary Diagnostic Laboratory, which will be a primary diagnostic facility in the event of emergence of avian influenza in Wisconsin.
- Maintaining and coordinating the use of and access to emergency stockpiles of laboratory testing, specimen collection, and transport supplies located at the WSLH, local health departments and select clinical laboratories statewide.

NOTE: The extent and manner in which this testing capacity will be used and be made available to help support public health response will be managed under the WSLH Continuity of Operations Plan using the Incident Command System.

The WSLH will continue to provide year-round laboratory diagnostic capability for identification of and surveillance for seasonal influenza and provide diagnostic capability for identification of novel influenza subtypes (using PCR) in support of enhanced surveillance for H5 or other novel subtypes. This capability includes protocols for when to test for novel influenza subtypes, how to report novel cases of influenza, and to whom. LRN laboratories which do provide influenza isolation and subtyping are asked to immediately report any novel

isolates to the WSLH. The WSLH immediately will inform both Wisconsin DPH and the CDC of any such isolates, and arrangements will be made for the transport of any novel isolates to CDC for identification. One such instance has already occurred; when a surveillance isolate could not be subtyped by WSLH, it was sent to CDC and found to be of probable swine origin. Simultaneous investigation by DPH found that the human patient had indeed been exposed to ill swine.

The WSLH will maintain its network of 10 full-service virology labs and over 100 rapid influenza testing sites (labs, clinics, etc., that use hand-held EIA or EIA-like tests) that can provide weekly data on the number of specimens tested, diagnostic methods used, number of positives (influenza A or B) detected, and serve as a flexible source for influenza isolates for further characterization (10 virology labs) or specimens for submission to WSLH for PCR or virus isolation/subtyping (100 rapid test sites). These sites will be critical for providing isolates or clinical specimens, to the extent that the WSLH requests, from patients of varying ages and with illness of varying severity. This network is currently maintained for year-round influenza surveillance.

Maintaining competence in influenza testing at public health and clinical labs is a primary concern.

The WSLH has conducted, and will continue to conduct, exercises involving clinical laboratories and local public health agencies, including:

- Presentation of a scenario related to avian influenza, followed by a discussion of detection, notification, and communication protocols during regional meetings in 2004.
- Presentation of a pandemic influenza scenario, followed by a discussion of laboratory preparedness and response issues and activities during 2006 regional meetings.
- Distribution of a "Laboratory Checklist for Pandemic Influenza Response" that was developed from the 2006 discussions.
- Planned exercises during 2007 involving a pandemic influenza scenario to test the laboratory checklist previously distributed.
- Semi-annual exercises with WLRN laboratories to test notification systems, "recognition, rule-out and refer" testing protocols, and packaging and shipping protocols for delivery of specimens and isolates to the WSLH.

The WSLH provides educational programs to clinical laboratories throughout Wisconsin through audio conferences and in-person presentations related to seasonal and pandemic influenza.

WSLH representatives have also participated in the Governor's Pandemic Influenza Summit, a state-sponsored exercise, Wisconsin's Animal Influenza Workgroup and local exercises.

Agreements are in place with two other LRN Reference Laboratories in Wisconsin [the Milwaukee Health Department Laboratory (MHDL) in Milwaukee and the Marshfield Clinic Research Foundation (MCRF) in Marshfield] that have the capabilities and are committed to

providing surge capacity for influenza and other public health-critical testing under the direction of the WSLH.

The WSLH has developed a collaborative plan for mutual support with the University of Wisconsin Veterinary Diagnostic Laboratory and the Bureau of Laboratory Services in the Department of Agriculture, Trade, and Consumer Protection (both in Madison). An inventory of supplies and equipment available at each of the laboratories is updated annually.

The WSLH maintains a database of the testing capabilities of all of the Wisconsin Laboratory Response Network (WLRN) clinical laboratories and has exercised the ability to outsource non-emergency testing to clinical laboratories, while the WSLH focuses on emergency response.

Additional Capabilities:

The WSLH is the only public health laboratory outside of CDC which can test for resistance to the adamantane influenza antivirals using pyrosequencing methodology. We are committed to maintaining this capability and are adding surge capacity for performance of these tests. In addition, we will be applying for additional funding to build this capability and integrate its use into routine influenza surveillance in Wisconsin.

Systems and procedures that will be used to exchange specimen-level data electronically among laboratories within healthcare facilities, other clinical laboratories, the State public health laboratory and the CDC:

The WSLH will maintain communication with Wisconsin's 135 clinical laboratories, which constitute the Wisconsin Laboratory Response Network (WLRN) to monitor laboratory needs and address laboratory-related issues as required for pandemic influenza response. Key individuals and contact information (phone, e-mail, etc.) at each of the state's clinical laboratories have been identified. A combination of Fax, e-mail and audio conference communication capabilities with clinical laboratories will be used. These communication capabilities are periodically exercised.

The WSLH will provide ongoing and updated information and guidance to clinical laboratories and influenza rapid testing sites regarding their diagnostic, surveillance and results-reporting roles and responsibilities, and protocols for safe specimen collection, testing, and transport to the WSLH as needed during a pandemic. Special reporting protocols have been shared with WLRN laboratories within the state that are capable of influenza virus isolation and subtyping, in the event that they suspect a novel subtype has been isolated in their laboratory. Such events will be immediately reported to the WSLH, who will in turn report to the Wisconsin Division of Public Health and CDC and provide guidance for submission of the suspect isolate and specimen to the WSLH.

The WSLH will provide updated written instructions on specimen collection, packaging, and transport of specimens and modified testing requisition forms, as required, to state and local public health agencies and other response partners.

The WSLH will maintain a commercial courier system for rapid delivery of specimens to the WSLH and identify alternative couriers if needed.

The WSLH is in the initial stages of implementing the electronic exchange of specimen data with other laboratories and will not incorporate this into the operational plan until the capability has been developed.

In the meantime, the WSLH will exchange specimen data as needed using the following mechanisms:

- By Fax with the Wisconsin Division of Public Health, local public health jurisdictions, health care providers and with clinical laboratories that have authorized Fax reporting.
- By a secure Web site maintained by the WSLH which can be used to provide data to authorized individuals.
- By posting to a secure site within the Wisconsin Health Alert Network for access by authorized individuals.

NOTE: All of these methods have been used for data sharing during recent outbreaks of pertussis, mumps and E. coli O157:H7.

Call-down procedures

A number of call-down procedures and contact lists are maintained by the WSLH for emergency contact of personnel, both internal and external to the WSLH. These are routinely exercised and include:

- A 24/7 pager system to alert WSLH Communicable Disease Division leadership to the need for an emergency laboratory response. Those responsible for answering the pager maintain ready access to all emergency numbers and call trees listed below, including CDC's hotline number, and have authority for initiating the activation of the WSLH ICS.
- Established call-down procedures for contact of critical WSLH staff using the Wisconsin Health Alert Network, call "trees", and procedures detailed in the WSLH Continuity of Operations Plan.
- Access to call-down lists for critical public health emergency response personnel in the Wisconsin Division of Public Health and all of the state's local public health departments.
- Emergency contact lists for other two LRN Reference Laboratories in Wisconsin (the MHDL and MCRF).
- A list of laboratory contacts for each clinical laboratory within the state.

Locations for additional laboratory facilities to enhance current laboratory capacity for a response of pandemic proportions

Agreements are in place with two other Laboratory Response Network (LRN) Reference Laboratories in Wisconsin [the Milwaukee Health Department Laboratory (MHDL) in Milwaukee, and the Marshfield Clinic Research Foundation (MCRF) in Marshfield] that have the capabilities and are committed to providing surge capacity for influenza and other public health critical testing under the direction of the WSLH.

The WSLH has developed a collaborative plan for mutual support with the University of Wisconsin Veterinary Diagnostic Laboratory and the Bureau of Laboratory Services in the Department of Agriculture, Trade, and Consumer Protection (both in Madison). An inventory of supplies and equipment available at each of the laboratories is updated annually.

The WSLH maintains a database of the testing capabilities of the 135 Wisconsin Laboratory Response Network (WLRN) clinical laboratories and has exercised the ability to outsource non-emergency testing to clinical laboratories, while the WSLH focuses on emergency response.

Emergency contact numbers for all of the above are maintained and readily available to WSLH emergency response personnel and laboratory leadership.

Health

Priority 4: Communication

Lead Contact

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Agencies involved in the planning for this Priority Area

Wisconsin Division of Public Health
Wisconsin Emergency Management

Assumptions

In a pandemic, communication will be one of the most essential tools available to encourage cooperation and to build community resilience.

Communication must be accurate, timely, relevant and simple to be effective.

When communicating in a pandemic we must take into consideration factors such as cognitive barriers, language barriers, physical impairment, challenges to cultural beliefs, and environmental barriers.

Limited resources for prophylaxis and treatment of influenza will make it important to build public trust by sharing information and involving communities in pandemic planning.

Summary of Current Activities:

Established a Web site for information for the general public on avian influenza and pandemic planning: www.pandemic.wisconsin.gov . The website was produced by a state-level interagency team of public information officers from the departments of health, agriculture, emergency management, public instruction, and the state laboratory and hospital association in the state.

Developed a briefing book of message maps for key communication trigger points for avian and pandemic influenza.

Developed pandemic influenza communication tool kits for local health department and Tribal Health Center partners. Toolkits provide factsheets, FAQ sheets, message maps, template news releases, public service announcements, sample newsletter articles, blurbs and opinion pieces as well as promotional materials to raise awareness and encourage the public to visit www.pandemic.Wisconsin.gov . Promotional materials include brochures, posters, bookmarks, magnets and table tents. This Pandemic Toolkit also includes Spanish translations for the materials.

In coordination with Wisconsin Manufacturers and Commerce, a business association with over 4,000 members, facilitated five regional pandemic planning symposia around Wisconsin to raise awareness among private industry of the need for pandemic continuity planning.

Exercised the communications function in pandemic influenza exercises throughout the state.

Participated in the Pandemic Crisis Communication training for Health and Human Services Region V.

Established an ongoing communications committee of state-level public information officers to develop messages, contribute to the Web site and ensure consistent information is shared with the general public.

Developed and tested key messages for communities with special needs to ensure that messages will be clear and information is accessible.

Trained regional public health offices on proper usage and deployment of State-owned portable and mobile satellite telephone equipment.

Provided statewide mutual aid two-way radio channels to regional and local public health agencies. All hospitals have been assigned a separate tone, or code, for use on mutual-aid channels during pre-hospital transport and mass events. Programming priorities for mutual-aid two-way radio channels have been released to local public health departments and EMS agencies.

Developed 211 access throughout Wisconsin in collaboration with the United Way of Wisconsin.

Are writing Memoranda of Understanding between local public health consortia and health departments and Wisconsin Amateur Radio Emergency Services/Radio Amateur Civil Emergency Services (ARES/RACES) for provision of amateur radio response during communications emergencies.

Wisconsin's Communication Plan

Operational Plan for Two-Way Communication:

Wisconsin Division of Public Health has collaborated with other partners to adopt the Wisconsin Mutual Aid Communications Plan, as outlined by the Governor-appointed Interoperability Committee (Wisconsin State Interoperability Council or SIEC). This plan will be exercised for interoperable communications should the need arise during a pandemic event. Partnering agencies, regional offices of DPH, Emergency Management, Public Safety and Emergency Medical Services, hospitals, and citizen groups have access to and have been briefed on this plan.

DPH has also developed a redundant communication system using different technologies to ensure a backup method will always be functional. Public health agencies and hospitals statewide have acquired and been trained to use these technologies, which include two-way radio, satellite telephone, priority landline access and amateur radio.

DPH oversees and coordinates the Command Caller™ system, which includes developing and revising policies and procedures, coordinating training of staff, and providing technical assistance for users. The Command Caller™ system gives us the capability to reach our local, regional and statewide partners at any time, day or night. To do this, the system uses a variety of contact methods such as telephone, fax, pager, and e-mail. Individualized scenarios can be developed by any user to notify any group of people registered on the Wisconsin Health Alert Network (HAN); the scenario and subsequent calls can be activated from any phone or computer. Scenarios may be developed and stored ahead of time, or created on the fly for unanticipated emergencies. Subsequent calls and notifications are made at 20 per second, with a complete log kept and available to the scenario activator of who was reached at what time and by what method. Command Caller™ ensures that DPH is able to alert our partners in an emergency situation in a timely and efficient manner.

While Command Caller™ has been a boon to Wisconsin's emergency preparedness, much of the technology underlying it is now outmoded. Our contractor for the Wisconsin Public Health Information Network (WiPHIN) is currently investigating other off-the-shelf products which will allow Wisconsin to maintain the emergency notification abilities we currently have, while requiring less technical knowledge, training, and maintenance. As the program will be resident on the WiPHIN (as is Command Caller™), we also require that it be PHIN-compliant.

Development and Dissemination of Essential Information:

Purpose of Crisis Communication Plan:

In all phases of an influenza pandemic, public information and outreach to public health partners is one of the most important tools available to prepare and respond. The Wisconsin Division of Public Health (DPH), under the direction of the Secretary of the Wisconsin Department of Health and Family Services (DHFS), will deliver risk communication and public health information to the public and to its partners and staff through every appropriate channel and in all phases of a pandemic. Channels for communication include:

- The newsmedia, via the State Emergency Operations Center (EOC) and Joint Information Center (JIC), if activated;

- The DHFS Web site;
- Community meetings
- Faith- and community-based organizations
- The Wisconsin Health Alert Network (HAN);
- Emergency communications delivery systems of partners and stakeholders;
- 2-1-1 Wisconsin information and referral hotline service (providing information and referral in dozens of languages).

These communications will be accomplished in close coordination with the Governor's Office, the Department of Military Affairs, local health departments, and other appropriate agencies in accordance with federal, state, and local emergency plans.

At the state level there is an active multidisciplinary public information officer team that convenes to develop pandemic preparedness messages. This team will staff the State Emergency Operations Center during the pandemic.

Goals of the Plan in all Pandemic Phases:

- To develop and maintain public confidence by providing information that is accurate, timely, credible, and clear prior to, during and following a pandemic.
- To encourage the public to take actions to protect the health of their communities.
- To involve the public as a partner by communicating accurate information as quickly as possible, through as many different media as possible;
- To build public trust by showing empathy and acknowledging uncertainty; by listening carefully to public concerns; by taking care to explain the process in place to find answers; and by not over-reassuring the public;
- To ensure that a plan is in place to reach and effectively communicate with Wisconsin's special populations in the event of a pandemic or other public health emergency;
- To ensure that all needed communication resources are in place to ensure a prompt and systematic response;
- To involve local health departments, the Wisconsin State Laboratory of Hygiene (WSLH), hospitals, and others as partners by sharing clear and accurate information quickly; by listening carefully and responding to needs and suggestions; and by clearly identifying lines of communication and designated staff roles during a crisis;
- To work closely with the media by making efforts to respect media deadlines, deliver background information in writing, and by tailoring information to the needs of each type of media, when possible;
- To encourage public preparedness and to direct public action as determined by the State Health Officer;
- To coordinate with other federal, state, and local agencies involved in responding to the crisis and providing information to the public.

Communication Staff Responsibilities*

Communication staff participate in on-going risk and emergency communication training. Staff has participated in the CDC Crisis and Emergency Risk Communication Training, the Pandemic Risk Communication training offered by HHS and CDC, the FEMA Advanced Public Information Officer Training and Dr. Vincent Covello's Communication trainings.

*The term "communication staff" is used very broadly and can mean anyone who is functioning in that capacity during the crisis, whether or not communications are considered a part of his or her daily responsibilities.

Public Information Officer (PIO) Information

The DHFS Communications Director, or designee, will assume the responsibilities to:

- Direct work related to the release of information to the media;
- Work cooperatively as one of the Public Information Officers (PIO) that staff the EOC, if activated;
- Activate the plan based on careful assessment of the situation and the expected demands for information by media and the public;
- Coordinate with horizontal communication partners, as outlined in the plan, to ensure that messages are consistent and within the scope of DHFS;
- Provide updates to the DHFS Secretary, the State Health Officer, EOC Command, and the Governor's Office;
- Coordinate with the State Health Officer and the chain of command regarding information to be released based on the DHFS role in the response;
- Review, approve, and forward materials to the Incident Commander and obtain required clearance from the Incident Commander, the DHFS Secretary, and the Governor's Office for release to the media.

The following communication roles are initiated in the event of a sustained or substantial public health crisis.

DPH Media Communications Coordinator

- Coordinate DPH media communications with other communication staff, management, and program staff;
- Assess media needs and organize mechanisms to fulfill those needs during the crisis;
- If directed, serve as one of the PIOs at the EOC under the direction of the EOC Incident Commander;
- Support and provide feedback to spokespersons;
- Convene DPH communications team, as needed, for regular status briefings on the crisis and assignment of tasks;
- Triage requests for materials development;

- Develop or oversee development of press releases, advisories, factsheets, and frequently asked questions sheets (FAQs);
- Coordinate message content with other agency PIOs;
- Monitor rumors by maintaining rumor control logs and providing feedback to the EOC Incident Commander, as appropriate;
- Monitor and update emergency Web communications, such as DHFS Web site and DPHEmergency e-mail;
- Provide back-up to Communications Operations Coordinator.

DPH Communication Operations Coordinator

- Work with Public Information Officer, Media Communications Coordinator, and subject matter experts (SME) to develop and update key messages;
- Serve as one of the PIOs at the EOC under the direction of the EOC Incident Commander, if so directed;
- Convene DPH communications team, as needed, for regular status briefings on the crisis and assignment of tasks;
- Report to communications team all information/rumors, questions, etc., from the public about the crisis to assist with future message development;
- Monitor media message for content, rumor control, and strategy;
- Develop and update scripts based on FAQs for 2-1-1 hotline operators;
- Brief 2-1-1 hotline managers on context of situation and how to respond;
- Triage the response to partner and media requests for information on-site at DHFS;
- Coordinate communications with other agencies, including communication of key messages, updates on changing information, and feedback on status of crisis on-site at DHFS;
- Update 2-1-1 providers regularly as crisis situation evolves;
- Monitor feedback from 2-1-1 hotline operators regarding concerns, rumors, and questions from the general public;
- Provide back-up to Media Communications Coordinator.

DPH Web and HAN, Command Caller Coordinator

- Develop, regularly update, and post information to DHFS Web site and Health Alert Network;
- Monitor media for message content, rumor control, and strategy;
- Oversee HAN and broadcast fax communications;
- Develop and maintain contact lists, call and e-mail logs, and provide feedback to DPH Command team;
- Assist with WEAVR volunteer communications, as needed;
- Monitor all relevant health and government Web sites for up-to-date information, changes in recommendations, etc.;
- Train and oversee staff who are recruited to help with Web and HAN activities;

- Serve as back-up to the DPH Communications Coordinator and Communication Operations Coordinator.

Emergency Communication Technologies Coordinator

- Provide technical coordination of the Command Caller system, under the direction of the designated DPH Incident Commander, in developing and deploying scenarios as directed;
- Coordinate response to the Command Caller alert, communicating information back to DPH Incident Commander as needed;
- Coordinate use of wireless communication technologies, such as two-way radio, satellite phones, etc.;
- Be available and prepared to deploy to scene of incident, if the situation warrants; coordinate with amateur radio operators;
- Coordinate with the Wisconsin Emergency Management and DHFS contact at the State EOC to assist with crisis response as needed;
- Ensure the DPH Situation Room (B370, 1 West Wilson Street) is set up and has all appropriate technology and equipment in working order.

Multi-Disciplinary Communications Team

- Convenes regularly to develop messages, and update avian influenza and pandemic preparedness information for the general public.
- Includes public information officers from health, agriculture, transportation, public instruction, the state laboratory, emergency management, hospitals, natural resources, and commerce.
- The team will activate and staff the Joint Information Center under the Incident Command structure.

Internal Information Verification, Clearance, and Approval Procedures

Getting accurate information out to the public and partners swiftly is critical to effective communication in a crisis. To facilitate rapid clearance of documents, the following process will be followed:

- In a public health crisis, three people must officially approve a document before it is released by the Department of Health and Family Services:
 - The Incident Commander, or designee
 - The Public Information Officer
 - The Subject Matter Expert (SME)
- These approvals should take place simultaneously and in person, whenever possible.
- To facilitate swift release of information, DPH communications staff will develop/obtain and pre-clear factsheets on a variety of diseases and agents. During the incident, all prepared and pre-approved information will be reviewed to make sure it is sensitive and pertinent to the crisis at hand.

Procedures for Activating and Operating Communication Teams

When the Division of Public Health activates its Situation Room in B370, the communications team will assist in setting up systems needed for communications tasks. An initial meeting will be scheduled in which staff will be briefed on the situation and assigned roles. Communication Coordinators will conference at least once daily in the initial stages of the crisis to ensure consistency of information and facilitate coordination with one another and with Incident Command.

Identified Methods of Information Dissemination

The mechanisms for communicating in a crisis will vary depending upon the nature of the crisis and the audience for communication. Tools that will be used to communicate with the media, public, and partners are:

- Phone (including telephone conferences with partners)
- Hotlines: The 211 system is connected statewide and has 24-hour coverage by trained information and referral professional operators. Calls can be translated into many different languages.
- Fax (including broadcast pre-programmed fax)
- E-mail (including listservs)
- Webcast
- Wisconsin Health Alert Network (including Command Caller alerting system)
- Partner emergency response vehicles (using radio or mailing list of others)
- Direct Mail
- Face-to-face (including town hall meetings and press briefings)
- DHFS and partner Web sites
- www.pandemic.wisconsin.gov
- Newsmedia (including print, radio, Web, TV)
- Door to door
- Leaflet drop
- Bullhorn

Culturally Appropriate and Language-Specific Information

Reaching Special Populations

In the event of a public health emergency, one of the greatest challenges will be to communicate effectively with Wisconsin's special populations. A broad-based, multi-faceted strategy will be implemented to meet the specific needs of Wisconsin's special populations. For the purposes of this plan, special populations include any individual, group, or community whose physical, mental, emotional, cognitive, cultural, ethnic, socioeconomic status, language, or circumstance creates barriers to understanding or the ability to communicate and act/react in the manner in which the general population has been requested to proceed.

The communication implementation strategy will include, at least, the following activities:

- Channel public information through Wisconsin's 2-1-1 system (140 languages and TDY capability);

- Deliver communication materials via trusted leaders of specific communities;
- Deliver communication materials to key stakeholder/partner organizations, including community organizations, churches, home health care agencies, schools, etc.;
- Encourage the general public, via the media, to adopt the buddy system or Neighborhood Watch (check on elderly/homebound neighbors, church members, friends);
- Distribute and utilize communication checklist (developed by a coalition of community organizations representing special populations) for use by communities during a crisis/emergency;
- Make every attempt to communicate information in a culturally sensitive fashion;
- Encourage, whenever possible, respected leaders of particular communities to be spokespersons for delivery of important messages;
- Deliver emergency broadcast messages in both Spanish and Hmong, in addition to English.
- As many materials as possible will be developed prior to an event and will be translated into Spanish and Hmong.

Media Spokesperson

Designated Spokespersons

Spokespersons have been identified in advance of a crisis and have been designated spokespersons based on the following criteria:

- Persons who can speak with knowledge, authority, credibility, and empathy on the topic;
- Persons with a clear understanding of the principles of risk communication in a crisis;
- Persons who can stick to key messages, who will not easily be angered, flustered, or steered off-message.

As the crisis develops, backup spokespersons will be designated based upon the criteria stated above. Communications staff will support designated spokespersons by developing lists of questions likely to be asked by the media, developing key messages, and issuing talking points.

Briefings and Updates with Stakeholders

In the event of a pandemic, a Joint Information Center will be opened, most likely at the State Emergency Operations Center. A team of Public Information Officers will work to provide regular media briefings, press releases and situation reports. Access to e-mail lists of the following stake holders is available both at the EOC and the DPH Situation room:

- All state newsmedia
- Local Health Departments
- Tribal Health Leaders
- Infection Control Practitioners
- Community Health Centers
- Laboratories

- Emergency Management Directors
- Public Health Preparedness Consortia
- All State Agencies
- Governor's Office
- State and Federal Legislators
- Police, Fire, Ambulance
- FBI
- Agricultural Partners
- Office of Justice Assistance
- Critical Infrastructure Industries
- Neighboring State Contacts
- Federal Partners
- Hospital Associations
- Department of Public Instruction

Health

Priority 5: Community-Wide Coalitions to Meet Patient Surge Expected from Pandemic Influenza

Lead Contact

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Assumptions

There will be more ill patients requiring hospitalization and skilled care than there are beds and staff to care for them.

More ventilators will be requested than will be available for patient respiratory support, and more respiratory therapists will be needed to manage those ventilators than there will be staff available.

Absenteeism for hospital employees will mirror that of the population at large, and may approach 40% at the height of the pandemic.

Volunteer credentialed and non-credentialed staff may support hospital functions; planning for this must occur before the actual need for the volunteers arises.

Collaboration among hospitals and other care providers is necessary, since no single entity or care provision system will be unneeded or untouched by a pandemic.

Summary of Current State Activities

Hospital bed surge capacity:

- Presently, there are 12,922 staffed beds for the 128 medical/surgical hospitals in the state. Alternative treatment centers were first considered as a method of providing surge capacity, but the many logistical, clinical, legal and financial issues involved with the implementation of the alternative treatment centers caused the hospital groups to turn to other means for assuring inpatient care.
- Approximately 17,700 additional inpatient beds could be made available for a time-limited traumatic event in Wisconsin, as determined in an exercise of 128 hospitals in May 2004. These beds (as well as the staffed beds) are distributed throughout the state.
- Critical access hospitals: There are 56 critical access hospitals in Wisconsin, all of which are equal partners in planning and funding for surge capacity.

Hospital staffing surge capacity: Hospitals are using the tiered incident definitions (see box below) to ascertain their staffing needs. They are asked to plan staffing for up to 72 hours after an incident using existing staff resources.

Equipment and supplies surge capacity: A state expert panel on Materials Management is working with distributors to ensure access to critical equipment and supplies; hospitals are developing their needed inventory with the aid of the “ChicagoSurge” logistics tool.

Home care/residential care facility/other care facility surge capacity: All care facilities are following similar plans for development of surge capacity.

Recent Accomplishments

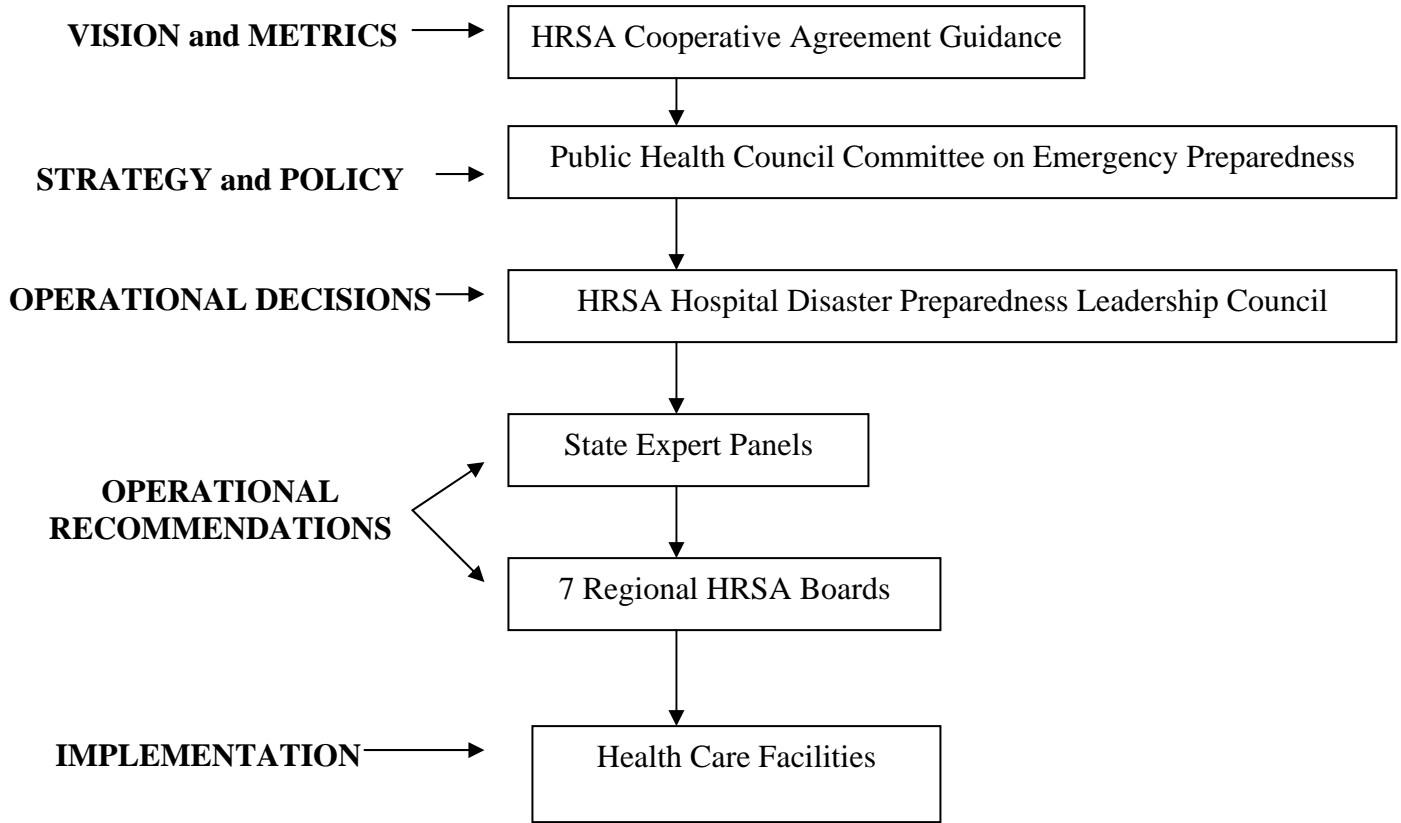
A special workgroup of several disciplines designed a medical/surgical cot that more closely resembles a medical/surgical bed compared to the traditional military cot. This medical/surgical cot is 24” in height and 36” wide. It can hold up to 300 pounds, and has an integrated IV pole and a pouch for the medical record or personal items. Currently, 3,904 of these medical/surgical cots are pre-positioned throughout the state to provide additional beds.

A matrix was developed by an expert panel to help hospitals plan for surge capacity beds. The tiered response system is used to define the incident for hospital planning.

Incident Level	Number of Patients Expected
I	1 – 10
II	11 – 25
III	26 – 50
IV	51 – 100
V	>100

Operational Plan

The following is a matrix that depicts the decision-making process for healthcare facilities:



Philosophy, Structure and Key Principles

Health Care Regions: Wisconsin has been divided into seven Hospital Preparedness Regions. These are regions “without boundaries,” in the sense that there is truly only one region, with all health care facilities following one integrated plan that is consistent across the entire state. In regard to pandemic influenza, all health care facilities, including hospitals, nursing homes, assisted living facilities, etc., follow the same plan. The Wisconsin Public Health Council Committee on Emergency Preparedness and the HRSA Hospital Disaster Preparedness Leadership Council meet regularly.

All-Hospital Preparedness: Wisconsin adopted the philosophy that an “All Hazards” incident could occur anywhere and thus the hospital closest to the incident would become responsible, at least initially, for managing the incident. Thus, all hospitals are members of a team; any hospital must be prepared to serve as the “Base Hospital” (the facility in closest proximity to the disaster) until the Emergency Operations Center (EOC) and the State Hospital Preparedness Plan are activated. From the smallest to the largest, all Wisconsin’s hospitals are asked to have the capability to implement the State Preparedness Plan. The same is true for all other health care facilities.

Interdisciplinary Regional Boards: A decision was made from the outset that implementation of the State Emergency Preparedness Plan could not be accomplished by hospitals alone. Thus, Regional Hospital Boards were formed, including all hospitals, local health departments, Emergency Management directors and Emergency Medical Services (EMS) as members of the team. Additional emergency response organizations, such as fire departments, law enforcement, HazMat teams, etc., expressed a willingness to be involved, and were added to their Regional Teams. Each Regional Hospital Team identified additional members whose participation would be necessary, such as the military, tribal organizations, universities and colleges, etc. A steering committee including a member of each Regional Hospital Board and the state Hospital Preparedness Coordinator oversees hospital emergency preparedness.

Project Coordinators: The Wisconsin Division of Public Health had realized from the initial planning for statewide emergency preparedness that implementation of plan including all hospitals would need to happen at the level of the individual hospital and other emergency response organizations. Thus, project coordinators were hired by each Regional Hospital Board to assist individual hospitals and other team members.

The key roles of the Project Coordinator are

- to serve as a resource to the Steering Committee in the implementation of the hospital emergency preparedness plan,
- to serve as a resource to each member of the Regional Hospital Board in the implementation of the hospital emergency preparedness plan.

Project coordinators presently work with each member of the Regional Hospital Board to ensure that the disaster management plan of each member organization implements the protocols of the state plan. The plans of each member organization must be integrated with the disaster management plans of all the other member organizations in the region. The Project Coordinator, where applicable, also coordinates preparedness efforts with the emergency response organizations of border states.

Protocols for Unified Incident Command

All hospitals and eventually all health care facilities will have developed response protocols based on a tiered-response system. Hospitals have already developed these response plans for a “lights and sirens” incident and also for a biological incident such as pandemic influenza. Each emergency response discipline is putting its response protocols into this tiered response so that all emergency response partners are aware of each other’s protocols.

Ethical Distribution of Resources

A State Expert Panel on Disaster has recently been formed in Wisconsin and has identified the following Mission Statement:

- To identify ethical issues that will occur in a disaster;
- To ensure that there are science-based, clinical guidelines for mass casualty care decisions and resource allocation;

- To gain consensus for the application of disaster ethics among clinicians, public health and the general public.

This plan will be implemented over the next year, with an intended completion date of March 2008.

Mutual Aid

All hospitals have completed Memoranda of Understanding for the sharing of supplies, equipment and personnel. These Memoranda of Understanding are now being considered by other health care facilities such as nursing homes and assisted living facilities.

Logistics Plan

The State Expert Panel on Materials Management is developing a stockpile of supplies, equipment, and pharmaceuticals for 25,000 patients for one day. This matches the existing stockpile of personal protective equipment, which contains 1,000 kits (each kit has enough PPE for 25 patients for one day). Plans are being made to assist nursing homes, assisted living facilities, and physician offices with the acquisition of personal protective equipment with training for its use.

Plans for Administrative and Clinical Changes

A number of bodies currently exist to assist with administrative and clinical decision-making in a pandemic or other disaster; these include the Community Physicians Advisory Council, the State Expert Panel on Isolation, the State Expert Panel on Volunteers, the State Expert Panel on Disaster Ethics, and others. Suggestions for additional bodies to assist with decision-making include a Physician Clinical Review Committee to be set up at each healthcare facility.

Health

Priority 6: Facilitating Medical Surge

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Assumptions

There will be more ill patients requiring hospitalization and skilled care than there are beds and staff to care for them.

More ventilators will be requested than will be available for patient respiratory support, and more respiratory therapists will be needed to manage those ventilators than there will be staff available.

Absenteeism for hospital employees will mirror that of the population at large, and may approach 40% at the height of the pandemic.

Volunteer credentialed and non-credentialed staff may support hospital functions; planning for this must occur before the actual need for the volunteers arises.

Collaboration among hospitals and other care providers is necessary, since no single entity or care provision system will be unneeded or untouched by a pandemic.

Summary of Current State Activities

The hospitals in the state have developed a tiered response system to direct the use of resources in the event of a health emergency, including pandemic influenza. This system is exercised in collaboration with health departments and other first responders.

Hospitals, health departments and other emergency responders have been required to participate in various tabletop exercises in 2005 and 2006 for pandemic influenza readiness. Each hospital is exercised in four areas: nursing, ancillary and support, medical staff, and administration. The exercises are based on the projections for an influenza pandemic in Wisconsin (Table 1):

PROJECTION	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Weekly hospital admissions	1,620	2,701	4,051	5,132	5,132	4,051	2,701	1,620
Peak admissions/day				800	800			
# of influenza pts in hospital	1,191	1,985	2,978	3,772	3,906	3,433	2,633	1,727
% of hospital capacity needed	11%	18%	26%	33%	35%	30%	23%	15%
# of influenza pts in ICU	243	515	792	1,046	1,132	1,101	875	604
% of ICU capacity needed	18%	38%	58%	76%	83%	80%	64%	44%
# of influenza pts on ventilators	122	258	396	523	566	550	437	302
% usage of ventilators	13%	27%	42%	55%	60%	58%	46%	32%
# of influenza deaths in hospitals			225	375	562	712	712	562

Exercises will continue in 2007 and will become more complex, with more partners and a higher level of exercising than tabletops.

HRSA preparedness funding has markedly improved the ability of Wisconsin hospitals to deal with patients with communicable diseases. Specifically, there are now almost 2,000 negative airflow rooms for effective isolation of infectious patients in Wisconsin hospitals, with many hospitals also having the capability of converting existing patient rooms to negative airflow rooms through the use of portable HEPA filters and HVAC controls.

The main gap in Wisconsin’s ability to cope with a surge of patients is a lack of coordination and collaboration with non-hospital care facilities such as nursing homes, with outpatient clinics, and with public health, to provide for non-hospital care and monitoring when hospital capacity is reached. This gap will be addressed throughout 2007 and 2008.

Operational Plan

Procedures for Reporting Bed Capacity According to HAvBED

WITRAC: Wisconsin system for Tracking, Resources, Alerts, and Communications is a database-driven Web application intended as a statewide solution. As such, it serves all areas of the state whether rural or metropolitan, since it provides anytime, anywhere access via an Internet connection. This system has been designed specifically to track beds, pharmaceutical and resource availability from all designated facilities in Wisconsin as well as allocate these resources to support surge capacity needs. It is projected that this system will also be used for the tracking of patients. Hospital bed diversion status, emergency event planning, emergency chat, and alert notifications are supported in real time.

The system provides:

- Hospital diversion status.
- Resource tracking (beds, pharmaceuticals, and other resources).
- Emergency alert notifications and contingency planning.
- The aggregation of information from all facilities and the possibility of sharing this with other systems and agencies.
- Unique views to facilitate system and data access for all users throughout the state.
- Electronic reporting and transport of information to other systems and agencies to improve communications and to share pertinent information.
- Standard and ad hoc reporting to turn data into useful information.
- Scalability, to conform to the needs of small, medium and large facilities as required.
- Easy expansion through its open architecture as needs grow and evolve.
- The ability of individual hospitals, regions or the entire state to report bed capacity and other resources according to HAvBED definitions.

Procedures for Deploying and Tracking Volunteers

Wisconsin's ESAR-VHP System: The State of Wisconsin began its work on volunteer registration and credentialing to support public health and hospital preparedness efforts, funded by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) before the creation of ESAR-VHP. Wisconsin has taken a two-pronged approach to addressing the need for volunteer health care workers (HCWs) during a disaster.

- **Registration: WEAVR:** The Wisconsin Emergency Assistance Volunteer Registry (WEAVR) is the registration component of ESAR-VHP. WEAVR serves as the registry for HCWs who prospectively desire to volunteer their services in a disaster situation. Since its inception in November 2003 more than 1,450 HCWs have registered on the WEAVR, which is managed by the Wisconsin Division of Public Health.

Credentialing: WDC: The credentialing component of ESAR-VHP in Wisconsin, independent of WEAVR, is the Wisconsin Disaster Credentialing system (WDC). WDC is the system to assist hospitals, responding to a disaster, to credential and privilege volunteer HCWs rapidly and in realtime. The goal of the WDC is to provide the necessary information about a HCW's qualifications and competencies so that the hospital may rapidly credential, privilege and deploy

qualified HCWs. WDC does not itself privilege HCWs, but it provides the critical information a hospital needs to privilege a volunteer HCW. WDC is owned and managed by hospitals¹ in Wisconsin.

Goals of the WDC: The WDC initiative began in March 2004. With expertise and experience in credentialing provided by members of the Wisconsin Association of Medical Staff Services, a working group began the development of this disaster credentialing system. The policy and operational basis for this system in Wisconsin encompassed the following five themes:

1. The focus of a hospital's credentialing and privileging efforts in a disaster must allow for
 - the ability of hospitals to provide **quality patient care** to casualties presenting at the hospital,
 - the deployment of volunteer HCWs as rapidly as possible;
 - the least amount of effort by the requesting hospitals, which will be already overwhelmed by the casualties resulting from the incident;
 - compliance with JCAHO and CMS credentialing standards.

2. It was recognized that, even with a successful volunteer registry, only a small percentage of the more than 14,502 physicians, 64,535 registered nurses, 14,181 LPNs, and 150,000 other Wisconsin-licensed HCWs² will register on WEAVR or other volunteer registries. Thus, **no or limited information** will be available for the majority of non-registered volunteer HCWs who will spontaneously volunteer when called to serve in an incident.

3. Despite the allowances of Joint Commission Disaster Credentialing standards, a hospital is more likely to grant privileges to a volunteer HCW if the hospital has the ability to verify by a primary source the credentials of the volunteer HCW in realtime. (Hospitals can primary-source verify the credentials of a HCW through WDC.)

4. A hospital is also more likely to grant privileges to a volunteer HCW if the hospital can verify the current quality and competency of the volunteer HCW. (Hospitals can access quality and competency information through the WDC Provider Affiliation database.)

5. All hospitals are now in compliance with either Joint Commission standards or the CMS Conditions of Participation³. Hospitals expend significant financial and human resources in their day-to-day credentialing efforts to assure that only qualified and competent practitioners are granted privileges. There is **no need to duplicate** this effort in a disaster.

Thus, WDC has been established to provide a relatively inexpensive, real-time, Web-based system to allow a hospital to credential and privilege volunteer HCWs according to the same stringent standards that hospitals follow daily. Hospitals in Wisconsin have redundant

¹ Shared Health Services of LaCrosse LLC serves as the fiscal agent and holds the contract with CredentialSmart, Inc. on behalf of the hospitals.

² Data were provided by the Wisconsin Department of Regulation and Licensing and are current as of July 15, 2005.

³ The Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association also accredits hospitals. HFAP credentialing standards are similar to the standards of the Joint Commission and CMS. At the present time there are no hospitals in Wisconsin accredited by HFAP.

communications technologies⁴ that will allow them to access WDC even if landlines are busy or have been cut or destroyed.

Ethical Distribution of Resources

A State Expert Panel on Disaster has recently been formed in Wisconsin and has identified the following Mission Statement:

- To identify ethical issues that will occur in a disaster;
- To ensure that there are science-based, clinical guidelines for mass casualty care decisions and resource allocation;
- To gain consensus for the application of disaster ethics among clinicians, public health and the general public.

This plan will be implemented over the next year, with an intended completion date of March 2008.

Plans for Expanding Health Care Services to Alternative Treatment Sites

The State Expert Panel on Inpatient Surge Capacity has recommended the implementation of an in-house inpatient surge capacity plan versus the use of off-site alternative treatment centers. The logistics involved with these alternative inpatient treatment sites are daunting and the hospital may be better able to manage a surge on-site despite the challenge that this will present to the hospital.

However, a scenario is possible in which the hospital surpasses even its own in-house surge capacity and can no longer accept inpatients. In another possible scenario, the hospital, itself is damaged wholly or in part, and may need to move its services off-site.

For this reason, the Panel's "Policy on Evacuation of Hospital" calls for each hospital and all healthcare facilities to have a plan to deploy alternative treatment sites. The plan should encompass the following elements:

1. The health care facility is to identify two sets of Alternate Care Sites:
 - a) The first set is to include facilities that are geographically close to the health care facility in those cases where the hazard has affected only the health care facility.
 - b) The second set is to include facilities that are geographically distant from the health care facility, to serve as alternate sites, in those cases where the hazard has affected the entire area around the health care facility.

⁴ All Wisconsin hospitals now have satellite telephone capability through the FY 2005 HRSA Cooperative Agreement that allows them to communicate voice, email and data.

2. The health care facility's on-site Transport Unit Leader is to triage the patients as they are being transported to the various Alternate Care Sites. Evacuation Acuity Level 3 and 4 patients are to have priority for transport.
3. The health care facility is to identify facilities⁵ in the sequential order that it will use these facilities to shelter evacuated patients, based on the acuity level of the patients that the facility can manage. The following is a list of facilities, to be used in sequential order, as an example only:
 - a) Hospitals (for Evacuation Acuity Levels 1, 2, 3, 4)
 - b) Skilled nursing facilities (for Evacuation Acuity Levels 1, 2, 3)
 - c) Clinic buildings (for Evacuation Acuity Levels 1, 2)
 - d) Hotels (for Evacuation Acuity Levels 1, 2)
4. The health care facility is to pre-identify Alternate Care Sites and have Memoranda of Understanding⁶ with these facilities in case the health care facility needs to utilize these facilities in an evacuation.
5. Supplies and equipment for the Alternate Care Sites
 - a) For each Alternate Care Site, the health care facility is to pre-identify what equipment and supplies are already available on-site and in what quantity.
 - b) For each Alternate Care Site, the health care facility is to pre-identify what equipment and supplies will need to be delivered to the site and in what quantity. The EOC, if activated, may be able to assist with the procurement of these supplies and equipment.
6. Staffing for the Alternate Care Site
 - a) The health care facility is to assign one of its staff as Site Supervisor of the Alternate Care Site.
 - b) The staffing plan for the Alternate Care Site will need to take into consideration the acuity of the patients at each site.
 - c) There is to be an agreement with the Alternate Care Site to pre-identify any of its staff who can be retained for patient care or other services
 - d) If possible, a health care facility staff person is to accompany the patient to the Alternate Care Site and hand over the patient to the staff there with a briefing on the care and treatment of the patient.

⁵ The Alternate Care Site should be a building that is already being used for medical purposes, e.g., clinics and nursing homes; or buildings that are set up to shelter people and take care of their needs, such as hotels; versus schools or community centers which will create serious logistical issues in regard to patient care.

⁶ A template for statewide use is being developed.

- e) It is important to keep in mind that staff from the evacuated health care facility will be tired and stressed, and may not be able to provide care at the Alternate Care Site until they get the necessary rest and recuperation.
7. The Site Supervisor at each Alternate Care Site is responsible for triaging patients, based on changes in patient acuity, and moving them to a more appropriate facility.

Health

Priority 7: Fatality Management

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Assumptions

Local public health will alert coroners and medical examiners (CMEs) that a pandemic situation has begun, and will provide estimated numbers of casualties, and most probable timetable for the stages of the pandemic cycle. Local public health agencies will provide CMEs with updates to these estimates as needed.

The pandemic will follow the predicted pattern, lasting for about 8 to 10 weeks, with fatalities peaking during a three- to four-week period in the middle of the cycle; it may reach Stage 5 at some point with a 2% or higher mortality rate. Numbers of non-pandemic related fatalities will remain the same.

Most (70%) of the pandemic-related fatalities will occur in hospitals and nursing homes.

A county CME (or another person appointed by the county) will act as the county mortuary officer, in charge of coordinating the county pandemic mass fatality mortuary plan, coordinating mortuary tasks with State public health emergency managers, local public health officials, funeral directors, crematory owners, and cemetery/mausoleum managers.

During the first and latter stages of the pandemic, there will be a gradual escalation/de-escalation in the need for additional assistance for mortuary care. During these phases, fatality management will depend upon assistance from neighboring counties or regions with possible assistance from the D-FIRST and the two state funeral director associations (the WFDA and the Wisconsin Alliance of Funeral Directors (WAFD)).

At some point during the pandemic, one or more counties will exceed the county or regional capacity to handle mortuary care in the normal manner, and the mortuary officer will activate the county mass fatality mortuary plan. Local funeral directors may request the assistance of a federal DMORT unit.

At some point during the pandemic, the Governor will declare county, regional or state public health emergency status and invoke statutory powers concerning the disposition of human remains, including a possible temporary ban on public gatherings such as funerals.

Depending on the ability of casket-makers to respond to the additional need for caskets, at any point in the pandemic, there may be a shortage of traditional caskets and alternative containers may be required.

Human remains begin to decompose within 24-48 hours of death without adequate refrigeration, but can be held for one month with refrigeration.

As much as practical, the mortuary plan will allow families to have their preferred method of disposition for their deceased family members. Families will be expected to pay for normal disposition expenses.

Mortuary workers will be given suitable priority in the vaccination schedule for critical pandemic workers.

Summary of Current Activities

Wisconsin has just begun working on the potential challenges posed by mass fatalities associated with a pandemic. Wisconsin funeral directors and county coroners/medical examiners (CMEs) will work in cooperation with state and local public health emergency personnel, professional associations, local cemetery and crematory operators, and the State Vital Records Office to ensure the safe, respectful and expeditious removal, preparation, and disposition of human remains during a pandemic crisis.

Priorities for meeting goals for pandemic mass fatality management preparedness have been:

- Establishing the statutory framework to allow for an efficient response to a mass fatality crisis in a pandemic situation. Wisconsin statutes have been amended to give the State Health Officer the authority to temporarily suspend body disposition laws and regulations in a declared public health emergency. Recent law changes now allow additional staffing of CME offices and inter-county sharing of trained deputies.
- Obtaining partner buy-in to pandemic mass fatality management planning. The Division of Public Health (DPH) emergency managers and State Vital Records Office (SVRO) staff have begun meeting with leaders of the Wisconsin Coroner/Medical Examiner Association (WCMEA), which includes members from 71 of the 72 counties and with the Wisconsin Funeral Directors Association (WFDA), which represents over 85% of the funeral directors in the state. Future meetings will address the need for every county to have a workable local pandemic mass fatality management plan.
- Improving communications with stakeholders. DPH emergency managers have encouraged CMEs to use the state's Health Alert Network (HAN). The SVRO has established an extensive contact database for CMEs and their deputies and is exploring the use of WFDA and WCMEA-sponsored Web sites to offer downloadable electronic forms, customizable disaster preparedness materials, and links to preparedness reference materials for interested members.
- Disseminating information on the newly created Dane Fatality Incident Response Support Team (D-FIRST). Under the direction of the Dane County Coroner's Office, the D-FIRST equipment and team will be an intermediate-level all-hazard mortuary response unit that can be activated for use anywhere in the state and can handle up to 50 fatalities at a time. The unit has been field-tested and user training is now being conducted. The SVRO is working with the Dane County Coroner's Office to disseminate information on the availability of this unit.
- Planning for implementation of an electronic death registration system (EDRS). The SVRO is working on a project to design and implement an electronic death registration system within the next two years. The system will replace an inefficient paper system and will ease the burden of paperwork for reporting deaths, provide more timely information on mortality related to pandemics, and facilitate the issuance of death certificates for families who need them for insurance and other financial transactions.

Operational Plan

1. Pronouncement of Death, Removal of Bodies, Signing of Death Records, Notification of Next of Kin, and Tracking of Deaths
 - a. First and Last Stages of Pandemic- No significant changes in mortuary operations.
 - b. Immediate Pre- and Post-Peak Stages of Pandemic
 - 1) Funeral directors will activate mutual aid agreements with the assistance of the WFDA and WAFD.
 - 2) CMEs will activate mutual aid agreements with surrounding CMEs, with the assistance of the WCMEA and the SVRO. CMEs will appoint additional deputies as needed for pronouncement of death and body removal from facilities and homes.
 - 3) Body removal procedures may be changed to allow for multiple body removal from facilities by assigned funeral directors, with later transfer of bodies to family-designated funeral homes.
 - 4) Unclaimed bodies will be held in refrigeration storage for as long as practical prior to disposition.
 - 5) CMEs will assume more of the duties of certifying death records, as needed, to relieve doctors from paperwork.
 - 6) Until the electronic death record registration system is implemented, CMEs will use the existing Notice of Removal and Report for Final Disposition forms to track deaths, body location, and probable disposition type and place.
 - 7) Changes to storage location and planned disposition type will be documented by the mortuary staff on the Report for Final Disposition.
 - c. Peak Stage of the Pandemic
 - 1) Funeral directors/WCMEA will call for assistance from a national DMORT team, if available.
 - 2) CMEs will appoint additional deputies as needed to assist funeral directors with body removals, body storage, and body preparation.
 - 3) CMEs will appoint additional deputies as needed to handle death record certification, notification of next of kin, and embalming/cremation release forms.
 - 4) Additional transport vehicles will be secured.
 - 5) Transport of bodies may be directed to temporary refrigerated centralized mortuary holding areas, if existing mortuary holding areas are inadequate.
 - 6) Until the electronic death record registration system is implemented, upon request from a CME, the Local Vital Records Offices and the SVRO will assist the CME office with processing the Notice of Removal and Report for Final Disposition forms used to track deaths, body location, and probable type and place of disposition. Changes to type and place of disposition will be documented by mortuary staff on the Report for Final Disposition.
2. Storage/Preparation of Bodies
 - a. First and Last Stages of Pandemic- No significant changes in mortuary operations.
 - b. Immediate Pre- and Post-Peak Stages of Pandemic
 - 1) If practical, bodies will be prepared for disposition according to the wishes of the family.

- 2) Funeral directors will activate mutual aid agreements with the assistance of the WFDA and WAFD.
 - 3) CMEs will activate mutual aid agreements with surrounding CMEs and, if appropriate, the CME will request the D-FIRST unit.
 - 4) If necessary, the CME will activate a temporary morgue site with refrigeration storage capability. Bodies could be transported to the site for temporary storage with later transfer of bodies to family-designated funeral homes for body preparation. CME offices will secure the bodies and the personal property on the bodies at the temporary morgue facilities, document the property, and turn the property over to the next of kin.
 - 5) Additional transport vehicles will be secured.
- c. Peak Stage of the Pandemic
- 1) Funeral directors/WCMEA will request assistance from a national DMORT team, if available.
 - 2) CMEs will appoint additional deputies to assist in all aspects of mortuary care during the peak stage of the pandemic.
 - 3) CMEs will activate additional temporary refrigerated morgue sites for storage of bodies with later transfer of bodies to family-designated funeral homes for body preparation. CME offices will secure the bodies and the personal property on the bodies at the temporary morgue facilities, document the property, and turn the property over to the next of kin.
 - 4) Additional transport vehicles will be secured.
 - 5) To alleviate body storage shortfalls, the State Health Officer may invoke statutory powers to allow the waiver of cremation waiting periods and cemetery container requirements that may slow the final disposition of bodies during the pandemic.
 - 6) Families will be provided with the option for using expedited disposal methods.

3. Funerals/Disposition of Bodies

a. First and Last Stages of Pandemic

- 1) Family choice in funeral plans and choice in type of disposition will be honored as much as possible.
- 2) If the State Health Officer invokes pandemic emergency restrictions on public gatherings, funerals will be down-sized but immediate family and significant others will be permitted to gather for funeral services.
- 3) Transport of bodies outside of the area will follow prescribed rules (*e.g.*, common carriers and the jurisdiction of interment may require the body to be embalmed).
- 4) The State Health Officer may invoke emergency pandemic authority to allow a CME to waive the statutory 48-hour waiting period for cremation of non-suspicious cases within that CME's jurisdiction.
- 5) The State Health Officer may invoke pandemic emergency waivers of vault and casket requirements in cemeteries to allow "green burials" in body bags or similar containers.

b. Immediate Pre- and Post-Peak Stages of Pandemic

- 1) Family choice in funeral plans and type of disposition may be slightly altered by delays in processing and availability of caskets. Families will be provided with

reasonable alternatives to their first choice of disposition, if they wish to speed the disposition process.

- 2) Priority for caskets will be given to families that have pre-purchased mausoleum space for a casketed body or for bodies that must be shipped by common carrier out of the area.
 - 3) Unclaimed bodies will be held for a reasonable time while the CME makes reasonable effort to find the next of kin. If the body remains unclaimed after the set time limit, the State Health Officer may mandate that the unclaimed bodies will be disposed of by cremation, unless there is an indication that the decedent would have been opposed to cremation as a final disposition method.
3. Peak Stage of the Pandemic
- 1) Family choices in funeral plans and type of disposition may be significantly altered by delays in processing and availability of caskets. Families will be provided with reasonable alternatives to their funeral plans and type of disposition.
 - 2) Families will be provided with an option of a delayed memorial service when emergency public gathering restrictions are lifted.
 - 2) Unless mandated by the State Health Officer under extreme circumstances, no family will be forced to dispose of the body of a family member in a way that conflicts with the decedent's or the family's religious or cultural beliefs.

Education

Priority 1: Process for School Closure and Communication Plan

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Assumptions

In a pandemic, closing schools has been shown to be an effective means of reducing disease spread.

Closing schools early in a pandemic is more effective than waiting until more than 10% of students or teachers have been infected.

Planning ahead of a pandemic is needed to assure that students of all ages will be safe and receive the services (such as meals) that are normally received through the school system.

Communication about school closings with school administrators and staff, teachers, students, and the community at large before a pandemic will ease the communication needed at the time of pandemic and associated school closings.

Two-way communication (from the schools to the public and vice versa) is necessary before, during, and after a pandemic.

Status of current activities

A: Review of legal authority

In Wisconsin both the Department of Health and Family Services and local health officers share broad powers to do what is reasonable and necessary to prevent, suppress, and control communicable diseases. This includes the power to restrict public gatherings, close schools, and order isolation and quarantine when needed to control an outbreak or epidemic. If the state or local health officer ordered school closings as a disease containment measure, school districts would not be obligated to make up the lost days of school to fulfill their 180-day requirement. Public health officials have the authority to lift closure orders to allow schools to re-open, but cannot require them to resume operations. The decision to re-open would currently be made at the individual school district level. Additionally, local school officials have the authority to close schools when local situations warrant. In those circumstances schools are still obligated to hold classes for a total of 180 days.

Teachers, principals, directors and nurses serving schools and day care centers are authorized to send home, for purposes of diagnosis and treatment, any student suspected of having a communicable disease.

B. Community disease prevention

Representatives from state and local public health agencies, state and local emergency management, regional public health planners, law enforcement, and risk communications staff formulated a community disease prevention plan to implement social distancing measures, including school closures, as a means to slow the rate of transmission of pandemic influenza. The roles of the Division of Public Health (DPH), local public health agencies, and other community partners are delineated, with additional partners identified to serve special populations.

C. School closure exercises

Tabletop exercises have been completed at the state level and locally in both rural and urban settings. Decision makers at all levels of government and community partners were represented to various degrees. The exercises provided opportunities to clearly state the public health authority to close schools, and to begin discussing triggers for closing, criteria for re-opening, and plans for continuation of operations and recovery.

D. Educational offerings to school district personnel

DPH has begun a series of educational sessions with selected school districts to provide information on pandemic influenza, including planning for schools and families, school closure procedures, and infection control measures in the school setting. Education will be extended to all school districts in the state through a series of DPH webcasts and also by educational offerings produced by local health departments for schools in their own jurisdictions.

Operational plan

A. Criteria for determining when/if school closure will occur

- Surveillance data collected by DPH will be used to characterize influenza activity and the epidemiological factors that will influence the decision to close schools.
- Epidemiological factors that will influence the decision to close schools include the virulence of the circulating novel influenza virus, the rapidity with which it spreads in communities, evidence that school-aged children are significant sources of transmission, the proportion of the population that is ill in given communities, rates of school absenteeism, and evidence from other communities that school closures may reduce community transmission.
- DPH has contracted with the University of Wisconsin School of Engineering to develop computer-based models that will aid in establishing criteria for school closures and re-openings.

B. Individuals with authorities, roles, and responsibilities

- Both the Governor and the State Health Officer have the authority to close public and private schools statewide; local health officers have the authority to close schools in their jurisdictions.
- In a public health emergency, it will most likely be the State Health Officer who would officially declare schools closed if deemed necessary to slow the spread of pandemic influenza. The decision would be made in consultation with the state epidemiologist and chief medical officer for communicable diseases, who would provide the scientific, medical, and epidemiological rationale for school-closing decisions.
- Department of Public Instruction (DPI) officials do not have legal authority to close schools in a public health emergency, but they would be involved in the decision-making process and play key roles in ensuring that schools follow official public health orders.
- Authority to close schools does not extend to schools located on tribal lands but historically tribal officials have followed the policies and procedures of neighboring public schools, and have indicated they would continue to do so during a public health emergency. Representatives from the tribal agencies have participated in community disease containment planning, which includes school closures.
- The decision to lift school closure orders also rests with the State Health Officer or Governor. Lifting these orders would allow but not compel schools to re-open. Individual school districts would need to determine when they are able to resume operations after potentially long periods of closure.

C. Stakeholder notification

- The State Health Officer or designee will be in direct communication with the designated contact person in DPI regarding school closures. DPI in turn will disseminate information to each school district.

- DPH will participate in a communications system coordinated by Wisconsin Emergency Management to provide information via the state Emergency Operations Center/Joint Public Information Center. Information and notifications of school closures will be disseminated through this central system to local school districts via media outlets.
- The DPH pandemic influenza coordinator will work with the Division of Children and Family Services and the Division of Disability and Elder Services regarding communication with special needs children and their families during school closures.
- The community disease containment plan includes establishment of “warm line” and hotlines in local public health departments, by which the public can obtain information on school closures.
- Local health departments and schools have established methods of communicating public health information between school nurses and public health agency nurses. These contacts would be used to help distribute information on infection control practices in the school setting while schools remain open in the initial stages of a pandemic and would also be used to notify students, staff, and parents in the event of school closures.
- Notifications and information will also be posted on the DPH and DPI Web sites, the Wisconsin Health Alert Network, and on local health department sites.
- Because not everyone has access to Internet services and Internet service may be disrupted during a pandemic, the need for back-up communications was discussed at school closure exercises. The media will play a large role in broadcasting information about school closures and re-openings during the pandemic. Information will be disseminated via radio, television, and newspapers.
- Other back-up communications methods may include use of phone trees to keep students, staff, and parents informed during school closures.

Education

Priority 2: Education and Social Services in the Face of School Closures

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Assumptions

In a pandemic, closing schools has been shown to be an effective means of reducing disease spread.

Since a pandemic may last for many months, some educational services should be provided to students at all levels of education.

The Internet may not be available for provision of these educational services, so alternate methods of providing education must be planned.

Planning ahead of a pandemic is needed to assure that students of all ages will be safe and receive the services (such as meals) that are normally received through the school system.

Status of current activities

School closure tabletop exercises have been conducted in Wisconsin in rural, suburban, and urban settings. At these exercises, it was noted that none of the school districts represented had experience with long-term school closure issues. Decisions to close schools due to inclement weather are for closures of short duration and are made by each school district on an individual basis; thus these discussions were valuable in that they raised issues previously not encountered by schools. Questions discussed included how education would be continued, how the Internet might be used (assuming it would not be available during the entire time school would be closed), how school funding would be affected, and how teachers may be used to keep in contact with the students to allay fears and maintain critical functions. Discussion also focused on how to maintain services to special needs students and those who rely on school nutrition programs for provision of meals.

As a result of these discussions the Department of Public Instruction will be working with the Division of Public Health and other public and private agencies to develop plans for continuity of education and for sustaining school-related social services during prolonged school closures.

Ongoing activities in which the DPI is involved include:

- Joint DPI-DPH web cast on pandemic influenza preparedness for local school districts.
- Representation on the State Interagency Avian Influenza Coordination Team.
- Representation on the State Agency Public Information Officer Avian Influenza Team.
- Participation in the statewide pandemic influenza exercise at the state Emergency Operations Center.
- Local school district involvement in coordination and planning with local health departments and other local response coordinators.
- Communications from State School Superintendent to all schools recommending pandemic influenza preparedness planning, and the development of a DPI web site to facilitate local planning.

Operational plan

The state plan for providing education and social services in the face of school closures is under development.

Continuity of Critical Functions

Priority 1: Sustain/Support 17 Critical Infrastructure Sectors and Key Assets

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Assumptions

Pandemic influenza threatens the infrastructure of the State of Wisconsin due to expected illness, death, absenteeism, and cost to all parts of the State's economy.

Identification of essential infrastructure is a necessary first step for planning to strengthen and protect that infrastructure in the event of a pandemic.

Identification of essential infrastructure throughout the State will assist in a response to any form of disaster, whether it be due to extreme weather, intentional destruction, or an influenza pandemic.

Preparation of continuity of operations plans for identified critical infrastructures is a necessary part of preparing for any disaster.

Status of current activities

Wisconsin Governor Jim Doyle created the Wisconsin Homeland Security Council (HLSC) by Executive Order on March 18, 2003. In the text of the Governor's order, he expressly stated that Wisconsin must be prepared to protect its citizens, critical infrastructure and key assets from any possible terrorist threats.

Representatives from the following state agencies were named to the HLSC: Department of Military Affairs, Wisconsin Emergency Management, Department of Justice, Department of Health and Family Services – Division of Public Health, State Capitol Police, Office of Justice Assistance, and the State Patrol. The Adjutant General of Wisconsin (from the Department of Military Affairs) was appointed to chair this council and serve as the Governor's Homeland Security Advisor.

On March, 15, 2006, at the Governor's Pandemic Readiness Summit, representatives from the Department of Natural Resources and the Department of Agriculture, Trade and Consumer Protection were added to the Council membership – in part due to the threat of pandemic influenza and the role these agencies have in the areas of surveillance and response.

September is designated as Preparedness Month in Wisconsin. On September 8, 2006, Wisconsin conducted a Pandemic Influenza State Agency Tabletop Exercise in the State's Emergency Operations Center. Representatives from 16 state and three federal agencies, including the Governor's Office, participated. Representatives from all HLSC agencies attended.

In November 2006, Governor Doyle directed the Wisconsin Departments of Health and Family Services; Agriculture, Trade and Consumer Protection; and Natural Resources to form an Avian Influenza Coordination Team. Representatives from Wisconsin Emergency Management and the Department of Public Instruction are also now included on this team. The Avian Influenza Coordination Team meets monthly. A sub-committee composed of public information officers from these agencies has also been established to plan for the important issues of public information and risk communication.

Also during the fall of 2006, the Wisconsin Division of Public Health worked with Wisconsin Manufacturers and Commerce (a business and trade association) to convene five regional Pandemic Preparedness Symposia for businesses. These symposiums focused on planning for the wide variety of risks faced by businesses in the event of a pandemic.

On three days in January, 2007, local and state tabletop exercises were held in the state to focus on the subject of school closings. School closings would be a key component of a community's disease control and prevention plan to limit disease transmission and spread during an influenza pandemic.

On January 26, 2007, the Wisconsin Division of Public Health convened an Antiviral Purchase Strategy Summit with key stakeholders to discuss issues and concerns associated with the currently limited availability of antiviral medications.

Operational plan

In July 2006 Wisconsin completed a statewide critical infrastructure assessment and prioritization project as part of a technical assistance program through the Department of Homeland Security. The purpose of the project was to apply a sound, objective methodology to identify, prioritize and reduce the risk of the state's most critical infrastructure, based upon eight critical factors. Wisconsin initiated the project in order to help focus the state's planning efforts and provide the basis for resource allocation decision-making.

The project used the Critical Asset Risk Evaluation System (CARES) developed by IEM, Inc., which Wisconsin agreed to pilot as part of the technical assistance. CARES is an automated risk assessment tool that enables users to analyze and compare relative risk within and across infrastructure sectors using the approved DHS risk management methodology (Risk=Threat x Vulnerability x Consequence). Wisconsin identified and prioritized 274 assets with regard to consequence and conducted risk evaluations of those assets that constituted the top 50% of overall criticality (109 assets).

No data are currently available to determine the percentage of high-risk assets and systems in Wisconsin for which continuity of operations plans have been developed.

Wisconsin has developed and implemented a critical infrastructure plan as a result of the assessment. The plan identifies key infrastructure sectors and provides guidance for the allocation of resources to protect critical infrastructure in the state.

In January 2005, as part of the assessment project described below, a multi-disciplinary working group was convened consisting of the state and federal agencies responsible for or with knowledge about the various infrastructure sectors. The purpose of this ongoing group is to provide a broad statewide perspective on the various infrastructure sectors. Agencies participating are:

- Department of Administration
- Department of Agriculture, Trade, and Consumer Protection
- Department of Financial Institutions
- Department of Health and Family Services
- Department of Justice
- Department of Military Affairs
- Department of Natural Resources
- Department of Transportation
- Public Service Commission
- University of Wisconsin System
- Wisconsin Emergency Management
- Federal Bureau of Investigation
- Department of Homeland Security Protective Security Advisor

Since it was formed, this group has provided ongoing guidance and coordination of critical infrastructure protection efforts, including the Department of Justice Countermeasures project

described below, the Wisconsin Emergency Management hazard mitigation activities, the Department of Administration's Continuity of Operations project, and Homeland Security infrastructure protection programs. The State works closely with the Department of Homeland Security Protective Security Advisor in the implementation of infrastructure protection measures.

Wisconsin has also begun to focus on the establishment of regional public-private partnerships to protect infrastructure, involving a process of identifying and bringing together the key infrastructures and organizations on which a region's viability depends and then engaging them in collective activities to raise awareness, develop trust, and work together. The goal is to enable the sharing of crucial information to better understand regional interdependencies and then identify and pursue means to improve regional disaster resilience. Partnerships have been established in two of the state's six emergency management regions, with initial work underway in the remaining four regions.

The Wisconsin Department of Justice, Division of Criminal Investigation, through the Wisconsin State Intelligence Center (WSIC), is developing a program to work with local law enforcement and private-sector facility managers on a Terrorism Liaison Officer (TLO) program that will provide assistance and training for infrastructure site assessments. The program will use the CounterMeasures® tool, which creates a standardized system for critical infrastructure evaluation in the state. The CounterMeasures® tool allows for in-depth on-site surveys with the added functionality of comprehensive reports that can be provided for the evaluated asset. The reports offer a complete evaluation about the various risks for the site. The report also identifies recommended steps for improvement. The site can then update the WSIC on steps taken to correct shortfalls or areas of concern, thus improving its rating.

Continuity of Critical Functions

Priority 2: Working with the Private Sector to Ensure Continuity of Operations

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Assumptions

In the event of pandemic influenza, private sector businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society.

Business planning for pandemic influenza is critical to an effective overall response to the pandemic.

Companies that provide critical infrastructure services, such as power and telecommunications, have a special responsibility to plan for continued operation in a crisis.

Having contingency plans is essential.

Status of current activities

A. Partnerships

The Division of Public Health recently partnered with Wisconsin Manufacturers and Commerce to host five regional pandemic preparedness symposiums for the private sector. Wisconsin Manufacturers and Commerce (WMC) is a business association that has nearly 4,000 members that include both large and small manufacturers, service companies, local chambers of commerce and specialized trade associations. WMC is the result of a merger of the Wisconsin Manufacturers Association, the State Chamber of Commerce and the Wisconsin Council of Safety. The symposia offered information on best practices, solutions for creating a pandemic response program, and business recovery planning.

Wisconsin Manufacturers and Commerce serves as a key conduit of information to private industry. WMC has agreed to use its robust database of businesses and business associations to quickly and effectively reach members. Communication methods would include e-mail, website postings, and direct mail as well as meetings and symposia.

On January 26, 2007, the Division of Public Health convened an Antiviral Strategy Summit with representation from essential service industries, local government, and health care. The Summit was intended to foster dialogue about the purchase, use, and distribution of antiviral medications in the event of a pandemic.

As a requirement of receiving pandemic phase-one funding, local public health departments (LPHD) and tribes have been encouraged to continue to build upon public health preparedness outreach and education initiatives. LPHDs and tribes have used these meetings to distribute Pandemic Influenza Planning Checklists from PandemicFlu.gov and other related pandemic materials to community partners such as businesses, schools, colleges and universities, individuals and families, faith-based and community organizations, day care centers, home health care services, medical offices and clinics, emergency medical services and transportation providers.

B. Government Planning

Executive Branch agencies of the State of Wisconsin are building on their existing Continuity of Operations Plans (COOP) to ensure that they can continue the highest priority time-sensitive business services during a pandemic. Agency-level COOP plans are in place for 24 state agencies, and business service-level COOP plans are in place for 249 time-sensitive business services.

All agencies have completed the pandemic business impact assessment identifying the business services that must be continued during a pandemic, the maximum possible interruption that could be tolerated, the minimum number of state employees required to operate these services, the number of these state employees that can work from home at this time, the number that could work from home if additional enabling actions are taken, and updated contact information for their key officials and all their building coordinators. The Wisconsin State Continuity Coordination Center has established improved communications procedures to distribute information and directions to agencies.

Operational plan

A. Continuity of Business

State and local health department and emergency management leaders encourage business continuity planning to ensure the highest level, time-sensitive business services will continue during a pandemic. Information such as best practices, planning documents, new guidance and checklists are dispersed on the state and local level to private industry partners.

Businesses are involved in pandemic exercises, facilitating better understanding of the need for continuity planning. Some of the actions businesses are encouraged to consider include:

- Complete a pandemic business impact assessment.
- Determine the minimum number of employees require to keep essential operations functioning.
- Review and update personnel policies.
- Develop alternative contact procedures for employees.
- Consider work- at-home options.
- Educate staff on appropriate infection control practices.
- Identify procedures for vendors and other stakeholder partners to continue operations in a pandemic.
- Consider which resources need to be collected and stored in advance.

B. Continuity of Government

From the State of Wisconsin Continuity of Government Plan:

The State Continuity Coordination Center (SCCC) in the Department of Administration shall manage and direct state agency business continuity activities during periods of pandemic influenza or other pandemic disease or pestilence. The SCCC will report to the Governor through the state Emergency Operations Center (EOC) and will rely on medical advice from the Department of Health and Family Services (DHFS) and human resources policy advice from the Office of State Employment Relations (OSER).

At established trigger points, the SCCC will initiate alert and action messages to agencies directing them to initiate the alert and action tasks in their agency-level, business service-level and site-level COOP pandemic implementation checklists. The alert message will initiate a series of daily morning reports from the building coordinator at each state agency site to that agency's command center and then to the SCCC. The morning reports will include data on the number of state employees present, the number absent and known ill, and any operational issues or problems. The SCCC will maintain a situational awareness assessment of state agency business operational capability and recommend actions to senior state officials to address problems or issues. Based on directions from the Governor, the state EOC and senior state officials, the SCCC will provide daily directional updates to state agency command centers on additional business continuity, social distancing and/or infection control steps to take to respond to changing conditions, and provide advice and direction on human resource issues.

Agency command centers will provide directions and communications to their managers, supervisors, business services, site building coordinators and employees in accordance with directions from the SCCC.

C. Citizen Preparedness

In a pandemic, community preparedness is critical. Wisconsin has a robust community preparedness infrastructure made up of partnerships among community, volunteer, government and faith-based organizations. Organizations such as the Red Cross, the Salvation Army, Volunteer Organizations Active in Disaster (VOAD), the Wisconsin Citizen Corps, and others are actively involved in preparedness planning, education and practice.

The Division of Public Health and its partners are encouraging outreach efforts to reach communities with special needs and to ensure clear and consistent messages. Community leaders are being identified to serve as trusted cultural brokers in a pandemic. Focus groups are being conducted to identify the best means and messages to reach communities with special needs.

On Wisconsin's recently developed pandemic Web site (www.pandemic.wisconsin.gov), targeted information is posted to encourage family and community preparedness. Local health departments are working closely with community leaders to form communication coalitions at the local level and to encourage active participation in pandemic readiness.

Wisconsin's Emergency Assistance Volunteer Registry (WEAVR) has over 2,000 health care professionals identified by health care specialty, geographic location, interest and ability to volunteer in an emergency such as a pandemic.

D. Emergency Public Information

In order for emergency public information to be effective it must be available early in an emergency and be clear, concise, and consistent. Pre-established communication networks and messages will be used to get information out to the private sector in the event of a pandemic. Associations such as chambers of commerce, trade unions, WMC and other membership organizations will be used as information conduits during a pandemic.

Procedures similar to those identified in state continuity of government planning will be encouraged in private sector planning. Recommendations may include improving communication procedures and establishing alternative means for distributing information, as well as clearly identifying where businesses can obtain accurate and timely information pre-pandemic and during a pandemic. Recently released OSHA guidance: ***Preparing Workplaces for an Influenza Pandemic*** (OSHA 3327-02N, 2007) will be forwarded to private-sector partners for use in workplace planning. Private industry will be encouraged to visit www.osha.gov for complete guidance.

E. Allocation of Scarce Resources

The Division of Public Health (DPH) has contracted with the Center for Human Performance and Risk Analysis at the University of Wisconsin to develop an analytic framework to support public health actions that will take place in response to developed pandemic thresholds, based on the guidance contained in the National Pandemic Plan and the Wisconsin Pandemic Plan. DPH is seeking input from a variety of key stakeholders to help develop plans for the best use of scarce resources in a pandemic. DPH recently convened an Antiviral Purchase Strategy Summit with private-sector leaders representing critical infrastructure industries, health care and government to discuss the purchase, use, storage and distribution of antiviral medications. Mutual aid agreements are being developed at the state and local level to assist as needed with redistribution of resources. Ongoing involvement by the private sector in planning and exercising will be woven into all planning efforts at the state and local level.

Continuity of Critical Functions

Priority 3: State Plans Must Conform to All NRP / NIMS Requirements

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Assumptions

Use of a single command structure for response to emergencies allows all partners in response to understand their responsibilities.

The National Incident Management System (NIMS) provides such a structure, and its use is required for all state agencies.

Training in NIMS before emergencies occur is necessary.

Status of current activities

Wisconsin Governor Jim Doyle issued Executive Order #81 on December 22, 2004 as the result of Homeland Security Presidential Directive (HSPD)-5. This Executive Order designated the National Management System (NIMS) as the basis for incident management in Wisconsin, and directed state agencies to adopt NIMS as the State standard for incident management.

In response, the Division of Public Health (DPH) Interim Administrator, on April 18, 2005, approved a training matrix and training roster which outlined the DPH staff required to attend ICS training. Training has been provided and is ongoing within DPH.

In March of 2006, a Wisconsin NIMS Advisory Group was formed. This group is composed of local first responders, emergency management tribal representation, state agency staff (including DPH), and educational representation. This group has developed a State NIMS Implementation Plan for 2007.

Key provisions of this plan include the following information:

The State of Wisconsin will play an important role in ensuring the effective implementation of the NIMS in the state by ensuring that systems and processes are in place to communicate NIMS requirements to local jurisdictions and support them in implementing the NIMS, and by gathering documentation of NIMS activities. The State will do this by encouraging and supporting a regional approach to NIMS implementation among its jurisdictions. In some instances, smaller communities may not have the resources to implement all elements of NIMS on their own. However, by working together with other localities in their regions, they will be able to pool their resources to implement NIMS. The State of Wisconsin must also implement specific NIMS implementation actions as outlined in the FY 2007 Implementation Matrix for States and Territories.

Operational plan

The Division of Public Health (DPH) in the Department of Health and Family Services will lead Wisconsin's response to pandemic influenza. Local health departments must also develop and implement a structured parallel system of pandemic influenza preparedness in their jurisdictions, with critical functions delineated that include Command and Management.

Role of the DPH

1. The DPH will have responsibility for implementation of the Wisconsin Pandemic Influenza Preparedness document.
2. The DPH Administrator (State Health Officer) will have primary authority for implementation of the pandemic response plan.
3. The State Epidemiologist and Chief Medical Officer for Communicable Diseases (Chief Medical Officer) will provide medical guidance to the State Health Officer during the influenza pandemic.

Role of local health departments

1. Identify administrative and medical decision makers during the pandemic.
2. Develop a local pandemic influenza preparedness plan that corresponds to existing emergency plans.
3. Meet with local stakeholders and review major elements of the local pandemic influenza plan.
4. Decide when the pandemic plan is implemented and assure local emergency plans are implemented during the influenza pandemic.
5. Develop and implement a local mass vaccination plan based on the template provided by the Division of Public Health.
6. Using Flu-Aid software from the CDC, develop the local estimated impact of an influenza pandemic.
7. Develop a plan to close and re-open schools, businesses and other public venues, if necessary.
8. Develop a plan to educate the public prior to the onset of the pandemic.

Preparation Stage (activities to be initiated during the following phase):

Phase 0: Inter-pandemic activities; no indications of any novel virus reported.

1. The Chief Medical Officer will convene a Pandemic Influenza Preparedness Committee (PIPC) to develop a pandemic influenza preparedness document for Wisconsin. (Note: The document referred to in Item 1 above, under "Role of the DPH" is a product of this activity)
2. The members of the PIPC will advise the Chief Medical Officer on issues related to their specific areas of expertise for implementation of the state's public health response to pandemic influenza. Members of the PIPC include:
 - Chief of the Communicable Disease Epidemiology Section (CDES), Bureau of

- Communicable Diseases and Preparedness (BCDP)
 - Influenza Surveillance Coordinator
 - Pandemic Coordinator
 - Bureau Director, BCDP
 - Director, Communicable Disease Division, Wisconsin State Laboratory of Hygiene (WSLH)
 - Coordinator of the Laboratory Response Network, WSLH
 - Director, Wisconsin Immunization Program
 - Emergency Response Coordinator, DPH
 - Family medicine physician consultant to the BCDP
 - Risk communication specialist, Office of Operations, DPH
- 3. Additional staff providing advice and support to the PIPC include:
 - State Public Health Veterinarian, BCDP
 - Surveillance Epidemiologist, BCDP
 - Federal immunization advisors assigned to the BCDP
 - Infection Control Epidemiologist, BCDP
 - Public Health Preparedness Program Director, DPH
 - Hospital Preparedness Coordinator, DPH
 - Coordinator, Strategic National Stockpile (SNS), DPH
 - Public Affairs Director, WSLH
 - Epidemic Intelligence Service (EIS) Officer assigned to the BCDP
 - Invasive Bacteria Disease Surveillance Coordinator, BCDP
- 4. Responsibilities of the PIPC include:
 - Develop the DHFS response to pandemic influenza.
 - Assist local health departments to prepare for an influenza pandemic.
- 5. The PIPC will review the Wisconsin Pandemic Influenza Preparation document at least annually and update it as needed. The Influenza Surveillance Coordinator will be responsible for the review and update of the document.
- 6. The Chief Medical Officer will designate a Clinical Management Team that will include:
 - Chief Medical Officer
 - State Influenza Surveillance Coordinator
 - Pandemic Coordinator
 - Director, Wisconsin Immunization Program, BCDP
 - Federal immunization advisors assigned to the BCDP
 - Surveillance Epidemiologist, BCDP
 - Infection Control Epidemiologist, BCDP
 - EIS Officer assigned to the BCDP
 - Risk communications specialist, Office of Operations, DPH
- 7. From within the DPH, public health advisors that may be used as technical advisors to the Clinical Management Team include:
 - State Public Health Veterinarian, BCDP

- Public Health Preparedness Program Director, DPH
 - Hospital Preparedness Coordinator, DPH
 - Coordinator of the SNS
 - Bureau Director, BCDP
 - Bureau Director, Bureau of Environmental and Occupational Health (BEH)
 - Director, Communicable Disease Division, WSLH
 - Coordinator of the Laboratory Response Network, WSLH
 - Medical Director and Chief, Wisconsin AIDS/HIV Program, BCDP
 - Chief Medical Officer for Environmental and Occupational Health, DPH
 - Chief Medical Officer for Chronic Diseases, DPH
 - Chief Medical Officer for Maternal and Child and Health, DPH
 - Director, Emergency Medical Services, DPH
 - Directors, DPH Regional Offices
8. The Clinical Management Team may request the assistance of technical consultants from outside the DPH to assist in developing health-related recommendations. Technical consultants may include:
- Bioethicists
 - Infectious disease physicians
 - Primary care physicians
 - Pulmonary physicians
 - Family medicine physicians
 - Emergency medical service representatives
 - Medical examiners and coroners
 - Experts in numerous other related fields
9. The Director of BCDP will be assigned as the Pandemic Administrative Coordinator during the influenza pandemic.

Implementation Stage (activities to be initiated during the following phase):

Phase 1: Confirmation of onset of pandemic.

1. Pursuant to Wisconsin Statute 250.02 (1), the Secretary of DHFS assigns the State Health Officer as the leader of the state's public health response to pandemic influenza.
2. The Chief Medical Officer provides medical guidance to the State Health Officer regarding the state's public health response to pandemic influenza.
3. In the absence of the Chief Medical Officer, the Section Chief of CDES, BCDP, will provide medical guidance to the State Health Officer.
4. The Pandemic Administrative Coordinator will:
 - Monitor the assigned responsibilities of staff.
 - Serve as liaison with the State Health Officer, the DHFS Secretary, and the Communications Director, DHFS.
 - Communicate with other bureaus in DPH (initially) daily, then as needed regarding the status of the influenza pandemic and the DPH response.
 - Provide administrative support during the pandemic response.
 - Coordinate program support during the pandemic response.

- Coordinate DPH response activities with those of the local health departments.
 - Assess the availability of DPH and WSLH personnel available to assist in the pandemic response.
 - Decide if use of alternate facilities during the influenza pandemic will benefit the pandemic influenza response.
 - Work with the Chief Medical Officer to arrange for additional facilities to use for the pandemic response as needed.
 - Work with the Chief Medical Officer coordinating DPH response activities with other state and federal agencies, as appropriate.
5. If the Chief Medical Officer determines the pandemic response requires more assistance than the assigned staff, the Pandemic Administrative Coordinator will contact other bureaus in the DPH for assistance.
- Bureau directors in DPH will determine which priority activities within their bureau must continue and will reassign other available staff to assist in the pandemic response.
 - The Chief Medical Officer, the Pandemic Administrative Coordinator, and the DPH Clinical Management Team will be responsible for directing the work of reassigned DPH employees.
6. In consultation with Wisconsin Emergency Management (WEM) and members of the Clinical Management Team, the Chief Medical Officer will help determine the need for activation of the State Emergency Operations Center (EOC) and, if activated, when closure of the EOC is appropriate. Topics of discussion will include:
- Full or partial activation of the State EOC.
 - Staffing of the EOC when activated.
 - Identification and notification of additional staff to assist in the response to the pandemic.
7. With guidance from the Chief Medical Officer, the State Health Officer will determine when to advise the DHFS Secretary to recommend the Governor declare a "State of Emergency in Wisconsin" in response to the influenza pandemic.
8. The Clinical Management Team will meet as often as needed to guide the implementation of Wisconsin's pandemic influenza response. Responsibilities of the Clinical Management Team include:
- Monitor the state's daily response to pandemic influenza.
 - Assist the Chief Medical Officer with medical decision and response activities.
 - Develop recommendations on health issues related to pandemic influenza.
 - Update the Pandemic Administrative Coordinator and risk communication staff.
9. The Chief Medical Officer will define specific responsibilities for each member of the Clinical Management Team to include:
- Chief Medical Officer:
- Responsibility for providing medical guidance to the State Health Officer
- Section Chief of the CDES:
- Development and interpretation of clinical guidelines
 - Creating messages and guidance for clinicians
- Influenza Surveillance Coordinator, BCDP:
- Personal communication with the CDC
 - Monitoring influenza surveillance activities

Director, Wisconsin Immunization Program, BCDP:

- Vaccine delivery, storage and transportation

Federal immunization advisors assigned to the BCDP:

- Monitoring CDC and WHO Web sites for current information
- Vaccine delivery, storage and transportation

Surveillance Epidemiologist, BCDP:

- Development and interpretation of clinical guidelines
- Creating messages and guidance for clinicians
- Monitoring surveillance activities with the Influenza Surveillance Coordinator

Infection Control Epidemiologist, BCDP:

- Infection control, isolation and the use of personal protective equipment (PPE)

EIS Officer assigned to the BCDP:

- Duties as assigned by the Chief Medical Officer.

10. All bureaus within the DPH will assume a supportive role, working with BCDP in ways appropriate to their program authority and responsibilities.
11. The WSLH will provide testing and technical support to the DPH pandemic response, coordinate the response of the Wisconsin Laboratory Response Network and provide guidance to clinical laboratories statewide.
12. The Chief Medical Officer, the Pandemic Administrative Coordinator and the Director of the Communicable Disease Division, WSLH will monitor staffing needs at the WSLH and within the BCDP, and reassign staff or request additional assistance as necessary.

Phases 2,3,4: Continuation of above activities and responsibilities.

Evaluation Stage (activity to be initiated during the following phase)

Phase 5: End of the pandemic.

The PIPC and the Clinical Management Team will jointly convene to determine when the pandemic is officially over, and to evaluate the DPH pandemic response.

Sustainment of Economy, Trade and Business

(United States Departments of Commerce, Labor, Housing and Urban Development)

Priority 1: Mitigate the Impact of an Influenza Pandemic on Workers in the State

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Assumptions

In the event of pandemic influenza, we generally assume a 40 percent staff absentee rate.

We assume we will have prior guidance from federal and state authorities regarding various program eligibility issues.

Status of current activities

- In the event of pandemic influenza, businesses will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. Planning for pandemic influenza is critical for businesses. To assist private sector employers, the Department of Workforce Development (DWD) has developed the following plan.
- The plan identifies important, specific activities large businesses can do now to prepare for a pandemic; many of these activities will also help in other emergencies. The plan outlines state resources and legal authority to assist private sector business with economic incentives to stay in business during and after a pandemic.
- Agency program divisions in DWD are currently initiating preliminary plans for response to a pandemic.
- In addition to reviewing potential pandemic-related impacts, such as that on service delivery due to staff absenteeism, DWD divisions are seeking guidance from federal authorities regarding certain program eligibility requirements which may need adjustment due to the unique nature of a pandemic influenza outbreak.
- As appropriate, review of Wisconsin Statutes is underway as they may apply to certain programs.
- DWD accomplishments to date include reviewing the potential staff shortages during a pandemic wave, estimating work-at-home possibilities, and identifying programs which may be included in a sustainment of economy effort.
- Each state agency and division has an emergency command and coordination plan for pandemic influenza preparedness.
- This plan describes the methods of coordination within the agency as well as with other state, federal and local government agencies.
- A list of federal, state and other agencies can be found in Appendix F-36 of the Wisconsin Pandemic Influenza Preparedness plan.
- The State of Wisconsin will communicate with private-sector businesses in the state via the following non-governmental organizations:
 - Wisconsin Manufacturers and Commerce (WMC)
 - Wisconsin Federation of Independent Business
 - Service Employees International Union (SEIU)
 - AFL-CIO

Operational plan

How the State of Wisconsin will assist private-sector workers who may lose jobs or be unable to work because they themselves are ill or they must stay at home to care for ill family members:

- Workers who are unable to work because they become ill may be eligible for Worker's Compensation benefits (medical services and wage compensation) if the illness is shown to be work-related.
- Within current statutory and administrative rules, basic state-level assistance to unemployed private-sector workers is provided by the Department of Workforce Development (DWD) through the state's Unemployment Compensation program. Eligible workers receive cash payments while unemployed. DWD also offers a range of services and support for workers who qualify as dislocated workers or who have lost employment due to business closings, closing due to natural disasters, or other reasons. Information on these services can be found on the DWD Web site at: http://www.dwd.state.wi.us/dws/programs/dislocated/worker_info.htm.
- DWD also offers a wide range of options to assist workers in seeking new employment opportunities.
- Depending on income and asset levels, families also may be able to participate in and obtain benefits and services from a range of programs administered by the Department of Health and Family Services (DHFS). These include:
 - Health care benefits, which generally can be obtained through BadgerCare, a health insurance program designed to fund health care costs for the working poor, or through the Medicaid program; and
 - Food assistance, which generally can be obtained through the FoodShare program (formerly known as Food Stamps) and Emergency Food Assistance.
- Access to most benefits offered by DHFS is obtained through application at county departments of human or social services, where applicants work with county income maintenance staff to determine eligibility for benefits.
- DHFS also provides financial support for community-based agencies that serve unemployed workers. DHFS funds community action agencies around the state that offer a wide range of assistance to low-income persons and families. DHFS and others fund community health clinics that serve those in need who have no insurance or other means to pay for health care.

Family and Medical Leave (FMLA) laws:

The Wisconsin Family and Medical Leave Act would compensate employees for limited time off from work due to outbreak of pandemic influenza under the following legal grounds (Wisconsin Sec § 742):

- The federal and the Wisconsin Family and Medical Leave laws grant eligible employees a specified amount of leave without pay for childbirth; adoption; care of a child, spouse or parent with a serious health condition; and one's own care for a personal serious health condition.

How exactly these Acts would be interpreted in the potential instance of 40% absenteeism due to pandemic influenza is not known; DWD is requesting federal guidance regarding interpretation and application of Workers Compensation and FMLA Acts in the event of pandemic influenza.

Information about resources is available on the Department of Workforce Development's Internet site, and in a variety of printed materials available at Job Centers and other locations throughout Wisconsin. Under DWD's Continuity of Operations Plan, the agency would work with federal, state and local officials as appropriate. Link for resources:

<http://www.dwd.state.wi.us/default.htm>.

Much work still needs to be done to prepare for support of the workforce in the event of pandemic influenza.

Sustainment of Economy, Trade and Business

(United States Departments of Commerce, Labor, Housing and Urban Development)

Priority 2: Assisting Employers in the State

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Assumptions

In a pandemic, communication will be one of the most essential tools available to encourage cooperation and to build community resilience.

Communication must be accurate, timely, relevant and simple to be effective.

When communicating in a pandemic we must take into consideration factors such as cognitive barriers, language barriers, physical impairment, challenges to cultural beliefs, and environmental barriers.

Limited resources for prophylaxis and treatment of influenza will make it important to build public trust by sharing information and involving communities in pandemic planning.

Status of current activities

- The Division of Public Health recently convened five regional pandemic symposia across Wisconsin on private sector pandemic preparedness and continuity planning. These symposia were co-sponsored by Wisconsin Manufacturers and Commerce (WMC). WMC is a business association that has nearly 4,000 members that include both large and small manufacturers, service companies, local chambers of commerce and specialized trade associations. WMC is the result of a merger of the Wisconsin Manufacturers Association, the State Chamber of Commerce and the Wisconsin Council of Safety. The symposia offered information on best practices, solutions for creating a pandemic response program, and business recovery planning.
- WMC has agreed to use their robust database of businesses and business associations to quickly and effectively reach private industry. Communication methods would include: e-mail, Web site postings, and direct mail as well as meetings and symposia.
- Recently the Department of Health and Family Services convened an Antiviral Purchase Summit designed to seek input on issues related to the purchase, use and distribution of antiviral medications. Critical infrastructure industries were invited to participate with the understanding that they are key partners in pandemic readiness.
- On the local level, city and county health department officials have convened numerous symposia with businesses in their own communities. They have conducted meetings, briefings, trainings, and exercises to address the unique business continuity issues that would arise in the event of a pandemic.
- A Federal OSHA Region V Influenza Pandemic Exercise was held September 7, 2006.
- Wisconsin OSHA consultation has a program for assistance to small businesses regarding workplace health and safety issues.
- The University of Wisconsin-Madison Extension, School for Workers, has an emergency pandemic plan.
- DHFS sponsored several pandemic influenza conferences in 2006 in collaboration with the Wisconsin Council of Safety.

Operational plan

Communication with Employers:

As a part of Wisconsin's Pandemic Influenza Preparedness plan, the Wisconsin Division of Public Health Crisis Communication Plan outlines the roles and procedures for pre-pandemic educational and preparedness communication with private industry and citizens. Some of the methods include:

- Communications via trade and labor associations
- Outreach to Chambers of Commerce
- Individual and family topic area of www.pandemic.wisconsin.gov
- Business topic area of www.pandemic.wisconsin.gov
- Business planning forums
- Pandemic continuity exercises
- Using the Web site and database of employers hosted by Wisconsin Manufacturers and Commerce. The Web tools include:
 - A simple Business Continuity and Disaster Preparedness plan developed by the Wisconsin Division of Public Health in collaboration with WMC at: <http://www.wmc.org/display.cfm?ID=1312>
 - A checklist for Business Pandemic Planning is also available at: <http://www.wmc.org/display.cfm?ID=1312>
- University of Wisconsin Extension including the School for Workers

Emergency Public Information Communication:

The Public Health Crisis Communication part of Wisconsin's Pandemic Influenza Preparedness plan also outlines the roles and procedures for communications in the event of an influenza pandemic. Communication channels will include:

- A Joint Public Information Center at the State Emergency Operations Center (EOC)
- Communications via trade and labor associations
- Outreach to Chambers of Commerce
- Publicizing and providing the latest information on www.pandemic.wisconsin.gov for all Wisconsin citizens and businesses
- Using the Web site and database of employers hosted by Wisconsin Manufacturers and Commerce
- University of Wisconsin Extension, including the School for Workers

Policies:

- Government agencies in Wisconsin have completed the pandemic business impact assessment identifying business services that must be continued during a pandemic, the maximum possible interruption that could be tolerated, the minimum number of state employees required to operate these services, the number of those state employees that can work from home at this time, the number that could work from home if additional enabling actions are taken, and updated contact information for their key officials and all their building coordinators. The State Continuity Coordination Center has established improved communications procedures to distribute information and directions to agencies.

- State and local health department and emergency management leaders encourage business continuity planning to ensure the highest level, time-sensitive business services will continue during a pandemic. Information about best practices, planning documents, new guidance and checklists is disseminated at the state and local level to private industry partners.
- Businesses are involved in pandemic exercises, facilitating better understanding of the need for continuity planning. Some of the actions businesses are encouraged to consider include:
 - Complete a pandemic business impact assessment.
 - Determine the minimum number of employees required to keep essential operations functioning.
 - Review and update personnel policies.
 - Develop alternative contact procedures for employees.
 - Consider work-at-home options.
 - Educate staff on appropriate infection control practices.
 - Identify procedures for vendors and other stakeholder partners to continue operations in a pandemic.
 - Consider which resources need to be collected and stored in advance.

[For states that operate their own occupational safety and health program under a plan approved by the U.S. Department of Labor] updated guidance for protecting workers from an influenza pandemic: Not applicable. Wisconsin is a federal OSHA state.]

State Workforce

Priority 1: Wisconsin Employment Policies during an Influenza Pandemic

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Assumptions

We are using the World Health Organization's (WHO) Global Pandemic Phases. The Phases offer the public an idea of the current state of the world, in regards to a pandemic. Currently, WHO has placed the world at Phase 3.

Status of current activities

Pandemic business impact assessments have been completed by all Wisconsin state government agencies; these identify business services that must be continued during a pandemic, the maximum possible interruption that could be tolerated, the minimum number of state employees required to operate these services, the number of those state employees that can work from home at this time, and the number that could work from home if additional enabling actions are taken.

The State of Wisconsin began an employee awareness and education campaign on October 10, 2006 with the first of a series of messages sent to all approximately 64,000 Executive Branch employees. Since mid-November, 2006, “wash your hands” and “cover your cough” signs have been placed in common areas of state offices and tissues and hand sanitizers have been made available in conference rooms and other common areas.

Operational plan

A. Human capital plans for State employees that identify: staffing needs, mission-critical positions, and contingency plans.

State agencies are updating their Continuity of Operations Plans (COOP) to ensure that they can continue the highest priority time-sensitive business services during a pandemic. The updates include identifying staffing needs and options to meet those needs. The Office of State Employment Relations (OSER) will explore the possibility of creating an enterprise-wide skill-bank for mission-critical classes, positions and employees to assist agencies in meeting their needs.

Current civil service and contractual provisions will be followed through WHO Phase 4. At WHO Phases 5 and/or 6 the Governor/Legislature may amend certain civil service and contractual provisions related to transfer, vacation, temporary assignments, layoff, grievances, contract employees and any other related staff assignment issues. The civil service selection and appointment process, while abbreviated, should attempt to follow all legal requirements for any filling of vacancies in permanent positions.

B. Approaches for communicating with and educating the State workforce during an influenza pandemic.

Wisconsin's state-level Continuity of Government Plan has established a State Continuity Coordination Center (SCCC) as the body that will manage and direct state agency business continuity activities during a pandemic, including communications and education of the workforce. Once a pandemic begins, the SCCC will initiate messages to Executive Branch employees consistent with the overall risk communications plan. The SCCC will rely on medical advice from the Department of Health and Family Services (DHFS) and human resources policy advice from the Office of State Employment Relations (OSER). Agencies will distribute the initial and ongoing messages to their employees.

C. Strategies for consulting and bargaining with exclusive representatives of bargaining units.

- OSER and the State Human Resources Management Council (SHRMC) leadership team consult with a group of 18 state employee unions on staffing best practices, uniform policy implementation, and employee communication improvement recommendations.
- The State will follow all non-represented and union pay provisions with the possibility of delayed payments for out-of-class, overtime (OT), differentials and other non-base-pay wages during a pandemic.
- Changes related to scheduling and compensation issues may require guidance pursuant to an executive order.

D. Procedure for changing policies that need modification or enhancement.

- The OSER-SHRMC joint advisory committee will review all requests for human resources and labor rights (HR/LR) policy and procedure modifications and propose those changes to the Director of OSER for evaluation and implementation.

State Workforce

Priority 2: Human Resource Policies for State Employees

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Assumptions

State employees will be subject to pandemic influenza in the same proportion as expected for the population in general; thus an absentee rate of up to 40% may be expected at the peaks of the pandemic.

Essential state services must be maintained as part of the maintenance of the critical infrastructure of Wisconsin.

Flexible policies in place before an influenza pandemic will allow a planned response to not only pandemic influenza, but to any emergency which affects the state as a whole.

Status of current activities/operational plan**A. Inclusion of [developed and tested] key human resources polices for State employees, including policies designed to facilitate “social distancing,” such as work-at-home or telework programs.**

- OSER is currently examining relevant telework (work-at-home) policies. OSER will evaluate available best practices and make a recommendation from some of the following examples:
 - Wisconsin State Agencies: Department of Health and Family Services; State of Wisconsin Investment Board
 - Delaware
 - Virginia
 - Minnesota
- Once a pandemic emergency has been declared, the State Continuity Coordination Center (SCCC) will provide daily instructions and updates to state agency command centers on implementing social distancing and/or infection control procedures to respond to changing conditions.

B. Associated communications plan to effectively reach all employees.

- State agency command centers will provide directions and communications to their managers, supervisors, business services, site building coordinators and employees in accordance with directions from the State Continuity Coordination Center (SCCC).
- State agency supervisors or their backups will be responsible for briefing their employees on especially significant information such as strategies for reducing risk and exposure.
- The State e-mail system will be the primary mode of disseminating information to employees.
- Additional and backup methods of communications will include State of Wisconsin Internet and intranet sites; faxing messages to regional, district, field and local offices; and telephone call trees.

Safety and Public Security

(United States Department of Justice)

Priority 1: Coordination of Law Enforcement

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Assumptions

Pandemic influenza may disrupt normal daily life to the extent that additional law enforcement activity will be needed to maintain public order.

Expected activities of distribution of scarce resources (such as vaccine, antivirals, or food) will require additional law enforcement activity.

At the same time, law enforcement personnel will be as susceptible to pandemic influenza as the population in general; thus an absentee rate of up to 40% at the peaks of the pandemic may be expected.

Therefore, coordination of law enforcement throughout the state is necessary to maintain the public order and to protect the critical infrastructure of the State of Wisconsin.

Status of current activities

The State of Wisconsin has established, and maintains, an Emergency Police Services (EPS) program. The EPS program provides support to law enforcement in times of crisis. The program coordinates law enforcement response to emergencies, including coordination of mutual aid for law enforcement assistance in natural disasters, prison disturbances and other emergencies. Wisconsin Police Services consists of a director and deputy director at the state level, and a statewide coordinator who serves as lead staff. The administrator of Wisconsin Emergency Management (WEM), who is appointed by the Governor, also serves as EPS Director. The EPS Deputy Director is a civil service position with a background in law enforcement.

EPS is divided into seven geographic areas within Wisconsin. Every four years, law enforcement officials in each of the areas elect a sheriff as an area director. Upon election, the area director appoints two deputies - one a sheriff and the other a police chief. In a crisis situation that overwhelms any of their individual resources, the area director and state director are called upon to set up a mutual aid response that can help resolve the incident. The initiating county sheriff maintains authority over the situation and the response is to augment their forces with law enforcement officers from surrounding areas.

An example of where EPS mutual aid was used was coordinating additional officers to help provide traffic control and other assistance in Ladysmith, Wisconsin for seven days following the F3 tornado in September 2002. The EPS program also provided law enforcement mutual aid following the Siren tornado in 2001 and the Weyauwega train derailment in 1996.

The Wisconsin Emergency Police Services Coordinator, and a representative of the Wisconsin State Patrol, which also participates in the Wisconsin EPS Program, are involved in the Wisconsin Strategic National Stockpile (SNS) program. In the fall of 2006, the Wisconsin Emergency Police Services Coordinator participated in the development of a Community Disease Containment plan, which serves as a template for local public health departments for implementing non-pharmaceutical measures that would be used to slow the morbidity and mortality of pandemic influenza in their communities.

Operational plan

Law enforcement is an essential and integral part of the state's plans for distribution of pandemic vaccines and antivirals. Agreements with all levels of law enforcement will allow Wisconsin to securely distribute medications and supplies within hours of their arrival through SNS. At the local level, law enforcement is part of pandemic influenza planning, both for security at the mass clinic sites and for securing physical sites such as infected farms if avian influenza should be detected.

The following detail from the Wisconsin antiviral distribution plan is an example of the coordination of law enforcement in preparation for pandemic influenza:

Antiviral Security and Tracking

Since the supply of antivirals is limited and the demand for antivirals may be extremely high, care must be taken to protect the supply from theft and fraud. Usage at clinics and hospitals should be monitored closely; requests for additional antivirals should be made through the local EOC to the state EOC. The local EOC should also contact the state EOC to coordinate the return of unused antivirals.

Antiviral security will be based on public reaction to the emergency. Security procedures may range from locking the storage area to the use of armed guards. Local planners have discussed security measures with their local law enforcement agencies and included these measures in their local pandemic influenza plans.

Agencies involved in security of pandemic antiviral provision: Primary

- Dept. of Health and Family Services/Division of Public Health (DHFS/DPH)
- Wisconsin Emergency Management (WEM)
- Wisconsin Emergency Management/Emergency Police Services (WEM/EPS)
- Dept. of Transportation/Division of State Patrol (DOT/DSP)
- Dept. of Military Affairs (DMA)
- Dept. of Justice/Division of Criminal Investigations (DOJ/DCI)

Agencies involved in security of pandemic antiviral provision: Secondary

- Milwaukee County Emergency Management
- Milwaukee County Sheriff's Office
- Glendale Police Department
- 128th Air Refueling Group/Security Police Squadron (ARG/SPS), Wisconsin Air National Guard
- 115th Fighter Wisconsinng/ Security Police Squadron (FW/SPS), Wisconsin Air National Guard

Responsibilities:

DHFS/DPH – Lead SNS Plan. Facilitate planning process. Communicate and coordinate with RSS warehouses.

WEM – Provide command, control and communications via the SEOC. Provide communications interoperability for all law enforcement agencies.

WEM/EPs – Lead SNS Security. Coordinate law enforcement agencies. Provide sworn law enforcement officers as needed to protect SNS assets moving through the state. Provide sworn law enforcement officers as needed to protect RSS warehouses. Coordinate with local law enforcement agencies to escort delivery vehicles and to secure key transportation arteries.

DOT/DSP – Protect SNS assets moving through the state.

DMA – Secure and transport CDC TARU (Technical Advisory Response Unit) Team, secure CDC aircraft as necessary (no TARU will arrive if the pandemic is widespread in the US). If available, provide rotary aircraft and crews to transport SNS materials. If available, provide personnel to secure RSS warehouse.

DOJ/DCI – Provide intelligence on current threats to SNS operations.

Milwaukee County Emergency Management – Coordination and communication with all law enforcement agencies in the county. Coordination and communication to SEOC.

Milwaukee County Sheriff's Office – Protect SNS assets moving through Milwaukee County.

Glendale Police Department – Protect RSS warehouse.

128ARG/SPS – Secure and transport CDC Teams from Mitchell field to RSS or SEOC; secure CDC aircraft at Mitchell Field.

115FW/SPS – Secure and transport CDC Teams from Truax Field to RSS or SEOC; secure CDC aircraft at Truax Field.

Security of the Receipt, Stage, Store (RSS) Warehouse

Protection of the RSS warehouse is critical. The destruction of this facility, or the impairment of its operations, could potentially stop the flow of SNS assets for a considerable length of time.

Primary Objective:

Protect the RSS warehouse.

Protect distribution vehicles while loading.

Tasks:

- The SEOC will coordinate with the DSNS Operations Center in Atlanta to exchange information concerning arrival time of the 12-Hour Push-Pack.
- DPH will communicate with the RSS warehouse to request access.
- WEPS will provide sworn law enforcement officers as needed to protect the RSS warehouses.

- WEPS and/or local law enforcement will coordinate the protection of the outer and inner perimeters of the RSS warehouse. As the situation dictates, they will use roving patrols, static guard posts, roadblocks, and perimeter lighting.
- WEPS and/or local law enforcement will control access to the RSS warehouse.
- WEPS and/or local law enforcement will provide security for the distribution vehicles while loading SNS materials.
- WEPS and/or local law enforcement will provide crowd control if necessary.

Security of SNS assets from the RSS Warehouse to Hospitals

During a public health emergency requiring SNS assets, there may be traffic congestion on roads and highways. People may quickly flock to treatment centers. Depending on the incident, people may panic and use any means to obtain medicine.

Primary Objective:

Protect distribution vehicles while loading, offloading, and in transit.

Manage the routes taken by the distribution vehicles.

Tasks:

- The SEOC will coordinate with local emergency management and treatment centers to coordinate the delivery of SNS materials from the RSS warehouse.
- WEPS and/or local law enforcement will provide security for the distribution vehicles while in transit and unloading at treatment centers.
- DOJ will provide intelligence on current threats to SNS operations.

Integration of law enforcement into planning for isolation and quarantine and other community measures is a topic under discussion as Wisconsin determines how to implement such measures.

Agriculture and Food

USDA, DHHS, FDA

Priority 1: Critical Essential Functions for Food Safety

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Assumptions

In the event of pandemic influenza in Wisconsin, provision of safe food to the population is a key part of the infrastructure which must be maintained.

Many usual venues for obtaining food, such as school lunches, farmers' markets, and grocery stores, may be closed or have very restricted access due to community protection measures.

Those who work in the food industry, from the farmers who grow the food through the staff at production facilities to the transport and delivery sectors, will be as susceptible to pandemic influenza as the population in general. Thus an absentee rate of up to 40% may be expected at the peaks of the pandemic.

Pre-pandemic planning for maintenance of the food industry will benefit Wisconsin in the event of any disaster or emergency which may strike the State.

Status of current activities

The Food Safety Division in the Department of Agriculture, Trade and Consumer Protection, works to protect consumers and ensure a safe and wholesome food supply. The division enforces Wisconsin's food safety and labeling laws. The division licenses and inspects over 30,000 food businesses and people, and evaluates locally-contracted licensing and inspection of retail food establishments.

The Food Safety Division regulates the entire food chain, from farm to consumer. This permits a comprehensive approach to food safety issues that affect consumers, retailers, distributors, processors and agricultural producers. The division provides regulatory functions to a wide range of food businesses including: milk producers and processors, wholesale food processors, wholesale meat and poultry slaughterers and processors, food transporters, food warehouses, and retail food stores, as well as individuals that must demonstrate competence in producing or handling food or food samples (*e.g.*, cheese makers, food and dairy laboratory analysts).

The Division of Food Safety's food, dairy, and meat inspection responsibilities are supported by several associated activities including: routine sampling of food ingredients and food products (including ready-to-eat foods processed at retail); response to consumer complaints and food-related emergencies (*e.g.*, acts of nature as well as unintentional and intentional contamination of the human food supply); delivering information to the public and education to employees and collaborating staff from other state and local food safety agencies; and investigation and enforcement of chronic or acute circumstances that may adversely affect food safety or public health.

Though the Division of Food Safety regulates businesses covering a wide range of sizes, complexity, and potential risk, the majority of food businesses are small to medium in size. For this reason, the program's regulatory approach is to accomplish the food safety outcomes contained in regulations in a way that matches the needs of the state's food business profile. Division of Food Safety food, dairy and meat programs use a risk-based, collaborative approach in delivering inspection-related service. The objectives are to ensure that food is safe and businesses are in reasonable compliance with food safety regulatory requirements. These food safety objectives are accomplished by maximizing voluntary compliance by providing education of and consultation with food businesses, minimizing the need for progressively more stringent and formal legal enforcement action.

State-level food safety programs managed and operated by the Division of Food Safety interface with the federal government as well as local government. State-level food safety regulatory activities (activities **not** related to slaughter or processing of meat and poultry) are coordinated with the U.S. Food and Drug Administration, while state-level wholesale meat and poultry inspection are coordinated with the United States Department of Agriculture - Food Safety and Inspection Service. State-level *retail* food safety program activities are managed and delivered in collaboration with the Department of Health and Family Services, Division of Public Health and 34 contracted local health departments.

Wisconsin has made a significant effort to integrate food defense into its implementation of all of their food safety programs. Inspectors regularly assess the food defense weaknesses of a particular facility as they conduct their regulatory inspections.

Operational plan

Wisconsin state agencies (directed by the Wisconsin Department of Administration) are in the process of outlining a pandemic plan template for each agency to use in developing its pandemic influenza plan. The first parts of this planning process include identifying key business areas that must remain functioning in the event of a pandemic. For the Food Safety program, the following 11 business service areas were identified:

- Slaughter Inspection
- Meat Processing Inspection
- Veterinary Services
- Laboratory Evaluation Office (LEO)
- Milk Sanitation Rating Officer (MSRO)
- Compliance and Oversight
- Grade A Dairy Plants
- Grade A Dairy Farms
- General Food Inspection and Licensing
- Consumer Complaints/Emergency Response
- Administrative Personnel

The following outline provides more detail regarding these business services:

1. Slaughter Inspection

Covers the following establishments and related businesses:

- Slaughter and processing plants (does not include plants licensed by the USDA)
- Rendering plants
- Animal food processing plants
- Dead animal collectors

Performs the following services:

- Inspects animals and carcasses before slaughter.
- Inspects slaughtering and processing plants.
- Reviews hazard control plans (HAACP), and monitors compliance.
- Conducts random testing programs.

2. Meat Processing Inspection

Covers the following establishments and related businesses:

- Meat processing plants (does not include plants licensed by the USDA)
- Rendering plants
- Animal food processing plants
- Dead animal collectors
- Businesses that buy, sell or transport meat

Performs the following services:

- Inspects animals and carcasses after slaughter.
- Inspects processing plants.
- Reviews hazard control plans (HAACP), and monitors compliance.
- Investigates law violations, including sales of unwholesome or misbranded meat.

- Monitors businesses that handle dead or diseased animals.
 - Conducts random testing programs.
3. Veterinary Services
- Performs health surveillance on animals statewide.
 - Performs epidemiological tracing in the event of an outbreak.
 - Advises protective actions during an outbreak.
 - Diagnoses diseases in suspect animals.
4. Laboratory Evaluation Office (LEO)
- Responsible for interpretation and dissemination of certification standards by rule.
 - Certifies laboratories that test the following items for compliance with public health standards prescribed by federal, state or local laws.
 - Milk
 - Food
 - Water
5. Milk Sanitation Rating Officer (MSRO)
- Monitors dairy industry testing for bacteria, drug residues and other potential contaminants.
 - Checks pasteurization equipment and procedure(s) for compliance.
 - Monitors dairy plant equipment operations to keep adulterated milk out of the food supply.
6. Compliance and Oversight
- Provide oversight responsibility for all state food safety compliance programs.
 - Ensure all federal, state or local laws dealing with food safety are addressed and enforced.
 - Investigate food safety compliance issues when necessary.
 - Stop the sale of suspect food, pending examination.
 - Condemn unwholesome or contaminated food.
 - Suspend slaughter operations.
 - Prohibit the use of unsanitary equipment or facilities.
7. Grade A Dairy Plants
- Inspect dairy plants for Grade A permit compliance.
 - If successful:
 - Grant permit
 - If unsuccessful:
 - Deny permit
 - Schedule reinspection
 - Ensure annual permit renewals are issued in timely manner.
8. Grade A Dairy Farms
- Inspect dairy operations for Grade A permit compliance.

- If successful:
 - Grant permit
 - If unsuccessful:
 - Deny permit
 - Schedule reinspection
 - Ensure annual permit renewals are issued in timely manner.
9. General Food Inspection and Licensing
- Audits industry grading of commodities such as cheese and butter to ensure that consumers get what they pay for.
 - Licenses butter and cheese graders.
 - Establishes uniform grading standards.
 - Helps food businesses design effective *hazard analysis and critical control point* (HACCP) systems.
 - Establishes specific hazard control standards, where necessary.
 - Checks performance of food safety systems.
 - Samples and tests food samples, to identify possible health threats and labeling violations.
 - Tests suspect food and facilities.
10. Consumer Complaints/Emergency Response
- Investigates the following complaints and violations:
 - Food-borne illness
 - Food sanitation
 - Food adulteration
 - Food advertising and labeling
 - Food law violations
 - Coordinates food recalls and other emergency responses. The division works with consumers, affected companies, the U.S. Food and Drug Administration (FDA), state and local health departments, the news media and others.
 - Helps investigate animal disease outbreaks and “toxic response” incidents that may pose a threat to the human food chain.
 - Responds to food-borne disease outbreaks, toxic contamination of food, and other food-related emergencies.
11. Administrative Personnel
- Act as gatekeepers of information (incoming and outgoing).
 - Ensure time-sensitive data is immediately disseminated to appropriate division personnel for their action.
 - Consolidate reports from inspectors in the field.
 - Track reports and data through required processes.

Protocols for maintenance of these essential programs are in development, and will include cross-training of current employees and MOU’s with other state and federal agencies. MOU’s for laboratory testing surge capacity are in place.

Agriculture and Food

Priority 2: Operational Status of State-Inspected Slaughter and Food Processing Establishments Including Talmadge Aiken Plants

Lead Contact

James Larson
Director,
Bureau of Meat Safety and Inspection
Department of Agriculture, Trade, and Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708
608-224-4725
Fax: 608-224-4729
Jim.larson@datcp.state.wi.us

Assumptions

Maintenance of a safe food supply will be essential during a state-wide emergency such as pandemic influenza.

Food safety workers will be equally susceptible to pandemic influenza as the population in general; thus an absentee rate of up to 40% will be expected during the peaks of the pandemic.

Pre-pandemic planning to ensure the maintenance of a safe state food supply will assist the State in response to any state-wide emergency.

Status of current activities

States that have “equal to” meat, poultry and egg inspection programs, plans/procedures for collecting and communicating operational status of inspected establishments using Web-based reporting systems to USDA’s Food Safety Inspection Service:

The Wisconsin Department of Agriculture, Trade and Consumer Protection inspects state slaughter and meat processing facilities with funding from the USDA-FSIS. With that funding, DATCP Food Safety Division staff inspect approximately 100 slaughter facilities and 200 processing facilities on a daily basis. No slaughter is conducted without a state inspector present. DATCP employs 53 inspectors that work throughout the state performing these functions. Their inspections are dependent on the activities taking place at various facilities (*i.e.*, when slaughter or processing may be occurring). The DATCP inspectors report to USDA daily regarding the in-plant procedures they conduct, using Web-based systems.

Operational plan

As noted in the Pandemic Influenza Plan discussion for Priority 1, above, the agency has identified the key business functions that will need to be addressed in our pandemic influenza plan. However, the details of how these services will be maintained during a pandemic are currently under development. The agency is awaiting further guidance from the State so that development of the plan is consistent with State direction.

Agriculture and Food

Priority 3: Communication Strategy for Interface with USDA Food Safety Inspection Service and FDA's Federal State Relations

Lead contact

James Larson
Director,
Bureau of Meat Safety and Inspection
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608-224-4725
Fax: 608-224-4729
Jim.larson@datcp.state.wi.us

Assumptions

A workforce limited by illness and an increased need for centralized control of food distribution is expected in the event of pandemic influenza.

Close communication between state and federal agencies will be essential in the event of pandemic influenza.

Status of current activities

Jim Larson, Director of the Meat Safety and Inspection Bureau, is in regular contact with the federal/state liaison for Wisconsin at USDA-FSIS. The federal/state liaison hosts regular communications for all states in the Region every 2 – 3 weeks. In addition, the liaison is in contact with the Meat Bureau Director on an as-needed basis when appropriate.

Operational plan

As noted above, the agency has identified the key business functions that will need to be addressed in our pandemic influenza plan. However, the details of how these services will be maintained during a pandemic are currently under development. The agency is awaiting further guidance from the State so that the development of the plan is consistent with State direction.

Agriculture and Food

Priority 4: Ensure Adequate Reporting Systems Regarding Food Safety

Lead contact

James Larson
Director,
Bureau of Meat Safety and Inspection
Department of Agriculture, Trade, and Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708
608-224-4725
Fax: 608-224-4729
Jim.larson@datcp.state.wi.us

Assumptions

A workforce limited by illness and an increased need for centralized control of food distribution is expected in the event of pandemic influenza.

Despite the limited workforce, a rapid response to any food contamination is required, so reporting systems must accommodate this limited workforce while maintaining the rapid response.

Pre-pandemic planning for an adequate food safety reporting system will aid Wisconsin in any state-wide emergency.

Status of current activities:

The State currently has an Avian Influenza Coordination Team, which addresses issues relating to avian influenza between the Departments of Health and Family Services; Agriculture, Trade and Consumer Protection; Natural Resources; Public Instruction; and Emergency Management. Part of this coordination team includes a communications sub-group which has already developed a series of message maps and risk communications information relating to avian influenza and pandemic influenza. Additional message maps will need to be developed when a pandemic occurs.

The DATCP Emergency Communication Plan would be used during a pandemic influenza outbreak. This plan identifies key contacts and processes that would be implemented during a pandemic. Specific communication strategies for individual programs have not yet been established as part of the pandemic planning process. As they are developed, these will be incorporated into the pandemic plan for the agency.

Lastly, the DATCP Food Safety Emergency Response Plan identifies plans and procedures to be followed during a food emergency. These would be consistent with how a response would occur during an influenza pandemic. Food and Agriculture Contacts as listed in the operational plan includes a flowchart outlining DATCP's emergency response procedures for a food safety outbreak.

Multiple exercises have been held with state and federal partners. One of these exercises tested existing pandemic influenza plans by all involved agencies.

Operational plan

As previously noted, a number of message maps have already been developed by Wisconsin's Inter-agency Avian Influenza Coordination Team. Many of these messages are consistent with the messages that would be provided during an influenza pandemic. Additional message maps will be developed as part of the agency's pandemic planning process to address food safety. In addition, a Web site has been developed by the State of Wisconsin (<http://www.pandemic.wisconsin.gov>) on which all agencies can post up-to-date information for the public. Lastly, the Web site has a window on the front page on which important public messages may be displayed. In the event of a pandemic, this window would lead to a Web page for information about the pandemic and each agency will be able to post information directly to this page.

The attached communications information and flowchart provide detailed information as to who to notify when, and provides the numbers to do so.

Agriculture and Food – Priority 4: Food Emergency Response Contact/Information List**Wisconsin Emergency Management (WEM):** 24-hour Duty Officer: 1-800-943-0003**Department of Agriculture, Trade and Consumer Protection (DATCP):**

DATCP Food Emergency Response (during work hours) 608-224-4700

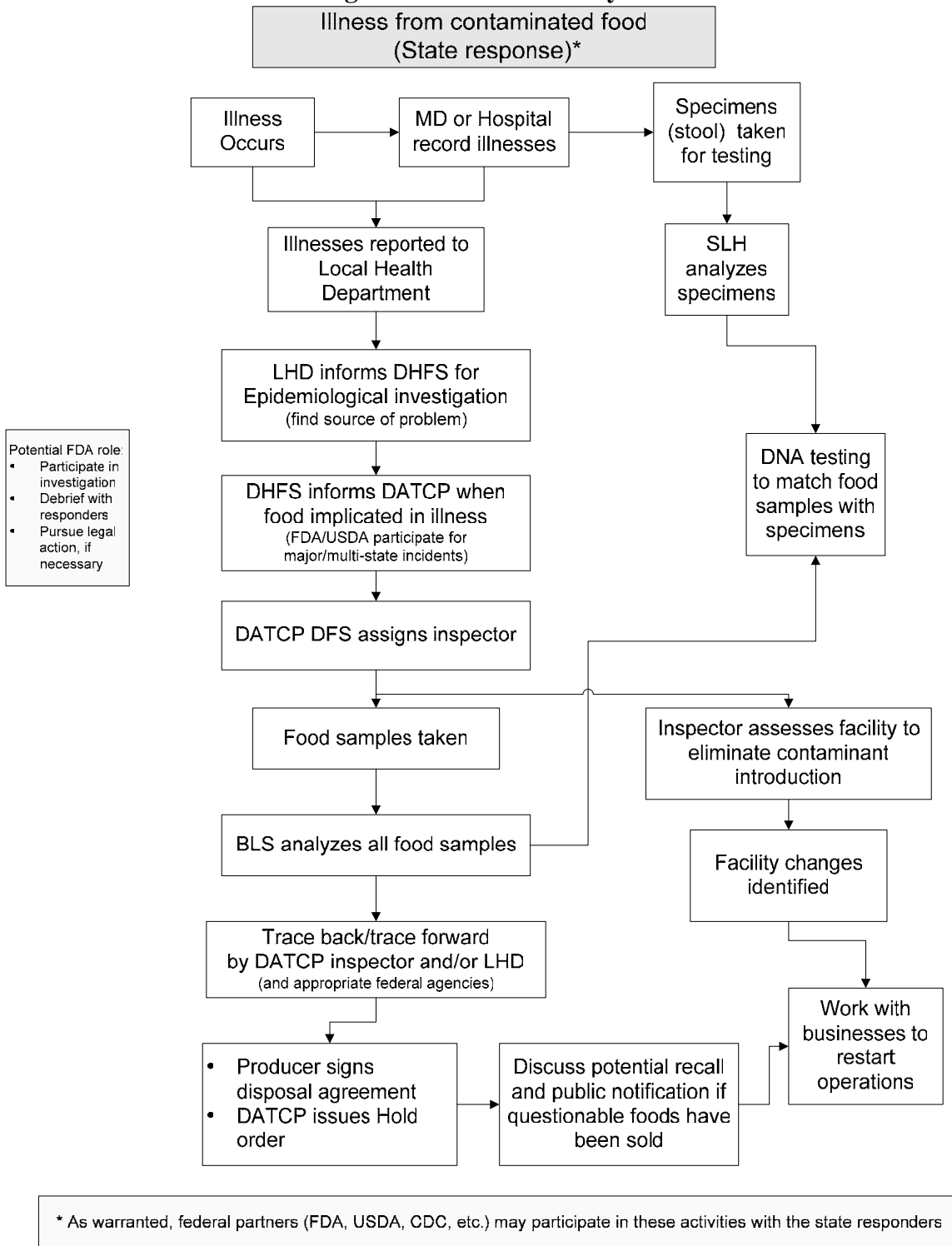
The following personnel are to be contacted in case of an emergency involving commercially processed food or meat products, processing facilities and retail establishments.

Agency/Contact Person	Telephone Number*
* Note that these are daytime work numbers. Call the WEM 24-hour duty officer at 1-800-943-0003 if a food emergency needs immediate response after work hours.	
DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION	
Division of Food Safety (DFS)	
When to Contact: At the onset of all food-related incidents that require an emergency response.	
Central Administrative at Prairie Oak State Office Building (Madison) (608-224-4700)	
Tom Leitzke (Food)	(608) 224-4711
Mike Barnett (Food)	(608) 224-4716
Jackie Owens (Food)	(608) 224-4734
Jim Larson (Wholesale Meat)	(608) 224-4725
Paul Pierce (Wholesale Meat)	(608) 224-4731
Steve Steinhoff (Administrator)	(608) 224-4701
Regional Offices (Call the main office and ask for any available field supervisor.)	
Eau Claire Area	(715) 839-3844
Bureau of Laboratory Services	
Steve Sobek	(608) 267-3500
Office of the Secretary of Agriculture	
Judy Ziewacz	(608) 224-5001
Robin Schmidt	(608) 224-5009
Legal Section	
James Matson	(608) 224-5022
Dave Ghilardi	(608) 224-5030
Division of Agriculture Resource Management	
When to contact: When the Incident Commander concludes that a pesticide is involved.	
Dave Fredrickson	(608) 224-4525
Eric Nelson	(608) 224-4539
Division of Animal Health	
When to contact: When the Incident Commander concludes that contaminated or potentially	

Agency/Contact Person	Telephone Number*
contaminated animals may move into the human food chain.	
Dr. Paul McGraw	(608) 224-4884
	(608) 224-4902
Dr. Robert G. Ehlenfeldt (Administrator)	(608) 224-4880
Division of Trade and Consumer Protection	
When to contact: When the Emergency Response Team concludes that Consumer Protection could be of assistance in the investigation or in notifying the public.	
Jeanne E. Burt	(608) 224-4975
DEPARTMENT OF HEALTH AND FAMILY SERVICES	
Division of Public Health (DPH)	
Acute and Communicable Disease Epidemiology Section	
When to contact DPH-Epidemiology Section: When the Incident Commander concludes through field observation and/or lab analysis that commercially prepared food is a real or potential cause of food-borne illness.	
John Archer	(608) 267-9009
Jeffrey Davis, M.D.	(608) 267-9003
Division of Public Health (DPH)	
Food Safety and Recreational Licensing Section	
When to contact DPH - Food Safety and Recreational Licensing Section: When restaurants may be involved.	
Jim Kaplanek	(608) 261-8361
WISCONSIN EMERGENCY MANAGEMENT	
When to Contact WEM: If you are the first on the scene and you need to report an emergency situation.	
24-Hour Duty Officer: 1-800-943-0003	
DEPARTMENT OF NATURAL RESOURCES	
When to contact DNR: When the Incident Commander concludes through field observation or lab analysis that commercially processed fish or bottled water is a real or potential threat to public health.	
David Woodbury, Emergency Management Coordinator	(608) 266-2598
DEPARTMENT OF PUBLIC INSTRUCTION	
When to contact DPI: When the Incident Commander concludes through field observation or lab analysis that food intended for consumption in a Wisconsin school is a real or potential threat to public health.	
Richard Mortenson	(608) 266-3509
LOCAL HEALTH AGENCIES	
When to contact: When the Incident Commander concludes through field observation or lab	

Agency/Contact Person	Telephone Number*
analysis that commercially processed food is a real or potential threat to public health in the local health agency's jurisdiction.	
http://dhfs.wisconsin.gov/localhealth/index.htm	
Local Law Enforcement Agencies	
When to contact: When the Incident Commander concludes there are allegations or evidence of criminal contamination (tampering) of the food supply.	
U.S. Food and Drug Administration (FDA)	
When to contact FDA: Whenever the following occurs:	
<ul style="list-style-type: none"> • Botulism is suspected from any source. • Illness is caused by commercial food or drug product, especially when it is an interstate product that does not involve local restaurant handling, red meat, or poultry. • Illness or injury is caused by cosmetics. 	
FDA Madison: Charles Cote	(608) 264-5332
FDA Milwaukee: Gordon Wales	(414) 771-7167 ext. 11
FDA Minneapolis: Cheryl Bigham	(612) 334-4100 ext. 162
FDA Green Bay: Scott Schenian	(920) 433-3924 ext. 103
U.S. Department of Agriculture (USDA)	
When to contact USDA: Use the same criteria as above when commercially processed meat or poultry products are from a federal-inspected (U.S.) meat plant.	
USDA FSIS Madison: Dr. Linda Madsen, Director	(608) 240-4080 ext. 2232
	Cell: (608)-628-2990
Deputy: Larry Holterman	(608) 240-4080 ext. 2226
Deputy: Paul Kiecker	(608) 240-4080 ext. 2224
USDA Madison: Dr. Kahn, Deputy Director	(608) 240-4080 ext. 2226
USDA Compliance Madison: Fred Williams	(608) 240-4080 ext. 2246
USDA Emergency pager:	1-877-802-2979 (leave message)
USDA Madison Fax:	(608) 240-4092
Agency/Contact Person	Telephone Number*
* Note that these are daytime work numbers. Call the WEM 24-hour duty officer at 1-800-943-0003 if a food emergency needs immediate response after work hours.	

Food and Agriculture – Food Safety Flowcharts



Foreign diplomatic missions

Lead contact

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Assumptions

Foreign nationals will be within the State of Wisconsin if a pandemic occurs, due to the many foreign students at Wisconsin educational institutions and the many international business activities within the State.

Contacts with foreign nationals and representatives of other countries are detailed by the United States Department of State, and Wisconsin officials need to be aware of the rules for these contacts.

Status of current activities

Wisconsin has no diplomatic missions, but does have five honorary consuls in the state.

Operational plan

The initial pandemic influenza plan did not make reference to either the honorary consuls, nor the notifications required when dealing with foreign citizens who are ill or detained for reasons such as quarantine or isolation. The plan will be amended to provide guidance for notification of the appropriate embassy or representative in accordance with US State Department regulations as detailed on the Department's Web site http://travel.state.gov/law/consular/consular_2003.html.

Honorary consuls who are for health reasons detained or hospitalized will first be asked to notify the appropriate embassy staff themselves; if they are unable, DPH will notify the CDC's Quarantine Officer who will assist as necessary. Consular papers will be safeguarded as per State Department rule, by the consul him/herself if possible, the consul's family if the consul is unable, and by DPH if necessary. Standard chain of custody forms will be used to document the care of the consular documents.