

# Loudoun Health District (Loudoun County Health Department)



## *Pandemic Response Plan*

March 2020



## Record of Changes

<b>Change Number</b>	<b>Section and/or Page Number</b>	<b>Description of Significant Changes</b>	<b>Date of Change</b>	<b>Posted By</b>
0	Original Version	<b>Entire Plan</b>	01/22/2007	Art Webb
1			05/01/2008	Art Webb
2			10/01/2009	Art Webb
3			10/01/2010	Art Webb
4			04/28/2011	Art Webb
5			09/12/2011	Art Webb
6			08/28/2012	Art Webb
7			02/26/2013	Art Webb
8			01/27/2014	Art Webb
		Initiation of Record of Changes Going Forward		
9	Entire Plan	No significant revisions/updates made – only general editing done with minor editing changes	02/25/2014	Art Webb
10	Entire Plan	The plan was reformatted to be consistent with the format in other EOP plans. Minor edits were made and certain links were fixed.	02/10/2015	Art Webb
11	Entire Plan	Mainly, hyperlinks were updated in the plan.	02/23/2016	Art Webb
12	Entire Plan	Minor updates were made throughout for PPHR	08/23/2016	Art Webb
13	Entire Plan	Minor updates were made throughout	02/28/2017	Art Webb
14	Entire Plan	Only minor administrative changes were made	02/27/2018	Art Webb
15	Entire Plan	Only minor updates were made throughout	02/26/2019	Art Webb
16	Entire Plan	Broadened plan to include any pandemic	03/01/2020	David Goodfriend

## AUTHORIZATION SIGNATURE PAGE

As Director of the Loudoun Health District, I approve the Loudoun Health District Pandemic Response Plan as presented in this document.



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David Goodfriend, MD, MPH  
Director, Loudoun Health District

March 1, 2020  
(Date)

The Loudoun Health District Pandemic Response Plan is acknowledged, adopted, and supported by the signature above.

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## I. Forward

- A. This plan will serve as a support annex to the Loudoun County Emergency Operations Plan (EOP) and an appendix to the Loudoun Health District (LHD) All-Hazards EOP.  
**NOTE:** The LHD is also called the Loudoun County Health Department (LCHD).
- B. No single plan applies to all pandemic incidents or can provide all of the information needed. While this plan serves as a guide for specific activities during a pandemic incident every incident is unique and the judgment of county leadership at the time may alter the strategies that have been outlined herein.
- C. A summary list of acronyms used throughout this plan is provided in Attachment A.

## II. Introduction

### A. EXECUTIVE SUMMARY

A pandemic has the potential to cause more death and illness than possibly any other public health threat. A pandemic can occur when a new strain of the influenza or other pathogen emerges, either through mutation or genetic reassortment, to which most or all of the world's human population has had no previous exposure and thus has no immunity. Early pandemic planning (2006) was based on the likelihood of the highly pathogenic H5N1 (avian or bird influenza) strain emerging in populations throughout many parts of the world. The potential for the emergence of a new variant strain of this virus which could be easily transmitted person-to-person triggered the World Health Organization to urgently prompt organizations worldwide to initiate preparedness planning efforts should a pandemic occur. In spring 2009, another novel influenza virus, novel 2009 H1N1 (swine), emerged and within weeks spread throughout the world.

Although the timing, nature and severity of a pandemic cannot be predicted, a planned and coordinated response is critical to minimizing the public health impact, as well as the social and economic disruption to our everyday lives. The unique characteristics of a pandemic, including the capability to affect many locations at once, the extended length of such an event and the possibility of multiple waves, will strain local, state and federal resources.

Loudoun County embarked on its initial pandemic planning efforts in spring 2006. This coordinated effort was developed with participation and collaboration from key stakeholders. It involved various county agencies, Loudoun County Public Schools, the Town of Leesburg and other partner organizations including Inova Loudoun Hospital and the American Red Cross, as well as a variety of private sector groups. The County's pandemic planning initiatives were undertaken in concert with the emergency planning efforts of the Virginia Department of Health (VDH), the US Department of Health and Human Services (DHHS) and the World Health Organization (WHO).

Loudoun County used a two-pronged approach in the development of its Pandemic Response Plan. The first approach addressed the specific activities that must be undertaken by the Loudoun Health District (LHD), also called the Loudoun County Health Department (LCHD), and the public health community in preparation for and response to a pandemic. The second addressed the activities that must be undertaken by Loudoun County agencies to identify and maintain critical government and public services during a pandemic. In addition, the plan is subdivided both by

WHO pandemic phase, by the Centers for Communicable Disease and Prevention (CDC) severity index, and traditional emergency response categories (mitigation, preparedness, response, recovery and post-recovery).

The Loudoun County Pandemic Response Plan encompasses a detailed summary of Loudoun County's public health response and references the County's plans for the continuation of critical government services during a pandemic. It describes a coordinated local strategy to prepare for and respond to a pandemic, including assuring vaccination of all school age, college age and other residents, regardless of school status or location, and serves as Incident Annex to Loudoun County's Emergency Operations Plan (EOP) and as an appendix to the LHD All-Hazards EOP. The Loudoun County Pandemic Response Plan is intended to be a synthesized guide for responding agencies, an overview to provide information to the public on the County's preparedness and a tool to assist the public in their own planning and preparedness.

Available information regarding best practices for preparedness in a pandemic changes as more becomes known and thus the content reflects information as of the revision date. As such, it is critical to recognize that this is a dynamic document which will be updated as appropriate to reflect current information, guidelines and best practices regarding pandemic preparedness and response.

## B. BACKGROUND

1. Pandemics are unpredictable and may pose a significant threat to public health.
  - a. They have the potential to cause a great deal of illness and death.
  - b. They strike not only vulnerable populations but the young and healthy as well.
  - c. Influenza pandemics are regular events that have been occurring throughout history with varying degrees of impact. In the 20<sup>th</sup> century, three epidemics occurred: the 1918 Spanish Flu epidemic that resulted in more than 500,000 deaths in the United States and over 20 million deaths worldwide; the 1957 Asian Flu epidemic; and the 1968 Hong Kong Flu epidemic.
  - d. They often reoccur in subsequent waves.
  
2. Influenza is a highly contagious viral disease spread through the inhalation of the virus in dispersed droplets from the coughing and sneezing of an infected individual or by picking up the virus from a contaminated surface.
  - a. Signs and symptoms of uncomplicated illness include fever, muscle aches, headache, malaise, nonproductive cough, sore throat and runny nose. Children often exhibit ear infections as well as nausea and vomiting.
  - b. Illness typically resolves after several days but may lead to complications.
  - c. The incubation period, the time from exposure to onset of symptoms, is one to four days, with an average of two days.
  - d. Adults are typically infectious from the day before symptoms begin until five to seven days after onset of illness. Children and immunocompromised persons may be infectious for longer periods.
  - e. Influenza can exacerbate underlying medical conditions, particularly pulmonary or cardiac disease and can lead to secondary bacterial or viral pneumonia. The risk for complications, hospitalization and deaths from influenza is higher among older adults (65 years and older), young children and those persons with certain underlying health conditions.

3. Pandemic influenza refers to a new (novel) influenza virus strain which causes illness in people. The pandemic influenza strain would be expected to spread from person-to-person in much the same way that the seasonal influenza viruses spread and that there would be no existing community immunity to this strain of virus.
4. Seasonal influenza refers to the yearly influenza outbreaks that occur in temperate regions, mainly from December to March, which are caused by strains currently circulating worldwide. Multiple influenza strains will usually be present each season.
  - a. These viruses are spread widely among humans, are constantly changing and cause a relatively mild respiratory illness among healthy people.
  - b. Seasonal influenza viruses result in an average of 36,000 deaths per year in the United States, mainly in older persons, children and persons with underlying health conditions.
  - c. Vaccination against influenza is the primary method of prevention for seasonal flu. A vaccine specific to the currently circulating strains is developed each year.
  - d. Immunity develops from either having been infected with influenza or receiving the vaccine.
  - e. Anti-viral drugs are also available for prophylaxis and treatment of seasonal influenza A infection. The extent to which these countermeasures will be available and effective against a new virus strain in a pandemic is unknown.
5. Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as [Middle East Respiratory Syndrome \(MERS-CoV\)](#), [Severe Acute Respiratory Syndrome \(SARS-CoV\)](#), and [Coronavirus 2019 \(COVID-19\)](#).
6. Pandemics can occur when a new and highly contagious strain of a virus emerges that has the ability to infect humans and be passed easily from person-to-person because most of the world's population has not been exposed to the new virus strain, little or no immunity exists, and the rate of illness increases significantly over the baseline expected level.
7. Phases of Pandemic:
  - a. The WHO has defined phases of a pandemic that “address the public health risks of infection in animals, link phase changes directly with changes in public health response and focus on early events during a ‘pandemic alert’ period when rapid coordinated global and national actions might help to contain or delay the spread of a new human influenza strain.” This classification system is comprised of 6 phases of increasing public health risk associated with the emergence and spread of a new virus subtype that may lead to a pandemic. (See Table 1).
  - b. The Director General of the WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. For each phase, the global preparedness plan identifies response measures the WHO will take and recommends actions that countries around the world should implement.
  - c. The U.S. CDC have further defined community level indicators to provide additional specificity for implementing state and local community interventions during CDC stages 4, 5 and 6. (See Table 3).
  - d. The Loudoun County Pandemic Response Plan utilizes these classification systems to structure response activities. The WHO six phases are outlined in Table 1. These six phases are used throughout the document to summarize the County's overall response as well as to provide specifics of the public health response during each of

the phases. The CDC community level indicators are outlined in Table 3 and help tailor responses according to pandemic level.

8. Implementation of the Loudoun County Pandemic Plan may involve consideration of the Pandemic Severity Index (Table 2) in conjunction with guidance from the VDH and actions being taken by other National Capital Region (NCR) entities.

This index uses case fatality ratios as critical drivers for categorizing the severity of a pandemic.

Interventions which may be recommended based on the 'severity of pandemic' include:

- a. Isolation and treatment of ill persons with antiviral drugs, if available
- b. Voluntary home quarantine of members of households with confirmed or probable cases
- c. Dismissal of students from school
- d. Closure of childcare facilities
- e. Implementation of social distancing measure to reduce contacts between people in the community and the workplace.



Table 1. Summary of WHO Pandemic Phases

Phase	Description	Main Actions	Emergency Management Functions
Inter-pandemic Phase	1	No animal virus circulating among animals has been reported to cause infection in humans.	Planning
	2	An animal virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.	
Pandemic Alert Phase	3	An animal or human-animal reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.	Preparedness  <i>See Sections IV of this Plan</i>
	4	Human-to-human transmission of an animal or human-animal reassortant virus able to sustain community-level outbreaks has been verified.	
	5	The same identified virus has caused sustained community level outbreaks in at least two countries in one WHO region.	Response
Pandemic Phase	6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.	<i>See Section V of this Plan</i>
Post-Peak Period	Levels of pandemic in most countries with adequate surveillance have dropped below peak levels.	Evaluations of response; recovery; preparation for possible second wave.	Recovery  <i>See Section VI of this Plan</i>
Possible New Wave	Levels of pandemic activity in most countries with adequate surveillance is rising again.	Response	Response  <i>See Section V of this Plan</i>
Post-Pandemic Period	Levels of have returned to the levels seen for seasonal infection in most countries with adequate surveillance.	Evaluation of response; revision of plans; recovery.	Recovery  <i>See Section VI of this Plan</i>

Modified from: WHO Influenza Preparedness Plan, [www.who.int/influenza/resources/documents/pandemic\\_phase\\_descriptions\\_and\\_actions.pdf](http://www.who.int/influenza/resources/documents/pandemic_phase_descriptions_and_actions.pdf)

Table 2. CDC Pandemic Severity Index

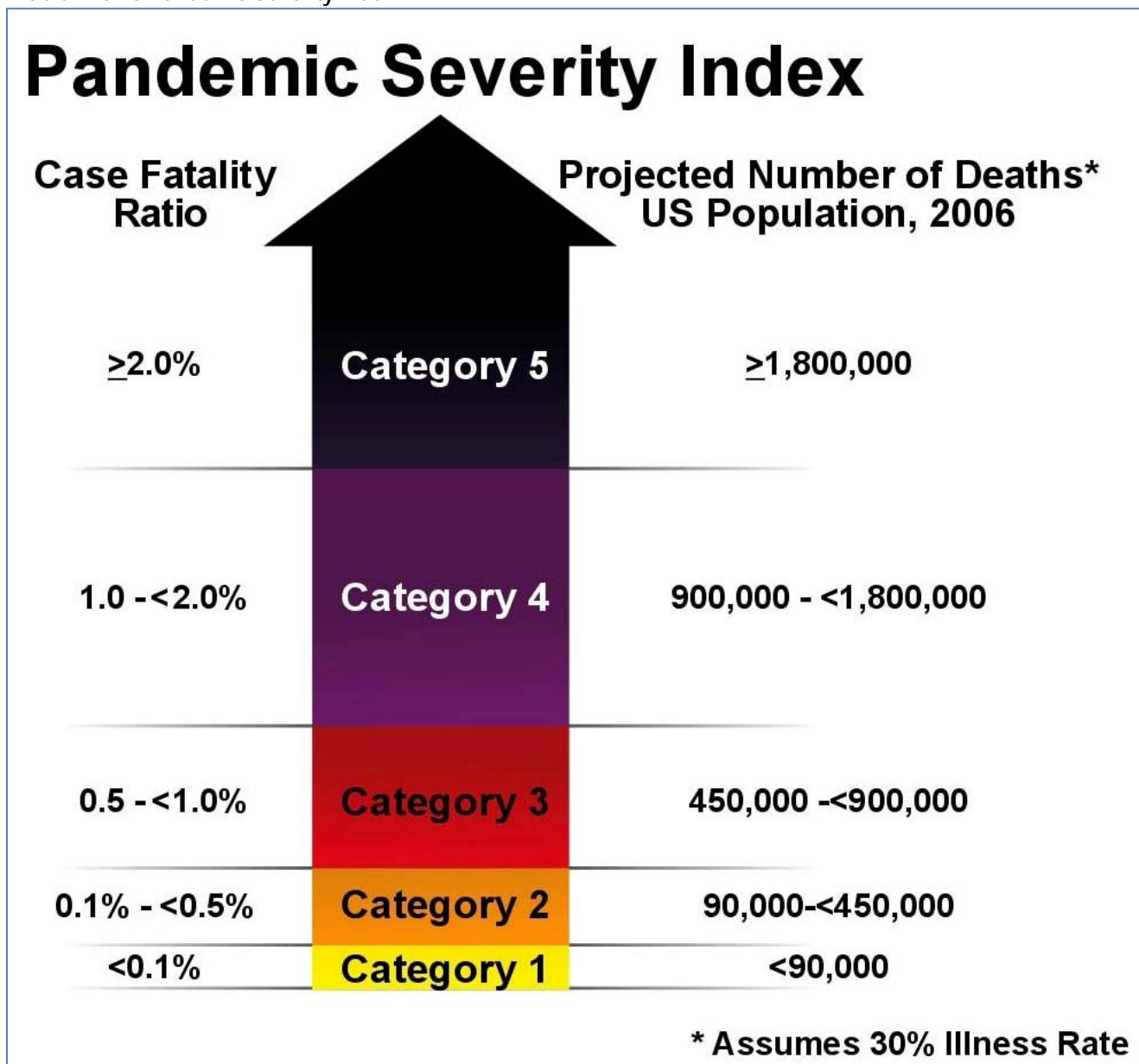
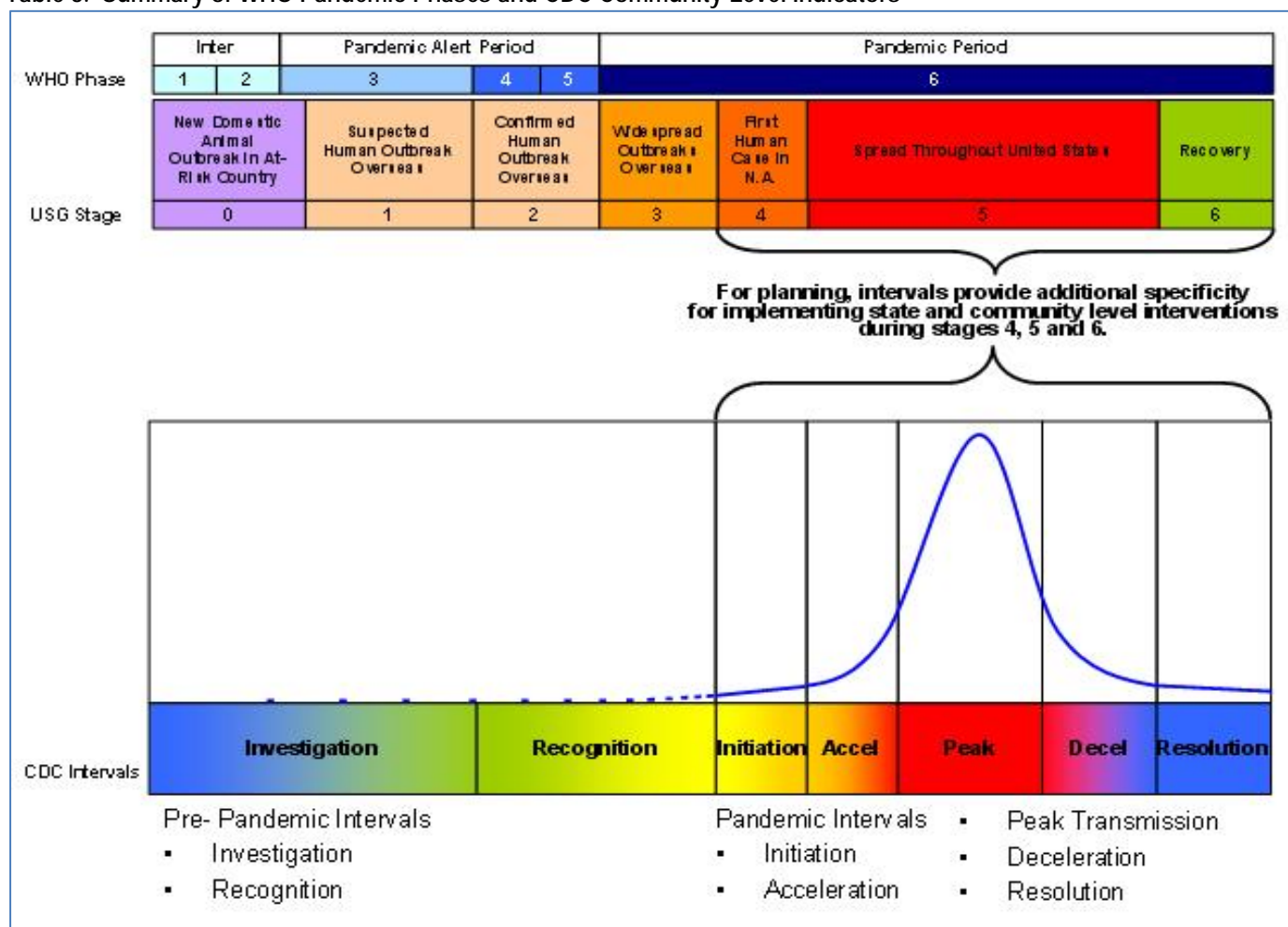


Table 3. Summary of WHO Pandemic Phases and CDC Community Level Indicators



### 9. Pandemic Intervals, Triggers, and Actions

In November 2005, the President of the United States released the National Strategy for Pandemic, followed by the Implementation Plan in May 2006. These documents introduced the concept of “stages” for Federal Government response. The 6 US Government (USG) stages have provided greater specificity for U.S. preparedness and response efforts than the pandemic phases outlined in the WHO global pandemic plan. The stages have facilitated initial planning efforts by identifying objectives, actions, policy decisions, and messaging considerations for each stage. While the stages have provided a high-level overview of the Federal Government approach to a pandemic response, more detailed planning for Federal, State, and local responses requires a greater level of specificity than is afforded with the current USG stages.

### 10. Pandemic Intervals

- a. The incorporation of known principles regarding epidemic transmission, along with the adoption of well-defined triggers for action, enhances the development of more detailed plans and guidance. Moreover, these refinements facilitate better coordinated and timelier containment and mitigation strategies at all levels, while acknowledging the heterogeneity of conditions affecting different U.S. communities during the progression of a pandemic.
- b. Typically, epidemic curves are used to monitor an outbreak as it is occurring or to describe the outbreak retrospectively. While epidemic curves are useful during an outbreak or retrospectively for noting the possible effects of interventions (graphically

showing when they are or were implemented relative to the rise and fall of the epidemic), model epidemic or pandemic curves can also be used to describe likely events over time. These hypothetical models may be particularly valuable prospectively for anticipating conditions and identifying the key actions that could be taken at certain points in time to alter the epidemic or pandemic curve. Classic epidemic curves have been described in the literature as having a: growth phase, hyperendemic phase, decline, endemic or equilibrium phase, and a potential elimination phase.

c. For the purposes of pandemic preparedness, the Federal Government will use intervals representing the sequential units of time that occur along a hypothetical pandemic curve. For State and local planning, using the intervals to describe the progression of the pandemic within communities in a State helps to provide a more granular framework for defining when to respond with various interventions during U.S. Government stages 4, 5 and 6. These intervals could happen in any community from the time sustained and efficient transmission is confirmed.

d. While it is difficult to forecast the duration of a pandemic, it is expected that there will be definable periods between when the pandemic begins, when transmission is established and peaks, when resolution is achieved, and when subsequent waves begin. While there will be one epidemic curve for the United States, the larger curve is made up of many smaller curves that occur on a community by community basis. Therefore, the intervals serve as additional points of reference within the phases and stages to provide a common orientation and better epidemiologic understanding of what is taking place. State health authorities may elect to implement interventions asynchronously within their States by focusing early efforts on communities that are first affected. The intervals thus can assist in identifying when to intervene in these affected communities. The intervals are also a valuable means for communicating the status of the pandemic by quantifying different levels of disease, and linking that status with triggers for interventions.

e. The intervals are designed to inform and complement the use of the Pandemic Severity Index (PSI) for choosing appropriate community mitigation strategies. The PSI guides the range of interventions to consider and/or implement given the epidemiological characteristics of the pandemic. The intervals are more closely aligned with triggers to indicate *when* to act, while the PSI is used to indicate *how* to act.

Table 4: Action Intervals by Presence of Pandemic

Investigation Interval	Affected State <i>A State where a sporadic case of novel infection is detected</i>	Unaffected State <i>A State not currently investigating novel infection cases.</i>
<p><b>“Investigation Interval” – Investigation of Novel Infection Cases:</b>                      This <u>pre-pandemic interval</u> represents the time period when sporadic cases of novel infection may be occurring overseas or within the U.S. During this interval, public health authorities will use <u>routine surveillance and epidemiologic investigations</u> to identify human cases of novel infection and assess the potential for the strain to cause significant disease in humans. Investigations of animal outbreaks also will be conducted to determine any human health implications.</p> <p>During this interval, pandemic preparedness efforts should be developed and strengthened. Case-based control measures (e.g., antiviral treatment, isolation of cases, antiviral prophylaxis of contacts) is the primary public health strategy for responding to cases of novel infection.</p>	<ul style="list-style-type: none"> <li>• Voluntarily isolate and treat human cases.</li> <li>• Voluntarily quarantine if human-to-human transmission is suspected; monitor, and provide chemoprophylaxis to contacts.</li> <li>• Assess case contacts to determine human-to-human transmission and risk factors for infection.</li> <li>• Share information with animal, human health officials, and other stakeholders. This includes reporting cases according to the Nationally Notifiable Diseases Surveillance System (NNDSS), and sharing virus samples.</li> <li>• Disseminate risk communication messages.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to maintain State surveillance.</li> <li>• Continue to build State and local countermeasures stockpile.</li> <li>• Continue to develop and promote community mitigation preparedness activities, including plans and exercises.</li> <li>• Continue refining and testing healthcare surge plans.</li> </ul>
Recognition Interval	Affected State <i>A State where human-to-human transmission of a novel virus infection is occurring, and where the transmission of the virus has an efficiency and sustainability that indicates it has potential to cause a pandemic. This represents the detection of a potential pandemic in the U. S. before recognition elsewhere in the world.</i>	Unaffected State <i>A State not meeting the criteria above. This may represent either that recognition of a potential pandemic is occurring in another State, or is occurring outside the U.S.</i>
<p><b>Recognition” Interval – Recognition of Efficient and Sustained Transmission:</b> This interval occurs when clusters of cases of novel virus in humans are identified and there is confirmation of sustained and efficient human-to-human transmission indicating that a pandemic strain has emerged overseas or within the U.S.</p> <p>During this interval, public health officials in the affected country/community will attempt to contain the outbreak and limit the potential for further spread in the original community. Case-based control measures, including isolation and treatment of cases and voluntary quarantine of contacts, will be the primary public health strategy to contain the spread of infection; however, addition of rapid implementation of community-wide antiviral prophylaxis may be attempted to fully contain an emerging pandemic.</p>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Investigation).</li> <li>• Implement case-based investigation and containment.</li> <li>• Implement voluntary contact quarantine and chemoprophylaxis.</li> <li>• Confirm all suspect cases at public health laboratory.</li> <li>• Consider rapid containment of emerging pandemic infection.</li> <li>• Report cases according to NNDSS.</li> <li>• Conduct enhanced pandemic surveillance.</li> <li>• Prepare to receive Strategic National Stockpile (SNS) countermeasures.</li> <li>• Disseminate risk communication messages, including when to seek care and how to care for ill at home.</li> <li>• Implement appropriate screening of travelers and other border health strategies, as directed by CDC.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Investigation).</li> <li>• Prepare for investigation and response.</li> <li>• Conduct enhanced pandemic surveillance.</li> <li>• Prepare to receive SNS countermeasures.</li> <li>• Disseminate risk communication messages.</li> <li>• Implement appropriate screening of travelers and other border health strategies, as directed by CDC.</li> </ul>

<p style="text-align: center;"><b>Initiation Interval</b></p>	<p style="text-align: center;"><b>Affected State</b>  <i>A State with at least one laboratory-confirmed pandemic case.</i></p>	<p style="text-align: center;"><b>Unaffected State</b>  <i>A State with no laboratory-confirmed pandemic cases.</i></p>
<p><b><i>“Initiation” Interval – Initiation of the Pandemic Wave:</i></b>                      This interval begins with the identification and laboratory-confirmation of the first human case of pandemic infection in the U.S. If the U.S. is the first country to recognize the emerging pandemic strain, then the “Recognition” and “Initiation” intervals are the same for affected States.</p> <p>As this interval progresses, continued implementation of case-based control measures (e.g., isolation and treatment of cases, voluntary prophylaxis, and quarantine of contacts) will be important, along with enhanced surveillance for detecting potential pandemic cases to determine when community mitigation interventions will be implemented.</p>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Recognition).</li> <li>• Continue enhanced State and local surveillance.</li> <li>• Implement (pre-pandemic) vaccination campaigns if (pre-pandemic) vaccine is available.</li> <li>• Offer mental health services to health care workers.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Recognition).</li> <li>• Prepare for investigation and response.</li> <li>• Prepare for healthcare surge.</li> <li>• Review and prepare to deploy mortuary surge plan.</li> <li>• Deploy State/local caches.</li> <li>• Prepare to transition into emergency operations.</li> </ul>
<p style="text-align: center;"><b>Acceleration Interval</b></p>	<p style="text-align: center;"><b>Affected State</b>  <i>A State that has 2 or more laboratory-confirmed pandemic cases that are not epidemiologically linked to any previous case; or, has increasing numbers of cases that exceed resources to provide case-based control measures</i></p>	<p style="text-align: center;"><b>Unaffected State</b>  <i>A State that has not met the criteria above</i></p>
<p><b><i>“Acceleration” Interval – Acceleration of the Pandemic Wave:</i></b> This interval begins in a State when public health officials have identified that containment efforts have not succeeded, ongoing transmission is occurring, or there are 2 or more laboratory-confirmed cases in the State that are not epidemiologically linked to any previous case.</p> <p>It will be important to rapidly initiate community mitigation activities (e.g., school dismissal, childcare closures, social distancing, efficient management of public health resources). Isolation and treatment of cases along with voluntary quarantine of contacts should continue as a key mitigation measure. Historical analyses and mathematical modeling indicate that early institution of combined, concurrent community mitigation measures may maximize reduction of disease transmission (and subsequent mortality) in the affected areas.</p>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Initiation).</li> <li>• Activate community mitigation interventions for affected communities.</li> <li>• Transition from case-based containment/contact chemoprophylaxis to community interventions.</li> <li>• Transition surveillance from individual case confirmation to mortality and syndromic disease monitoring.</li> <li>• Begin pre-shift healthcare worker physical and mental health wellness screening.</li> <li>• Implement vaccination campaigns if (pre-pandemic) vaccine is available.</li> <li>• Monitor vaccination coverage levels, antiviral use, and adverse events.</li> <li>• Monitor effectiveness of community mitigation activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Initiation).</li> <li>• Prepare for investigation and response.</li> <li>• Prepare for healthcare surge.</li> <li>• Review and prepare to deploy mortuary surge plan.</li> <li>• Deploy State/local caches.</li> <li>• Prepare to transition into emergency operations.</li> <li>• Implement vaccination campaigns if (pre-pandemic) vaccine is available.</li> <li>• Monitor vaccination coverage levels, antiviral use, and adverse events.</li> </ul>



Peak/Established Transmission Interval	Affected State <i>1) &gt;10% of specimens from patients with influenza-like illness submitted to the State public health laboratory are positive for the pandemic strain during a seven day period, or, 2) "regional" pandemic activity is reported by the State Epidemiologist using CDC-defined criteria, or, 3) the healthcare system surge capacity has been exceeded.</i>	Unaffected State <i>As transmission increases in the U.S., States are likely to be in different intervals. Thus, States should anticipate the actions needed for subsequent intervals and plan accordingly.</i>
<p><b><i>"Peak/Established Transmission" Interval – Transmission is Established and Peak of the Pandemic Wave:</i></b> Encompasses the time period when there is extensive transmission in the community and the State has reached its greatest number of newly identified cases. The ability to provide treatment when the healthcare system is overburdened will be particularly challenging. To reduce the societal effects of the pandemic, available resources must be optimized to maintain the critical infrastructure and key resources in the face of widespread disease.</p>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Acceleration).</li> <li>• Manage health care surge.</li> <li>• Maintain critical infrastructure and key resources.</li> <li>• Laboratory confirmation of only a sample of cases as required for virologic surveillance.</li> <li>• Implement surveillance primarily for mortality and syndromic disease.</li> </ul>	<ul style="list-style-type: none"> <li>• No entry.</li> </ul>
Deceleration Interval	Affected State <i>&lt;10% of specimens from patients with influenza-like illness submitted to the State public health laboratory are positive for the pandemic strain for at least two consecutive weeks, or, the healthcare system capacity is below surge capacity.</i>	Unaffected State
<p><b><i>"Deceleration" Interval – Deceleration of the Pandemic Wave:</i></b> During this interval, the rates of pandemic infection are declining. The decline provides an opportunity to begin planning for appropriate suspension of community mitigation activities and recovery. State health officials may choose to rescind community mitigation intervention measures in selected regions, as appropriate; however mathematical models suggest that cessation of community mitigation measures are most effective when new cases are not occurring or occur very infrequently.</p>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Peak/Established Transmission).</li> <li>• Assess, plan for, and implement targeted cessation of community mitigation measures if appropriate.</li> <li>• Transition surveillance from syndromic to case-based monitoring and confirmation.</li> <li>• Initiate targeted cessation of surge capacity strategies.</li> <li>• Maintain aggressive infection control measures in the community.</li> </ul>	<ul style="list-style-type: none"> <li>• No entry.</li> </ul>

Resolution Interval	Affected State <i>A State where active virologic surveillance detects pandemic cases occurring sporadically.</i>	Unaffected State
<p><b><i>“Resolution” Interval – Resolution of the Pandemic Wave:</i></b> In this interval, pandemic cases are occurring only sporadically. The primary actions to be taken during this interval include discontinuing all community mitigation interventions, facilitating the recovery of the public health and healthcare infrastructure, resuming enhanced surveillance protocols to detect possible subsequent waves, and preparing for next waves of infection should they occur.</p>	<ul style="list-style-type: none"> <li>• Continue/initiate actions as above (Deceleration).</li> <li>• Rescind community mitigation interventions.</li> <li>• Continue case confirmation of selected cases to verify resolution of pandemic wave.</li> <li>• Resume enhanced virologic surveillance to detect emergence of increased transmission.</li> <li>• Prepare for possible second wave.</li> <li>• Continue to promote community mitigation preparedness activities on standby for second wave.</li> <li>• Conduct after-action review for lessons learned.</li> <li>• Replenish stockpiles/caches as able.</li> </ul>	<ul style="list-style-type: none"> <li>• No entry.</li> </ul>

**C. PURPOSE, GOALS and OBJECTIVES**

1. It is impossible for a pandemic to have no impact on a community. The goal is to minimize the impact. Attention to planning results in better preparedness which, in turn, enhances the county’s ability to minimize such impact. Therefore, the purpose of the Pandemic Response Plan is to provide a guide for Loudoun County Government on how to respond before, during and after a pandemic. Specifically, the Pandemic Response Plan provides guidance to the LHD and its local and regional partners, regarding surveillance and rapid detection, response, mitigation and recovery from a pandemic. It reflects and is an Incident Annex to the Loudoun County EOP and an appendix to the LHD All-Hazards EOP and provides guidance to county agencies and the community on maintaining critical services during such an event. The Pandemic Response Plan follows DHHS guidance for developing pandemic response plans and is intended as a companion to the VDH EOP, Influenza Attachment (March 2006; Non-Health Component, August 2007). Pandemic planning is based upon all-hazard planning and is compatible with the National Incident Management System (NIMS).
2. The Loudoun County Pandemic Response Plan will be implemented in coordination with the Loudoun County EOP and other County agency-specific preparedness plans and activities, including the LHD All-Hazards EOP, as well as other community, state and federal partners. Individual county agencies developed agency-specific continuity of operations plans (COOP) that will supplement the Pandemic Response Plan. The Pandemic Response Plan will be reviewed/updated at least annually to ensure information contained within the document is consistent with current knowledge and changing infrastructure.
3. Priorities of Loudoun County during a pandemic will be to ensure the continuation and delivery of essential county and public health services while providing for the emergency needs of the population and assuring access to vaccination for all Loudoun residents.
4. In advance of a pandemic, Loudoun County will work with public and private partners to coordinate preparedness activities.
5. The Response Plan has five main goals:



- a. Contain and control disease outbreaks.
  - b. Limit the number of illnesses and deaths.
  - c. Preserve continuity of critical government functions.
  - d. Minimize social disruption.
  - e. Minimize economic losses.
6. The objectives which contribute to the achievement of this Plan's goals are to:
- a. Define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.
  - b. Describe the response, coordination and decision making structure that incorporates the LHD, the health care system in Loudoun County, other local response agencies and state and federal agencies during a pandemic.
  - c. Define roles and responsibilities for the LHD, local health care partners, local response agencies, businesses and the public during all phases of a pandemic.
  - d. Describe public health interventions in a pandemic response and the timing of such interventions.
  - e. Serve as a guide for local health care system partners, response agencies and businesses in the development of pandemic preparedness and response plans.
  - f. Provide technical support and information on which preparedness and response actions are based.
  - g. Determine the communication strategy, for both internal and external sources, to communicate information to County agencies, the public, public health partners, other jurisdictions and authorities during a pandemic that are critical to an effective emergency response.
  - h. Identify governmental functions, services, or operations that address critical health, safety and welfare needs of the public that must be maintained.
  - i. Contribute to the preparation of agency-specific COOP plans that address the unique consequences of a pandemic.

#### D. SITUATION AND ASSUMPTIONS

1. Since a pandemic outbreak will be caused by a novel, or new, pathogen strain, the specific biological characteristics of the pathogen cannot be known with any certainty prior to its emergence. These assumptions are based on what has been learned from current and previous influenza outbreaks and what is currently known about seasonal influenza viruses.
2. It is assumed that federal, state and local governments will not be able to address all pandemic needs or meet all resource requests. Responsibility for preparing for and responding to a pandemic spans all levels and sectors. In addition to government entities, healthcare, business, faith-based organizations, schools and universities, volunteer and other groups, and individuals have critical roles to play in pandemic preparedness. An informed and responsive public is essential to minimizing the adverse health effects of a pandemic and the resulting consequences to society.
3. For planning purposes, the worst-case scenario is projected. If this scenario does not fully develop, the response can be adjusted accordingly. The following assumptions are made:
  - a. Pandemic infection in Loudoun County will present a massive test of the emergency preparedness system. Advance planning for Loudoun County's emergency response could save lives and prevent substantial economic loss.

- b. Although pandemic virus strains have emerged mostly from areas of Eastern Asia, variants with pandemic potential could emerge in Loudoun County, Virginia, the National Capital Region (NCR), or elsewhere in the U.S.
- c. Susceptibility to the pandemic subtype initially will be universal.
- d. Efficient and sustained person-to-person transmission signals an imminent pandemic.
- e. The typical incubation period (*interval between infection and onset of symptoms*) for seasonal influenza is an average of two days. The specific incubation period for a novel virus may approach 7-10 days.
- f. Persons who become infected may shed virus and transmit infection for up to one day before becoming ill.
- g. Viral shedding and risk for transmission will be the greatest during the first two days of illness but can continue throughout the illness.
- h. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- i. Risk groups for severe and fatal infection are likely to include infants, the elderly, pregnant women and persons with chronic medical conditions.
- j. Of those who become ill with influenza, 50% will seek outpatient medical care.
- k. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus.
- l. A pandemic could last from 8 weeks to 18 months and occur in at least two waves.
- m. Many geographic areas within Virginia and its neighboring jurisdictions may be affected simultaneously, thus Loudoun County will need to rely on its own resources.
- n. A pandemic will pose significant threats to human infrastructure responsible for critical community services (in health and non-health sectors) due to widespread absenteeism.
- o. Effective preventive and therapeutic measures (vaccines and antiviral medications) may be in short supply.
- p. There may be critical shortages of health care resources such as staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of bodies, and other resources.
- q. Assuming that prior influenza vaccine may offer some protection, even against a novel influenza variant, the annual influenza vaccination program, supplemented by pneumococcal vaccination when indicated, will remain a cornerstone of prevention of an influenza pandemic.
- r. The Health Department will take the lead in distributing vaccine. Health departments will work in partnership with local health care providers and other partners to facilitate distribution.
- s. Surveillance of respiratory disease and virus will provide information critical to an effective response.
- t. Effective response to a pandemic may include the use of non-pharmaceutical interventions and will require coordinated efforts from a wide variety of organizations, both public and private, health and non-health related and the general public.

## E. COORDINATION AND DECISION MAKING

### 1. Local

- a. This plan for responding to a pandemic will serve as an Incident Annex to the Loudoun County EOP and an appendix the LHD All-Hazards EOP, which address issues such as: command and control procedures, legal authority, surveillance and epidemiologic investigation procedures, medication and vaccine management, intra- and interagency coordination, hospital and emergency medical services coordination, infection control, security, communications, education and training.
- b. Loudoun County will coordinate activities with other NCR jurisdictions to encourage uniform activities, messages and response.
- c. While this plan serves as a guide for specific intervention activities, during a pandemic the judgment of health department leadership, based on knowledge of the specific virus, may alter the strategies that have been outlined.
- d. LHD will coordinate with VDH and the CDC Washington Quarantine Station officials to implement appropriate isolation and quarantine activities as needed.

### 2. State

- a. During a pandemic, the VDH State Epidemiologist will generally be responsible for implementation of response activities, under the direction of the Deputy Commissioner for Emergency Preparedness and Response.
- b. The Director of the Division of Immunizations (DI) will be responsible for coordinating vaccine distribution through the Bureau of Pharmacy Services.
- c. The Director of the Division of Surveillance and Investigations (DSI) will be responsible for coordinating enhanced surveillance methods for the detection of infection and for facilitating investigation and control interventions.
- d. The VDH Communications Director will be responsible for coordinating pandemic media-related activities.
- e. The Advisory Committee of the Health and Medical Subpanel of the Secure Virginia Panel will formulate specific procedures for the implementation of vaccine prioritization in Virginia.
- f. The Virginia Division of Consolidated Laboratory Services (DCLS) will provide laboratory support for confirming, identifying and sub-typing viruses.

### 3. National

- a. During a pandemic, the CDC, under the direction of DHHS, will provide guidance on vaccine availability and distribution.
- b. If the vaccine is in short supply, which is likely during a pandemic, the CDC, in conjunction with advisory committees, will provide guidance for a rank order listing of risk groups for vaccination.
- c. The rank order will likely be based on:
  - i. The need to maintain those elements of community infrastructure that are essential to carrying out the pandemic response plan and public safety
  - ii. Limiting mortality among high-risk groups
  - iii. Reducing morbidity in the general population
  - iv. Minimizing social disruption and economic losses.

## F. AUTHORITY

### 1. Background

- a. Planning, preparedness and response to the phases of a pandemic occur at all levels. Coordination, communication and cooperation from the top down and bottom up among the levels are critical. Towards achieving this, it is important to understand and clearly define roles and responsibilities at each level including global/worldwide; federal; state; regional; local and even down to the individual/family level.
- b. Equally critical in emergency preparedness and response is an understanding of the decision making and authority that occurs within certain defined scope and parameters. Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Board of Health, the State Health Commissioner, the Loudoun County Board of Supervisors, the County Administrator, the town officials and the Local Health Director each can implement authorities within the scope of their jurisdictions, aimed at protecting public health, including effecting increased social distancing by closing public or private facilities.
- c. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination among appointed and elected leaders and the Loudoun County Health Director to ensure that decision and response actions are clear and consistent.
- d. Further, several sections within the Code of Virginia give the State Board of Health and the State Health Commissioner the authority to perform certain acts to protect the health of the public.

### 2. Authorities

- a. Responsibility for implementation of this Pandemic Response Plan in Loudoun County rests with the County Administrator of Loudoun County, or appointed designee, upon notification from the Health Director.
  - i. This plan will be activated based upon the pandemic phase, severity, and presence of cases and/or deaths in Loudoun County or contiguous counties.
  - ii. The plan may be implemented in advance of the pandemic affecting Loudoun County.
  - iii. The decision to do so will be based on the situation at the time with reference to information from the Health Director and VDH, in addition to WHO and CDC.
- b. The roles of relevant authorities are listed in Table 5 below.

Table 5. Summary of Authorities

Authority	Activity
Governor of the Commonwealth of Virginia	<ul style="list-style-type: none"> <li>○ The Governor has authority to proclaim a state of emergency after finding that a disaster affects life, health, property, or the public peace.</li> <li>○ The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control.</li> <li>○ After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew and prohibit activities he or she believes should be prohibited in order to maintain life and health.</li> </ul>
Virginia State Board of Health	<ul style="list-style-type: none"> <li>○ The State Board of Health has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases.</li> <li>○ Health officials, law enforcement officials and all other officers of the state or any county, city, or town shall enforce all rules adopted by the State Board of Health.</li> </ul>
State Health Commissioner	<ul style="list-style-type: none"> <li>○ The State Health Commissioner enforces all laws for the protection of the public health and all rules, regulations and orders of the State Board of Health.</li> <li>○ The State Health Commissioner also investigates outbreaks and epidemics of disease and advises the LHD Director about measures to prevent and control outbreaks.</li> <li>○ The State Health Commissioner enforces public health laws, rules, regulations and orders in local matters when there is an emergency.</li> </ul>
Loudoun County Board of Supervisors	<ul style="list-style-type: none"> <li>○ The Loudoun County Board of Supervisors supervises all matters pertaining to the preservation of the life and health of the community, its residents and visitors.</li> <li>○ The Board may also enact such local rules and regulations as are necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations.</li> <li>○ The Board of Supervisors has a role in communicating with the public. Board members are the public face of government and help ease public concern and give guidance on how to respond during an emergency event.</li> </ul>
Loudoun County Administrator	<ul style="list-style-type: none"> <li>○ The Statement of Emergency Authority pertaining to county employees may be found in Loudoun County's Human Resource Handbook, item 1.0.03, which states:                      "When a declaration of local emergency is made, the policies contained in this handbook may be amended or suspended by the County Administrator as deemed necessary to meet the operational needs of the County government. All actions taken with respect to HR policies during such declared emergencies must comply with applicable state and federal laws that remain in effect and must not infringe on the constitutional rights of any employee. Actions taken by the County Administrator pursuant to this section must be approved/ratified by the Board of Supervisors at their first meeting after the implementation of the policy amendments or suspensions, or as soon thereafter as possible."</li> <li>○ In the event of an emergency the County Administrator, or, in his absence, the acting County Administrator, serves as the Emergency Management Director and directs emergency operations.</li> <li>○ In the absence of both the County Administrator and the acting County Administrator, the Deputy County Administrator acts as the Emergency Management Director.</li> <li>○ The Emergency Management Director has full authority to organize and direct emergency operations through regularly constituted government structure and use equipment, supplies and facilities of existing departments, offices and agencies of the county to the maximum extent practical.</li> <li>○ If circumstances dictate, the Emergency Management Director may declare a local emergency when in his judgment the threat or actual occurrence of an emergency or disaster is, or threatens to be, of sufficient severity and magnitude to warrant coordinated local government actions. This Declaration must be endorsed by the Loudoun County Board of Supervisors at their next regularly scheduled business meeting or within 14 days, whichever comes first.</li> </ul>
Loudoun County Emergency Management Coordinator	<ul style="list-style-type: none"> <li>○ A Coordinator of Emergency Management has been appointed to carry out identified tasks; including, coordinating the activity of all other public and private agencies engaged in emergency management activities. In order to carry out appropriate emergency plans and procedure and better ensure public health, safety and public welfare the Coordinator of Emergency Management will activate and manage the County Emergency Operations Center (EOC).</li> <li>○ Loudoun County government has adopted NIMS in order to manage and coordinate emergency operations. In addition, the County has adopted a comprehensive EOP that identifies roles and responsibilities of county agencies, emergency responders, partner organizations, volunteers and others engaged in emergency management activities.</li> <li>○ The Coordinator of Emergency Management is responsible for updating this plan as mandated.</li> <li>○ The Director or Coordinator of Emergency Management implements emergency plans and takes appropriate emergency actions required to manage both declared and undeclared emergency events that threaten public safety within Loudoun County. As necessary, the Coordinator of Emergency Management liaises with state and federal authorities and nearby political subdivisions as necessary to ensure the most effective disaster preparedness and response capabilities and activates mutual aid agreements or reciprocal assistance in the case of a disaster too great to be dealt with unassisted.</li> </ul>

Authority	Activity
Loudoun County Health Director	<ul style="list-style-type: none"> <li>○ The Health Director acts under the direction of the State Health Commissioner for all health matters.</li> <li>○ The Health Director enforces the public health statutes, rules and regulations of the state and local health ordinances.</li> <li>○ The Health Director has the authority to control and prevent the spread of any dangerous, contagious or infectious disease that may occur within his or her jurisdiction.</li> <li>○ The Health Director, when necessary, conducts investigations and institutes disease control measures, including medical examination, testing, counseling, treatment, vaccination, decontamination of persons or animals, isolation, quarantine and inspection and closure of facilities.</li> <li>○ The Health Director may initiate involuntary detention for isolation and quarantine of individuals or groups pursuant to provisions of state regulations.</li> <li>○ The Health Director has the authority to carry out steps needed to verify a diagnosis reported by a health care provider and to require any person suspected of having a reportable disease or condition to submit to examinations to determine the presence of the disease.</li> <li>○ The Health Director may also investigate any suspected case of a reportable disease or other condition if necessary and require notification of additional conditions of public health importance occurring within the jurisdiction.</li> <li>○ The Health Director establishes, in consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies and other entities deemed necessary, plans, policies and procedures for instituting emergency measure to prevent the spread of communicable disease.</li> <li>○ The Health Director may take all necessary actions to protect the public health in the event of a contagious disease occurring in a school or day care center. Those actions may include, but are not limited to, closing the affected school, closing other schools, ordering cessation of certain activities and excluding persons who are infected with the disease.</li> <li>○ Prior to taking action, the Health Director consults with the Office of Epidemiology, the State Health Commissioner, the superintendent of the school district or the chief administrator of the day care center and provides them and their board of directors a written decision directing them to take action.</li> <li>○ The Health Director serves as the District Health Director and is deemed to be the local health director for each town in the district.</li> <li>○ The Health Director's powers are not contingent on a declaration of emergency by the County Administrator or an administrative head of a town.</li> </ul>

c. The public health statutes from the Code of Virginia Statute and Corresponding Authority Statutes are listed in Table 6 below. The Code of Virginia is available on-line, in a searchable format, at <http://leg1.state.va.us/000/src.htm>.

Table 6. Code of Virginia Statute and Corresponding Authority

Statute Authority	Code	Description
Reporting of Disease	§32.1-35; §32.1-36; §32.1-37	○ Requires reporting of selected diseases to the Board of Health by physicians practicing in Virginia and others, such as laboratory directors, or persons in charge of any medical care facility, school or summer camp.
Investigation of Disease	§32.1-39	○ Authorizes the Board of Health to provide for surveillance and investigation of preventable diseases and epidemics, including contact tracing.
Authority to Examine Records	§32.1-40; §32.1-48.015	○ Authorizes the Commissioner or his/ her designee to examine medical records in the course of investigation, research, or studies, including individuals subject to an order of isolation or quarantine.
Emergency Orders and Regulations	§32.1.-13; §32.1-42; §32.1-20	<ul style="list-style-type: none"> <li>○ Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious and infectious diseases and other dangers to public life and health.</li> <li>○ Authorizes the Commissioner to act with full authority of the Board of Health when it is not in session.</li> </ul>
Disease Control Measures	§32.1-43; §32.1-47; §32.1-48	<ul style="list-style-type: none"> <li>○ Authorizes the Commissioner to require quarantine, isolation, immunization, decontamination and/or treatment of any individual or group of individuals when the Commissioner determines these measures are necessary to control the spread of any disease of public health importance.</li> <li>○ Permits the Commissioner to require immediate immunization of all persons in the event of an epidemic; permits the exclusion from public or private school of children not immunized for a vaccine-preventable disease in the event of an epidemic.</li> </ul>

Isolated or Quarantine Persons	§32.1-44	<ul style="list-style-type: none"> <li>○ Permits any isolated or quarantined person to choose their own treatment, whenever practicable and in the best interest of the health and safety of the isolated or quarantine person and the public.</li> <li>○ However, conditions of any order of isolation or quarantine remain in effect until the person or persons subject to an order of quarantine or order of isolation shall no longer constitute a threat to other persons.</li> </ul>
Isolation or Quarantine of Persons with Communicable Disease of Public Health Threat	§32.1-48.05 through §32.1-48.017	<ul style="list-style-type: none"> <li>○ Defines a communicable disease of public health threat as a communicable disease of public health significance coinciding with exceptional circumstances.</li> <li>○ Authorizes the Commissioner to issue orders of isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable disease of public health threat.</li> <li>○ Outlines conditions necessary for invoking orders, process for seeking <i>ex parte</i> court review in the circuit court of residence and appeal process.</li> <li>○ Authorizes the Commissioner, during a state of emergency, to define an affected area(s) wherein individuals are subject to an order of isolation and/or quarantine.</li> <li>○ Authorizes the Commissioner, in concert with the Governor, during a state of emergency to require the use of any public or private property to implement any order of quarantine or order of isolation. Outlines accommodations for occupants of property not subject to the order(s) and compensation.</li> </ul>
Pharmacy Disease Authority	§54.1-3307.3	<ul style="list-style-type: none"> <li>○ Defines pharmacist authority in diseases of public health significance.</li> </ul>

## G. MORBIDITY AND MORTALITY PROJECTIONS

1. Pandemic preparedness planning is based on assumptions regarding the evolution and impacts of a pandemic. Defining the potential magnitude of a pandemic is difficult because of the large differences in severity for the three 20<sup>th</sup>-century pandemics (1918, 1957 and 1968). While the 1918 pandemic resulted in an estimated 500,000 U.S. deaths, the 1968 pandemic cause an estimated 34,000 U.S. deaths. This difference is largely related to the severity of the infections and the virulence of the influenza viruses causing the pandemics. In each pandemic, about 30% of the U.S. population developed illness, with about half seeking medical care. Children have tended to have the highest rates of illness, though not of severe disease and death. Geographical spread in each pandemic was rapid and virtually all communities experienced outbreaks.
2. Pandemic projections are based on the following assumptions:
  - a. Susceptibility to the pandemic pathogen will be universal.
  - b. The clinical disease attack rate will be 30% in the overall population. 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.
  - c. Of those who become ill with the pathogen, 50% will seek outpatient medical care.
  - d. The number of hospitalizations and deaths will depend on the virulence of the pandemic pathogen. Because the virulence of the agent that causes the next pandemic cannot be predicted, two scenarios are presented based on extrapolation of past pandemic experience.
  - e. Risk groups for severe and fatal infections cannot be predicted with certainty. During seasonal influenza season, infants and the elderly, persons with chronic illnesses and pregnant women are usually at higher risk of complications. In the 1918 pandemic, most deaths occurred among young healthy adults.
  - f. The typical incubation period (the time between acquiring the infection until becoming ill) averages 2 days. It is assumed this would be the same for a pandemic strain.
  - g. The seasonality of a pandemic cannot be predicted with certainty; that is, a pandemic may occur at any time of the year, not just during winter.

3. The U.S. DHHS developed a model for predicting estimates of the impact of illnesses, deaths, hospitalizations, outpatient visits, ICU care and mechanical ventilation due to pandemic influenza based upon data from prior moderate and severe pandemics. The model was used to develop Loudoun County estimates of morbidity and mortality from pandemic influenza. Calculations were based on Loudoun County population estimates from 2014 Loudoun County Department of Economic Development population statistics (*2014 population estimate: 351,000*). While incidence rates of a pandemic cannot be predicted with certainty, the range used in the calculations includes the range of incidence rates from past pandemics. Illness rates reflect the population with a case of influenza causing some measureable impact (e.g., lost work time, visit to a doctor). These projections are subject to several limitations:
  - a. These numbers represent an estimate of the impact that would occur during an eight-week period, which is the estimated activity period for a pandemic in a particular community. Additional waves, which are expected over the estimated 18-month period that a pandemic will last, will increase the burden;
  - b. The range of attack rates used includes the range of attack rates in past pandemics; however, exact attack rates cannot be predicted; and
  - c. During an actual pandemic, hospitalization rates, death rates, and the percentage of the population at high-risk for complications could vary significantly from the rates and percentages used to develop these projections.
4. Projected data for illnesses, outpatient visits, hospitalizations, intensive care and mechanical ventilation are shown in Attachment b. All data were calculated by applying national data, modeled from past epidemics, to Loudoun population data. In general, the Attachment A projections of Loudoun County residents requiring hospitalization range from 1170 in a moderate, 1957/68-like) pandemic to 13,500 in a severe (1918-like) pandemic. Loudoun County pandemic death projections range from 276 in a moderate pandemic to 2,540 in a severe pandemic.

### **III. Communications Planning**

#### **A. Background**

1. Because pandemics will affect the entire world at the same time, response will not be limited to any one country, state, region or local jurisdiction.
2. While the federal government is responsible for nationwide coordination of the pandemic response, VDH will be responsible for coordination of the pandemic response within and among jurisdictions in Virginia. Loudoun County will be responsible for implementing Virginia's response at the local level.
3. Coordinated communications among localities is a critical component as the local response is implemented. Communications during a pandemic will follow the communications structure already established in the Loudoun County EOP with the Office of Public Information (OPI) responsible for overall coordination.
4. Public information messages will be coordinated regionally with the Metropolitan Washington Council of Governments (MWCOG) and VDH.
5. The primary communications goal during a pandemic will be to ensure the timely, accurate and consistent flow of information to health professionals, county agencies and the general



public. Information will be provided on vaccine management, antiviral medication use for treatment and chemoprophylaxis, disease surveillance, infection control and treatment and care of patients.

B. Key Communications Activities. Key communication activities emphasize:

1. The message will change during an event and will not rely upon a single source, but will utilize all available methods
2. Identification of spokespersons that will be responsible for addressing pandemic related media concerns
3. Distribution of timely and appropriate bulletins to health care providers and community partners
4. Dissemination of information about vaccine availability and distribution plans to community partners
5. Dissemination of the vaccine information sheet (VIS) to patients and area health care providers
6. Communication of information about groups at high-risk for complications from the infection to health care providers and community partners

C. Key Messages. Key pandemic communications to the general public will involve all of the following but are not limited to:

1. Education about the pandemic
2. How to prepare for a pandemic and any emergency that might require an extended stay at home
3. How to stop the spread of the disease
4. How to care for sick family members
5. Whether to go to work/school/social functions
6. What isolation and quarantine means (voluntary vs. mandatory)
7. How quarantine orders will be delivered/how they can be appealed
8. Education on the use of masks
9. Whether antiviral medication and/or vaccines are available and what to do in the absence of antiviral medications or vaccines
10. Antiviral and/or vaccine distribution priority groups and how/where to get antiviral medications and/or vaccines if prioritization category is met
11. Resumption of regular activities as the pandemic event resolves
12. Other information including county operations, etc.

D. Target Audiences. Key target audiences include, but are not limited to:

1. General public (individuals/residents)
2. Public, private and home schools and parents
3. Physicians and health care providers
4. Business community
5. Faith based and non-profit community
6. Non-English speaking populations and other ethnic minorities
7. Senior citizens
8. Other special needs populations (young adults, disability populations, special medical and social needs)
9. Incorporated Towns of Hamilton, Hillsboro, Leesburg, Lovettsville, Middelburg, Purcellville and Round Hill
10. Internal stakeholders (county government employees)

E. Message Development. General communication messages will be provided nationally by DHHS and CDC; and statewide by VDH and Virginia Department of Emergency Management (VDEM). Specific messages relevant to Loudoun County and partner jurisdictions will be based on local communications needs, general public inquiries and the current situation and use evidence-based approaches.

F. Message Dissemination. A variety of tools and methods will be utilized to disseminate information to the various audiences. These include but are not limited to: web sites, mailings to residents and homeowner's associations, school letters, e-mails, social media (e.g., Facebook, Twitter), newsletters, speaker's bureaus, newspapers and television/broadcasting. The method of dissemination will be determined according to the nature of the communication and the intended audience. The method of dissemination will be determined according to the nature of the communication and the intended audience and special attention will be given to communication needs of those who can't read, hear or understand English. The LHD has developed and maintained contact lists for reaching home, private and public schools, young adults, ethnic minorities and other vulnerable populations.

G. Communications Plan

1. Primary communication goals during a pandemic include ensuring a timely, accurate and consistent flow of information in coordination with the Commonwealth of Virginia and the NCR. Information will primarily be provided to local health districts, which will then relay the information to health professionals and the general public within their jurisdiction on vaccine management, antiviral use for treatment and chemoprophylaxis, disease surveillance, infection control and treatment and care of patients. VDH Epidemiology personnel will be available to assist where needed.

2. The LHD will strive to present messages consistent with those of the Commonwealth and the NCR.
3. Key communication activities will include:
  - a. Monitoring bulletins from VDH, the CDC and WHO regarding virologic, epidemiologic and clinical findings associated with new variants isolated within or outside of the country
  - b. Distribution of timely and appropriate bulletins and alerts through the Health Alert Network
  - c. Participation in live, interactive videoconferencing on the disease of concern, initiated among VDH health districts and central office personnel
  - d. Distribution of planning materials to schools, hospitals, clinics, pharmacies and others on preparing for and responding to the pandemic
  - e. Reporting disease or symptom activity levels)
  - f. Dissemination of information on the Vaccine Adverse Event Reporting System through the Health Alert Network
  - g. Communication of information about groups at high-risk for complications from the infection
  - h. Identification of two spokespersons that will be responsible for addressing pandemic related media concerns
  - i. Distribution of timely and appropriate bulletins to health care providers and community partners
  - j. Dissemination of information about vaccine availability and distribution plans to community partners
  - k. Dissemination of the vaccine information sheet to clinic patients and area health care providers
4. As the initial communication effort during Phases 1 and 2 involves monitoring the status of potential outbreaks worldwide and circulating health and emergency information as needed, the communications plan is designed to be activated in Phase 3.
5. Communications Strategies for Phases 3, 4, 5, and 6 are outlined in Table 7.
  - a. Communications materials specific to Loudoun County and partner jurisdictions will be prepared in advance for use during the Pandemic Alert Period (phase 3, 4, 5) and Pandemic Period (Phase 6). Such activities can help identify potential barriers to compliance with response measures and assist in message development to build support and trust.
  - b. General communication messages will be provided by the DHHS, CDC and VDH.
  - c. Specific messages relevant to Loudoun County and partner jurisdictions will be based on local communications needs, general public inquiries and the current situation.
  - d. Spokespersons involved in implementing the pandemic communications plan are listed below. Specific circumstances will determine which spokespersons may be involved in any given situation.
    - i. Medical Spokespersons – Health Director, LHD, or designee
    - ii. Non-medical Spokespersons:
      - Loudoun County Public Affairs and Communications Officer\*
      - Board of Supervisors and/or other elected officials
      - County Administrator
      - Deputy County Administrators

\* **Note:** Throughout this document the emergency function of public information office/r (PIO) will be used to refer to the Loudoun County Public Affairs and Communications Office/r, as well as other public information personnel from other agencies, to maintain NIMS compliance.

**Table 7.** Communications Strategies by Pandemic Phase

Communication Strategies Pandemic Phase 3
<p><b>External Goals</b></p> <ul style="list-style-type: none"><li>○ Educate residents about local planning efforts. Encourage residents to prepare themselves and their families for pandemic.</li><li>○ Encourage and improve compliance with recommended hygiene practices among residents to help prevent the spread of viruses.</li><li>○ Increase the number of residents signed up for the local alert and notification systems.</li><li>○ Identify target audience groups and develop and deliver communications to those audiences.</li><li>○ Encourage planning efforts among private sector entities.</li></ul> <p><b>FAQ Bank:</b></p> <ul style="list-style-type: none"><li>○ A centralized frequently asked questions (FAQs) bank will be established so all County agencies have a resource available to answer citizen and media questions.</li><li>○ The Loudoun County Public Affairs and Communications Officer (PIO) will keep and maintain the question bank and work with appropriate agencies to develop responses to ensure consistency. The development of answers to FAQs will be coordinated by the PIOs among appropriate agencies. FAQs and official county answers (approved by appropriate county and/or agency leaders) will be posted to Loudoun County's pandemic Web page.</li></ul> <p><b>Key Messages:</b></p> <ul style="list-style-type: none"><li>○ Loudoun County is planning for the event of a pandemic.</li><li>○ Every resident must take individual responsibility to prepare themselves and their families for a pandemic. There are actions individuals can take: stay informed, make a family plan, prepare emergency kits, sign up for the local alert notification system and practice good hygiene habits such as hand washing, covering coughs and sneezes with a tissue or sleeve to prevent the spread of germs.</li><li>○ Additional key messages will be developed that relate specifically to the particular strain of infection as well as to specific target audiences, for example, schools, senior citizens, or physicians.</li></ul> <p><b>Message Dissemination:</b></p> <p><b>Web Site</b></p> <ul style="list-style-type: none"><li>○ The primary official county Web page for all messages related to pandemic is Loudoun County's pandemic Web page on the county's Web site. Note that the county's Web page contains links to other pertinent agency Web sites, including links to the Web sites of the LHD, the VDH, CDC and DHHS. The Web page also features a method to communicate via email at <a href="mailto:health@loudoun.gov">health@loudoun.gov</a>, a function that allows visitors to submit a question online, as well as access streaming videos, PowerPoint presentations and planning checklists.</li><li>○ Content needs are assessed by the PIO and user feedback. The PIO serves as coordinator of this Web page and will work closely with Health Department staff to ensure accuracy of pandemic content.</li><li>○ The official U.S. Government Web <a href="http://www.cdc.gov">www.cdc.gov</a> is also reliable sources of pandemic information.</li><li>○ The VDH website, <a href="http://www.vdh.virginia.gov">www.vdh.virginia.gov</a> offers state information.</li><li>○ Health Department staff will ensure messages are consistent and do not contradict state and federal messages.</li><li>○ The Web page follows the Loudoun County Web content policy which includes a message approval process from appropriate agencies.</li><li>○ Other County agencies and the Board of Supervisors' public Web pages may provide links to the County Pandemic Web page. Partner jurisdictions may also link to this Web page.</li></ul> <p><b>Social Media</b></p> <ul style="list-style-type: none"><li>○ Social media such as Facebook, Twitter and YouTube, and the ALERT Loudoun notification system will be used for announcements.</li><li>○ The social media will contain links to the county website for more detailed information.</li><li>○ Consideration will be given to establishment of dedicated social media sites, such as a Facebook page on pandemic flu in Loudoun County, as deemed appropriate.</li></ul> <p><b>Paper/Direct Mail</b></p> <ul style="list-style-type: none"><li>○ The PIO maintains a list of newsletters produced by county agencies and the Board of Supervisors that are mailed to residents.</li><li>○ Health Department staff will submit pandemic news items as appropriate to these newsletters.</li><li>○ A mailing list of homeowners' associations (HOAs) within Loudoun County is maintained by the PIO. As materials and messages are developed during the various phases, this list can be used to send information to the HOAs for distribution to their members as appropriate.</li></ul>

### **Special Events/Venues**

- Special events can include, but are not limited to, town meetings, summits, speaking engagements, kiosks and exhibits at fairs.
- Requests for Health Department participation in these events should be forwarded to the LHD for coordination and response.

### **Exhibits**

- LHD developed a tri-fold tabletop display promoting family and individual preparedness to be used as necessary.
- Pandemic literature will be available, including a Loudoun County brochure outlining County planning resources, Web site and contact information, a planning checklist for individuals and families, hand washing instruction and other informational materials.

### **Public Speakers**

- The Health Department has identified a group of key communicators with expertise in pandemics to provide speakers as requested.
- The Health Department has developed a PowerPoint presentation, which will be made available to requestors and will use approved video materials in speaking engagements.
- Appropriate handouts will be determined based on the organization requesting a speaker and the intended audience. Most handouts will be materials approved for the general public.
- If requests for speakers cannot be met due to limited staff and resources, those who request a speaker will be directed to Loudoun County's pandemic Web site.

### **Phone Scripts**

- The LHD will implement a monitored phone line for pandemic messages and updates as needed. This script will be updated as information is added or changed. The emergency information line number is 703-737-8300.

### **Collateral Materials/Handouts**

- Information contained on Virginia Department of Health Web site
- LHD informational hand-out on pandemic in English and Spanish.
- Hand Washing Instructions.

### **Media**

#### **Television Broadcast Productions**

- The Loudoun County Government Cable Channel will air television productions as needed [public service announcements (PSAs), studio shows, etc.].

#### **News Releases**

- News releases will be issued by the Loudoun County PIO on a regular basis with planning updates.
- Radio PSAs will be developed by the Health Department and the PIO.
- All interviews will be scheduled and coordinated by the Health Department and PIO.
- Media inquiries will be handled as they are during normal day-to-day government operations. Medically-specific inquiries will be directed to the Health Department. Inquiries regarding county planning and related issues will be handled by the PIO. Previously identified spokespersons will be used for media interviews.

### **Medical Provider Communications**

#### **Key Messages**

- Physicians and health care providers will play an integral role in educating their patients and the public about the pandemic.
- Physician practices will be impacted in the event of pandemic and are encouraged to plan for addressing staffing issues, patient care issues and an influx of questions from patients.

#### **Message Dissemination**

- Physician Blast Fax and/or Email: The Health Department maintains a list of physicians with contact information and can use this list to send by fax important and/or urgent information.
- Health Department medical officials make presentations to physicians at scheduled Grand Rounds, usually in a hospital or other health-care institutional setting.

#### **Direct Mailings**

- The Loudoun County Health Director will send letters to private physicians as needed, providing updates and information useful to the physician community.

## **Business Community**

### **Key Messages**

- Loudoun County is planning for pandemic and the business community is an integral part of the planning process.
- A pandemic will affect private sector entities and all planning efforts must include community businesses and industry.
- Businesses will play an integral role in educating employees.
- Businesses must understand sick leave policies and plan for continuity of operations in worst-case scenarios (e.g., 40 % of work force out sick).

### **Message Dissemination**

- Direct Mailings to Business Community
- The Health Department will work with the Department of Economic Development, local chambers of commerce and other agencies to identify businesses in Loudoun County.
- As materials and messages are developed during the various phases, the mailing list can be used to disseminate information to the businesses as appropriate.

## **Communicating with Young Adults and with Parents of School Age Children**

### **Key Messages**

- Key messages for young adults and children are the same as the key messages for the general public/individuals; however they will target the particular vulnerabilities of these groups.
- Schools and organizations that provide services to these residents will play an integral role in educating them and their parents.

### **Message Dissemination**

- Direct Mailings to educational institutions.
- As materials and messages are developed during the various phases, the mailing list can be used to disseminate information to the organizations that serve children and young adults as appropriate.
- Use of email and social media will be particularly important for this group.

### **Special Events**

- Meetings will be held with parents and school representatives to assist with their planning efforts and to provide information and resources to facilitate the development of their own continuity of operations and pandemic preparedness plans.

## **Faith Based Communities**

### **Key Messages**

- Loudoun County is planning for pandemic and the faith and non-profit communities are an integral part of the planning process.
- A pandemic will affect faith-based and non-profit organizations and any planning efforts must include them.
- Faith-based and non-profit organizations will play an integral role in educating their members.

### **Message Dissemination**

- Direct Mailings to faith-based organizations.
- As materials and messages are developed during the various phases, the mailing list can be used to disseminate information to the faith-based organizations as appropriate.

## **Communicating with Special Needs Communities: Non-English Language**

### **Key Messages**

- Key messages for non-English speaking individuals are the same as the key messages for the general public/individuals, however they will be translated into Spanish, at a minimum, and additional languages as messages and audiences are identified.

### **Media Relations**

- Normal media relations efforts will be ongoing with ethnic media, as well as other media covering Loudoun County.
- Media outlets translate current English new releases for use in their medium, however, special outreach efforts such as editorial boards or production of non-English PSAs will be utilized to reach this ever-growing percentage of the county's population.

### **Neighborhood Centers**

- The county will target neighborhood centers where foreign language materials can be posted and/or distributed.

### **Speakers Bureau**

- The county will identify non-English speaking staff and/or community leaders who can function as liaison with the Health Department and conduct outreach and information dissemination activities in their local communities.
- The county's PowerPoint presentation can also be translated into additional languages as requests are received or needs identified.

### **Communicating with Special Needs Communities: Senior Citizens**

#### **Key Messages**

- Key messages for senior citizens are the same as the key messages for the general public/individuals, but are tailored for seniors and/or their caretakers.

#### **Special Events**

- Presentations to the long-term care community.
- Visits and/or presentation to senior centers, senior day care facilities, community groups, etc.

#### **Media Relations**

- Targeted media will be utilized.
- Additional radio and television programs will be identified that reach a high percentage of seniors to maximize the impact of the messaging.

### **Communicating with Special Needs Communities: Individuals with Physical or Mental Disabilities**

#### **Key Messages**

- The key messages for physically or mentally challenged individuals are the same as key messages for the general public/individuals; however, they will be tailored for the specific audience.

#### **Disability Services**

- The Health Department, the PIO, Loudoun County Department of Family Services (DFS) and key disability services organizations will identify methods of message dissemination to ensure proper messages reach individuals with special needs.

### **Communicating with Internal County Partners**

#### **Key Messages**

- The key messages for internal partners are the same as key messages for general public/individuals; however they will be tailored for the specific audience.

#### **Message Dissemination**

- The PIO is responsible for internal communications to county employees.
- The PIO will work with the Health Department to ensure that all partners and agencies have access to appropriate messages for their internal audiences.

#### **Means of disseminating information to internal partners include the following:**

- Printed Newsletters.
- Articles will be printed in the Loudoun County Employee newsletter; these same articles can be used and reprinted in other county agency or town employee newsletters.
- Electronic News.
- Intranet: Information will be posted to the Loudoun County Intranet.
- Television/Video Production: the Loudoun County Government Channel will air pandemic information when appropriate.

### Communication Strategies Pandemic Phase 4

#### Background

- When the World Health Organization declares Phase 4, Loudoun County will also move into Phase 4.
- Communications as outlined in Phase 3 would continue, but messages will increase in frequency.
- Audiences remain the same as in Phase 3.
- Any additional communications to be developed specific to Phase 4 will be "reactive," that is, communications would be based on what is actually happening.

Following is information regarding modifications and/or additions to the communication strategies used in Phase 3 to provide the audiences with Phase 4 information:

#### Assumptions

- Same assumptions as in Phase 3, except: Local clusters of a novel virus have been identified in humans somewhere in the world however, its spread is localized.
- Phase 5 could occur soon.

#### Key Communication Goals

- Same as in Phase 3

#### Collateral Materials/Handouts:

- Guide to self-care in the home.
- Fact Sheet on Isolation and Quarantine: What does it mean for residents?
- Fact sheet on disease surveillance methods in Loudoun County.

Additional materials will be developed by the LHD and the Public Information Office based on the current situation, county messages, target audience and other relevant factors.

### Communication Strategies Pandemic Phase 5

#### Background

- When the World Health Organization declares Phase 5, Loudoun County will also move into Phase 5.
- Audiences and communications as outlined in Phases 3 and 4 will continue.
- Messages will increase in frequency.
- There will be a greater urgency for targeted groups such as first responders, physician community, etc. to prepare for a pandemic.
- Any additional communications to be developed specific to Phase 5 would be "reactive," that is, communications would be based on what is actually happening.

Following is information regarding modifications and/or additions to the communication strategies used in Phases 3 and 4 to provide the audiences with Phase 5 information:

#### Assumptions

- Same assumptions as in Phase 3 and 4 except: the novel virus strain is becoming increasingly more efficient at spreading from human to human.
- Phase 6, the declaration of a pandemic, could occur soon.

#### Key Communication Goals

Same as Phase 3, with the following added considerations:

- There will be a greater emphasis on the need to prepare for key target audiences.
- Messages on the county's public Web site and phone scripts will be kept current and reflect the actual situation going on in the world.
- Individuals will be strongly encouraged to have a family emergency plan in place.
- Educate the general public about self-care in the home if they or a family member falls ill.
- Provide education on disease containment measures that could be employed in Phase 6 (such as isolation and quarantine; snow days (school closings), etc.).

#### Message Dissemination – Collateral Material and Handouts:

- Guide to self-care in the home.
- Fact Sheet on Isolation and Quarantine.
- Fact sheet on disease surveillance methods.
- Additional materials will be developed by the LHD and the PIO based on the current situation, county messages, target audience and other relevant factors.



## Communication Strategies Pandemic Phase 6

### Assumptions

- Local clusters of a novel virus have been identified in humans somewhere in the world and spread among humans has become efficient.
- Human cases may appear in Loudoun County within a two week to one month timeframe.
- There may not be an effective antiviral medication that works against the pandemic strain.
- There will be no vaccine available to residents for at least 4 to 6 months, given current vaccine manufacturing capabilities.
- Media will focus on the limited supply of antiviral medication and vaccine and will call on local government officials to explain what is being done about it.
- Dissemination and sharing of timely and accurate information among state and local public health and government officials, medical care providers, the media and the general public will be one of the most important facets of the pandemic response.
- Different types of information will have to be communicated, often to different audiences.
- Basic messages will change over the duration of the pandemic as the disease circumstances, vaccine availability and other variables evolve.
- There will be widespread circulation of conflicting information, misinformation and rumors. Scheduled briefings will be conducted.
- Communication must be coordinated among all relevant agencies to ensure consistent messages to the general public.
- There will be a great demand for accurate and timely information regarding circulation of a pandemic strain, disease complications and mortality.

### Communication Messages During Initial 6 to 8 months (without vaccine)

- Disease control efforts, including availability and use of vaccines, antiviral drugs and other preventive and treatment measures.
- Where to get vaccine.
- "Do's and Don'ts" for the general public.
- Maintenance of essential community services.
- Demand for information by healthcare providers will require that existing methods for educating healthcare providers will have to be expanded.
- Certain groups will be hard to reach, including people whose primary language is not English, people who are homeless and people with hearing and visual disabilities.
- There will be an increased demand for information regarding what vaccine and/or drug a person can take and/or stockpile.
- There will be an increased demand for information regarding what to do when someone dies.
- Science based risk communication messages will be used to calm fears and give directions on what to do.

### Key Communication Goals

- Employ risk communication principles.
- Regional collaboration remains critical.
- Provide education to the general population to help contain the spread of disease.
- Provide education to the general population this will not be "business as usual" and could last more than a year.

### Key Messages

- A pandemic has been declared somewhere in the world.
- Loudoun County may experience localized illness and death.
- Isolation and quarantine measures might go into effect initially and everyone's cooperation is necessary to help prevent the spread of the pandemic virus.
- There is no vaccine at this time and there may not be one available for four to six months.
- A pandemic usually occurs in waves and could last more than one year.
- Practice good hygiene habits (hand washing, covering coughs and sneezes with a tissue or sleeve) to prevent the spread of germs.
- This will not be "business as usual" but will return to normal.
- Further key messages that will relate eventually to the particular pandemic virus strain as well as to specific target audiences (e.g., senior citizens, physicians) will be developed based on Loudoun County emergency response plans for Pandemic Period Phase 6.

### Message Dissemination

- Dissemination means will be the same as in Phases 3-5, however, Health Fairs/exhibits and speaking engagements will no longer be used and Medical Reserve Corps and first responder personnel may be used for flyer and literature distribution as appropriate.

### Television/Broadcast Productions

- Loudoun County Government Cable channel will run television productions as needed (PSAs, shows, etc.).
- These productions will be developed by the Health Department. Productions will be approved by the Health Department and the Public Affairs and Communications Office.

### **Media Relations**

- Media relations will be conducted in accordance with the Loudoun County Public Affairs and Communications Office's emergency communications operations and will be coordinated with Towns.

### **Vaccine Messages**

#### **Background**

- Under current vaccine production technology, it will take 4 to 6 months before a vaccine against a pandemic strain is developed and initially available to the world's population.
- In addition, during a pandemic, it is expected the demand for vaccine throughout the entire world will far exceed the limited supply.
- Therefore, even though vaccine may be, or soon become, available, it may not reach Loudoun County for a longer time period.

#### **Assumptions**

- Dissemination and sharing of timely and accurate information among state, regional and local public health and government officials, medical care providers, the media and the general public will be one of the most important facets of the pandemic response.
- There will be widespread circulation of conflicting information, misinformation and rumors.
- Communication must be coordinated among all relevant agencies to ensure consistent messages to the general public.
- There will be a great demand for accurate and timely information regarding where to get vaccine.
- There will be a special need for information for the general public about how and why a priority group for vaccine was identified.
- Appropriate risk communications will need to be employed to alleviate any sense of special treatment being afforded to one or more segments of the population.
- Public education will be an important part of the immunization campaign. Certain groups will be hard to reach, including people whose primary language is not English, people who are homeless, people who have hearing and visual disabilities. Continued work is ongoing to develop plans for these groups.
- Security will be of utmost concern at vaccine distribution sites.

#### **Key Communication Goals**

- Risk communications methods will be employed.
- Regional collaboration will be maintained.
- Alerting appropriate priority groups to get vaccine and provide education on prioritization strategy, especially to individuals who do not fall into a priority group.

### **Strategies Once Vaccine is Developed and Available in Limited Quantities**

#### **Key Messages**

- The vaccine prioritization and distribution plan for Loudoun County will be clearly communicated among all target audiences.
- Increased education about the vaccine, its availability and self-care in the home will be provided.
- Education about antiviral medication, dependent on what pandemic strain is actually circulating and whether an antiviral medication exists and/or is available, will be provided.

#### **Message Dissemination**

- Means of message dissemination will be the same as in Phases 3-5, however, Health Fairs/exhibits and speaking engagements will no longer be used and Medical Reserve Corps and first responder personnel may continue to be used for flyer and literature distribution as appropriate.
- Emphasis will be placed on assuring vaccination message reaches all school age, young adult, ethnic minority and other vulnerable populations.

## IV. Preparedness Planning Concept

### A. BACKGROUND

Loudoun County, as part of the NCR, the Northern Virginia Region and the Commonwealth of Virginia, takes emergency planning and preparedness seriously, especially with regard to the threat of a pandemic. Loudoun County will be expected to serve in either a direct or indirect support role for the NCR, the Northern Virginia Region and the Commonwealth in the event of a man-made or natural disaster. Loudoun County has supported the Region in the past by assisting first responders to save and protect lives and fight fires resulting from the September 11, 2001 terrorist attack on the Department of Defense Pentagon Building.

The primary directive of all of Loudoun County's emergency planning, preparedness, response and recovery, including a pandemic, is to maintain an "all hazards" approach. This means Loudoun County must plan and prepare for, respond to and recover from any type of hazard. At the same time, Loudoun County must maintain this "all hazards" capability in support of the United States National Response Framework (NRF), as developed by the United States Department of Homeland Security (DHS) and must fully comply with the National Incident Command System (ICS). This means that all incidents regardless of size, complexity and nature must be adequately planned and prepared for by the County in cooperation with our fellow government partners – Loudoun's incorporated towns, federal and state governments and the Northern Virginia and Metropolitan Washington, DC Region as well as our private and non-profit sector partners.

By planning and preparing for "all hazards," Loudoun County has increased its capability to address most elements that may occur as a result of a pandemic. The County's planning for pandemics is comprehensive and encompasses multiple efforts on multiple fronts. The County continues to follow the lead of the Federal government's comprehensive approach to prepare and plan for pandemic influenza through the *National Strategy for Pandemic Influenza* and *National Strategy for Pandemic Influenza Implementation Plan* and the *Pandemic Influenza Plan* developed by the Commonwealth of Virginia.

### B. COMPONENTS

1. Emergency Operations Plan (EOP) - The fundamental plan that governs all County planning and preparedness efforts is the County's EOP. This EOP is an "all hazards" guide for all emergency support functions (ESFs) that are called to work across agency and governmental boundaries to assist in both emergency incidents and widespread disaster efforts. The specific ESFs that have a "key" role in mitigating the impact of a pandemic are the Mass Care, Emergency Assistance, Housing and Human Services, emergency support function (ESF 6), and the Public Health and Medical Services, emergency support function (ESF 8). These emergency support functions consist of multiple County departments and non-profit organization which prepare for and respond to nearly every type of disaster that may impact the County.
2. Loudoun County Administrator – The County Administrator serves as the Director of Emergency Management according to Virginia State Code Section § 44-146.19 and has the authority to declare a Local Emergency, working collaboratively with the Policy Group to provide strategic direction and oversight. This would likely be employed during the start of a pandemic that occurs in Loudoun County or the region. The Board of Supervisors must vote

by a simple majority to ratify the declaration of Local Emergency within 14 days. This authority provides the County Administrator the ability to manage incidents, especially those that are large-scale, such as a pandemic within Loudoun County. The County Administrator actively participates as a member of the Chief Administrator Officers (CAOs) Committees for the Northern Virginia Region, assisted by the Northern Virginia Regional Commission (NVRC), and the National Capital Region through the Metropolitan Washington Council of Governments (MWCOCG). Both committees coordinate regional emergency preparedness and planning.

3. Loudoun County Board of Supervisors – The Loudoun County Board of Supervisors is consulted and informed as required by the County Administrator, or designees. Board members, being local elected officials also serve a key role in communicating with the public and addressing concerns or fears that might arise from individuals, businesses, and community leaders affected by an emergency incident. They also may provide help to residents and businesses on how to respond during an emergency event. The Board of Supervisors plays a key role in educating the public through participation at public meetings and other gatherings. Loudoun County Board of Supervisors members have been present at mass immunization exercises to familiarize themselves with this phase of response for a potential pandemic. Loudoun County Board of Supervisors members also have been briefed on the *Loudoun County Emergency Operations Plan* and on “*Loudoun County’s State of Emergency Preparedness.*” These briefings all provide valuable information to Board members as to how the County government will plan for, respond to and recover from any potential hazard. The Board of Supervisors will be briefed frequently and as needed throughout a pandemic response.
4. Loudoun County Emergency Management Executive Committee (EMEC) – The County Administrator, who also serves as the Director of Emergency Management for Loudoun County, meets regularly with key departmental personnel and the Superintendent of Loudoun County Public Schools to discuss emergency management preparedness, planning, response and recovery activities. County agencies represented on this Executive Committee include: the Departments of Fire and Rescue and Emergency Management, General Services, DFS, Parks, Recreation, and Community Services (PRCS), Animal Care and Control, the Department of Information Technology, the Department of Management and Financial Services, the Public Affairs and Communications Office, the Health Department, and the Office of the Sheriff. These key personnel make most major decisions related to the County’s emergency preparedness and operations. The County Administrator serves as the Chairman of the Committee. The EMEC created the Pandemic Flu preparedness Task Force, which had primary responsibility in developing this *Loudoun County Pandemic Response Plan*.
5. Loudoun County Office of Emergency Management (OEM) – The Loudoun County Office of Emergency Management (OEM) falls organizationally under the Department of Fire and Rescue and Emergency Management and consists of seven full-time positions that develop the *Loudoun County Emergency Operations Plan*, facilitate the development of supporting documentation, train personnel in EOC activities, exercise plans, policies and procedures and take the lead in managing the operations of the County Emergency Operations Center. The Director of the Office of Emergency Management is the County Administrator. The OEM also is responsible for assisting all County agencies in their preparedness, planning and response efforts in support of the EOP. The *County Pandemic Response Plan* is an Incident Annex to the County’s EOP and therefore, the OEM has the same responsibilities in assisting with its implementation.

6. Loudoun County Emergency Operations Center (EOC) - The County maintains an EOC that is activated during incidents to coordinate and facilitate the county's response to an emergency. Arranged functionally and organized under the Incident Command System, the space provides ample room for personnel to quickly and efficiently address the challenges during emergencies regardless of size, scope and complexity. Information is easily disseminated to the public through the Joint Information Center and other conference rooms serve as breakout areas for the creation of strategies and tactics. Redundancy ensures continued operations during adverse conditions.
7. Standardized NIMS Incident Command and Procedures – The use of standardized incident command structure procedures allows effective integration of response by responders from any locality for any type of incident, including the possibility of a pandemic. If pandemic cases occur within the entire Region, it is likely that Loudoun County will have its own command and control using NIMS and ICS but also will be part of the Regional or Area Command with other partnering localities. This standardized incident command structure affords Loudoun County the ability to work cooperatively with other localities as required and provides the necessary management system to manage events such as a pandemic.
8. Other Specialized Standardized Procedures – In order to plan and prepare for “all hazards” incidents, plans and procedures have been established for how first responders handle any incident involving chemical, biological, radiological, nuclear, or explosives regardless of the location. All firefighters and emergency medical personnel undergo basic weapons of mass destruction (WMD) classes and an awareness course. The County hazardous materials (HAZMAT) response team has been trained to a HAZMAT technician level, which allows them to execute HAZMAT functions. This training, particularly the bioterrorism element, contributes to the capability of first responders to operate in a pandemic scenario.
9. Mutual Aid Agreements/Strategic Partnerships – The County has mutual aid agreements with nearly every neighboring jurisdiction surrounding the County and is signatory to the Statewide Mutual Aid Agreement, to ensure additional assistance, if needed. Beyond mutual aid agreements, the County continues to forge important collaborative and strategic partnerships with other localities through the MWCOC and through the NVRC. This is accomplished in part through Loudoun County's participation on these organizations' many multi-jurisdictional committees and task forces such as the Northern Virginia CAO Committee, Emergency Managers Committee, Fire Chiefs Committee, and others. Likewise, the County is able to request State resources through VDEM and from the Federal government also through VDEM. All of these partnerships will be key in providing adequate resources to respond and recover from a potential pandemic event.
10. Prior Experience Planning and Preparing for Emergency Response and Recovery – Loudoun County has performed well in both planning and preparedness efforts to enable timely responses to multiple emergency incidents, including: regional response efforts (e.g., supporting and assisting Northern Virginia localities during the 2001 attack on the Pentagon and the U.S. Gulf Coast Region during Hurricanes Katrina and Rita); hurricane remnants; small tornadoes; airplane/airline crashes (large and small); communicable disease events; and wildfire incidents. This experience in preparing for a variety of incidents using established policies and procedures and robust exercise and training efforts has resulted in the County's first responders and other emergency personnel having the ability to strategically plan and prepare for future incidents such as a pandemic event.

11. Local Interoperability and Communication Planning and Preparedness Efforts – The County has upgraded, coordinated, and integrated telecommunications capabilities through its Department of Information Technology (DIT). These efforts will be employed extensively during a pandemic by Loudoun County first responders and recovery personnel. Some of these capabilities include:
- a. *800 MHz Digital Voice Radio System* – The County’s 800MHz voice radio system has greatly enhanced our first responders’ ability to communicate both within the county and the Region.
  - b. *Mobile Data Computers (MDCs)* – The County has also successfully installed over 250 MDCs within Sheriff’s Office vehicles, allowing direct access to much needed information such as geographic information system (GIS) maps used to enable timely responses.
  - c. *Regional Incident Communication and Coordination Network (RICCS)* – Loudoun County utilizes the RICCS system, which is operated through the Metropolitan Washington Council of Governments, to enhance communication of emergencies throughout the NCR.
  - d. *NCR Web Emergency Operations Center System* – Through the WebEOC project NCR localities have the ability to work together with a virtual link of their Emergency Operations Centers. This has provided the County the ability to share real-time information during a crisis with other localities in our Region.

#### C. KEY RESOURCES FOR EACH RESPONSE STEP

1. Loudoun County follows the guidance of the U.S. Department of Homeland Security cited in its *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources* (Section 2.5.2) by accomplishing the following:
  - a. Establishing reasonable measures to limit the spread of an outbreak within and beyond Loudoun County’s border:
    - Loudoun County Isolation and Quarantine Plan; and
    - Loudoun County Public Schools (LCPS), Private Schools, Home Schooled and Pre-School Infection Control Measures.
  - b. Establishing comprehensive and credible preparedness plans:
    - Loudoun County EOP;
    - Loudoun County EOP – Department Specific Plans;
    - Loudoun County ongoing Continuity of Operations planning;
    - Loudoun Health District EOP;
    - Loudoun County Pandemic Response Plan; and
    - Loudoun County Public Health and Medical Dispensing Plans.
  - c. Integrating non-health entities, including law enforcement, utilities, and other public and private sector services in pandemic planning:
    - Required FEMA mandatory NIMS and ICS training; and
    - Mass Immunization Exercises.
  - d. Identifying key spokespersons for the community:
    - EOP-ESF 15 External Affairs communications group and Joint Information Center (JIC);
    - Loudoun County Board of Supervisors, as necessary;
    - Loudoun County Public Information liaison within EOC Operations;
    - State Department of Health Public Information personnel; and
    - Public Information personnel in key agencies.

- e. Developing coordinated crisis communications plans:
  - Media Relations team efforts; and
  - EOP-ESF 15 group ongoing training and exercise experience.
- f. Establishing community-based stockpiles and distribution systems:
  - Loudoun County's established Point of Dispensing/Distribution (POD) Plans;
  - Loudoun County's storage facilities equipped for pharmaceuticals; and
  - Loudoun County's Mass Immunization exercises.
- g. Providing public education campaigns on the pandemic:
  - Pandemic Summits and educational seminars held throughout the County for a variety of targeted populations;
  - Multiple Health Department Public Outreach events, including Spanish speaking population outreach; and
  - County's web page devoted to Pandemic outreach and education.

#### D. ADDITIONAL ASSETS

1. Urban Area Security Initiative (UASI) – The County continues to be an active participant in UASI which has improved first responder capability to perform during “all hazards” emergencies. Funds were also acquired to support the County's Medical Reserve Corps (MRC), which has assisted the LHD in preparing for and carrying out three mass immunization exercises. Other UASI funds have been designated by the WMCOG CAO Committee solely to improve mass surge capabilities during a pandemic.
2. Additional Federal and State Emergency Grant Funds – Additional Commonwealth of Virginia Homeland security grants have been secured to offset the cost of a variety of services provided to the community such as disaster mental health services for those affected by the Pentagon attack, a community resiliency project, and other important programs to assist those affected by terrorism. Several of the county's incorporated towns have been successful in securing funding through the State Homeland security Program as well. These efforts all aid the preparedness of Loudoun County for a potential pandemic.
3. Additional County Positions Working on Planning, Preparedness, and Response Activities – Various positions have been added to support the County and LCPS emergency planning and preparedness efforts since September 11 to assist in planning, preparedness and response efforts. These positions all have direct responsibility and have been instrumental in developing the County's *Pandemic Response Plan*, in addition to coordinating, planning and executing three mass immunization exercises and a multitude of community meetings, pandemic community forums and summits.
4. Public Works Functions under Emergency Operations Plan – The Loudoun County Department of General Services is designated in the County's EOP as the Primary Agency for Emergency Support Function 3 (ESF 3), Public Works and Engineering. Under the EOP, General Services would coordinate responses by all appropriate County agencies in the Public Works arena. General Services would also coordinate responses with Public Works agencies in the incorporated towns and the Loudoun County Sanitation Authority (LCSA). General Services will provide ESF 3 personnel, equipment and material support to respond to tasking under the County's Pandemic Response Plan and will provide this support using either in-house or contracted services.

## E. PUBLIC OUTREACH AND NOTIFICATION – GENERAL “ALL HAZARDS” EFFORTS

1. To better plan and prepare for “all hazards” incidents, including pandemics, Loudoun County has worked with our regional partners to support public outreach campaigns featuring literature, media buys, and other marketing techniques. Loudoun County also has provided updates on the County’s emergency operations and preparedness efforts at numerous public meetings, many of which were televised on the local cable system. Some examples of these efforts, with an emphasis on “all hazards,” include:
  - a. “*Your Guide to Emergency Preparedness*” – The County has provided citizens with copies of Northern Virginia Regional Commission’s “Your Guide to Emergency Preparedness.” These NVRC published guides are available at every Loudoun County public library branch and public counters within County government facilities and are also available in electronic formats on the County’s website ([www.loudoun.gov](http://www.loudoun.gov)), or from a link to the NVRC website. They are available in five (5) languages besides English: Arabic, Farsi, Korean, Spanish and Vietnamese.
  - b. “*Loudoun County’s State of Emergency Preparedness*” presentation – The Loudoun County Administrator has presented a comprehensive presentation outlining many of the resource, planning and preparedness efforts on the Loudoun County’s State of Emergency Preparedness to the following groups during 2005 and 2006: Loudoun County Board of Supervisors Public Safety Standing Committee; Town of Leesburg Council Meeting; Loudoun County Coalition of Towns (COLT) Meeting, Purcellville; Town of Middelburg Council; Loudoun County Economic Development Commission; Loudoun County Pandemic Influenza Summit. Press releases were provided for several of these presentations and live and taped television broadcast some of these presentations into a wider Loudoun County audience.
  - c. Loudoun Citizen Alert System - Loudoun County’s citizen alert system has approximately 55,000 subscribers. It allows anyone with the capability to receive alerts from the Sheriff’s Office, the OPI, and other County agencies, including the Loudoun County Public Schools System.
  - d. Cable TV Channels – The County has the ability to send out emergency messages directly over the local cable channels. The Town of Leesburg also uses a local channel.
  - e. Radio – The County will continue to work with all local media during incidents and disasters to get the correct information to residents.
  - f. Reverse 911 Community Notification – The County and town emergency first responders share the ability to notify citizens using the Reverse 911 Community Notification system.
  - g. Loudoun County’s Emergency Preparedness Web Page, [www.loudoun.gov/index.aspx?NID=733](http://www.loudoun.gov/index.aspx?NID=733). The County’s website is a valuable resource for those who have internet access. It provides links to Federal, State, regional and local sites providing emergency preparedness and planning information.
  - h. Door to Door Communications – If an incident or hazard becomes localized, the County in some instances may deliver information door-to-door, utilizing a cadre of volunteers or public employees.
  - i. Email Communication – Email distribution lists have been established for all key constituencies, particularly the health care, faith and business communities, and representatives of Loudoun County’s school age, young adult, minority and other vulnerable population residents.

## F. LOUDOUN COUNTY PANDEMIC FLU PREPAREDNESS TASK FORCE



In March 2006, the County Administrator established and directed a task force of County employees to assist the Health Department in preparing the County for a potential outbreak of pandemic influenza. This task force included officials and subject matter experts from Loudoun County government, Loudoun County Public Schools, the Town of Leesburg, Inova Loudoun Hospital, the Virginia Department of Health and others. The Task Force met monthly throughout 2006 to coordinate and develop the *Loudoun County Pandemic Response Plan*, assist in pandemic influenza public outreach efforts and provide ongoing assistance to all agencies that are key players in planning and preparing for response to a pandemic influenza outbreak. The Task Force provided periodic briefings to the County Administrator's Emergency Management Executive Committee. The Task Force was dissolved in early 2007 after completing development of the *Loudoun County Pandemic Response Plan*, under the assumption that it may be re-convened as needed. Responsibility for ongoing and future pandemic influenza planning now rests with the Loudoun County Executive Emergency Management Committee. In August 2009 an H1N1 Pandemic Workgroup was established to guide multi-disciplinary response efforts towards mass vaccination initiatives. All efforts involved participation and collaboration from key community stakeholders.

## G. LOUDOUN COUNTY'S CONTINUITY OF OPERATIONS (COOP) PLANNING EFFORTS

1. Loudoun County has developed a comprehensive COOP Plan. This Plan provides guidance and essential information to all County agencies and departments in order to sustain operation during either a man-made or natural disaster. A pandemic would require the County to continue and sustain its most essential operations in the face of the loss of personnel and resources for an extended period of time. The County's COOP plan is essential to preparing for an event such as a pandemic.

## H. OTHER EFFORTS

1. Community Outreach Activities Related to Pandemic Planning and Preparedness – An extensive number of community outreach efforts have been made by the LHD, the Loudoun County Pandemic Flu Preparedness Task Force, the Loudoun County Office of Emergency Management and other County and medical personnel, with a focus on children, young adults and other hard to reach or vulnerable populations. These efforts all serve to provide valuable information to the public on preparing for a potential pandemic event. Refer to Attachment J for examples of outreach activities.
2. Health Department Initiative to Increase Provider Participation in the Virginia Immunization Information System (VIIS) – In conjunction with the VDH Division of Immunization, Office of Epidemiology, the LHD conducted a focused initiative to increase the number of medical participants in the VIIS system with a goal of supporting individuals, families and clinicians in making the best health decisions by providing a statewide readily accessible and reliable immunization information system. During a pandemic the VIIS system will assist in assessment of vaccination status and identifying the highest risk areas of the population.
3. Health Department Mass Immunization Exercises – The County Health Department has conducted multiple mass immunization exercises. The first, held in October 2005, was a mass immunization dispensing exercise held at Potomac Falls High School in Sterling with over 745 patients served. In October 2006, the Health Department held a second mass immunization exercise at Heritage High School in Leesburg with an estimated 900 patients served. In November of 2008, the Health Department held another mass immunization

exercise (in conjunction with a staging site exercise) at Broad Run High School with 412 patients served. Many of the County's MRC with its 1400 members participated and assisted with these exercises. The Virginia Defense Force, the Prince William County Health Department, the Department of Fire, Rescue and Emergency Management, the Loudoun County Red Cross, the Office of the Sheriff and many other agencies actively participated in some of these exercises. Subsequent exercises have occurred on an annual basis. These POD exercises allow the County to understand and model the approximate time and efficiencies for providing mass immunizations during a pandemic event, or other events, that necessitate prevention through immunizations or other similar treatment measures.

4. Loudoun County Public Schools (LCPS) Security and Infection Control Measures – Since the events of September 11, 2001 and other school-related tragedies, the LCPS have added additional security cameras in all schools, developed “lock down” policies and procedures and instituted environmental measures to attempt to prevent the spread of airborne contaminants, including pandemic influenza. Examples of recent infection control measures employed within LCPS include installation of hand sanitizers and provision of literature and guidance to both students and school employees.

## V. Pandemic Response

### A. BACKGROUND

1. The county's response to a pandemic disease outbreak will be managed and coordinated utilizing strategies and organizational best practices identified in the Loudoun County EOP. All actions and activities will be coordinated by trained county staff in the EOC using the ICS model.
2. The County will manage the response to this emergency through its comprehensive, integrated emergency management system. This system places decision-making representatives from all county and partner agencies in the EOC where they are able to maintain situational awareness and collaborate to ensure an effective and coordinated response to the emergency.
3. Both the Health Department and Loudoun County maintain a comprehensive vaccination plan that has been exercised to facilitate mass dispensing to citizens of Loudoun County.

### B. CONCEPT

1. The overarching principle that will be employed during the response phase of a pandemic emergency is coordination. Loudoun County's integrated approach to response management exploits the expertise in each discipline in order to maximize capabilities. Although Public Health is the lead agency and will be the most visible, the county, its non-profit partners and the private sector all play an integral role in successfully responding to this threat. Working together in a coordinated and integrated manner will position Loudoun County and its citizens to endure this emergency with a minimized or limited impact.
2. All Loudoun County preparedness and planning initiatives construct a foundation upon which a coordinated and comprehensive response may be launched.

3. The Loudoun County Pandemic Response is a broad composition of roles and responsibilities assigned to a number of county agencies and community partners. Although this listing is thorough, it is not exhaustive and will experience dynamic changes based on situational changes throughout this public health emergency.
4. The actions and activities described throughout this section are based on the assumption that a pandemic event has been declared.
5. Responses will be commensurate with the severity of outbreak and guidance provided by federal, state, and local health officials.
6. Refer to Table 8 below for summary of activities by pandemic phase.

## C. AGENCY ROLES

### 1. Public Health

A pandemic is, by definition, a public health emergency. The LHD is the agency with primary responsibility to guide the county through this event in conjunction with the County EOP. The following are overarching roles and responsibilities that will be taken during the response phase.

- a. Coordinate the county's emergency public health response through Emergency Support Function 8 (ESF8 – Public Health and Medical services) and the Loudoun County EOP.
- b. Enhance local surveillance and institute active surveillance to identify new cases using methods to elicit requests for increased reporting via blast faxes, e-mails and letters.
- c. Distribute and administer limited supplies of vaccine (when available) and antiviral medicines consistent with national guidelines and in consultation with the Virginia Department of Health.
- d. Distribute and administer vaccine consistent with Medical POD plans once vaccine is readily available and assure access to vaccination for all Loudoun County residents, with an emphasis on school age children, 18-24 year olds and other vulnerable populations, regardless of school site or status.
- e. Monitor the effectiveness of vaccine and/or antiviral therapies.
- f. Implement and monitor non-medical infection control measures to include isolation, quarantine and social distancing.
- g. Identify diseases of public health significance.
- h. Provide on-going technical support to the health care system.
- i. Coordinate laboratory testing under guidance from the Virginia DCLS.
- j. Coordinate and collaborate with regional partners.
- k. Establish additional, relevant and regionally inclusive advisory committees very early in the event.
- l. Provide effective communications to the public, media, elected officials, health care providers, business and community leaders throughout the event through participation in the JIC.
- m. Establish a Public Information Center (PIC) and/or a specific call center to respond to medical inquiries, schedule appointments or other supportive functions.
- n. Coordinate with the health care system and other community partners to ensure an appropriate response to surge and capacity issues within the healthcare community.

- o. Coordinate with the health care system, funeral homes and Office of the Chief Medical Examiner (OCME) to ensure appropriate management of fatalities.
- p. Provide regular, accurate and timely informational briefings to government and community leadership.
- q. Act as the primary liaison with the VDH, DHHS, CDC and the WHO.

## 2. Public Information

Communication is an integral component in the successful implementation of this plan. The Loudoun County Public Information Office is responsible for providing timely, accurate information to the public during response to a pandemic emergency. Those agencies involved in public information will execute organizational plans and procedures to implement strategies identified in the communications section of this plan and the following:

- a. Coordinate the county's emergency public information response consistent with Support Annex 18 – Emergency Public Information Annex to the Loudoun County EOP.
- b. Establish and maintain a JIC.
- c. Coordinate and collaborate with regional, state and federal JICs.
- d. Update all methods of communication (websites, press releases, social media, media conferences, cable television channel, etc.) on a regular and frequent basis.
- e. Generate specific messages as directed under the guidance of federal, state and local public health officials.
- f. What to do if ill.
- g. What events or facilities are cancelled or closed.
- h. What infection control measures, pharmaceutical or other non-pharmaceutical interventions are in place.
- i. Develop and disseminate messages to educate identified priority groups for vaccine distribution (when available) based on guidance from federal, state and local health officials.

## 3. Emergency Management

During a pandemic emergency, the county's emergency management system led by the Director of Emergency Management (County Administrator) will coordinate all response activities. In addition to the actions listed below, the Office of Emergency Management will facilitate all activities and ensure that agencies and disciplines involved in the response to this emergency do so in an effective and coordinated manner.

- a. Coordinate the county's response consistent with the Loudoun County EOP.
- b. Activate the Loudoun County EOC at a Response Condition necessary to adequately manage the emergency.
- c. Coordinate and facilitate conference calls and briefings with leadership and staff on a daily basis.
- d. Provide recommendations to the Director of Emergency Management (County Administrator) as needed.
- e. Declare a Local Emergency if needed.
- f. Re-deploy county staff and available resources as needed.
- g. Activate, assign and coordinate volunteers as necessary.
- h. Coordinate and collaborate with all local political entities and the respective elected leadership.
- i. Coordinate and collaborate with regional partners.
- j. Act as the primary liaison with VDEM and federal agencies.

- k. Ensure effective implementation of the Loudoun County COOP Plan, the Loudoun County Pandemic Response Plan, the Loudoun County Medical Points of Dispensing Plan and any other plan or procedure necessary to manage this event.

#### 4. Other Disciplines and Agencies

Response to a pandemic emergency requires involvement from numerous county and partner agencies. Each agency or discipline will follow policies and procedures developed internally to address specific response elements. A sampling of those response activities are listed below:

- a. All Departments within Loudoun County have developed and refined COOP plans for operating in an emergency or disaster environment. A COOP plan prioritizes a Department's essential services, identifies interdepartmental dependencies that contribute to accomplishment of mission and outlines that Department's initial response to a pandemic. Department responsibilities are further integrated by the County's EOP with disaster response decisions being made by County leadership within an EOC. Senior staff across County Departments have been trained in NIMS and basic ICS, further facilitating a coordinated approach to responding to a pandemic. The process utilized in the EOC will facilitate decision making and problem solving while supporting and directing all County Departments' response operations to the unique circumstances caused by the occurrence of a pandemic in Loudoun County.
- b. Law enforcement will provide a secure environment for PODs as outlined in the Point-of-Dispensing Plan.
- c. Fire and Emergency Medical Services (EMS) will manage increased incident activity in an effective and coordinated manner.
- d. Human Services agencies will coordinate efforts to provide necessary services to the public.
- e. Department of Information Technology will implement strategies to accommodate an increased number of county employees teleworking and more County residents accessing the internet for County public health guidance.
- f. County Administration will implement plans and procedures necessary to utilize the available workforce in the most appropriate manner.
- g. Funeral home representatives will collaborate and coordinate to ensure effective fatality management.
- h. The DCLS will provide guidance and coordination for the handling of specimens as outlined in Supplement 2, Page 1 of 12 Interim VDH Pandemic Influenza Plan – Supplement 2: Laboratory Diagnostics, revised June 2008; Attachment K: Role of the Virginia State Public Health Laboratory, the DCLS I. Role of DCLS during the Interpandemic and Pandemic Alert Period.

Table 8: Response Activities by Pandemic Phase and Agency

Response Activities	Phases I and II Interpandemic	Phase III Pandemic Alert	Phases IV and V Pandemic Alert	Phase VI Pandemic Period
<b>PUBLIC HEALTH</b>				
<b>Surveillance and Epidemiology</b>	<ul style="list-style-type: none"> <li>○ Conduct baseline surveillance during influenza season</li> </ul>	<ul style="list-style-type: none"> <li>○ Maintain baseline surveillance mechanisms for detecting novel virus in humans</li> <li>○ Investigate and monitor suspected cases and contacts</li> <li>○ Support state and local veterinary surveillance efforts to monitor infection in animal populations</li> </ul>	<ul style="list-style-type: none"> <li>○ Investigate and monitor suspected cases and contacts</li> <li>○ Maintain close collaboration with VDH</li> <li>○ Enhance surveillance mechanisms to detect novel virus</li> <li>○ Implement protocols for case and outbreak management</li> </ul>	<ul style="list-style-type: none"> <li>○ Monitor virus spread within the community</li> <li>○ Maintain use of enhanced surveillance measures</li> </ul>
<b>Community Disease Control and Prevention</b>	<ul style="list-style-type: none"> <li>○ Train and educate public health staff and volunteers on outbreak and emergency response</li> </ul>	<ul style="list-style-type: none"> <li>○ Ensure establishment of legal provisions necessary to carry out public health recommendations</li> <li>○ Implement disease control measures as appropriate, including isolation and quarantine</li> <li>○ Communicate updated information to community healthcare providers, public and media</li> <li>○ Implement travel-related control measures, in collaboration with neighboring jurisdictions</li> </ul>	<ul style="list-style-type: none"> <li>○ Implement travel restriction and other travel-related containment measures as necessary</li> <li>○ Provide guidance on infection control measures</li> <li>○ Provide guidance on self-care at home</li> </ul>	<ul style="list-style-type: none"> <li>○ Provide guidance on disease control to community partners</li> <li>○ Scale back individual case management practices</li> <li>○ Recommend implementation of social distancing measures</li> <li>○ Activate and assign volunteers as necessary to implement public protective actions</li> </ul>
<b>Vaccine and Antiviral Medication Distribution</b>	<i>Intentionally Blank</i>	<ul style="list-style-type: none"> <li>○ Determine risk priority groups for vaccination and antiviral medication</li> </ul>	<ul style="list-style-type: none"> <li>○ Use antiviral medications for treatment of early cases and targeted prophylaxis, as recommended.</li> <li>○ Distribute vaccine and antiviral medications, if available, for local containment as recommended.</li> </ul>	<ul style="list-style-type: none"> <li>○ Monitor vaccine use, distribution, safety and effectiveness</li> <li>○ Assure vaccine availability to all residents, with an emphasis on those identified vulnerable subgroups</li> <li>○ Monitor antiviral medication use, distribution, safety and effectiveness</li> <li>○ Monitor for drug resistance</li> </ul>
<b>Health Care Surge Capacity</b>	<i>Intentionally Blank</i>	<ul style="list-style-type: none"> <li>○ Prepare healthcare facilities for increased patient load and demand for resources</li> </ul>	<ul style="list-style-type: none"> <li>○ Prepare to activate the Volunteer MRC to identify and update training for available volunteers</li> </ul>	<ul style="list-style-type: none"> <li>○ Begin implementation of and provide guidance on fatality management program</li> </ul>

Response Activities	Phases I and II Interpandemic	Phase III Pandemic Alert	Phases IV and V Pandemic Alert	Phase VI Pandemic Period
		<ul style="list-style-type: none"> <li>o Facilitate development of protocols for transporting patients and bodies for first responder community</li> <li>o Develop plan for fatality management</li> <li>o Identify facilities for alternate treatment sites</li> <li>o Assist county Human Services agencies and their partners in assessing readiness</li> </ul>		
Meeting Basic Needs for Those in Isolation and Quarantine	<i>Intentionally Blank</i>	<i>Intentionally Blank</i>	o Implement isolation and quarantine measures as necessary	<i>Intentionally Blank</i>
<b>COMMUNICATIONS</b>				
Surveillance	o Monitor worldwide status of potential outbreaks and circulate health and emergency information as needed	<i>Intentionally Blank</i>	<i>Intentionally Blank</i>	<i>Intentionally Blank</i>
Community Disease Control and Prevention	o Work with PIO to provide information as appropriate to county workforce on outbreak and emergency response	<ul style="list-style-type: none"> <li>o Identify primary county spokespersons</li> <li>o Increase internal communications among pandemic flu planners (<i>county staff and non-county individuals</i>) by compiling all contact information</li> <li>o Develop and deliver public information messages to answer current-phase public FAQs regarding county planning; difference between pandemic flu vs. seasonal flu; public concern about animals; what people can do to prepare, etc.</li> <li>o Develop public information messages to answer anticipated subsequent-phase public FAQs regarding what to do; self-care in the home, etc.</li> </ul>	<ul style="list-style-type: none"> <li>o Messaging stays the same, but with enhanced risk</li> <li>o Continue and/or enhance public information with additional news releases; Web site updates; videos, etc.</li> </ul>	<p><b>Prior to availability of vaccine:</b></p> <ul style="list-style-type: none"> <li>o Loudoun County Emergency Communications plan goes into effect at the point Phase 6 begins anywhere in the world</li> <li>o Joint Information Center at initial onset of pandemic</li> <li>o County plan includes Web site updates; ongoing/updated media conferences/news releases</li> <li>o Distribute specific messages related to the actual flu strain identified as causing the pandemic base on federal/state/regional guidelines/messages</li> </ul>
Community Disease Control		o Create general public education materials to deliver		o Additional messages would involve what to

Response Activities	Phases I and II Interpandemic	Phase III Pandemic Alert	Phases IV and V Pandemic Alert	Phase VI Pandemic Period
<p><b>and Prevention (continued)</b></p>		<p>the current phase messages (news releases; newsletter articles; cable television programming)</p> <ul style="list-style-type: none"> <li>○ Create audience specific education materials to deliver targeted messages (i.e., physician community; ethnic/foreign language communities)</li> <li>○ Plan and promote community education events/forums, such as Loudoun County Town Hall Meetings</li> <li>○ Complete a Loudoun County Pandemic communications plan that augments the Loudoun County Emergency Communications plan</li> <li>○ Determine the feasibility of alternative/non electronic ways of communicating with people who do not use the Internet or may not have access to cable television</li> </ul>		<p>do if sick; also, if/when facilities/public events, etc., are going to be cancelled/closed, etc.</p> <ul style="list-style-type: none"> <li>○ Establish public health hotline and county emergency hotlines to handle the volume of public inquiries</li> <li>○ Enlist recovered volunteers to distribute materials and handouts door to door with instructions on what to do; self-care at home if sick; what to do if asked to be in isolation and/or quarantine; strict observance of hygiene measures (hand washing/covering coughs/sneezes)</li> <li>○ Cable TV will be the primary source of televised public information</li> <li>○ Communications addressing mental health (anxious public/grieving public, etc.) will be increasingly important</li> </ul>
<p><b>Vaccine and Antiviral Medication Distribution</b></p> <p> </p> <p><b>Vaccine and Antiviral Medication Distribution (continued)</b></p>	<p><i>Intentionally Blank</i></p> <p> </p> <p><i>Intentionally Blank</i></p>	<p><i>Intentionally Blank</i></p> <p> </p> <p><i>Intentionally Blank</i></p>	<p><i>Intentionally Blank</i></p> <p> </p> <p><i>Intentionally Blank</i></p>	<ul style="list-style-type: none"> <li>○ Pre-education on vaccine prioritization groups, if and when vaccine becomes available, with Regional coordination</li> </ul> <p><b>At the point vaccine becomes available:</b></p> <ul style="list-style-type: none"> <li>○ Messages shift to educate priority risk groups for vaccine distribution, and county plan for distributing, with an emphasis on children and young adults, ethnic minorities and other vulnerable groups</li> </ul>



Response Activities	Phases I and II Interpandemic	Phase III Pandemic Alert	Phases IV and V Pandemic Alert	Phase VI Pandemic Period
				<ul style="list-style-type: none"> <li>o Work closely with media to instruct people to know how/where/when/whether to get vaccine</li> </ul>
<b>EMERGENCY MANAGEMENT</b>				
<p style="text-align: center;"><b>Situation Management</b></p>	<ul style="list-style-type: none"> <li>o Management to provide proactive information as appropriate</li> </ul> <p style="text-align: center;"><i>Intentionally Blank</i></p>	<ul style="list-style-type: none"> <li>o Maintain up-to-date knowledge on current national and state advisories and recommendations, such as travel advisories</li> <li>o Begin briefings for county senior management team, county administration, Board of Supervisors, emergency responders, etc.</li> <li>o Assist agencies with the development of agency specific plans to ensure continuation of critical government and public services</li> <li>o Announce current phase level to staff and provide education to staff</li> </ul> <p style="text-align: center;"><i>Intentionally Blank</i></p>	<ul style="list-style-type: none"> <li>o Promptly inform staff of phase-level changes</li> <li>o Conduct (<i>or participate in</i>) teleconferences/video conferences that include federal, state and local health officials; state and county officials; emergency management and response chiefs, public affairs personnel, etc.</li> <li>o Alert agencies to re-familiarize themselves with the County's EOP and to review their agency specific plans to ensure they are up-to-date</li> <li>o Identify resources necessary to implement the county's Emergency Operation Plan, COOP and County Pandemic Plans</li> <li>o Increase staff in the OEM County Watch Center to increase information exchange with external and internal partner agencies</li> <li>o Consider activating the EOC, at the appropriate level or severity, to begin incident management activities</li> <li>o Identify federal, state and county resources necessary to implement public protective actions</li> </ul>	<ul style="list-style-type: none"> <li>o Public Safety Agencies (Fire and Rescue Department, Police Department, Office of the Sheriff) play an integral role in county operations during a pandemic. Due to stresses placed upon the health care system and other critical functions, calls for emergency medical assistance are anticipated to be higher than normal and civil disturbances and breakdowns in public order may occur</li> <li>o Likewise, the local 9-1-1 emergency call center may be overburdened with calls for assistance, including requests to transport disease victims and local law enforcement agencies may be called upon to enforce movement restrictions or quarantines, thereby diverting resources from traditional law enforcement duties</li> <li>o Through the establishment of joint response protocols and linkages among the key components of public health, emergency management, fire and rescue and law enforcement and through county guidance, joint training and the use of exercises all public safety agencies have a</li> </ul>
<p style="text-align: center;"><b>Situation Management (continue)</b></p>				

Response Activities	Phases I and II Interpandemic	Phase III Pandemic Alert	Phases IV and V Pandemic Alert	Phase VI Pandemic Period
			<ul style="list-style-type: none"> <li>○ Work with external groups such as business, contractors and vendors in order to manage available resources</li> <li>○ In conjunction with Department of Human Resources implement COOP for Loudoun County Government, including employment re-assignment planning</li> </ul>	<p>better understanding of their respective roles and applicable governing legal authorities so they can coordinate their efforts in the event of a pandemic outbreak</p> <ul style="list-style-type: none"> <li>○ Continue daily conference calls and briefings with groups identified earlier</li> <li>○ Continue to coordinate with the PIO and VDEM to provide proactive information to employees, residents, partners, businesses, etc.</li> <li>○ If activated, or during activation, maintain the EOC, at the appropriate level, to coordinate incident management activities</li> <li>○ Implement all elements of the county EOP, Pandemic Plan, COOP and others; as appropriate</li> <li>○ Close or reduce non-critical county services and re-deploy available county resources as appropriate</li> </ul>
<p><b>Surveillance</b></p>	<ul style="list-style-type: none"> <li>○ Monitor and circulate health and intelligence reports and emergency information through official sources</li> </ul>	<p><i>Intentionally Blank</i></p>	<ul style="list-style-type: none"> <li>○ Monitor hospital bed space and other resource availability through WebEOC information management system</li> </ul>	<p><i>Intentionally Blank</i></p>
<p><b>Community Disease Control</b></p>	<ul style="list-style-type: none"> <li>○ Work with the PIO and VDEM to provide proactive information as appropriate</li> </ul>	<p><i>Intentionally Blank</i></p>	<ul style="list-style-type: none"> <li>○ Activate the county's Emergency Operation Plan and County Pandemic Plans</li> <li>○ Work with the PIO to establish/activate a Joint Information Center and Emergency Information Line to assist and provide timely information to</li> </ul>	<ul style="list-style-type: none"> <li>○ Activate and assign volunteers as necessary to implement public protective actions</li> <li>○ Increase security at identified facilities/locations; including but not limited to police and fire stations, government centers, emergency communications center,</li> </ul>

Response Activities	Phases I and II Interpandemic	Phase III Pandemic Alert	Phases IV and V Pandemic Alert	Phase VI Pandemic Period
Community Disease Control (continued)			employees, residents, partners and others	Emergency Operations Center, critical infrastructure, identified businesses, etc.  ○ Implement and support public health/safety directives from CDC, state/local health directors, president, governor, county officials, etc.  ○ Initiate recovery planning activities
Vaccine and Antiviral Medication Distribution	<i>Intentionally Blank</i>	<i>Intentionally Blank</i>	○ In conjunction with VDH activate Loudoun County operations in order to receive and manage distribution of medicines	<i>Intentionally Blank</i>

## VI. Post Pandemic Recovery Phase

### A. BACKGROUND

1. Recovery consists of measures and actions taken to repair and restore communities after an emergency and may also include some mitigation actions.
2. Recovery generally focuses on the physical and psychosocial effects that arise as a result of an emergency; however, in a pandemic event the primary impact will be on people, rather than infrastructure, and will therefore need to be heavily structured to deal with psychosocial aspects.
3. A number of resources are available to help individuals to adjust after an emergency experience including: family and friends, Critical Incident Stress Management (CISM) Professionals and Programs, health care professionals, wellness programs, grief counselors, clergy, employee and family assistance programs and volunteer agencies (e.g., Red Cross).

### B. SUMMARY

1. Recovery from a pandemic will begin when it is determined by the County Administrator that adequate supplies, resources and response system capacity exist to manage ongoing activities without continued assistance from pandemic response systems.
2. In consultation with county officials, the Health Department will recommend specific actions to be taken to return the health care system and government functions to pre-event status.
3. The Health Department will assess the impact of the pandemic on the community's health as measured by morbidity, mortality and report findings to all response partners.
4. Health Department staff will support partners in Loudoun County government and the health care and business communities in assessing the economic impact of the pandemic.
5. The Office of Emergency Management will conduct an after-action evaluation of the pandemic response. The evaluation will include recommendation for amendments to the Pandemic Response Plan.
6. Contingency planners and response teams should assess how the different pandemic challenges in the response phase may affect their business and incorporate these into their plans and recovery actions. Unlike nearly all other disasters, pandemic recovery actions and investments must be tempered by priorities for pandemic preparedness for follow-on waves of the disease. Some examples of major recovery challenges are listed in the Table 9 below.

Table 9. Recovery Challenges

Action	Issues to Consider	Supporting Actions
Assess response impacts, minor physical damage yet still costly and protracted	<ul style="list-style-type: none"> <li>○ There may be little physical damage to municipal infrastructures, business facilities and worker homes. Physical damage likely will result from equipment breakdowns from deferred maintenance and repair and potentially from localized security and social disruptions. However, the recovery phases will likely still be lengthy and costly for most businesses.</li> </ul>	<ul style="list-style-type: none"> <li>○ Assess all physical, economic and social impacts.</li> <li>○ Adjust recovery actions based upon actual impacts and circumstances.</li> <li>○ Assess costs to prepare for next wave.</li> <li>○ Implement all planned and adjusted recovery actions to restore the business to full, normal operations.</li> </ul>
Prepare for next pandemic waves	<ul style="list-style-type: none"> <li>○ Unlike most other natural and manmade disasters, a pandemic could linger for more than a year with multiple outbreaks.</li> </ul>	<ul style="list-style-type: none"> <li>○ Monitor international, national and local health information sources for any updates on next pandemic waves.</li> <li>○ Balance recovery actions with essential preparedness for next wave actions.</li> </ul>
Address human impacts from disease related illness and deaths	<ul style="list-style-type: none"> <li>○ Overcoming effects from worker and worker family illness and death will be a significant challenge for all businesses.</li> <li>○ There may be a substantial increase in single-parent families and orphans.</li> <li>○ Widespread fear and grief will potentially cause long-term psychological trauma.</li> </ul>	<ul style="list-style-type: none"> <li>○ Ensure rest and recuperation of staff.</li> <li>○ Fill any vacant staff positions.</li> <li>○ Ensure employees affected by the pandemic are aware of the benefits of the Employee Assistance Program.</li> </ul>
Overcome impacts of skilled worker and essential material shortages and competition	<ul style="list-style-type: none"> <li>○ Lost income and competition for available skilled workers and scarce materials favors larger businesses.</li> </ul>	<ul style="list-style-type: none"> <li>○ Assess shortage impacts on business.</li> <li>○ Forecast costs and time to recover.</li> <li>○ Implement options and actions to correct shortages. Skilled workers may take advantage of higher demand and compensation elsewhere.</li> <li>○ Finding sufficient suitable replacements may be difficult.</li> </ul>
Examine competition impacts on small businesses	<ul style="list-style-type: none"> <li>○ For small businesses, the competition for personnel and supplies will delay or even end their recovery opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>○ The business community as a whole should assist to mitigate the impacts of competition and recovery on smaller businesses.</li> <li>○ Managing this competition through focused government interventions and/or business cooperation may prove vital to a national economic recovery.</li> </ul>
Mitigate impacts on worker lost income	<ul style="list-style-type: none"> <li>○ Lower- and middle-income workers lacking sufficient reserves to weather extended unemployment will be hardest hit.</li> </ul>	<ul style="list-style-type: none"> <li>○ Where practical develop internal programs to assist in assuring workers and their families that they will not face financial ruin.</li> <li>○ Assess actual impacts on the business' workers and families.</li> <li>○ Assist workers to access available business and government worker recovery support programs.</li> </ul>
Assess impact of insurance changes and critical infrastructure shortfalls on business	<ul style="list-style-type: none"> <li>○ Insurance companies may change policies/coverage as a result of the impact of a pandemic.</li> <li>○ Where plant shutdowns are required, "restarts" for critical infrastructure manufacturing plants may be extensive and problematic for the plant and for the businesses they support.</li> </ul>	<ul style="list-style-type: none"> <li>○ Assess impacts of policy changes initiated by insurance companies.</li> <li>○ Mitigate impacts on business from potential failures in their supporting insurance and critical infrastructures.</li> </ul>

Action	Issues to Consider	Supporting Actions
Examine impacts from production and other plant shutdowns	<ul style="list-style-type: none"> <li>Lost income and competition for available skilled workers and scarce materials favor larger businesses.</li> </ul>	<ul style="list-style-type: none"> <li>Assess and mitigate plant shutdown impacts.</li> <li>Assess and mitigate impacts from shutdowns in plants owned by others that provide the business with essential supplies and equipment.</li> <li>Communicate with customers, suppliers and government recovery teams on potential challenges resulting from delayed plant restarts.</li> </ul>
International recovery potentially lagging behind the United States	<ul style="list-style-type: none"> <li>International raw material availability, manufacturing and assembly, supply chain support, as well as international purchases of U.S. goods may be delayed.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor international recovery operations and assess impacts from any delays.</li> <li>Mitigate delays in international supply chain recovery.</li> </ul>
Coordinate government and community support	<ul style="list-style-type: none"> <li>In the recovery phase, numerous opportunities exist for direct and indirect governmental and community support and relief, which include direct personnel and material support, indirect regulatory and jurisdictional waivers and tax and financial incentives.</li> </ul>	<ul style="list-style-type: none"> <li>Re-affirm contacts and planned actions with community businesses and community emergency management personnel.</li> <li>Track availability of Federal and state government direct and indirect recovery support.</li> <li>Assess and project potential support needs to inform and coordinate with government and community teams.</li> </ul>
Continue enhanced risk communications and information sharing	<ul style="list-style-type: none"> <li>Honest, accurate and timely risk communications and open information sharing within and across businesses and community and government is critical to a successful recovery.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure communications and information-sharing channels remain open with all external stakeholders.</li> <li>Provide continuous updates concerning business recovery and next pandemic wave preparedness efforts.</li> <li>Share all information in an honest, consistent and timely manner.</li> </ul>
Maintain public and media relations	<ul style="list-style-type: none"> <li>Information sharing within the government, between the government and businesses, with Federal and state government entities and for public and media relation will remain essential to control misinformation and rumors.</li> </ul>	<ul style="list-style-type: none"> <li>Re-affirm contacts and planned actions with public and media points of contact.</li> <li>Assess pre-planned messages and adjust as necessary.</li> <li>Monitor and forecast potential public/media relations issues.</li> <li>Keep all internal and external stakeholders informed in a timely, consistent manner.</li> </ul>
Measure, monitor and adjust	<ul style="list-style-type: none"> <li>Implementing and measuring recovery actions and monitoring to adjust these based on observed and anticipated changes and impacts will continue to be the hallmark of the business or government entity that successfully copes with the effects of a pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>Implement the business recovery plan and prepare for the next wave.</li> <li>Continuously monitor recovery actions and costs and prepare action in advance of the next wave.</li> <li>Adjust actions to restore essential functions and ensure success for the next pandemic wave using evidence based approaches.</li> </ul>
Update emergency plans	<ul style="list-style-type: none"> <li>Making note of successful (and unsuccessful) activities during a pandemic response and modifying emergency preparedness plans appropriately may result in more effective planning for the next wave/disaster.</li> </ul>	<ul style="list-style-type: none"> <li>Assign responsibility within the organization for recording response actions and outcome.</li> <li>Review actions and outcomes during recovery and appropriately modify preparedness and response emergency plan prior to next wave/disaster.</li> </ul>

## **VI. Plan Maintenance**

- A. This plan will be reviewed at least annually and revised as needed.
- B. Exercises to test components of this plan will be conducted periodically.

## Attachment A: Acronyms

ACIP	Advisory Committee on Immunization Practices
CAO	Chief Administrative Officer
CASG	Collaborative Antiviral Study Group
CBX	Carboxylate
CDC	Centers for Disease Control and Prevention
CISM	Critical Incident Stress Management
COLT	Coalition of Towns
COOP	Continuity of Operations
COVID-19	2019 novel coronavirus
DCLS	Division of Consolidated Laboratory Services
DFS	Loudoun County Department of Family Services
DHHS	U.S. Department of Health and Human Services
DHS	U.S. Department of Homeland Security
DI	Division of Immunization
DIT	Department of Information Technology
DMFS	Department of Management and Financial Services
DSI	Division of Surveillance and Investigation
EMEC	Emergency Management Executive Committee
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operation Plan
ESF	Emergency Support Function
EUA	Emergency Use Authorization
FAQs	Frequently Asked Questions
FDA	U.S. Food and Drug Administration
FEMA	Federal Emergency Management Agency
GIS	Geographic Information System
HAN	Health Alert Network
HAZMAT	Hazardous Materials
HOA	Homeowners Association
HPAI	Highly Pathogenic avian influenza viruses
ICS	Incident Command System
ILI	Influenza-like Illness
IND	Investigational New Drug
JIC	Joint Information Center
LC	Loudoun County
LCHD	Loudoun County Health Department (also known as Loudoun Health District)
LCPS	Loudoun County Public Schools
LCSA	Loudoun County Sanitation Authority
LHD	Loudoun Health District (also known as Loudoun County Health Department)
LPAI	Low pathogenic avian influenza viruses
LPFPTF	Loudoun Pandemic Flu Preparedness Task Force
MDC	Mobile Data Computer
MMWR	Morbidity and Mortality Weekly Report
MRC	Loudoun County Medical Reserve Corps



MWCOG	Metropolitan Washington Council of Governments
NCR	National Capital Region
NIMS	National Incident Management System
NIOSH	National Institute for Occupational Safety and Health
NRF	National Response Framework
NVRC	Northern Virginia Regional Commission
OCME	Office of the Chief Medical Examiner
OEM	Office of Emergency Management
OST	Oseltamivir
PIC	Public Information Center
PACO/PIO	Office of Public Affairs and Communication/ Public Information Office/r
POC	Point of Contact
POD	Point of Distribution
PPE	Personal Protective Equipment
PRCS	Parks, Recreation, and Community Services
PSA	Public Service Announcement
PSI	Pandemic Severity Index
RICCS	Regional Incident Communication and Coordination System
RIDT	Rapid Influenza Diagnostic Test
rRT-PCR	real-time reverse transcriptase-polymerase chain reaction
UASI	Urban Area Security Initiative
USG	United States Government
VDEM	Virginia Department of Emergency Management
VDH	Virginia Department of Health
VIIS	Virginia Immunization Information System
VIS	Vaccine Information Sheet
WebEOC	Web Emergency Operations Center software system
WHO	World Health Organization
WMD	Weapon of Mass Destruction

## Attachment B. Pandemic Influenza Morbidity and Mortality Projections

Pandemic preparedness planning is based on assumptions regarding the evolution and impacts of a pandemic. Defining the potential magnitude of a pandemic is difficult because of the large differences in severity for the three 20<sup>th</sup>-century pandemics. While the 1918 pandemic resulted in an estimated 500,000 U.S. deaths, the 1968 pandemic caused an estimated 34,000 U.S. deaths. This difference is largely related to the severity of infections and the virulence of the influenza viruses causing the pandemics. In each pandemic, about 30% of the U.S. population developed illness, with about half of those persons seeking medical care. Children have tended to have the highest rates of illness, though not of severe disease and death. Geographical spread in each pandemic was rapid and virtually all communities experienced outbreaks.

Pandemic planning is based on the following assumptions:

- Susceptibility to the pandemic virus will be universal.
- The clinical disease attack rate will be 30% in the overall population. 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.
- Of those who become ill with influenza, 50% will seek outpatient medical care.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Because the virulence of the virus that causes the next pandemic cannot be predicted, two scenarios are presented based on extrapolation of past pandemic experience.
- Risk groups for severe and fatal infections cannot be predicted with certainty. During seasonal influenza season, infants and the elderly, persons with chronic illnesses and pregnant women are usually at higher risk of complications. In the 1918 pandemic, most deaths occurred among young healthy adults.
- The typical incubation period (the time between acquiring the infection until becoming ill), averages 2 days. It is assumed this would be the same for a pandemic strain.
- The seasonality of a pandemic cannot be predicted with certainty.

Number of episodes of illness, healthcare utilization and death associated with moderate and severe pandemic influenza scenarios\*

Characteristic	Moderate (1958/68-like)		Severe (1918-like)	
	Loudoun	U.S.	Loudoun	U.S.
Illness	122,000	90,000,000	122,000	90,000,000
Outpatient medical care	61,025	45,000,000	61,025	45,000,000
Hospitalization	1170	865,000	13,500	9,900,000
ICU care	175	128,750	2,015	1,485,000
Mechanical ventilation	87	64,875	1,007	742,500
Deaths	276	209,000	2,540	1,903,000

\* Source: DHHS Pandemic Influenza Plan: Estimates based on extrapolation from past pandemics in the U.S. Estimates do not include the potential impact of interventions not available during the 20<sup>th</sup> century pandemics.

Source: Loudoun estimated population of 406,850 based on U.S. Census Bureau and Loudoun County Department of Economic Development, 2018.

## Attachment C: Draft Potential Risk Communications Messages

Source: Virginia Department of Health

### Targeted for Pandemic

#### Key messages:

- Target seven to nine second sound bites (21-27 words).
- Because we are faced with a limited supply of vaccine, it is vital that we look at ways to do the most good for the most people.
- To make sure healthcare providers are available to be there to care for those who develop influenza, it is imperative that we vaccinate healthcare workers immediately.
- To ensure that our community is safe and has water, electricity and other services we all rely on, we must prioritize vaccinating essential service workers.
- *(Fill in age group)*-olds are more seriously affected by this strain of virus. They are most at risk and, therefore, must be vaccinated early on.
- Although this vaccine has not been approved by the FDA and will be given as an investigational new drug (IND), its benefit far outweighs the associated risks.

#### Supporting facts:

- Case numbers and mortality by age group and by locality.
- Groups of essential service workers.
- Clear explanations of risks associated with both the disease and the vaccination.

#### Credible community sources that will validate this key message:

- Loudoun County Health Director will be supported by local infectious disease specialists to ensure accurate and credible messages.
- Communication among all parties will take place through regular conference calls so that they can be updated on a regular basis.

## Attachment D: Glossary

**Adverse event:** An undesirable or unwanted consequence of a preventative, diagnostic, or therapeutic procedure.

**Affected area:** Any part or whole of a community which has been identified as where individuals reside, or may be located, who are known, or suspected, to have been exposed to, or infected with a communicable disease of public health threat.

**Antiviral medication:** Drug(s) that are used to prevent or treat a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell. Drugs with activity against seasonal influenza viruses include the neuraminidase inhibitors, Oseltamivir and Zanamivir and the adamantanes, Amantadine and Rimantadine.

**Asymptomatic:** Without signs or symptoms of disease. May still have infection.

**Case definition:** Specifications of the characteristics that describe a case of disease (e.g., person, place, time, symptoms, signs). These are specific to each disease and can be specific to each situation; can vary according to knowledge of the disease and change over the course of an investigation.

**Case:** A person who has been diagnosed as having a particular disease or condition.

**Confirmed** – A case that is classified as confirmed for reporting purposes, usually by laboratory testing data or other testing results (e.g. X-ray). The elements of classification will vary from disease to disease.

**Probable** – A case that meets the clinical criteria but has not been confirmed by laboratory or other means. The elements of classification will vary from disease to disease.

**Suspected** - A person who has known contact with an infectious agent or is experiencing symptoms of the disease under investigation. The elements of classification will vary from disease to disease.

**Contact:** A person who is known to have been in association with an infected person such as to have had an opportunity of acquiring the infection.

**Contact tracing:** The process by which an infected person or health department employee notifies others they may have been exposed to an infected person in a manner known to transmit the infectious agent in question.

**Cordon sanitaire:** The border around an area that contains persons with a communicable disease to restrict travel in or out of the area and thereby prevent the spread of the communicable disease.

**Drift:** One process in which influenza virus undergoes mutation. The amount of change can be subtle or dramatic, but eventually as drift occurs, a new variant strain will become dominant. This process allows influenza viruses to change and re-infect people repeatedly through their lifetime and is the reason influenza virus strains in vaccine must be updated each year. See **Shift**.

**Essential needs:** Basic human needs for sustenance including but not limited to food, water, healthcare, (e.g., over-the-counter and prescription medications, mental health services), shelter/housing, clothing and essential supplies.

**Epi investigation:** An inquiry into the incidence, prevalence, extent, source, mode of transmission, causation of and other information pertinent to a disease occurrence.

**Exposure:** Proximity or contact with a source of disease agent in such a way that effective transmission of the agent or harmful effects of the agent may occur.

**H1N1 (swine) influenza virus strain:** Classification of the pandemic strain of influenza A currently circulating among people. The H refers to a specific hemagglutinin protein and the N refers to a specific neuraminidase protein on the virus surface.

**H5N1 virus strain:** Classification of the strain of avian influenza A currently circulating among the world's poultry population which has caused disease in humans. There are at least 16 known subtypes of H and 9 subtypes of N in wild aquatic birds.

**HAN:** The Virginia Health Alert Network (HAN) is a means of contacting personnel in emergencies and sharing documents.

**HPAI:** Highly Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. HPAI is extremely infectious among humans. See also **LPAI**.

**Hemagglutinin:** An important surface structure protein of the influenza virus that is an essential gene for the spread of the virus throughout the respiratory tract. This enables the virus to attach itself to a cell in the respiratory system and penetrate it. Referred to as the "H" in influenza viruses. See **Neuraminidase**.

**Immunizations:** A procedure that increases the protective response of an individual's immune system to specified pathogens.

**Incubation period:** The interval from exposure to an infectious organism and the onset of symptoms. For pandemic influenza, it is estimated to range from two to ten days.

**Infection:** The entry and multiplication or persistence of an organism, such as the influenza virus, in the body of an individual.  
**Inapparent** – An infection without recognizable signs or symptoms but identifiable by laboratory means. Also called sub-clinical.  
**Clinically Apparent** – An infection with recognizable signs or symptoms, such as fever, cough or runny nose.

**Isolation:** The physical separation of a person or persons known to be ill with a contagious disease to protect uninfected people from exposure to the disease.

**LPAI:** Low Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. Most avian flu strains are classified as LPAI and typically cause little or no clinical signs in infected birds. However, some LPAI virus strains are capable of mutating under field conditions into HPAI viruses. See also **HPAI**.

**Mutation:** Any alteration in a gene from its natural state.

**National Incident Management System (NIMS):** A consistent nationwide template to establish Federal, State and local governments and private sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to and recover from domestic incidents, regardless of cause, size or complexity, including acts of catastrophic terrorism.

**Novel influenza virus strain:** A new strain of influenza A that has not previously infected humans, but has undergone genetic mutation or reassortment and has developed the ability to cause illness in humans.

**Neuraminidase:** An important surface structure protein of the influenza virus that is an essential enzyme for the spread of the virus throughout the respiratory tract. It enables the virus to escape the host cell and infect new cells. Referred to as the "N" in influenza viruses. See **Hemagglutinin**.

**Outbreak:** The occurrence of more cases of a disease than expected.

**Pathogenic:** Causing disease or capable of doing so.

**Pandemic:** Worldwide epidemic.

**Period of communicability:** The time during which an infectious agent may be transferred, directly or indirectly, from an infected person to another person.

**Personal protective equipment:** Equipment used to prevent an individual from inhaling, or coming into contact with an infectious agent. Includes gowns, gloves, masks, face shields, goggles and personal respirators.

**Prophylaxis:** A medical procedure, medication, or practice that prevents or protects against a disease or condition (e.g., vaccines, antibiotics, drugs).

**Quarantine:** The physical separation, including confinement or restriction of movement, of individuals who are present within an affected area or who are known, or reasonably suspected, to have been exposed to a communicable disease of public health threat

and who do not yet show symptoms or signs of infection. Purpose is to prevent or limit the transmission of the communicable disease of public health threat to unexposed and uninfected individuals.

**Complete** – The full-time confinement or restriction of movement or actions of an individual who has been, or may reasonably be suspected to have been, exposed to a communicable disease of public health threat but does not have signs or symptoms of infection.

**Modified** – A selective, partial limitation of freedom of movement or actions of an individual who has been, or is suspected to have been, exposed to a communicable disease of public health threat but does not have signs or symptoms of infection. Includes limiting movement to the home, work and/or one or more other locations, the prohibition or restriction from using public or mass transportation.

**Respiratory hygiene:** Personal practices or habits to decrease the transmission of diseases spread through respiratory secretions of airborne droplets or particles. Includes covering the mouth when coughing or sneezing, disposing of tissues, avoiding coughing or sneezing into hands and washing hands or using hand-sanitizers.

**Seasonal Flu:** A respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is available. This is also known as the common flu or winter flu.

**Self-care:** The care of oneself or family without professional healthcare provider assistance or oversight. This may include monitoring and treating for fever, treating for other symptoms with over-the-counter medications and determining when to seek medical care.

**Self-shielding:** Self-imposed exclusion from activities or locations by infected persons (e.g., by staying home from work or school).

**Shift:** The process in which the existing H (hemagglutinin) protein and N (neuraminidase) protein are replaced by significantly different H and N proteins. This can result in a new variant strain of virus.

**Strain:** A group of organisms within a species or variety.

**Surveillance, Influenza:** The on-going systematic collection, analysis and interpretation of disease activity and trend data for quickly detecting the introduction of a novel virus strain into Loudoun County and for quickly detecting outbreaks in order to facilitate early public health intervention.

**Passive** – Reporting of all influenza cases to the local health department by all physicians, persons in charge of medical care facilities and directors of laboratories as required by the Code of Virginia, Regulations for Disease Reporting and Control.

**Sentinel** – A system that collects information from a limited sample of hospital, clinic and/or private laboratories. Several community physician practices in Loudoun County serve as sentinel surveillance points for influenza and provide data on cases of influenza to LHD, VDH and CDC.

**Enhanced** – Additional surveillance activities that may be implemented or scaled up to heighten ability to detect disease.

**Veterinary surveillance** – Surveillance for a particular disease or condition among birds and other animal populations.

**Susceptible individual:** A person or animal that is vulnerable to or potentially able to contract a disease or condition.

**Transmission:** The mechanism by which an infectious agent is spread to humans.

**Droplet** – Transmission through inhalation of large respiratory droplets that are dispersed during coughing, sneezing or talking. Transmission of influenza requires close contact (three feet or less) between source and recipient persons.

**Contact** – Transmission through direct contact with respiratory droplets.

**Airborne** – Transmission through inhalation of aerosolized small respiratory droplets. It is believed influenza is not transmitted in the manner.

**Vaccine:** A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease causing organism. The antigen in the preparation can be whole disease causing organisms (killed or weakened) or parts of these organisms.

**Virulent:** Highly lethal; causing severe illness or death.

**Virus:** Simple submicroscopic parasites of plants, animals and bacteria that often cause disease and consist essentially of a core of RNA or DNA surrounded by a protein coat. Viruses are typically not considered living organisms because they are unable to replicate without a host cell.

**Waterfowl:** Birds that swim and live near water, including ducks, geese and swans.

**Zoonoses:** Diseases transferable from animals to humans.

## Attachment E: Loudoun Pandemic Flu Preparedness Task Force Members

Agency
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Inova Loudoun Hospital-Administration

Inova Loudoun Hospital-Emergency Planner

Inova Loudoun Hospital-Infection Preventionist

Inova Loudoun Hospital-PIO

Loudoun County-Administration

Loudoun County-Economic Development

Loudoun County-Emergency Management

Loudoun County-Family Services

Loudoun County-Fire/Rescue

Loudoun County-Health

Loudoun County Mental Health, Substance Abuse, and Developmental Services

Loudoun County Public Affairs and Communications Office

Loudoun County-Public Schools

Loudoun County-Sheriff's Office

Town of Leesburg-Administration/Towns

Town of Leesburg-Police Dept

VDH-Northern Region Public Information Officer



## Attachment F: References

### General:

5. Avian Influenza (H5N1) and Pandemic Influenza What Every Virginia Healthcare Professional Should Know, Epidemiology Bulletin, VDH, Nov 2005, Vol 105, No.11.
6. Implementation Plan for National Strategy for Pandemic Influenza, Draft Jan 05 2006.
7. Model operational guidelines for disease exposure control: November 2, 2005 draft. Prepared by the Center for Strategic and International Studies, Homeland Security Program, pre-publication draft.
8. Pandemic Influenza and Other Highly Infectious Respiratory Transmitted Disease Response Plan, County of San Diego Health and Human Services Agency, Version 2.00, October 2005.
9. Pandemic Influenza Response Plan, Public Health, Seattle and King County, Version 10, December 1, 2005.
10. Prevention and Control of Influenza, Recommendations for the Advisory Committee on Immunization Practices (ACIP), MMWR May 28, 2004 53(RR06):1-40.
11. U.S. Department of Health and Human Services Pandemic Influenza Plan, November 2005.
12. Virginia Department of Health, EOP, Attachment Pandemic Influenza, March 2006.
13. Virginia Department of Health, EOP, Attachment Pandemic Influenza, Non-Medical, 2007.
14. Virginia Department of Health, Isolation and Quarantine Guide for Communicable Diseases of Public Health Threat; Version 1/4/06.
15. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States, February 2007.

### Pandemic Web Sites:

1. CDC – [www.cdc.gov/H1N1flu](http://www.cdc.gov/H1N1flu), [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)
2. United States Government – [www.pandemicflu.gov](http://www.pandemicflu.gov) (materials available in several languages)
3. World Health Organization – [www.who.int/csr/disease/swineflu/en](http://www.who.int/csr/disease/swineflu/en)

### Psychosocial Workforce Support Service:

1. Disaster Mental Health: [www.trauma-pages.com/disaster.php](http://www.trauma-pages.com/disaster.php), [www.samhsa.gov/dtac](http://www.samhsa.gov/dtac)
2. Responding to National Crises: Advice for Caregivers: [www.nasponline.org/resources/crisis\\_safety/caregiver\\_war.aspx](http://www.nasponline.org/resources/crisis_safety/caregiver_war.aspx)
4. First Responders: Tips for Managing and Preventing Stress: A Guide for Emergency and Disaster Response Workers: <http://store.samhsa.gov/product/Preventing-and-Managing-Stress/SMA14-4873>
5. School Children:  
National Association of School Psychologists web site: <http://www.nasponline.org/resources/crisis%5Fsafety/>

### Management of Travel-Related Risk of Disease Transmission:

1. United States Centers for Disease Control and Prevention: [www.cdc.gov/travel](http://www.cdc.gov/travel)
2. United States Department of State: Travel and Business: [www.state.gov/travel/](http://www.state.gov/travel/)

### Infection Prevention and Control:

1. Stopping Germs at Home, Work and School: <http://www.cdc.gov/flu/protect/stopgerms.htm>
2. Infection Control Guidance, Acute-Care Facilities: <http://www.cdc.gov/flu/professionals/infectioncontrol/>
1. Preventing the Spread of Influenza in Child Care and Long-Term Care Settings: <http://www.cdc.gov/flu/professionals/infectioncontrol/>
2. Interim Guidance for the Use of Masks to Control Influenza Transmission: <http://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm>
3. Respiratory Hygiene/Cough Etiquette in Healthcare Settings: <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
4. Things You Can Do to Prevent Infection: <https://www.cdc.gov/h1n1flu/childcare/toolkit/additionalcommunicationresources.htm>, <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
5. Respiratory Protection:  
Jordan WS Jr. The mechanism of spread of Asian influenza. Am Rev Respir Dis 1961 83:29-40.  
Moser MR, Bender TR, Margolis HS, Noble GR, Kendal AP, Ritter DG. An outbreak of influenza aboard a commercial airliner. Am J Epidemiol 1979;110:1-6

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### **Pandemic Planning and Preparedness Checklists:**

1. Individual Planning: <http://www.pandemicflu.gov/>  
Personal Protective Equipment and Influenza Outbreaks:  
[www.fda.gov/medicaldevices/productsandmedicalprocedures/generalhospitaldevicesandsupplies/personalprotectiveequipment/default.htm](http://www.fda.gov/medicaldevices/productsandmedicalprocedures/generalhospitaldevicesandsupplies/personalprotectiveequipment/default.htm)
2. Business Planning:  
Business Pandemic Influenza Planning Checklist: <http://www.pandemicflu.gov/>
3. School Planning: <http://www.pandemicflu.gov/>
4. Health Care Planning: <http://www.pandemicflu.gov/>

5. Community Planning: <http://www.pandemicflu.gov/>

## Continuity of Operations (COOP)

1. Federal:
  - Federal Continuity Directive 1: [http://www.fema.gov/pdf/about/org/ncp/coop/continuity\\_guidance\\_circular.pdf](http://www.fema.gov/pdf/about/org/ncp/coop/continuity_guidance_circular.pdf)
  - Continuity of Operations (COOP) Plan Template: [https://www.fema.gov/media-library-data/5c4896dd74fd2b18bc900e60935debe9/COOP\\_Planning\\_Template.pdf](https://www.fema.gov/media-library-data/5c4896dd74fd2b18bc900e60935debe9/COOP_Planning_Template.pdf)
2. Federal Training:
  - COOP Awareness Training: [http://www.fema.gov/ppt/government/coop/coop\\_awareness\\_training.ppt](http://www.fema.gov/ppt/government/coop/coop_awareness_training.ppt)
  - COOP Training from FEMA's Emergency Management Institute: Course Map: <http://training.fema.gov/emiweb/coop>
3. Commonwealth of Virginia Authorities: Code of Virginia, §44-146.18, paragraph B.7: <https://law.lis.virginia.gov/vacode/title44/chapter3.2/section44-146.18/>
4. Private Industry COOP/Business Continuity Planning (BCP) Resources:
  - DRI International: <https://www.drii.org/>
  - Disaster Recovery Journal: <http://www.drj.com/>
  - Continuity Insights Magazine: <http://www.continuityinsights.com/>

## Attachment G: Role of Federal, State and Local Government Agencies

- **Federal Roles:**
  - DHHS Pandemic Influenza Plan, 11/2005
  - Development of laboratory tests and reagents
  - Development of reference strains for vaccines
  - Vaccine evaluation and licensure
  - Recommendations for target populations and priorities
  - Deployment of federally purchased vaccine
  - Mass vaccination clinic guidelines
  - Rapid vaccine coverage assessment
  - Evaluation of vaccine safety
  
- **Commonwealth of Virginia Roles:**
  - Response Plan – 2002, revised 3/2006
  - Surveillance
  - Community Disease Control
  - Immunization
  - Antiviral medications
  - Public Information
  - Medical care planning
  - Public Health Laboratory
  - Infection Control
  - Clinical Guidance
  - Maintenance of essential health and medical services
  - Travel associated risk
  - Workforce support
  - Pandemic Influenza Summit – March 2006
  
- **Local Roles:**
  - Loudoun Pandemic Flu Preparedness Task Force (*LPFPTF*)  
    Multidisciplinary workgroup with Health Department lead, initiated March 28, 2006
  - Craft public messages
  - Seminars and educational outreach meetings
  - Develop Plan
  - Exercise Plan
  - Prevent Spread
  - Prophylaxis for residents and staff
  - Continue business operations
  - Workforce protection
  - Surge plans
  - Plan with community partners

## Attachment H: Seminars and Educational Outreach Activities

- County and Town government organizations
- Medical offices
- Private large and small businesses
- First responders (police, fire, EMS)
- Veterinarians
- Public, private and home schools, PTAs
- Retirement communities and senior centers
- Homeowners' associations
- Fraternal and civic organizations
- Health fairs
- Newspaper articles
- Cable television notices
- General public summits
- Loudoun Epi Bulletin
- Hospitals and Urgent Care Centers
- Pharmacies and pharmacists
- Faith based organizations
- County agencies
- Transit systems
- Ethnic stores and centers
- Colleges, Universities and Other higher learning facilities