



Missouri's
Pandemic
INFLUENZA RESPONSE
Plan

Missouri Department of Health and Senior Services
Emergency Response Plan

August 2007



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For more information on Missouri’s Avian Influenza Plan, visit
www.dhss.mo.gov/PandemicPlan/AvianInfluenzaPlan

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Introduction

Preparing for, responding to, and recovering from pandemic influenza will require a strategy with many similarities to other disease outbreaks, be they naturally occurring or resulting from terrorist action. The goals of prevention and control of these outbreaks, and the time-honored public health activities to lessen the impact on morbidity and mortality, namely, education, vaccination, prophylaxis, isolation/quarantine, and the closure of public facilities are common to all, despite the particular disease of concern. In addition, clear, concise communication with the public, within the Department of Health and Senior Services (DHSS), and with other agencies remains a critical component, as does the ability of the involved agencies to achieve collaboration and coordination.

DHSS has Emergency Response Plans in place that have been tried, tested, and exercised for all aspects of response and recovery, including those mentioned above relating to disease surveillance, investigation, and control. Where necessary, details or public information templates unique to pandemic influenza have been added into the existing plan and this plan. This plan outlines the pandemic mechanics from the federal level and lists pandemic specific job duties for DHSS staff and the roles of partnered agencies and organizations.

A broad, diverse and geographically dispersed group of agencies and organizations, representing the length, breadth, and interests of the state collaborated with the DHSS in completing the annexes of this plan. With committees organized under the umbrella of the Missouri Homeland Security Council, over four hundred representatives from hospitals, poultry corporations, local health departments, other state agencies, funeral homes, laboratories, financial institutions, fire departments, local and state governments, school boards, utility companies, universities, nursing homes and coroner's offices, among others, engaged with DHSS providing input and expertise to produce a meaningful plan.

DHSS has primary responsibility to safeguard the health of the people of the state and all its subdivisions and will respond in the event of pandemic influenza to limit the impact on public health. These actions will limit the impact on the social and economic infrastructure of the state. DHSS will serve to support the local public health agencies in this effort, and lead the response of a coordinated multitude of federal, state, local, and private organizations and agencies.

The following pages lay out the specific responsibilities for both DHSSs and coordinated agencies and organizations during the phases of pandemic response.

Organization

Department of Health and Senior Services

For Organizational Chart and Description of Divisions see: www.dhss.mo.gov/AboutDHSS

Purpose of Plan

This plan is designed primarily to guide the operational response of the DHSS to pandemic influenza in Missouri, though segments of information contained within the plan will prove useful to guide activities of planners in other state agencies, at the local level, and to the general public. The plan is intended to provide the process and informational resources for an effective response of DHSS to pandemic influenza resulting from natural causes or a terrorist release. An effective response will reduce the impact on public health (i.e. reduce illness and save lives) and maintain essential services while minimizing economic loss. The following response plan will be implemented after a novel influenza strain begins to spread readily from person-to-person (the advent of phase 4 as declared by the World Health Organization), and is directed toward action and specific responsibilities for Departmental staff directing functional units. This plan for pandemic influenza response integrates with the current DHSS Emergency Response Plan, which would direct these activities into a National Incident Management System compliant Incident Command System as needed.

Definition of Influenza

Pandemic influenza refers to a global influenza epidemic that, in contrast to seasonal influenza: 1) is a novel influenza virus that has undergone an “antigenic shift”; 2) has high population susceptibility worldwide; 3) shows evidence of high person-to-person transmissibility; and 4) is spread over a broad range of geographic areas, causing unusually high rates of morbidity and mortality because of its virulence.

Background

Epidemics of influenza occur annually in the United States, and the DHSS manages ongoing programs of education, surveillance, control, and prevention to minimize the effects of these epidemics.

The primary disease prevention strategy for epidemic influenza includes

- Targeted vaccination and antiviral usage aimed at high-risk populations so as to minimize the effects of expected outbreaks.
- Public information and education.
- Enhanced surveillance.
- Isolation, quarantine, public facility closures, and other control measures.
- The DHSS’ Pandemic Influenza Response Plan (this document) would be implemented as a part of the State’s Emergency Response Plan. Notification of a pandemic influenza would come from the Center for Disease Control and Prevention in phases as outlined later in this document.

If an unexpected epidemic should occur as a result of a known circulating strain of influenza, parts of the pandemic flu plan would be implemented to minimize the outbreak. The parts implemented would depend upon the specifics of the outbreak and would be determined in consultation with Centers for Disease Control and Prevention, DHSS experts, local public health agencies, and local and state elected officials.

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Pandemic Influenza: How Does an Influenza Pandemic Start?

There are three main types of influenza viruses: A, B, and C. While influenza C causes only mild disease and has not been associated with widespread outbreaks, influenza types A and B cause epidemics nearly every year. Influenza A viruses are divided into subtypes, based on differences in two surface proteins: hemagglutinin (H) and neuraminidase (N). Influenza B viruses are not divided into subtypes. During an influenza season, usually one or more influenza A subtype and B viruses circulate at the same time.

A pandemic is possible when an influenza A virus makes a dramatic change (i.e., "shift") and acquires a new H or H+N. This shift results in a new or "novel" virus to which the general population has no immunity. The appearance of a novel virus is the first step toward a pandemic. In order to cause a pandemic, the novel influenza A virus must also spread easily from person-to-person causing serious disease. Influenza B viruses do not undergo shift and do not cause influenza pandemics.

The reservoir for type A influenza viruses is wild birds; but influenza A viruses also infect animals such as pigs and horses, as well as people. The last two pandemic viruses were combinations of bird and human influenza viruses. Many believe that these new viruses emerged when an intermediate host, such as a pig, was infected by both human and bird influenza A viruses at the same time, creating a new virus. Events in Hong Kong in 1997, however, showed that this is not the only way that humans can become infected with a novel virus. Sometimes, an avian influenza virus can "jump the species barrier" and move directly from chickens to humans to cause disease.

Since, by definition, a novel virus is a virus that has never previously infected humans, or has not infected humans for a long time, it is likely that almost no one will have immunity or antibodies to protect them against the novel virus. Therefore, anyone exposed to the virus--young or old, healthy or weak--could become infected and get sick. If however, the novel virus is related to a virus that circulated long ago, older people who might have been exposed to it in their childhood could have some level of immunity. It has been suggested that because of immunity issues, a novel virus might strike hardest at healthy young adults – an age group not usually considered at risk of severe illness or death from annual influenza. Such widespread vulnerability in the population could lead to a potentially devastating pandemic. (*Source: Centers for Disease Control and Prevention*)

Assumptions in Planning

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 different severity levels and virulence between the three 20th century pandemics. While the 1918 pandemic resulted in an estimated 500,000 deaths in the U.S., the 1968 pandemic caused an estimated 34,000 U.S. deaths. Similarities between the 20th century pandemics include the fact

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that in each, about 30 percent 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.

This Pandemic Influenza Response Plan is based on assumptions derived from known evidence and expert opinion. The plan does not make predictions; rather, it reflects historical circumstances and current developments. These assumptions are necessary for scaling the plan to some workable format. However, adjustments may be made (and can be made) within the response if some of the assumptions prove to be false or otherwise inadequate.

Guiding Principles in Pandemic Influenza Response

DHSS will be guided by the following principles in initiating and directing its response activities:

- 1) DHSS will base levels of preparedness and response, in coordination with the United States Department of Health and Human Services (DHHS) on the World Health Organization's (WHO) Pandemic Plan and Pandemic Phase guidance.
- 2) DHSS will follow the guidance and direction of the DHHS' Pandemic Influenza Response Plan on the prioritization of groups for distribution of vaccine and antivirals, and maintain consistency with federal agency guidance on laboratory diagnostics, case definitions, clinical management, surveillance, and so forth.
- 3) DHSS will follow the concepts and principles of the National Response Plan and the National Incident Management System in planning and response.
- 4) DHSS will work to build a flexible response system determined, in addition to the above, by the epidemiological features of the virus and the course of the pandemic.
- 5) DHSS will provide honest, accurate, and timely information to the public.
- 6) In advance of an influenza pandemic, DHSS will work with federal, state, and local government partners, and the private sector to coordinate pandemic influenza preparedness activities to achieve interoperable response capabilities.
- 7) In advance of an influenza pandemic, DHSS will encourage all Missourians to be active partners in preparing local communities, workplaces, and homes for pandemic influenza and will emphasize that a pandemic will require Missourians to make difficult choices. An informed and responsive public is essential to minimizing the health effects of a pandemic and the resulting consequences to society.
- 8) DHSS will strive to ensure that preparations made for an influenza pandemic will benefit overall preparedness for any public health emergency or disease outbreak and serve to build capability and capacity to protect the health of all Missourians.
- 9) In advance of an influenza pandemic, DHSS, in concert with federal and local partners, will work to achieve statewide reliable, efficient, and rapid distribution mechanisms for vaccine and antiviral drugs through the Strategic National Stockpile and local stockpiles.
- 10) Clusters of human-to-human transmission anywhere in the world leading to the WHO declaration of phase 4 will trigger initiation of a pandemic response in Missouri. Because we live in a global community, a human outbreak anywhere means risk everywhere.
- 11) DHSS, with federal and local partners, will attempt to prevent an influenza pandemic or delay its emergence in the state by striving to arrest isolated outbreaks of a novel

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influenza (through isolation, quarantine, travel restrictions, public facility closures, etc.) wherever circumstances suggest that such actions might be successful. At the core of this strategy will be basic public health measures (such as hand washing) to reduce person-to-person transmission.

- 12) At the onset of an influenza pandemic, DHSS will work with the federal government to procure virus vaccine and distribute it to local public health departments for pre-determined priority groups, based on pre-approved local plans. For additional information, refer to the Vaccine Storage and Distribution Annex and Antiviral Storage and Distribution Annex.
- 13) At the onset of an influenza pandemic, DHSS, in collaboration with federal and local partners, will begin to distribute and deliver antiviral drugs from public stockpiles to healthcare facilities and others with direct patient care responsibility for treatment of the ill from the novel influenza virus.

Pandemic Influenza: Assumptions Concerning Initial Response to a Pandemic

- A new pandemic will be due to a new subtype of influenza A.
- Emergence of new influenza A viruses is inevitable.
- Preparations should be geared toward a 1918 level pandemic. In Missouri, this would extrapolate to (without effective interventions) approximately 1.8 million ill; 900,000 seeking outpatient care; 198,000 hospitalizations; and 38,610 deaths. (*Source: Centers for Disease Control and Prevention*)
- An influenza pandemic of this magnitude will affect all segments of society, and could overwhelm health care and mortuary systems, severely disrupt commerce and economic activity, breakdown normal societal patterns, and cause psychosocial trauma.
- An effective response to such a pandemic will require a coordinated community-wide effort from local, state, and federal agencies, private businesses, individual citizens, elected officials, and religious leaders.
- Risk groups for severe and fatal infections cannot be predicted with certainty.
- A pandemic could occur in any month, not only during the typical influenza season.
- People who become ill may shed virus and can transmit infection for one-half to one day before they feel the onset of illness.
- The pandemic will occur in waves, with at least two waves likely. In an affected community, a pandemic wave will last about six – eight weeks with as little as 30 days between waves.
- Preparations should be made for outbreaks that will likely occur simultaneously across the state and nation, limiting the ability of any one jurisdiction to provide support and assistance to others.
- A new virus may be a re-emerging, previously known human virus subtype which has not recently been in circulation, or a virus of avian origin, emerging either through stepwise ‘adaptation’ conferring greater affinity for humans or through a process of genetic ‘reassortment’ between the genes of an avian and human virus.
- From time to time, avian influenza viruses will infect people directly exposed to infected poultry (as has been occurring mainly in the Far East since 1997) but may not necessarily evolve into pandemic viruses.

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- Such a strain could first emerge anywhere, including Missouri, but it is most likely to emerge in the Far East—the birthplace of recent pandemics—because:
 - Human proximity to ducks, other poultry and domestic pigs in farming communities in South East Asia and China, which facilitates mingling of human and animal viruses that may then exchange genetic material, resulting in a new ‘reassorted’ strain.
 - Viruses may directly transfer from birds (or animals) to humans and adapt to become genetically more likely to infect people.
 - Viruses may re-emerge from unrecognized or unsuspected reservoirs.
 - There is already wide dissemination of H5N1 infection in poultry, domestic fowl and wild birds.
- Whenever a new or novel influenza virus is isolated from an infected person, its potential to spread directly from person-to-person and cause outbreaks of illness needs to be assessed.
- False alarms are likely, but until it is known whether a new virus has developed which resulted in person-to-person transmission, its pandemic potential must remain under consideration and investigation.
- Vaccine for the novel influenza virus will not be available in Missouri before the virus reaches the state.
- Initial distribution of vaccine to Missouri will be extremely limited and must be prioritized to maximize effectiveness.
- Effective antivirals will be in limited supply and must be prioritized to maximize effectiveness.
- Education, public health interventions, basic public health measures, and social controls must be relied upon initially to slow the spread of the disease within Missouri.

Assumptions about pandemic disease

- Susceptibility to the pandemic influenza subtype will be universal.
- The clinical disease attack rate will be 30 percent in the overall population. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.
- Of those who become ill with influenza, 50 percent will seek outpatient medical care.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. Vulnerable age groups cannot be predicted with certainty. During annual fall and winter influenza season, infants and the elderly, people with chronic illnesses, and pregnant women are usually at higher risk of complications from influenza infections. In contrast, during the 1918 pandemic, most deaths occurred among young, previously healthy adults.
- The typical incubation period (the time between acquiring the infection until becoming ill) for influenza averages two days. We assume this would be the same for a novel strain that is transmitted between people by respiratory secretions.
- People who become ill may shed the virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be

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greatest during the first two days of illness. Children will shed the greatest amount of virus and, therefore are likely to pose the greatest risk for transmission.

- On average a single ill person will transmit about two secondary infections. Some estimates from past pandemics have been higher, with up to three secondary infections per primary case.
- In an affected community, a pandemic outbreak will last about six – eight weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and to contribute to seasonal influenza.
- The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the U.S. during 20th century pandemics occurred in the fall and winter. Experience from the 1957 pandemic may be instructive in that the first U.S. cases occurred in June but no community outbreaks occurred until August and the first wave of illness peaked in October.

The Phases of a Pandemic

The phases described have been summarized from the World Health Organization (WHO) global influenza preparedness plan published in 2005. It is important to understand that the actual spread of the virus may or may not be described by these phases.

Interpandemic Period

Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Period

Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most, rare instances of spread to a close contact.

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Large cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Pandemic Period

Phase 6: Pandemic increased and sustained transmission in general population.

*******Note of Explanation*******

The phases and assignment of responsibilities within the plan based on these phases are products of planning assumptions. As such, the checklists begin with phase 4 (as the current pandemic status as of July 2007 is phase 3) based on the assumption that the virus will appear in the Far East and enter the United States and Missouri as a human disease spreading human-to-human. However, the possibility remains that the novel virus could emerge within the United States, even in Missouri, rather than internationally. If a circulating animal virus subtype appears in Missouri (most likely as a High Pathogenic Avian Influenza in poultry), especially if human infections with this subtype occur (essentially phases 2 and 3 developing in state), this will precipitate a full-scale emergency response by Department of Health and Senior Services and local public health agencies, SEMA, Missouri Department of Agriculture, federal health and agricultural agencies, and impacted industries. This response process is contained in a separate Avian Influenza Plan.

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Department of Health and Senior Service Responsibilities

Director – Department of Health and Senior Services

Pandemic Alert Period: Phase 4

- ❑ Will be notified by Director of Division of Community and Public Health of phase shift.
- ❑ After briefing will consult with key staff and direct appropriate actions.

Pandemic Alert Period: Phase 5

- ❑ Will be notified by Director of Division of Community and Public Health of phase shift.
- ❑ After briefing will (as necessary, directly or through delegation):
 - Notify Governor's Office.
 - Declare a public health emergency.
 - Request Deputy Director to identify staff not working on pandemic flu, reassign staff and develop work schedule.
 - Determine need and consider activating the Department Situation Room (DSR) in conjunction with the Center for Emergency Response and Terrorism Director.
 - Notify the Local Public Health Agencies to:
 - Implement their pandemic flu plans.
 - Communicate updates.

Pandemic Period: Phase 6

- ❑ Will be notified by Director of Division of Community and Public Health of phase shift.
- ❑ After briefing will:
 - Maintain the declaration of public health emergency.
 - Update the Governor's Office on anticipated actions.
 - Have Deputy Director reduce programmatic functions to maintenance operations and designate available staff to assist in data entry, surveillance, vaccinations, medication distribution, etc.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Director – Division of Community and Public Health

Other Resource:

Special Health Care Needs Annex

Pandemic Alert Period: Phase 4

- ❑ Will be notified by State Epidemiologist of the phase shift.
 - Direct Division of Community and Public Health staff to assess and prepare response.
- ❑ Notify daily list (includes: Director and Deputy Director of Department of Health and Senior Services, Center for Emergency Response and Terrorism, State Public Health Laboratory, Division of Regulation and Licensure, Division of Senior and Disability Services, Center for Local Public Health Services, Section for Disease Control and Environmental Epidemiology, Office of Public Information, Office of Community and Public Health Emergency Coordination, Bureau of Immunization Assessment and Assurance, Bureau of Communicable Disease Control and Prevention, Office of General Counsel, Medical Advisors and State Epidemiologist).
- ❑ Lead briefing discussions. (*Briefing will be set up by DSR staff.*) Provide overview of ongoing Department of Health and Senior Services (DHSS) activities with daily list.

Pandemic Alert Period: Phase 5

- ❑ Will be notified by State Epidemiologist of the phase shift.
 - Direct Division of Community and Public Health staff to assess and prepare response.
- ❑ Notify daily list.
- ❑ Lead briefing discussions. (*Briefing will be set up by DSR staff.*) Provide overview of ongoing DHSS activities with daily list.
- ❑ Project effects of the novel influenza outbreak.
- ❑ Discuss major elements of enhanced surveillance.
- ❑ Discuss vaccine/antiviral plan.
- ❑ Recommend priority vaccination and antiviral distribution.
- ❑ Discuss communication strategies for Local Public Health Agencies, hospitals, and public.

Pandemic Period: Phase 6

- ❑ Will be notified by State Epidemiologist of the phase shift.
 - Direct Division of Community and Public Health staff to assess and prepare response.
- ❑ Notify daily list.
- ❑ Provide updates and briefings.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Director - Center for Emergency Response and Terrorism

Pandemic Alert Period: Phase 4

- ❑ Will be notified by State Epidemiologist of the phase shift.
- ❑ Set-up briefing for Director of Division of Community and Public Health.
- ❑ Communicate with internal staff and external organizations by issuing a Health Alert.

Pandemic Alert Period: Phase 5

- ❑ Will be notified by State Epidemiologist of the phase shift.
- ❑ Set-up briefing for Director of Division of Community and Public Health.
- ❑ After briefing, notify State Emergency Management Agency.
- ❑ Stand-up DSR, as directed by the Director of the Department of Health and Senior Services.
- ❑ Communicate with internal staff and external organizations by issuing a Health Alert.

Pandemic Period: Phase 6

- ❑ Will be notified by State Epidemiologist of a phase shift.
- ❑ Set-up briefing for Director of Division of Community and Public Health.
- ❑ Notify State Emergency Management Agency.
- ❑ Communicate with internal staff and external organizations by issuing Health Alerts.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Chief - Office of General Counsel

Other Resources:

HHS Pandemic Influenza Plan – Legal Authorities

HHS Pandemic Influenza Plan – Part 2. Public Health Guidance on Pandemic Influenza for State and Local Partners

Throughout the Pandemic Period

After briefing by Director of Division of Community and Public Health will:

- Provide legal counsel.
- Assist in updating documents as needed.
- Serve as a liaison to other agencies legal staff.
- Provide guidance and direction as needed.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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State Epidemiologist, Office of Epidemiology

Other Resource:

Summary of Public Health Roles and Responsibilities for Clinical Guidelines

Pandemic Alert Period: Phase 4

- Will be notified by the Centers for Disease Control and Prevention of phase shifts.
- Notify the Director of Division of Community and Public Health of the change in alert status.
- Notify the Director of Center for Emergency Response and Terrorism of the change in alert status.
- Participate in briefings.
- Carry out normal duties as they apply to outbreaks.
- Monitor bulletins and events related to influenza and engage in vigorous proactive communications with Centers for Disease Control and Prevention related to the novel influenza virus.
- Use statewide surveillance system to assure data can be analyzed in conjunction with Office of Community and Public Health Emergency Coordination (OEC).
- Work with state planner to assure coordinated effort among regional staff.

Pandemic Alert Period: Phase 5

- Monitor bulletins from the Centers for Disease Control and Prevention regarding virologic, epidemiologic and clinical findings associated with new variants isolated within and outside of the United States.
- Notify the Director of Division of Community and Public Health of the change in alert status.
- Notify the Director of Center for Emergency Response and Terrorism of the change in alert status.
- Participate in conference calls.
- Continue to carry out duties as they apply to outbreaks.

Pandemic Period: Phase 6

- Notify the Director of Division of Community and Public Health of the change in alert status.
- Notify the Director of Center for Emergency Response and Terrorism of the change in alert status.
- Continue to carry out duties as they apply to outbreaks.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Chief – Office of Public Information

Other Resources:

Public Communications Annex

Summary of Public Health Roles and Responsibilities in Public Health Communications

Pandemic Alert Period: Phase 4

After briefing by Director of Division of Community and Public Health will:

- Coordinate and manage public information.
- Develop key messages for media and general public.
- Coordinate messages with the Office of the Governor.
- Reexamine prepared media releases.
- Update media releases if necessary.
- Review and be prepared to use Public Information Emergency Communications Plan.
- Check for availability of key spokespeople.
- Brief key spokespeople as necessary.
- Finalize communications strategy with daily list.
- Consult with department experts if necessary.
- Prepare for media and public inquiries.
- Participate in/arrange media release and press briefings.
- Schedule media informational workshops in several locations throughout the state.
- Ensure web site information is updated routinely.
- Be prepared to expand hotline to ten (10) lines and add DHSS call handlers.

Pandemic Alert Period: Phase 5

After briefing by Director of Division of Community and Public Health will:

- Continue coordinating and controlling information as above.
- Develop new messages in accordance with changes in the outbreak.

Pandemic Period: Phase 6

After briefing by Director of Division of Community and Public Health will continue as stated above.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Administrator – Section for Disease Control and Environmental Epidemiology

Other Resources:

Surveillance Investigation and Data / Information Sharing Annex

Summary of Roles and Responsibilities in Managing Travel – Related Risk of Disease Transmission

Summary of Public Health Roles and Responsibilities for Vaccine Distribution and Use

Summary of Public Health Roles and Responsibilities for Antiviral Distribution and Use Infection Control

Summary of Public Health Roles and Responsibilities for Clinical Guidelines

Summary of Public Health Roles and Responsibilities in Pandemic Influenza Surveillance

Pandemic Alert Period: Phase 4

After instruction from Director of Division of Community and Public Health will:

- Instruct the Bureau of Immunization Assessment and Assurance (BIAA) to:
 - Coordinate with the Strategic National Stockpile Manager to:
 - Review vaccination and antiviral distribution plan.
 - Finalize establishment of priority groups in each community statewide.
 - Coordinate with Local Public Health Agencies, hospitals, and Bureau of Communicable Disease Control and Prevention (BCDCP) on Point of Dispensing Sites.
 - Coordinate with State Public Health Laboratory on testing.
 - Monitor staffing/workload gaps.
 - Work with the Center for Emergency Response and Terrorism in the preparation of Health Alerts.
- Instruct the BCDCP to:
 - Coordinate with the Office of Epidemiology (OOE), and OEC.
 - Evaluate resources and prioritize staffing for pandemic response.
 - Work with the Center for Emergency Response and Terrorism in the preparation of Health Alerts.
 - Coordinate with the BIAA.
 - Brief the Regional Senior Epidemiologists with instructions to:
 - Participate in briefings.
 - Carry out normal duties as they apply to outbreaks.
 - Monitor bulletins and events related to influenza.
 - Instruct the Local Regional Epidemiologists and Planners to:
 - Review local plan – Point of Dispensing Sites, vaccination/drug plan.
 - Meet with other regional staff to assure consistency in message and plan.
 - Initiate heightened surveillance, to include both active and passive surveillance.
 - Assure that all newly diagnosed cases are entered into the appropriate data surveillance system in a timely manner to provide current data for analysis.

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- Assist assigned counties as needed.

Pandemic Alert Period: Phase 5

After instruction from Director of Division of Community and Public Health will:

- ❑ Brief new employees assigned to work on pandemic influenza.
- ❑ Evaluate resources available to manage the outbreak.
- ❑ Work with Center for Emergency Response and Terrorism in the preparation of Health Alerts.
- ❑ Instruct the BIAA to continue as above.
- ❑ Instruct the BCDCP to continue as above, in addition, the Chief, BCDCP will instruct the Regional Senior Epidemiologists to:
 - Continue as above in addition to other emergency response duties.
 - Maintain communication with regional epidemiology specialists and disease investigation staff.
 - Analyze regional and state data from statewide surveillance system in conjunction with OEC.
 - Brief additional regional staff assigned to work on pandemic influenza.
 - Assure communication with counties and regional emergency response staff continues to occur.
 - Coordinate with state emergency response planners to evaluate resources available to vaccinate and manage the outbreak within assigned area.

Pandemic Period: Phase 6

After instruction from Director of Division of Community and Public Health will:

- ❑ Continue as above in addition to other emergency response duties.
- ❑ Instruct the BCDCP to continue as above, in addition, the Chief, BCDCP will instruct the Regional Senior Epidemiologists to:
 - Work with regional and county staff in assigned area to implement vaccine distribution and opening of Point of Dispensing Sites.
 - Work with state planner to assure coordinated effort among regional staff.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Chief - Office of Community and Public Health Emergency Coordination

Other Resources:

Summary of Roles and Responsibilities in Managing Travel – Related Risk of Disease Transmission

Summary of Public Health Roles and Responsibilities for Vaccine Distribution and Use

Summary of Public Health Roles and Responsibilities for Antiviral Distribution and Use Infection Control

Summary of Public Health Roles and Responsibilities for Clinical Guidelines

Summary of Public Health Roles and Responsibilities in Pandemic Influenza Surveillance

Pandemic Alert Period: Phase 4

After instruction by Director of Division of Community and Public Health will:

- ❑ Coordinate heightened surveillance efforts, including:
 - BT and passive surveillance, sentinel providers.
 - Daily monitoring of hospitals.
 - Communicate with Local Public Health Agencies.
 - Communicate with surveillance sites.
 - Analysis of data.
- ❑ Coordinate with Section for Disease Control and Environmental Epidemiology (SDCEE).
- ❑ Coordinate with Center for Emergency Response and Terrorism.
- ❑ Coordinate with OOE.
- ❑ Coordinate with State Public Health Laboratory.
- ❑ Coordinate with Center for Local Public Health Services.
- ❑ Provide updates to the Director of Division of Community and Public Health.

Pandemic Alert Period: Phase 5

After instruction by Director of Division of Community and Public Health will:

- ❑ Continue the coordination of heightened surveillance efforts (as above), and (if necessary):
 - Monitor non-hospital related deaths.
 - Monitor adverse events related to vaccines and antivirals.
- ❑ Provide updates to the Director of Division of Community and Public Health.

Pandemic Period: Phase 6

After briefing by Director of Division of Community and Public Health will continue as above.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

An electronic copy of this document is available at www.dhss.mo.gov/PandemicPlan

Section for Health Standards and Licensure

Other Resources:

Health Care Systems Readiness Annex

Summary of Roles and Responsibilities for Healthcare and Public Health Partners

Pandemic Alert Period: Phase 4

After briefing from Director of Division of Community and Public Health will:

- Ask hospitals to determine availability of critical equipment and medicines.

Pandemic Alert Period: Phase 5

After briefing from Director of Division of Community and Public Health will:

- Update Point of Dispensing Site hospitals, providers, and Missouri Hospital Association.
- Activate local response plans.

Pandemic Period: Phase 6

After briefing from Director of Division of Community and Public Health will continue as above.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Director – State Public Health Laboratory

Other Resources:

Laboratory Preparedness Annex

Summary of Roles and Responsibilities for Public Health and Clinical Laboratories in Laboratory Diagnostics

Pandemic Alert Period: Phase 4

After briefing from Director of Division of Community and Public Health will:

- ❑ Enhance surveillance for the novel virus throughout the state by supplying such information on sample submission and protocols as necessary to Laboratory Response Network (LRN) laboratories, using Health Alerts created in cooperation with SDCEE and the Center for Emergency Response and Terrorism and by other communication means if necessary.
- ❑ Increase communications with Centers for Disease Control and Prevention to ensure the best information regarding strain typing, reagent specifics, and other such information related to the novel virus is available to the State Public Health Laboratory and associated network of partners.
- ❑ Redirect laboratory staffing, inspect equipment, monitor supplies, and other such steps as needed in preparation for testing the novel virus.
- ❑ Communicate expeditiously to the Division of Community and Public Health, any confirmation of the novel virus within the state.
- ❑ Coordinate, with Local Public Health Agencies, in providing technical consultation, necessary sampling kits, and other assistance as may be needed for surveillance of the novel virus.

Pandemic Alert Period: Phase 5

After briefing from Director of Division of Community and Public Health will:

- ❑ Continue as above in coordination and communications with Division of Community and Public Health, LRN, Local Public Health Agencies, Centers for Disease Control and Prevention, and so forth.
- ❑ Update, in conjunction with SDCEE and the Center for Emergency Response and Terrorism, Health Alerts modifying (by prioritization of regions, details of sample submission, etc.) the enhanced surveillance effort for the novel virus.
- ❑ Communicate expeditiously to the Division of Community and Public Health, trends and movement of the novel virus within the state.

Pandemic Period: Phase 6

After briefing from Division of Community and Public Health Director will continue as above.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Director - Center for Local Public Health Services

Other Resources:

HHS Pandemic Influenza Plan Part 2. Public Health Guidance on Pandemic Influenza for State and Local Planning

Pandemic Alert Period: Phase 4

After briefing from Director of Division of Community and Public Health will:

- Maintain communication with the Administrator of SDCEE.
- Maintain communication with the DSR (once activated).
- Maintain communication with Local Public Health Agency Administrators.
- Poll Local Public Health Agencies to determine needed doses of vaccine and antivirals for identified high priority populations.
- Coordinate with the Chief, BIAA and Strategic National Stockpile Manager on vaccine and antiviral information.
- Interpret DHSS guidance for Local Public Health Agencies, provide advice, maintain relationships, answer questions, and make referrals.
- Assist in the assessment of capacities and capabilities of the Local Public Health Agencies.
- Serve as a conduit for information between DHSS and the Local Public Health Agencies.
- Redirect staff and resources within Center for Local Public Health Services as necessary.
- Maintain knowledge of the deployment level of the Local Public Health Agency workforce.
- Recommend Local Public Health Agency representatives to provide local input.
- Work with Director of Division of Community and Public Health to consider easing routine contract work of Local Public Health Agencies to free staff for the pandemic effort.

Pandemic Alert Period: Phase 5

After briefing from Director of Division of Community and Public Health will continue as above.

Pandemic Period: Phase 6

After briefing from Director of Division of Community and Public Health will continue as above.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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Administrator - Section for Long Term Care

Pandemic Alert Period: Phase 4

After briefing from Director of Division of Community and Public Health will:

- ❑ Instruct the seven (7) regional offices to determine from all long term care facilities the number and location of high-risk residents; and the availability of medicines and ancillary medical treatments.

Pandemic Alert Period: Phase 5

After briefing from Director of Division of Community and Public Health will:

- ❑ Update the seven (7) regional offices, facilities, Missouri Health Care Association, Missouri Homes for the Aged, Missouri Assisted Living Association, and Missouri League of Nursing Home Administrators.
- ❑ Activate local response plans.

Pandemic Alert Period: Phase 6

After briefing from Director of Division of Community and Public Health will continue as above.

The Department of Health and Senior Services will use its Emergency Response Plan. These checklists indicate the roles and responsibilities for pandemic influenza response.

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DHSS Mental Health Coordinator

Other Resources:

Mental Health Annex

Summary of Public Health Roles and Responsibilities in Workforce Support

Pandemic Alert Period: Phase 4

- ❑ Will be notified of the phase shift by the Center for Emergency Response and Terrorism.
- ❑ Evaluate mental health assets and anticipated resources required to meet the threat at hand.
- ❑ Notify mental health experts and other partners to be ready for possible activation in response to a public health emergency.
- ❑ Provide *ad hoc* training and orientation for those mental health professionals who may be deployed to support emergency-related public health response efforts (mass prophylaxis sites, local hospitals, alternate care facilities, etc.).
- ❑ Provide consultation to local mental health providers in adapting their response for special populations (hospital and healthcare workers, children, older adults and ethnic communities, first responders, homebound, etc.).
- ❑ Provide consultation and training for frontline public health workers, such as state and local public health department staff, physicians, nurses, medical technicians, and others in anticipating and responding to epidemic-related mental health behaviors such as stress reactions, misattribution of normal arousal symptoms, and panic.
- ❑ Disseminate psycho-educational materials to various populations addressing the mental health impact of the pandemic event, as well as strategies for coping with fear and anxiety and access to mental health services.
- ❑ Conduct mental health-specific needs assessments and rapid identification of vulnerable populations and gaps in mental health services that may exacerbate the psychosocial response to the event.

Pandemic Alert Period: Phase 5

- ❑ Will be notified of the phase shift by the Center for Emergency Response and Terrorism.
- ❑ Continue with the above. In addition:
 - Utilize existing relationships with Voluntary Organizations Active in Disasters and faith-based organizations in coordinating and unifying mental health messages and strategies.
 - Work with Public Information Officers to craft public service mental health messages in support of the overall emergency public health response.
 - Increase recruitment of qualified outreach workers to provide community-based crisis counseling and psycho-education in rural and otherwise difficult to reach communities.
 - Update and modify online mental health/pandemic-related websites.
 - Deploy counselors to deliver multi-lingual, multi-cultural mental health support services directed at all critical outbreak-related functional areas (Strategic National Stockpile Receiving, Storage and Staging sites, Point of

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Dispensing Sites, public health headquarters, emergency medical service bases of operation, etc.).

- Provide stress management services and training for those public health personnel working in high-demand settings.
- Deploy staff (life safety issues notwithstanding), to high-emotion locations (morgues, funeral homes, hospitals, pediatric units, pharmacies, etc.) to work to reduce agitation among individuals who are upset.
- Coordinate with other crisis counseling programs (American Red Cross, county prosecutor's victims advocates, etc.) to ensure the interoperability of counseling services at all points within the community.
- Deliver (life safety issues notwithstanding) support services to schools and other institutions to assist staff, students/residents, etc., with grief and bereavement issues and the cumulative stresses related to a protracted health emergency.
- Offer ongoing stress management activities for crisis counselors and other mental health workers engaged in any outbreak-related efforts.
- Offer ongoing stress management services to personnel within the incident command and control structure of the emergency management system.
- Deliver specialized mental health support services to medical professionals, first responders, and public health workers to address stress management concerns to reduce the potential for adverse psychological reactions within their workforces.

Pandemic Period: Phase 6

- Will be notified by Center for Emergency Response and Terrorism of the phase shift.
- Continue with the above. In addition:
 - Provide ongoing support for clergy, morticians, and funeral workers.
 - Promote the development of grass roots, community self-help groups to address the long-term emotional consequences of the pandemic.
 - Promote and offer technical assistance and other peer-support programs to first responders to address the potential long-term emotional impact of the event.
 - Deliver debriefing and other post-event psychological services for first responders, public health and other professionals involved in the event.
 - Work with community mental health provider agencies, academic institutions and other specialists to develop treatment models to address the lingering or long-term emotional consequences of the pandemic event.
 - Maintain a telephone help-line providing tele-counseling, updated resources and facilitated referrals for behavioral health services, as well as online resources.
 - Maintain online psycho-educational and resource/referral web sites developed during earlier phases.

An electronic copy of this document is available at www.dhss.mo.gov/PandemicPlan

Glossary of Acronyms

BCDCP: Bureau of Communicable Disease Control and Prevention

BIAA: Bureau of Immunization Assessment and Assurance

CDC: Centers for Disease Control and Prevention

CERT: Center for Emergency Response and Terrorism

CLPHS: Center for Local Public Health Services

DCPH: Division of Community and Public Health

DHHS: (United States) Department of Health and Human Services

DHSS: Missouri Department of Health and Senior Services

DRL: Division of Regulation and Licensure

DSDS: Division of Senior and Disability Services

DSR: Department Situation Room

LPHA: Local Public Health Agency

MHA: Missouri Hospital Association

OEC: Office of Community and Public Health Emergency Coordination

OOE: Office of Epidemiology

POD: Point of Dispensing

SDCEE: Section for Disease Control and Environmental Epidemiology

SEMA: (Missouri) State Emergency Management Agency

SNS: Strategic National Stockpile

SPHL: (Missouri) State Public Health Laboratory

WHO: World Health Organization

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Definitions

Antigenic Shift: Process by which two (2) strains of the influenza A virus exchange genetic material to form a subtype having a mixture of surface antigens of the parent viruses.

Antigenic Drift: Naturally occurring genetic mutations of influenza that affect antigenic surface protein expression. Antigenic drift occurs in all types of influenza including influenza A, B and C.

Antivirals: Drugs developed for the treatment of patients suffering from viral infections including the influenza virus. This class of drugs includes zanamivir (Relenza) and oseltamivir (Tamiflu), neuroaminidase inhibitors that have shown the ability to reduce flu-like symptoms in some infected patients. Effectiveness of these drugs depends on the strain of the infecting virus and the start of treatment as related to the onset of symptoms.

Avian Influenza: All known avian flu viruses belong to the species of virus called influenza A virus. All subtypes of influenza A virus are adapted to birds, which is why for many purposes avian flu virus *is* the influenza A virus

Daily List: Group made up of the Director and Deputy Director of Department of Health and Senior Services, Director of Division of Community and Public Health, Center for Emergency Response and Terrorism, State Public Health Laboratory, Division of Regulation and Licensure, Division of Senior and Disability Services, and Center for Local Public Health Services, Administrator of Section for Disease Control and Environmental Epidemiology, Chief of the Office of Public Information, Chief of the Office of Emergency Coordination, Bureau of Immunization Assessment and Assurance and Bureau of Communicable Disease Control and Prevention, Office of General Counsel, Medical Advisors and State Epidemiologist. This is the group of key decision makers with resource allocation authority with Department of Health and Senior Services.

H5N1: Type of avian flu which only very rarely affects humans. It is an influenza A virus subtype that occurs mainly in birds, is highly contagious among birds, and can be deadly to them.

Health Alert: Notices provided by government and/or health-related organizations concerning relevant information related to the health and safety of the public. These may include notices of travel restrictions, information concerning sites of novel outbreaks around the world, notification of World Health Organization phase shifts etc.

Isolation: Isolation is the separation for the period of communicability of infected individuals and animals from other individuals and animals, in places and under conditions as will prevent the direct or indirect transmission of the infectious agent from infected individuals or animals to other individuals or animals who are susceptible or who may spread the agent to others. Isolation may be voluntary or enforced.

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LRN Laboratories: The Laboratory Response Network (LRN) and its partner laboratories, including the Missouri State Public Health Laboratory, maintain an integrated national and international network of laboratories that are fully equipped to respond quickly to emerging infectious diseases and other public health threats and emergencies through state of the art diagnostic techniques.

National Vaccine Program Office: The National Vaccine Program Office has responsibility for coordinating and ensuring collaboration among the many federal agencies involved in vaccine and immunization activities. The National Vaccine Program Office provides leadership and coordination among federal agencies, as they work together to carry out the goals of the National Vaccine Plan.

Novel Influenza Virus: Virus that has never been reported in the past as to cause human illness and therefore will result in the lack of available vaccine development and inherent immune resistance. May result from genetic change of virus currently known to effect humans and/or genetic transfer between viruses to confer infectivity.

Pandemic Influenza: A pandemic is a global disease outbreak. A flu pandemic occurs when a new influenza virus emerges for which people have little or no immunity, and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in very short time.

Phase Shift: Declaration of transition between World Health Organization phases made by the Director-General of World Health Organization. Each phase of alert coincides with a series of recommended activities to be undertaken by World Health Organization and Department of Health and Senior Services. Changes from one phase to another are triggered by several factors, which include the epidemiological behavior of the disease and the characteristics of circulating viruses.

Public Health Emergency: Emergency health threats, including pandemic influenza, that require exercise of essential government functions to ensure the safety of their residents. By declaring an emergency, officials are enabled to enact plans that have been designed to best serve their people while acknowledging the threat of this event requires the attention of various state organizations.

Points of Dispensing: Predefined sites used for dispensing critical supplies to hospitals and people. These items might include those maintained as part of the Strategic National Stockpile or vaccine distribution.

Priority Groups: Those groups identified to be in the greatest need of a service, such as vaccination or antiviral treatment, in the event of a pandemic influenza outbreak.

Providers: Those individuals providing services directly to the community. Examples include physicians, nurses, local business people, etc.

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Quarantine: Quarantine is a period of detention for persons or animals that may have been exposed to a reportable disease. The period of time will not be longer than the longest period of communicability of the disease. The purpose of quarantine is to prevent effective contact with the general population. Quarantine may be voluntary or enforced.

Sentinel Physician Surveillance: Enhanced passive surveillance with physicians as the reporting entity.

- Surveillance, active - surveillance initiated by a health department
- Surveillance, enhanced passive - surveillance initiated by the source of data, often a health care provider or clinical laboratory rather than a health department
- Surveillance, sentinel - to identify the initial introduction of a disease as soon as possible to prevent an extensive and sustained outbreak.

Sentinel Providers: Missouri physicians of any specialty that report the total number of patient visits each week and number of patient visits for influenza-like illness by age group (0-4 years, 5-24 years, 25-64 years, ≥ 65 years). These data are transmitted once a week to a central data repository at Centers for Disease Control and Prevention for monitoring. Specimens can also be sent directly to Centers for Disease Control and Prevention for analysis.

State Program Managers: Individuals responsible for unique components of the state pandemic influenza plan. These leaders are entrusted to oversee the development and implementation, as needed, of the pandemic influenza response plan.

Strain Typing: Laboratory analysis of isolates collected from infected individuals to determine the subtype of influenza virus responsible for the infection and resulting illness.

Strategic National Stockpile: Centers for Disease Control and Prevention's Strategic National Stockpile has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency severe enough to cause local supplies to run out. Once federal and local authorities agree that the Strategic National Stockpile is needed, medicines will be delivered to any state in the U.S. within 12 hours.

Surveillance: The ongoing systematic collection, analysis, and interpretation of outcome-specific data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those who need to know. Epidemiologic activities would include identification, evaluation, and monitoring of cases and contacts.

Additional Resources

For additional, topic specific, information, please refer to the resources below.

General Information

- www.dhss.mo.gov/PandemicInfluenza

Business / Continuity of Operations

- www.dhss.mo.gov/PandemicInfluenza/businesses.html
- www.dhss.mo.gov/Ready_in_3/PandemicInfluenza.html
- www.pandemicflu.gov/plan/workplaceplanning

Ready in 3 Pandemic Influenza

- www.dhss.mo.gov/Ready_in_3/PandemicInfluenza.html
- www.dhss.mo.gov/Ready_in_3/MainReadyForm.html

Materials and Tools

- Community Guide
www.dhss.mo.gov/Ready_in_3/PandemicInfluenza.html
- Business Guide
www.dhss.mo.gov/Ready_in_3/PandemicInfluenza.html
- Pandemic Flu: A Stress Management Guide
www.dhss.mo.gov/Ready_in_3/PandemicInfluenza.html
- Special Health Care Needs Checklist
www.dhss.mo.gov/Ready_in_3/PandemicInfluenza.html
- Videos
www.dhss.mo.gov/Ready_in_3/PandemicInfluenza.html

Avian Influenza

- www.dhss.mo.gov/PandemicInfluenza/
- www.cdc.gov/flu/avian/index.htm

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Listing of Key Officials

Jane Drummond, Director, Missouri Department of Health and Senior Services

Nancie McAnaug, Deputy Director, Missouri Department of Health and Senior Services

Glenda Miller, Director, Division of Community and Public Health

Kimberly O'Brien, Director, Division of Regulation and Licensure

Nancy Bush, Director, Center for Emergency Response and Terrorism

Dr. Eric Blank, Director, State Public Health Laboratory

Nanci Gonder, Chief, Office of Public Information

Arvids Petersons, Chief, Office of General Counsel

Brad Hall, Administrator, Section for Disease Control and Environmental Epidemiology

Harvey Marx, Chief, Bureau of Communicable Disease Control and Prevention

Jeannie Ruth, Chief, Bureau of Immunization Assessment and Assurance

Aaron Winslow, Chief, Office of Community and Public Health Emergency Coordination

Dr. George Turabelidze, Interim State Epidemiologist and Chief, Office of Epidemiology

Anne Lock, Director, Center for Local Public Health Services

Sue Heisler, Strategic National Stockpile Manager

Jenny Wiley, Coordinator, Disaster Readiness, Missouri Department of Mental Health