

Technical Section C: Community Disease Containment

DRAFT

Executive Summary

Disease containment refers to measures that decrease contact among people in order to slow transmission of influenza virus. These measures will be particularly important in the absence of an effective vaccine and may become less important if a vaccine becomes widely available.

Disease containment includes individual-level measures (e.g., isolation and quarantine¹) and community-level measures (e.g., suspension of public gatherings) to limit or slow transmission of a novel influenza virus. The Minnesota Department of Health (MDH) is the lead state agency for isolation, quarantine, and community-wide infection control recommendations. The Minnesota Department of Public Safety is the lead state agency for all other community-level disease containment measures, with MDH making recommendations to activate the measures in consultation with the CDC.

The purpose of this section is to:

1. Define the disease containment measures that may be used to limit or slow an influenza pandemic in Minnesota;
2. Describe the steps necessary for the MDH and LPH to prepare to implement such measures; and
3. Set forth general criteria for when the measures might be implemented. The MDH will refine these criteria, though the epidemiology of a novel influenza virus will guide implementation of disease containment measures in a pandemic.

Isolation and quarantine are strategies that may be used as part of the overall effort to prevent and control the transmission of a novel influenza strain among humans. Isolation of patients with certain communicable diseases occurs routinely in healthcare facilities. Patients who are infectious with a novel influenza virus will be isolated while hospitalized during all phases of an influenza pandemic. In addition, non-hospitalized infectious patients will be requested to isolate themselves at home during the infectious period during all phases of a pandemic.

In contrast, the use of quarantine of individuals to control the spread of a novel influenza virus would be expected to be limited to the very early and perhaps the late phases of a pandemic. Because influenza has a short incubation period and people infected with the virus are infectious prior to development of symptoms, quarantine may be a resource-intensive strategy with little benefit for disease control when there is sustained transmission of a novel influenza virus in a community. Quarantine of close contacts may be most effective:

- During the pandemic alert period when limited human-to-human transmission has been documented with a less efficiently transmitted virus (MDH likely would implement quarantine of contacts only when there is a high probability that the ill patient is infected with a novel influenza virus).
- During the early pandemic period when the scope of the outbreak is focal and limited.

It is anticipated that most people who are requested to isolate or quarantine themselves would so do voluntarily (accomplished upon recommendation of the MDH). However, the MDH may

¹ Isolation is the separation and restriction of movement or activities of ill infected people who have a contagious disease, for the purpose of preventing transmission to others. Quarantine is the separation and restriction of movements or activities of person who are not ill but who are believed to have been exposed to infection, for the purposes of preventing transmission of disease. Isolation and quarantine can be voluntary (upon recommendation of the Commission of Health), or may be mandated by a court order.

seek court orders of isolation and quarantine if it determines that legal action is appropriate to protect public health. Ramsey County District Court has statewide jurisdiction for such cases. In appropriate circumstances, measures short of quarantine may be implemented to slow or limit disease spread including symptom watch and active monitoring (without movement restrictions) of people who may have been exposed to a novel influenza virus.

Isolation and quarantine may occur in Minnesota at the request of federal or state authorities, or on Indian lands. MDH will work closely with CDC Quarantine Station Officials at the Minneapolis St. Paul International Airport (MSP) to assist with disease containment measures for passengers arriving on international or other flights (e.g., screening passengers for symptoms, and implementing isolation or quarantine). The MDH will also work with Tribal Health Directors, as well as the CDC and the Indian Health Service, to make recommendations on and otherwise support disease containment measures on Minnesota's eleven federally recognized Indian reservations.

When community transmission of a novel influenza virus is occurring in Minnesota and quarantine of exposed individuals is not effective or feasible, other disease containment measures may be used. The HHS Pandemic Influenza Plan (HHS Plan) provides potential measures (see **Attachment B** for measure definitions), which include:

- Quarantine of specific groups of people with a common exposure to a novel influenza virus, e.g., people exposed to influenza virus at a public gathering, on an airline or other closed conveyance, or at work or school.
 - Note: HHS recommends this measure when (1) there is limited disease transmission in the area; (2) most cases can be traced to contact with an earlier case or exposure to a known transmission setting, e.g., a school or workplace where a person has fallen ill; and (3) the intervention is likely to either significantly slow the spread of infection or to decrease the overall magnitude of an outbreak in the community.
- Measures that apply to use of specific sites or buildings (e.g., cancellation of public events, closure of recreational facilities)
- Community-wide infection control measures (e.g., respiratory etiquette and hand hygiene)
- Closure of schools, office buildings, shopping malls, and public transportation
- "Snow days"
- Widespread community quarantine (cordon sanitaire)

The MDH will assess disease containment measures on an ongoing basis during a pandemic since the effectiveness, feasibility, and necessity for them will change based on the level of disease transmission in the state as a whole, as well as in particular areas of the state. At any particular time, snow days could be used in one part of the state where disease transmission is widespread whereas isolation and quarantine might be used elsewhere in the state because of limited disease activity in that area. If community-wide containment measures are implemented, it is also critical to determine when to scale them back. The MDH will make recommendations for lifting community containment measures based on evidence of improving local/regional control of virus transmission.

Health and Human Services (HHS) Recommendations

Overview

The HHS recommendations for community disease containment are divided into three categories:

1. Recommendations for the pandemic alert period
2. Recommendations for the pandemic period
3. Other general recommendations

1. Recommendations for the pandemic alert period

A. Patient Isolation

Individuals who meet the case definition for a novel influenza virus should be isolated during the pandemic alert period and throughout a pandemic. Infection control precautions and procedures for isolating influenza cases are in supplement 4 of the HHS Plan.

B. Management of Close Contacts

In most situations – even in the earliest stages of a pandemic – it may not be possible to trace and quarantine close contacts of suspected or confirmed cases within the relatively short time period of incubation for influenza. However, in certain situations, especially during the later phases of the pandemic alert period, efforts to identify exposed individuals or groups may be recommended. Examples may include close contacts of:

- Suspected or confirmed cases of novel influenza in individuals who have traveled to an H5N1-affected country and have been exposed to sick poultry or a laboratory-confirmed case of H5N1 influenza
- Suspected or confirmed cases of influenza A (H5N1) or another strain of novel influenza in travelers on airplanes about to arrive in the U.S.
- Suspected or confirmed cases of avian influenza (AI) of any type in people with known exposure to sick poultry or birds in the U.S.
- Clusters of AI A (H5N1) or another novel strain of influenza in small, well-defined settings, such as a National Guard Base
- Cases of laboratory exposure to AI A (H5N1) or influenza viruses with the potential to cause a pandemic

2. Recommendations for the pandemic period

A. Containment Measures for Individuals

Patients with suspected or confirmed influenza should be isolated, using appropriate infection control measures. Contact tracing, monitoring, and quarantine of close contacts may be effective only in the earliest stages of a pandemic. Because the usefulness and feasibility of these measures will be limited once the virus has started to spread, consideration should be given to community-based measures that reduce disease transmission by “social distancing.” Social distancing measures are aimed at reducing contact among people without regard to exposure status, e.g., suspending public events and conducting work from home. In contrast, individual quarantine focuses on identifying people who have been exposed to disease and restricting the activities of only those people.

B. Community-based Containment

HHS divides community-based containment measures into two broad categories: measures that affect groups and measures that affect entire communities.

1. Group measures include:
 - Quarantine of specific groups of people with a common exposure to a novel influenza virus, e.g., people exposed at a public gathering, on an airplane, or at their school or workplace
 - Restrictions on use of specific sites or buildings in order to increase social distance, e.g., cancellation of public events, and closure of recreational facilities
2. Community-wide measures include:
 - Promotion of community-wide infection control measures, e.g., respiratory hygiene and cough etiquette
 - Snow days and self-shielding
 - Closure of schools, office buildings, shopping malls, and public transportation
 - Widespread community quarantine (*cordon sanitaire*)

3. Other general HHS recommendations

- A. Isolation of case-patients is recommended during the period of infectivity for pandemic influenza.
- B. Most patients with pandemic influenza will be able to remain at home during the course of their illness (with family members taking infection control precautions).
- C. People who have been exposed to influenza may need to stay in quarantine for as long as 10 days (may be modified depending on epidemiology of the virus).
 Note: Experience with seasonal influenza suggests the incubation period is 1-4 days, with an average length of 2 days. However, the clinical behavior of a novel influenza virus may be different and the incubation period could potentially be as long as 10 days. The HHS Plan states that pandemic influenza preparedness activities should plan for measures that may last between 1-10 days, and 10 days is referred to as the incubation period; however, public health authorities are advised that they should be prepared to adjust the time frame as more is known about the virus.
- D. Snow days may be instituted for an initial 10-day period, with final recommendations and durations based on epidemiological and social assessments. Consideration in planning should be given to personnel who maintain essential functions in the community.
- E. People at high risk for complications from influenza will be advised to avoid public gatherings when pandemic influenza is in the community.
- F. The approach to disease containment will be related to the level of influenza activity as outlined in the table below. The epidemiology of a novel virus will guide recommendations in an actual event.

Graded Implementation of Community Containment Measures	
Level of Influenza Activity	Response*
Limited novel influenza virus transmission abroad; all local cases are either imported or have clear epidemiologic links to other cases	Quarantine of close contacts
Limited novel influenza virus transmission in the area, with either a small number of cases without clear epidemiologic links to other cases or with increased occurrence of influenza among their close contacts	Quarantine of close contacts

Sustained novel influenza virus transmission in the area, with a large number of cases without clear epidemiologic links to other cases; control measures aimed at individuals and groups appear to be effective	Focused measures to increase social distance; consider community-based measures
Sustained novel influenza activity in the area, with a large number of cases in persons without an identifiable epidemiologic link at the time of initial evaluation; control measures are believed to be ineffective	Community-level measures to increase social distance; consider snow days and community-wide quarantine
Decreases in the number of new cases, unlinked (or "unexpected") cases, and generations of transmission	Quarantine of contacts
Transmission has been controlled or eliminated; no new cases reported	Active monitoring in high-risk populations; continue for 2-3 incubation periods after control or elimination of transmission

*HHS notes that, depending on the specific circumstances, these steps may not necessarily be taken in sequential order.

- G. HHS continues to discuss the use of work quarantine implemented in Toronto, Ontario during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003. Under work quarantine, employees are permitted to work, but must strictly observe activity restrictions (quarantine) while off-duty. Monitoring for influenza-like illness before reporting for work may be required. Work quarantine would apply to people for whom quarantine is indicated, but who provide essential services, e.g., healthcare workers.

Planning Activities

Rationale

The MDH, guided by epidemiologic data and legal authority, will implement or recommend disease containment measures to maximize impact on disease transmission and effective use of public resources.

In the pandemic alert period, with a less efficiently transmitted virus, individual measures (e.g., isolation and quarantine) may be very effective at slowing disease spread and allowing time for targeted use of medical interventions (e.g., antivirals). Additionally, implementing these measures early in a pandemic, when the scope of the outbreak is focal and limited, may slow geographic spread and increase the time of vaccine production and implementation of other pandemic response activities. After the 2002 Minnesota isolation and quarantine statute was enacted, the MDH, LPH, and key stakeholders from the legal system began work to prepare for implementation of these measures. The MDH is also working with CDC officials at the MSP Quarantine Station to prepare for isolation of arriving passengers who may be infected with a novel influenza virus and quarantine of other passengers on the flight. The MDH has agreed to

coordinate monitoring and provision of essential services to passengers who are quarantined after arrival on a flight. Further, the MDH will work with Tribal Health Directors, as well as the CDC and the Indian Health Service, to make recommendations on and otherwise support disease containment measures for Minnesota's eleven federally recognized Indian reservations.

The MDH will consider the use of work quarantine for healthcare workers with exposure to known or suspected cases of a novel influenza virus, prior to the point where there is sustained transmission in the community. Work quarantine was instituted in Toronto, Ontario during the SARS outbreak of 2003, which involved no community transmission. However, in the setting of an influenza pandemic, the utility of this measure would be limited.

When sustained disease transmission is occurring in Minnesota, the MDH will consider use of community-based containment measures, e.g., recommending closing schools and restricting public gatherings. (Note: The MDH's role is to recommend school closures and other community restrictions. Under Minnesota Statutes, section 12.21, the Governor may, during a national-security or peacetime emergency, authorize the Commissioner of Education to alter school schedules, curtail school activities, or order schools closed. The Governor has emergency authorities to implement other community restrictions as well under section 12.21.) The MDH will also emphasize what individuals can do to reduce their risk of infection, e.g., performing hand hygiene, avoiding crowded settings, and practicing social distancing whenever possible.

The MDH recommends that businesses and government entities plan for social distancing and potential closure during a pandemic. Social distancing in office settings may include establishing policies for telecommuting, staggered shifts, limitation of face-to-face meetings, and prompt exclusion of people with influenza symptoms. Social distancing measures in other settings (e.g., grocery stores, places of worship) may also be considered. Measures may include limiting the number of people who are in the same area of a building at one time.

Closure of schools and child care centers may be particularly effective during a pandemic since children are efficient transmitters of seasonal influenza. A 2004 study found that, during an influenza outbreak, school closures were associated with significant decreases in the incidence of respiratory disease and clinic visits in children 6-12 years of age. Closing schools may reduce disease transmission but will undoubtedly cause increased hardship to parents and caregivers and could have significant effects on the business sector, since parents/caregivers may need to take time off work to provide child care. Thus, significant planning must be done to prepare for the potential of school and child care center closures that could last, in the worst case, for 6-8 weeks. The MDH will continue work to identify criteria and triggers for such recommendations and will also provide recommendations on infection control at schools.

Restrictions on public events may also reduce transmission. During the 1957-1958 pandemic, a World Health Organization expert panel found that spread within some countries followed public gatherings such as conferences and festivals. Snow days also may reduce disease transmission but could have profound effects on the economy. The MDH will need to refine criteria and triggers for this measure as well. Planning will need to be done to identify essential work functions in the community that need to be maintained during snow days, e.g., healthcare, EMS services, public safety, utility services (electricity, water, gas, telephone, and sanitation), pharmacy services, and mortuary services.

Legal Authority

The MDH will aim to implement individual disease containment measures for novel influenza (e.g., voluntary isolation and quarantine) through recommendations to affected individuals. However, if individuals do not follow quarantine or isolation recommendations, MDH may proceed through the legal system.

Authority for legal orders of isolation and quarantine is in Minnesota Statutes, sections 144.419 through 144.4196 (2005). The Commissioner of Health is given the authority to seek these orders, and to issue temporary holds pending court determination. Although the Commissioner may delegate authority to seek specified isolation and quarantine orders to local boards of public health under Minnesota Statutes, section 144.4195, subds. 7, there are no delegations of authority to seek orders at this time. Minnesota Statutes, section 144.419 specifies essential services for people in isolation and quarantine, e.g., ensuring they have food and a means of communication with health officials and others. It also requires health status monitoring of individuals in IQ on a regular basis. Under Minnesota Statutes, Section 144.4196, an employer may not discharge or penalize an employee who has been in isolation or quarantine under an order or a written recommendation of the Commissioner of Health.

Minnesota Statutes, sections 12.39 and 144.419, subds. 4, address isolation and quarantine of individuals who refuse to submit to medical procedures ordered by the Commissioner of Health. Section 12.39 applies under specified circumstances in a declared national security or peacetime emergency, while section 144.419, subds. 4, is applicable at all times.

Authority for group containment measures is in Minnesota Statutes, sections 12.21 through 12.34. Under these authorities, the Governor of Minnesota or the Governor's designee may, during a declared national security or peacetime emergency, direct and control the occupancy of facilities; exit from or entry to stricken or threatened public places; movement of persons on foot or by private and public transportation; public meetings or gatherings; and the evacuation, reception, and sheltering of persons.

Triggers

HHS will provide recommendations for trigger points for disease containment, which will also be dependent on the epidemiology of the virus and local conditions.

Actions

Interpandemic/pandemic alert period

The following disease containment actions are planned, anticipated, or already underway, for the pandemic alert periods (phases 3-5).

Phase 3 and 4
1. Isolate (and monitor) cases that meet the CDC criteria for AI or a novel influenza subtype and manage close contacts (with LPH) either through monitoring or quarantine.
2. Continue planning for isolation and quarantine including identification of isolation facilities for people who cannot be isolated at home.

3. Continue planning for isolation and quarantine under federal authority with CDC MSP Quarantine officials, the Metropolitan Airports Commission, and other stakeholders.
4. Continue working with LPH to plan for essential services and monitoring in the event IQ is recommended.
5. Continue planning with the legal system to refine protocols for court orders of IQ.
6. Continue to develop triggers for community-level disease containment measures in consultation with schools, the private sector, and state agencies. Triggers should address both initiation and scaling back of containment measures.
7. Assist HSEM in developing recommendations to be used in conjunction with disease containment activities, e.g., recommendations for activity restrictions for snow days and identification of essential community functions.

Phase 5
1. Isolate (and monitor) cases that meet the CDC criteria for AI or a novel influenza subtype and manage close contacts (with LPH) either through monitoring or quarantine.
2. Consider quarantine of groups that have a common exposure to a novel influenza subtype.
3. Work with CDC Quarantine officials at MSP and other partners (e.g., Metropolitan Airports Commission, CDC designated hospitals, LPH, U.S. and state law enforcement officials, and volunteer organizations) to screen, isolate, and/or quarantine passengers on arriving international flights.
4. The CDC will consider quarantine of airline passengers if there is a suspect case on a flight.
5. Assess effectiveness of isolation and quarantine in preventing disease spread.
6. Continue planning activities from earlier phases.

Pandemic period

Many of the anticipated disease containment activities for the pandemic period (phase 6) will involve:

- Continuation of activities initiated during the interpandemic/pandemic alert period; or
- Application/activation/use of procedures and resources developed during the interpandemic/pandemic alert period.

Phase 6
1. Recommend isolation (no monitoring by public health) of people who have influenza-like illness. Consider quarantine in special circumstances, (e.g., locality where there is no community transmission of disease).

2. The CDC will consider quarantine of airline passengers if there is a suspect case on a flight in the beginning of phase 6 (when the pandemic has not yet been established in the U.S.).
3. Recommend implementation of social distancing and infection control strategies.
4. Make recommendations for cancellation of public events, closure of schools and other facilities, snow days, and other disease containment measures guided by the epidemiology of the disease and criteria for cancellations/closures.
5. Work with the Office of the Governor, HSEM, and other government agencies to implement containment recommendations.
6. Assess effectiveness of community containment measures on an ongoing basis.

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Roles and Responsibilities

State and local roles and responsibilities are identified below. Regional roles are also identified when applicable. This is not an exhaustive list. Furthermore, although roles and responsibilities are listed, the MDH recognizes that the infrastructure to support these planning efforts is evolving and may not yet be in place.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Isolation and quarantine protocols (Federal)	Develop protocols in conjunction with CDC MSP Quarantine Officials, the Metropolitan Airports Commission, U.S. Customs and Border Patrol, and the U.S. Attorney's Office for screening, isolating, and quarantining passengers arriving on flights (in the event a passenger on board displays symptoms of influenza and meets epidemiologic criteria for a novel influenza virus).	Primary CDC Quarantine Officials Metropolitan Airports Commission U.S. Customs and Border Patrol Office of U.S. Attorney MDH IDEPC MDH Lab Contributor LPH agencies near federal quarantine site	
Isolation and quarantine protocols (Federal)	Participate in planning discussions on issues of federal and state authority.	Primary CDC Quarantine Officials Metropolitan Airports Commission U.S. Customs and Border Patrol Office of U.S. Attorney Office of MN Attorney General MDH IDEPC	MDH is working with both the Office of the Minnesota Attorney General and the U.S. Attorney's Office on issues of state and federal authority.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Isolation and quarantine protocols (Federal)	Staff the Emergency Operations Center at Metropolitan Airports Commission.	Primary CDC Quarantine Officials Metropolitan Airports Commission U.S. Customs and Border Patrol Office of U.S. Attorney MDH IDEPC MDH Lab Contributor LPH agencies near federal quarantine site	
Isolation and quarantine protocols (Federal)	Work with MDH Clinical/Infection Control Team to assure that MDH Lab is informed of specimen testing prioritization for suspect cases whose contacts are in quarantine.	Primary CDC Quarantine Officials MDH IDEPC MDH Lab	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Isolation and quarantine protocols (Federal)	Test specimens as appropriate.	Primary MDH IDEPC MDH Lab	
Essential services and monitoring of passengers	Coordinate services at a facility designated for people placed in quarantine after arrival of a flight including ensuring: appropriate staffing of facility, monitoring of health status, and provision of essential services (e.g. food, medication).	Primary MDH IDEPC MDH OEP LPH agencies in counties near the quarantine site Contributor Public Safety Volunteer, social service and relief organizations	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Essential services and monitoring of passengers	Ensure that facility is appropriately cleaned and disinfected during and after quarantine.	Primary MDH IDEPC MDH OEP LPH agencies in counties near the quarantine site Contributor Public Safety Volunteer, social service and relief organizations	
Essential services and monitoring of passengers	Identify volunteer organizations and others who can provide services at the facility.	Primary MDH IDEPC MDH OEP LPH agencies in counties near the quarantine site Contributor Public Safety Volunteer, social service and relief organizations	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Essential services and monitoring of passengers	Identify public safety officials to provide security at the quarantine site.	Primary Public Safety MDH IDEPC MDH OEP LPH agencies in counties near the quarantine site	
Monitoring protocols	Refine isolation and quarantine monitoring protocols including development of scripts and forms for pandemic influenza (scripts will include infection control recommendations for people in IQ).	Primary MDH IDEPC MDH Legal Unit Office of the Minnesota Attorney General	
Monitoring protocols	Develop mechanism/protocol for monitoring people for whom English is not their primary language.	Primary MDH IDEPC MDH OEP MDH Communications	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Monitoring protocols	Provide additional training for local public health on monitoring and scripts.	Primary MDH IDEPC MDH Communications (assist with mechanisms to monitor people for whom English is not primary language)	
Education	Develop instructions for individuals placed in isolation (outside hospital settings) and quarantine.	Primary MDH IDEPC MDH Communications (assist with mechanisms to monitor people for whom English is not primary language)	
Communication	Identify 24/7 method of communication for people in isolation and quarantine to contact public health officials.	Primary MDH IDEPC MDH Communications (assist with mechanisms to monitor people for whom English is not primary language) MDH OEP	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Isolation and quarantine tools	Develop assessment forms for potential isolation and quarantine facilities (for people who cannot be isolated or quarantined at home).	Primary MDH IDEPC Contributor Local Public Health	
Legal issues	Continue work with the Office of the Minnesota Attorney General, Ramsey County Court, and others in the court system to plan for court orders of isolation and quarantine and finalize protocols.	Primary Court System MDH IDEPC MDH Legal Unit Office of the Minnesota Attorney General Public Safety	MDH is working with Ramsey County Court on protocols for court orders because that court has statewide jurisdiction under Minnesota's statute. MDH also will communicate with county attorneys on protocols.
Legal issues	Plan for other legal issues including employment protection during isolation or quarantine (Minnesota Statutes, section 144.4196).	Primary MDH IDEPC MDH Legal Unit Office of the Minnesota Attorney General	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Legal issues	Plan with public safety for their roles for court orders of isolation and quarantine.	Primary MDH IDEPC Public Safety MDH Legal Unit Local Public Health Office of the Minnesota Attorney General Court System	
Legal issues	Work with defense counsel on training issues including personal protective equipment.	Primary MDH Legal Unit Court System MDH IDEPC	
Monitoring logistics	Develop logistics plan for MDH monitoring including adequate phones, computers, and designation of space for staff performing these activities.	Primary MDH OEP Contributor MDH IDEPC	
Monitoring logistics	Develop staffing plan for MDH monitoring including staff to make monitoring calls and to perform data entry.	Primary MDH OEP Contributor MDH IDEPC	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Behavioral health	Work with LPH to ensure the availability of mental health services (if needed) for individuals in isolation or quarantine.	Primary MDH OEP LPH agencies Contributor MDH IDEPC	
Work quarantine	Consider appropriateness and protocols for work quarantine for health care workers.	Primary MDH IDEPC Contributor Healthcare facilities	
Recommendations for isolation and quarantine	During pandemic alert phase 3 and pandemic phases 4 and 5, make recommendations for isolation (outside hospital settings), quarantine, and monitoring without activity restrictions.	Primary MDH IDEPC Contributor MDH Legal Unit	
Protocol activation	Activate isolation and quarantine protocols in an event including notification of local public health.	Primary MDH IDEPC MDH Legal Unit	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Monitoring	Monitor individuals in isolation at home and those in quarantine in jurisdictions where LPH has chosen not to make monitoring calls.	Primary MDH IDEPC MDH OEP	
Clinical care	Address new or worsening symptoms in people in isolation or quarantine.	Primary MDH IDEPC MDH Lab Contributor LPH agencies	
Essential Services	Monitor status of LPH addressing essential services requests.	Primary MDH IDEPC MDH Regional Preparedness Coordinators	
Specimen testing	Work with MDH Clinical/Infection Control Team to assure that MDH Lab is informed of specimen testing prioritization for suspect cases whose contacts are in quarantine.	Primary MDH IDEPC MDH Lab	
Specimen testing	Test specimens as appropriate.	Primary MDH Lab	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Legal Issues	Determine need to seek court orders.	Primary MDH IDEPC MDH Legal Unit Contributor LPH agencies Office of the Minnesota Attorney General	
Protocols	Make determination to cease quarantine of individuals if this measure is not effective or feasible.	Primary MDH IDEPC Contributor LPH agencies	
Recommendations	During pandemic phase 6, recommend isolation of people with influenza-like illness (without monitoring).	Primary MDH IDEPC MDH Communications Contributor LPH agencies	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Triggers	Participate in discussions of triggers for school closings, cancellation of public gatherings, snow days and other containment measures.	Primary MDH IDEPC MDH OEP MDH Communications Department of Public Safety Key Stakeholders	The Department of Public Safety is the lead agency for facilitating preparation of the private sector, schools, and other government agencies for community disease containment measures. The MDH's role is to provide epidemiologic planning assumptions.
Assumptions	Develop assumptions for key stakeholders to plan for disease containment measures.	Primary MDH IDEPC MDH Communications Department of Public Safety Key Stakeholders	The Department of Public Safety is the lead agency for facilitating preparation of the private sector, schools, and other government agencies for community disease containment measures. The MDH's role is to provide epidemiologic planning assumptions.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Communication	Communicate to public messages about preparing for disease containment measures.	Primary MDH Communications MDH IDEPC	The Department of Public Safety is the lead agency for facilitating preparation of the private sector, schools, and other government agencies for community disease containment measures. The MDH's role is to provide epidemiologic planning assumptions.
Special needs populations	Define special needs populations that may need assistance when community containment measures (e.g., snow days) are implemented.	Primary MDH OEP Contributor Local Public Health Relief and social services organizations	
Special needs populations	Develop plans for ensuring that special needs populations receive appropriate assistance.	Primary MDH OEP Contributor Local Public Health Relief and social services organizations	

State			
	Roles and responsibilities	Coordinating entity	Explanation
Special needs populations	Implement and oversee plans to ensure that special needs populations receive appropriate assistance when community containment measures are implemented.	Primary MDH OEP Local Public Health Contributor Relief and social service organizations	
Recommendations	Provide recommendations on disease containment measures including when containment measures should be scaled back (phase 6).	Primary MDH IDEPC MDH Communications	The Department of Public Safety is the lead agency for implementing community disease containment measures. The MDH's role is to provide epidemiologic recommendations.
Monitoring	Monitor disease activity in the state on an ongoing basis in order to initiate, modify, and scale back recommendations for disease containment measures.	Primary MDH OEP Local Public Health Contributor Local Public Health	The Department of Public Safety is the lead agency for implementing community disease containment measures. The MDH's role is to provide epidemiologic recommendations.

State			
	Roles and responsibilities	Coordinating entity	Explanation
Tribal/Indian Lands	Continue discussions with Tribal Leadership on isolation, quarantine, and community containment measures on Indian lands and ensure that Tribal Leadership is aware of MDH plans for these measures.	Primary MDH OEP MDH Legal Unit Local Public Health Tribal Leadership Contributor Office of U.S. Attorney	
Tribal/Indian Lands	Maintain knowledge of HHS regulations involving disease containment on Indian lands.	Primary MDH OEP MDH Legal Unit	
Tribal/Indian Lands	Work with Tribal Leadership to develop protocols for disease containment on Indian lands.	Primary MDH OEP MDH Legal Unit Tribal Leadership Office of U.S. Attorney Local Public Health	

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Isolation and Quarantine Sites	Identify isolation site in jurisdiction for people (non-hospitalized) who cannot be isolated at home.	Primary MDH Hospital Preparedness Coordinator MDH District Office Teams	In identifying a site for isolation for people who cannot be isolated at home, MDH will work with people from various areas of expertise (e.g. engineers, sanitation experts).
Staffing	Determine who will staff (including medical services), supply, clean, and provide security at isolation location.	Primary MDH Hospital Preparedness Coordinator MDH District Office Teams	In identifying a site for isolation for people who cannot be isolated at home, MDH will work with people from various areas of expertise (e.g. engineers, sanitation experts).
Monitoring	Ensure that LPH agencies have essential service plans for isolation and quarantine, and monitoring plans if they have chosen to monitor people in quarantine in their jurisdiction.	Primary MDH Regional Preparedness Coordinators Contributor MDH IDEPC	

Regional			
	Roles and responsibilities	Coordinating entity	Explanation
Isolation and Quarantine Sites	Ensure that LPH agencies have designated quarantine location(s) in their jurisdiction for small numbers of people who cannot be in quarantine at home (including plans for staffing and services at quarantine locations).	Primary MDH Regional Preparedness Coordinators Contributor MDH IDEPC	
Local			
	Roles and responsibilities	Coordinating entity	Explanation
Coordination (Federal)	Participate in meetings with CDC Quarantine Officials at MSP.	Primary MDH IDEPC Contributor LPH agencies near federal quarantine facility	

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Quarantine Site (Federal)	Participate in planning for services (e.g., staffing, monitoring, essential services) at federal quarantine facility (facility TBD).	Primary MDH IDEPC MDH OEP LPH agencies near federal quarantine facility Contributor Relief and social service agencies	
Quarantine Site (Federal)	Assist MDH in coordinating services at facility designated for people placed in quarantine after arrival of a flight including ensuring: appropriate staffing of facility, monitoring of health status, and provision of essential services (e.g. food, medication).	Primary MDH IDEPC MDH OEP LPH agencies near federal quarantine facility Contributor Public Safety Volunteer and relief organizations	

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Volunteer Organizations (Federal)	Assist MDH in identifying volunteer organizations and others who can provide services at the federal quarantine facility.	Primary MDH IDEPC MDH OEP LPH agencies near federal quarantine facility Contributor Volunteer and relief organizations	
Essential Services	Finalize essential services plan for people in isolation or quarantine in jurisdiction.	Primary LPH agencies Contributor MDH PHPC Other local agencies that will assist with essential services	
Monitoring	Finalize monitoring plans (staffing, phone line capacity, computers) if opted to conduct monitoring of people in quarantine in jurisdiction.	Primary LPH agencies Contributor MDH PHPC	

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Protocols	Develop activation protocol for an isolation and quarantine event.	Primary LPH Contributor MDH Other local agencies that will assist in event	
Trainings	Participate in MDH trainings on monitoring protocols, forms, and essential services.	Primary LPH agencies Contributor Other local agencies that will assist in an event	
Quarantine Sites	Identify quarantine location(s) for people who cannot be quarantined at home.	Primary LPH agencies Contributor Other local agencies that can assist with quarantine location	
Quarantine Sites	Determine who will staff (including medical services), supply, clean, and provide security at quarantine location.	Primary LPH agencies Contributor Other local agencies that can assist with quarantine location	

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Information Sharing	Assist MDH in distributing infection control recommendations to public safety personnel, and advise peace officers (upon request of the officer) on protective measures to protect against possible transmission of communicable disease in accordance with Minnesota statutes.	Primary LPH agencies	
Behavioral Health	Work with MDH OEP to integrate behavioral health assistance into isolation and quarantine plans.	Primary MDH OEP LPH agencies Contributor Other local agencies that will assist in an event	
Communication	Maintain contact information on 24/7 Essential Services Coordinator and 24/7 Monitoring Coordinator in the MDH Workspace.	Primary LPH agencies	
Protocols	Activate isolation and quarantine protocols in an event if notified by MDH.	Primary LPH agencies Contributor Other local agencies that will assist in an event	

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Essential Services	Ensure that essential services requests are addressed in an event per essential services plan and MDH protocols.	Primary LPH agencies Other local agencies that will assist in an event Contributor MDH IDEPC MDH Regional Preparedness Coordinators	
Monitoring	Monitor individuals in quarantine in an event if opted to conduct monitoring calls per MDH protocol.	Primary LPH agencies	
Community Disease Containment Coordination	Provide assistance to local stakeholders in planning for community disease containment measures.	Primary LPH agencies Local Emergency managers Contributor MDH IDEPC Schools Other local government entities Businesses Relief and social service agencies	The Department of Public Safety is the lead agency for facilitating preparation of the private sector, schools, and other government agencies for disease containment measures. LPH should provide assistance with planning.

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Special Needs Populations	Develop plans, with the MDH OEP; to ensure that special needs populations receive appropriate assistance when community containment measures are implemented.	Primary MDH OEP LPH agencies Local emergency managers Contributor Relief and social service agencies	The Department of Public Safety is the lead agency for facilitating preparation of the private sector, schools, and other government agencies for disease containment measures. LPH should provide assistance with planning.
Special Needs Populations	Implement and oversee local plans to ensure that special needs populations receive appropriate assistance when community containment measures are implemented.	Primary LPH agencies Local emergency managers MDH OEP Contributor Relief and social service organizations	
Protocols	Consult with MDH on local disease activity and adherence to disease containment measures in order to assist MDH in initiating, modifying, and scaling back recommendations for these measures.	Primary LPH agencies Contributor MDH IDEPC	

Local			
	Roles and responsibilities	Coordinating entity	Explanation
Tribal/Indian Lands	Continue discussions with Tribal Leadership on isolation, quarantine, and community containment measures on Indian lands.	Primary MDH OEP MDH Legal Unit LPH agencies Tribal Leadership	
Tribal/Indian Lands	Ensure that Tribal Leadership is aware of LPH plans for isolation, quarantine, and community containment measures.	Primary LPH agencies Tribal Leadership	
Tribal/Indian Lands	Collaborate with Tribal Leadership in planning for isolation, quarantine, and community containment measures on Indian lands if this is deemed beneficial by Tribal Leadership.	Primary MDH OEP MDH Legal Unit LPH agencies Tribal Leadership	

