

Questions and Answers from June 11, 2007 Video-Conference

Community Strategies That May Delay or Reduce the Impact of a Pandemic: Non-Pharmaceutical Interventions (NPI) *An Orientation for County Commissioners and other Local Elected Officials*

NPI Specific Questions

Q: The Pandemic Severity Index (PSI) is declared for the entire country, but triggers are determined locally. There seems to be a lot of confusion between the two. What are the differences?

A: The CDC says that the PSI is determined for the entire country. The primary trigger that the CDC indicates they will use to initiate interventions is the arrival and transmission of a pandemic virus. That trigger is determined by a laboratory-confirmed cluster of cases from a novel (new) virus with evidence of community transmission (epidemiologically linked cases from more than one household). We may have to work without much federal assistance if we, in Minnesota, are the first case.

Q: Please clarify the terminology and policies surrounding the pandemic severity index (PSI) and resulting actions.

A: The PSI has five categories (with five being the most severe) of increasing severity based on the estimated case fatality ratio. The case fatality ratio reflects the percent of people with disease who have died from the disease.

Response actions are categorized using the terms Alert, Standby, and Activate. This reflects the escalation of response from recognition of a pandemic and implementation of identified interventions.

Characteristics	Pandemic Severity Index (PSI)				
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1-<0.5	0.5-<1.0	1.0-<2.0	≥2.0
Excess Death Rate (per 100,000)	<30	30-<150	150-<300	300-<600	≥600
Illness Rate (percentage of the population)	20-40	20-40	20-40	20-40	20-40
Potential Number of Deaths (based on 2006 U.S. population)	<90,000	90,000-<450,000	450,000-<900,000	900,000-<1.8 million	≥1.8 million
20 th Century U.S.Experience	Seasonal Influenza (illness rate 5-20%)	1957,1968	None	None	1918 Pandemic



Pandemic Severity Index	WHO Phase 6, U.S. Government stage 3*	WHO Phase 6, U.S. Government Stage 4† and First human case in the United States	WHO Phase 6, U.S. Government Stage 5§ and First laboratory confirmed cluster in state or region¶
1	Alert	Standby	Activate
2 and 3	Alert	Standby	Activate
4 and 5	Standby**	Standby/Activate††	Activate

Alert: Notification of critical systems and personnel of their impending activation.

Standby: Initiate decision-making processes for imminent activation, including mobilization of resources and personnel.

Activate: Implementation of the community mitigation strategy.

*Widespread human outbreaks in multiple locations overseas.

†First human case in North America.

§Spread throughout the United States.

¶Recommendations for regional planning acknowledge the tight linkages that may exist between cities and metropolitan areas that are not encompassed within state boundaries.

**Standby applies. However, Alert actions for Category 4 and 5 should occur during WHO Phase 5, which corresponds to U.S. Government Stage 2.

††Standby/Activate Standby applies unless the laboratory-confirmed case cluster and community transmission occurs within a given jurisdiction, in which case that jurisdiction should proceed directly to Activate community interventions defined in Table 2.

Q: What is the definition of community transmission?

A: Community transmission is when cases of disease from more than one household are epidemiologically linked in time and space (share a common source).

Q: Who will monitor isolation and quarantine?

A: In general, a person who is isolated will stay at home, or if the person requires hospitalization, in a hospital setting. Prior to widespread community transmission, MDH will monitor the health status of people in isolation and local public health will provide assurance that their essential needs are met. Once there is evidence of community transmission in Minnesota (or its geospatial-temporal region), MDH will no longer monitor individual cases or their close contacts. MDH will recommend management of household members and close contacts of cases through monitoring alone (monitoring of health status without quarantine) or quarantine with monitoring during all WHO pandemic alert period phases (phases 3-5).

Q: What is a geospatial cluster?

A: The definition of geospatial-temporal boundaries/regions is complex. It goes beyond just physical proximity and includes ease, speed, and volume of travel between jurisdictions. Examples of areas linked geospatially to Minnesota include Duluth and Superior, Wisconsin, or Moorhead and Fargo, North Dakota. If Minnesota has a high number of residents that commute regularly to New York City or travel frequently to China, these may also be considered geospatially linked.

Q: I understand that there is a difference between school closure and school dismissal, however school closure seems to be overused or used as default. What is the difference?

A: School dismissal is where only students would be dismissed from school and school-based activities. School closure is where the actual school is closed and students and staff are not present or necessary. Some groups have used the terms interchangeably; however, in the MDH NPI Plan the definitions are as stated above.

General Pandemic Influenza Questions

Q: Who will get the first pan flu vaccine?

A: Right now, we do not know when a vaccine would be available during a pandemic. Currently the National Vaccine Advisory Committee and Advisory Committee on Immunization Practices Vaccine Priority Group has developed recommendations for use of a pandemic vaccine (<http://www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/plan/r-acip.pdf>). Minnesota is also working with an ethics consortium to address issues such as these. Recommendations for vaccine use will be forthcoming from this group as well as further recommendations from the federal government.

Q: What will be done to the birds on farms if the flu hits the poultry industry?

A: For years, the Minnesota Board of Animal Health has been working with turkey growers on a surveillance program to identify flocks infected with avian influenza. A similar monitoring program was recently implemented for the state's commercial egg and broiler producers.

A majority of Minnesota's poultry production takes place in the same area where wild water fowl, known carriers of avian influenza viruses, can be found. As a result, seasonal low pathogenic avian influenza (LPAI) is identified annually in Minnesota. Every introduction of LPAI in Minnesota has been quickly and successfully eliminated. High pathogenic avian influenza (HPAI) has never emerged from Minnesota poultry

An initial response to HPAI in domestic poultry would consist of identifying and testing other commercial and backyard flocks in the area of the infection. Because of the high mortality and rapid onset associated with HPAI, an infected flock would have few surviving birds. But any surviving birds would be humanely euthanized and the entire flock would likely be composted on-site. Wild birds in the area would be monitored for signs of disease. Movement of poultry and poultry products would be traced to and from the infected premises and any contact premises would be tested. Infected and contact premises would be placed under quarantine pending test results.

Minnesota's poultry industry is vital to the state's economy and non-commercial flocks are important in maintaining the lifestyle to which many Minnesotans have grown accustomed. In order to protect these resources, please keep the following things in mind:

Watch for Signs. Watch for signs of disease or unexpected deaths among farm birds.

Report Sick Farm Birds. Don't wait! Early detection can make a difference. If farm birds are sick or dying, call the Minnesota Board of Animal Health at 320-231-5170.

Practice Backyard Biosecurity. Keep farm birds free from disease. Restrict traffic on the farm property, and disinfect shoes, clothes and hands to prevent the possible spread of disease.

*For information on Avian Influenza from the Board of Animal Health go to:
http://www.bah.state.mn.us/diseases/avian_influenza/avian_influenza.htm*

General Planning/Response Questions

Q: Who determines the chain of command during a pandemic?

A: The incident management system will be activated during an emergency. During a pandemic the Department of Health is the lead technical agency and the Division of Homeland Security and Emergency Management is the lead coordinating agency. The MDH and HSEM will consult with each other and with the governor during a pandemic.

Q: How can we get people to prepare by having water, portable radio, and food on hand prior to a pandemic?

A: One great way to help individuals, organizations, and community groups is by utilizing Minnesota's preparedness effort, codeReady. codeReady is a statewide initiative designed to help Minnesota residents organize their personal and family preparedness activities. By providing information and tools on www.codeready.org, the state of Minnesota is challenging all of us to plan today for our safety and well-being in the future. Good emergency planning involves getting informed, getting you and your family prepared, then helping at local and community levels to get others prepared.

Q: Will the internet be an option during a pandemic event? I have heard it may shut down due to excess demand.

A: While the internet capacity for a pandemic event is unknown, we need to have materials and resources that can be shared using the internet as well as plans for alternative means of communication if the internet does become unavailable for a period of time. Agencies should work with their internal Information/Technology staff to identify internal staffing and support plans and ensure that alternative resource/data sharing and communication plans are in place.

Q: Is Minnesota sharing our pandemic plans, triggers, and response actions etc. with border states- North Dakota, South Dakota, Iowa, Wisconsin, and Canada?

A: We work closely with our border partners. Plans are shared national on the www.pandemic.gov site and we also have close relationships with colleagues in our neighboring jurisdictions. Conference calls, meetings, workshops and discussions have taken place with these partners and will continue in the future.

Q: We have a lot of programs to keep our seniors in their homes. What will happen to them if these programs (senior nutrition site, vets bus to clinic, care given in home, etc.) are not available? If they can not stay in their home, all that's left is the nursing home; there is no way they can handle this.

A: This is a big lesson we learned from watching the needs and responses to Hurricane Katrina. Individuals and families need to have plans in place so those who can take care of themselves are able to do so and government and service agencies are more able to focus on those in need. Local public health and emergency management staff should be working with local service agencies on their continuity plans and how they can combine efforts to maintain as many people as possible in their homes. In addition, the Healthcare System Preparedness Program (at MDH) is working regionally across the state to develop Alternative Care Site plans that may be a place where persons can be cared for when hospitals and nursing homes are overwhelmed.

Q: If schools and stores are closed, how are finances looked at? If families are restricted to their homes, how do creditors feel about not being paid?

A: The Department of Education is working on the financing issue for schools. Depending on the situation, there may be national or state level efforts to help those who are financially strapped by the pandemic. For further business information see the Infectious Disease Outbreak Program website (Minnesota Homeland Security and Emergency Management) at: http://www.hsem.state.mn.us/Hsem_Subcategory_Home.asp?scatid=128&catid=5

Q: In the event of a governor declared public health emergency (e.g., pandemic), we know that many regulations will be temporarily suspended. Can you give us some direction as to whether union contracts and/ or bargaining agreements will be among those regulations that may be temporarily suspended?

A: The governor has the authority to suspend state regulations and rules and alter state bargaining agreements. Chapter 12 (the Emergency Management Act) does not address other public or private bargaining agreements. The state is currently working with our union contacts to address work scheduling and other issues that may be affected by a pandemic in order to support critical functions. We would recommend you work with your local union officials as well so plans are in place in advance of a pandemic.

Q: How will we deal with funding issues for critical infrastructure if everything else is shut down?

A: The Legislature will likely be convened to address an emergency that lasts longer than 30 days (and likely even before that). Funding decisions can be made to address immediate needs during that time.

Education Related Questions

Q: Funding for schools is tied to attendance. How do we move dollars in the direction of public schools?

A: In the event school days are cancelled or modified due to pandemic influenza, state funds would continue to be paid to school districts and charter schools via the regular system of bimonthly payments (IDEAS). Entitlements will be based on the estimated average daily membership or other data, depending on the type of aid, as reported to MDE prior to the school closing declaration. Entitlements paid through IDEAS include general education revenue, state special education, integration revenue, Fund 7 debt service and adult education. Yet to be determined is an adjusted definition for instructional time that will need to be applied.

Federal funds distributed through PAYS rather than IDEAS require more frequent input from MDE staff. If program staff are able to collect and process required data from school districts and charter schools, and program finance staff are able to enter these aids and reimbursements to the state system, specific federal funds can be paid. Federal reimbursements made through PAYS include child nutrition, all Title programs, and special education.

Recognizing that state employees and the operation of state agencies will also be affected in such an emergency, MDE has developed its own Service Continuation Plan in which payment to school districts remains a top priority.

One answer holds true for the following four questions and can be found at the bottom of the page.

Q: How will the state handle asking school persons to do other jobs when they work under a contract that is very specific to job duties?

Q: If teachers are assigned to do other duties, what would those duties be?

Q: Does the Department of Education have a plan? If so, have they shared it with superintendents?

Q: Could someone identify what resources related to non-pharmaceutical interventions (NPIs) are and have been provided to schools? If none exist, where or to whom may we direct these questions?

A: The Department of Education has many resources and plans up on their website:

http://education.state.mn.us/mde/About_MDE/News_Center/Avian_Influenza_Pandemic_Preparation/index.html. Please contact Ruth Ellen Luehr at MDE for further and specific information. She can be reached at ruthellen.luehr@state.mn.us or 651-582-8403.