



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

**PANDEMIC INFLUENZA
WORKPLACE READINESS AND CONTINUITY OF OPERATIONS PLAN (PAN
FLU COOP) ANNEX**



Version 2.0

September 18, 2009

Dr. Rhonda Medows, Commissioner

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I. Background

The Georgia Department of Community Health (DCH) provides medical services to eligible Medicaid recipients under Title XIX (Medicaid) of the Social Security Act through enrolled providers and health plans.

DCH was created in 1999 and continues to serve as the lead agency for health care planning, purchasing and regulation in Georgia. Today, DCH insures more than 2.5 million Georgians through the Georgia Division of Medical Assistance (DMA) and Managed Care, and the State Health Benefit Plan (SHBP) which provides health benefits for state employees, retirees, and their families. DCH mission follows:

- **ACCESS** to affordable, quality health care in our communities
- **RESPONSIBLE** health planning and use of health care resources
- **HEALTHY** behaviors and improved health outcomes

In 1999 DCH prepared its initial business continuity plan for DMA in anticipation of computer failures and potential impacts stemming from the Year 2000 (Y2K) and other potential disasters. Mission critical functions were identified and plans developed for DMA operations and supportive functions determined vital for day-to-day operations. These plans helped to ensure the 20,000+ providers providing services to 1,000,000+ Medicaid recipients, generating millions of dollars in weekly check writes continued uninterrupted. The original goal, to preserve the Department's ability to serve its customers by safeguarding its critical business functions has expanded in scope but principally remains valid in the quest to continue to provide access to affordable, quality health care in our communities; encourage responsible health planning and use of health care resources; and promote healthy behaviors and improved health outcomes.

Post Y2K, a reorganization and change in leadership at DCH necessitated an update to the plan. This was done through a contract with Mercer Resource Consulting and included exercises to refresh business critical functions and Communication Plan, and to add on a Disaster Recovery Plan. While the DCH Business Continuity Plan (BCP) strategy was comprehensive and considered an agency priority, it has to be maintained often due to the complex and dynamic nature of the DCH business. Therefore, as a common business practice, leadership ensures that the plan is continuously reviewed, refreshed, tested, and enhanced as required.

To that end, in 2003 the BCP required an update to reduce the risks of transitioning its Medicaid Management Information System (MMIS) to a new fiscal agent. DCH worked intensively with Affiliated Computer Services, Inc. (ACS) and its business partners to bring to the State of Georgia a state of the art, integrated processing system with a single point of entry. The Multi-HealthNet (MHN) and its accompanying architecture was developed to provide to Medicaid members and providers advanced technology, proven capabilities and cost effective value and

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supported the Department's commitment to improving the health of all Georgians through health benefits, systems development, and education.

DCH recognized that even with extensive testing and planning, no system or facility can be totally immune from crisis and may experience unanticipated problems during cut-over. To that end, a team assembled to update its plan and to supplement it with a plan on how to respond to crisis, to facilitate decision making and to manage incidents. All were designed to safeguard the ability for DCH to provide critical functionality and services and prevent disruption in business processes determine essential to members and providers. Unfortunately, unlike the plan for the Year 2000, this plan had to be evoked due to a vast array of start up problems.

Two divisions transitioned to the DCH by way of SB433 and HB228, specifically, the Division of Healthcare Facility and Regulation (2008) and the Division of Public Health (2009). The Office of Emergency Preparedness & Response, a department within the Division of Public Health began tracking the spread of the outbreak and advising the Commissioner on the progression of the H1N1virus (formerly known as the swine flu) including assessing the expected demand in dealing with widespread illness and increased demand on DCH's essential services. As a result the under the direction of the Commissioner, the Department Management Team (DMT) along with a core multi-disciplinary business team developed a developed a list of priority actions to decrease the spread of seasonal and 2009 H1N1 flu in the workplace and to help maintain business continuity.

The United States Department of Homeland Security and Federal Emergency Management Association (FEMA), report that a pandemic influenza may be widely dispersed geographically and potentially arrives in waves that could last several months at a time. Unlike preparing for what could be one significant event, this BCP effort would require a different approach. H1N1 posed a significant threat to business continuity due to the potential impact resulting if a large number of employees were able to report to work due to sickness or required to stay home to care for sick family members. The completion of Divisional Business Impact Analysis Plans immediately became an agency priority and has been incorporated into this updated Pan Flu COOP. Because of the differences and expected impact of the H1N1 pandemic, DCH is striving to complete its planning and preparedness activities prior to the next predicted "flu wave".

II. Purpose and Objectives

This Pan Flu COOP, an annex to the DCH Business Continuity Plan, works in concert during a pandemic within the framework of the Division of Public Health Emergency Operations Plan. This plan is expected to work to guide the Department response with respect to the Emergency Operations Plan and the action of the Emergency Operations Center and Annexes.

The primary purpose of the Pan Flu COOP is to enable DCH to respond effectively and efficiently to ensure that essential operations are maintained during an influenza pandemic. DCH objectives during a local pandemic influenza are the following:

- Reduce transmission of the pandemic virus strain among our employees, customers, and business partners;
- Minimize illness among employees and customers, and business partners;
- Maintain essential operations and services; and
- Minimize social disruptions and the economic impact of a pandemic.

Additionally, the purpose of this Pan Flu COOP plan is to provide guidance to staff on how to maintain essential functions if the H1N1 pandemic causes unusual high increases in worker absenteeism. To that end, the plan is designed to protect the DCH workforce while ensuring continuity of operations and protecting the department's ability to serve its customer and achieve its mission. By slowing the spread of disease, illness and possibly death can be prevented. That said, primarily the objective of this plan is to provide for optimal coordination, decision making and communication between DCH leadership and supporting and programmatic divisions.

During a pandemic the primary objective of the Department is to continue essential and mission critical activities to the greatest extent possible while minimizing the risk of loss of life or injury. To accomplish this, functions have been prioritized to underscore and facilitate the prioritization of activities if resources become limited.

Strategies and policies exceptions have been established by the Office of Human Resources to mitigate the impact of the disease on employees and their families and to continue the Departments mission critical functions with no or minimal interruptions. DCH has adopted these strategies and policies and will implement them as the situation warrants.

III. Concept of Operations

A. Preparedness & Risk Mitigation

1. **Coordination and Management:** core business team defined and work streams developed using a project management model.
2. Training through information and bulletin announcements: The Department recognizes the importance of familiarizing its employees on the pandemic influenza characteristics and history including what they can do to protect themselves, family and others around them. Timely, accurate and consistent messages will be provided regularly to the various stakeholders who may be impacted.

3. **Media Relations:** The DCH Commissioner will lead a media campaign to alert employees, other agencies, state leadership and the citizens of Georgia at large on the pandemic influenza through briefings, conference calls and public appearances. Frequency will be dictated and triggered by the escalation of the pandemic phases.
4. **Business Impact Analysis** and updated analysis of essential business functions and resource requirements including information technology applications and an assessment of records determined critical to performing functions. The purpose of the BIA is to define the human and material resources that support each essential business functions with the division. The following process has been adopted by DCH to develop this plan.
 - a. Step 1: Essential Functions - Identify the essential business functions
 - b. Step 2: Social Distancing Strategy - Pre-determine social distancing strategy at each level of the Pandemic Index
 - c. Step 3: Essential Human Resources - Define human resources specifications for each essential business function
 - d. Step 4: Material Resources - Define material resources needed for each essential business function
 - e. Step 5: Orders of Delegation and Succession
5. **Essential Functions & Services**-Each DCH Division defined its essential baseline functions and services and determined which can be conducted from a remote location, such as the employees' homes and those that must be performed at a designated department or agency facility. Further, DCH identified which essential functions and services can utilize a social distancing strategy at different pandemic severity indices.
6. **Mission Critical Functions and Services**- Each DCH Division defined its mission critical functions and services by identifying which services whose interruption for 1-7 days could potentially affect the lives of DCH members.
7. **Mitigation Strategies**
 - a. Vaccinations: Place increased emphasis for seasonal influenza vaccination and pneumococcal vaccination to lessen the adverse effects of an influenza pandemic.
 - b. Social Distancing Strategy: Pre-determine a feasible social distancing strategy at each level of the Pandemic Index
 - c. Orders of Delegation and Succession: Establish preferably three-deep coverage as appropriate to take into account the expected rate of absenteeism.

- d. Plans and Procedures: Proactively review need for emergency legislation, executive orders or administrative rule changes.
 - e. Education: Distribution of basic awareness education materials for pandemic influenza targeted at risk mitigation, general awareness and prevention strategies.
- B. **Delegations of Authority- Division Chiefs within the DCH are** given the autonomy of decision making specific to its core operations and baseline functions. Each understands the limits of that authority and the circumstances when they should exercise that authority or escalate to the next chain of command.
- C. **Order of Succession** was examined by each Division Chief and personnel designated for succession in the event that their position was vacated (permanently/temporarily) due to death or illness.
- D. **Plan Activation/Trigger Events**-due to the nature of the pandemic influenza, elements of the plan may be activated in stages and differently by Divisions within the DCH based on location, function and severity of the pandemic. The plan is designed to be flexible enough to allow Divisions the ability to react based on the situation and the severity of the pandemic. Plan activation is aimed at achieving the following: stop, slow and limit the spread of the pandemic and impact to the DCH; mitigate the risk that DCH will be unable to deliver its mission critical functions and services. Telework-is noted as a key strategy for social distancing while maintaining essential and/or mission critical functions. Additionally, staff who must take remain at home due to school closing may be able to able to continue certain functions from home.

IV. Alternative Operating Facilities

The traditional use of alternate operating facilities to maintain essential functions and services may not be as viable an option during a pandemic. Rather, safe work practices, which include contact interventions and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. Strategies for maintaining essential functions and services will largely rely on social distancing and dispersion of the workforce including telework, preventative health practices, and other efforts to reduce the chance of infections.

In the event that social distancing strategies are employed, telework from home will provide the greatest opportunity to maintain business continuity of essential services. Additionally, it is recognized as the best preventative means to minimize the spread of infection and reduce the consequences of a pandemic or serious outbreak's impact upon the DCH.

Additionally, the Office of Emergency Preparedness maintains Alternative Operations Facilities to support Emergency Preparedness and Response Operations. These locations are disbursed geographically across the state and will be assessed as an alternative site if social distancing is declared and/or flexible schedules to maximize distance between members of the workforce.

Sites will be designated (dependent on the situation), and specifically if the Emergency Operations Center is required to relocate. The Advanced Team, comprised of 1-3 personnel, deploy to Clayton County Board of Health and can function in a role similar to that at the 2 Peachtree location. If the situation warrants, deployment to the LaGrange Health Department is also an option. Either can function during normal and non-normal business hours.

If social distancing is declared either may present options to staff who are depended upon specific resources that can not be accommodated through teleworking.

V. Pandemic Influenza Overview

The World Health Organization (WHO) defines a disease pandemic occurring “when there are more world wide cases of that disease than normal. Moreover, it cites that when a new influenza virus appears against which the human population has no immunity, an influenza pandemic may occur.” It is commonly known that influenza pandemics result in an increased number of deaths, disease, and workplace absenteeism causing social disruption. The Centers for Disease Control and Prevention (CDC) estimates that in the U.S. alone, an influenza pandemic could infect up to 200 million people and cause between 200,000 and 1,900,000 deaths.¹ Worse case, a pandemic has the potential to cause illness in a very large number of people, overwhelm the health care system, and jeopardize services by causing high levels of absenteeism.

On June 11, 2009, the World Health Organization (WHO) raised the pandemic alert officially to Level 6 due to the spread of the H1N1 virus. The CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the United States over the summer and into the fall and winter. Coupled with regular seasonal influenza virus, the threat of worker absenteeism and associated illness and worse case death because reaches a high priority.

The most recent CDC Situation Update (August 23-29, 2009), reports that influenza activity has increased in the United States. Since mid-April to August 30, 2009, a total of 9,079 hospitalizations and 593 deaths associated with 2009 influenza A (H1N1) viruses have been reported to CDC an increase from 8,843 hospitalizations and 556 deaths from the prior week.

The CDC National and Regional Surveillance Summary¹ follows including Georgia (included in Regional IV).

National and Regional Summary of Select Surveillance Components										
HHS Surveillance Regions*	Data for current week			Data cumulative for the season						
	Out-patient ILI†	% positive for flu‡	Number of jurisdictions reporting regional or widespread activity§	A (H1)	A (H3)	2009 A (H1N1)	A (unable to sub-type)¥	A (Subtyping not performed)	B	Pediatric Deaths
Nation	Normal	17.3 %	20 of 54	8,211	4,026	38,112	830	19,997	10,821	111
Region I	Normal	8.3 %	0 of 6	585	305	2,933	13	1,706	820	4
Region II	Normal	2.9 %	2 of 4	297	228	1,831	21	2,391	714	20
Region III	Normal	15.7 %	2 of 6	1,251	220	4,378	20	1,045	1,363	10
Region IV	Elevated	19.9%	8 of 8	910	444	4,850	84	3,350	1,298	10
Region V	Normal	12.0 %	0 of 6	1,661	212	8,365	199	884	1,422	18
Region VI	Normal	24.6 %	2 of 5	830	309	3,698	7	5,013	2,667	16
Region VII	Normal	15.4 %	1 of 4	537	86	1,149	118	553	537	0
Region VIII	Normal	13.8 %	1 of 6	540	219	1,569	80	1,784	503	9
Region IX	Normal	24.3 %	3 of 5	1,210	1,679	6,681	74	2,559	806	21
Region X	Normal	20.6 %	1 of 4	390	324	2,658	214	532	691	3

VI. Assumptions

A. Primary (Universal)

1. Susceptibility to pandemic influenza virus will be universal
2. The clinical disease attack rate will be 30 percent in the overall population during a pandemic
3. Absenteeism will fluctuate between 30-40% during the peaks of the pandemic waves
4. On average, each infected person will transmit the virus to two other people
5. Epidemics will last six to eight weeks in affected communities
6. Multiple waves are expected, lasting two to three months each

¹ HHS regions (Region I: CT, ME, MA, NH, RI, VT; Region II: NJ, NY, Puerto Rico, US Virgin Islands; Region III: DE, DC, MD, PA, VA, WV; Region IV: AL, FL, GA, KY, MS, NC, SC, TN; Region V: IL, IN, MI, MN, OH, WI; Region VI: AR, LA, NM, OK, TX; Region VII: IA, KS, MO, NE; Region VIII: CO, MT, ND, SD, UT, WY; Region IX: AZ, CA, Guam, HI, NV; and Region X: AK, ID, OR, WA). † Elevated means the % of visits for ILI is at or above the national or region-specific baseline. ‡ National data are for current week; regional data are for the most recent three weeks § Includes all 50 states, the District of Columbia, Guam, Puerto Rico, and U.S. Virgin Islands. ¥ The majority of influenza A viruses that cannot be sub-typed as seasonal influenza viruses are 2009 A (H1N1) influenza viruses upon further testing.

7. Alternate work arrangements (e.g. home, staggered work hours, alternative work schedules, flex time, etc.) are acceptable and acceptable to the DMT.

B. Secondary (DCH Specific)

1. DCH will be operational during a pandemic influenza outbreak;
2. Alternate facilities may be activated for use during a pandemic, along with other locations including employee's home site. All will be available to use as a precaution to separate staff if social distancing protocols are implemented;
3. Staff will have the ability to telework and access applications and vital records remotely;
4. Travel restrictions on mass transit implemented at the state level may affect the ability of staff to get to work;
5. Remote systems will be assessable and have the capacity to handle predicted workloads if staff has to access applications remotely.

VII. Interoperable Communications

- A. According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. To that end, DCH employs various methods to that will effectively allow communication without person to person contact.
- B. The DCH Website will be a primary tool to disseminate information and provide a mechanism to communicate relevant information to internal and external stakeholders. Crisis Management Trees will provide primary and secondary contact information for each Division and program.
- C. Commissioner's Critical Information Requirements (CCIR), which is a comprehensive list of information requirements that are critical to facilitating timely information management and the decision making process that affect successful internal continuity of operations. See Appendix 4 for additional detail.

VIII. Roles and Responsibilities

- A. **Employee** is responsible for reading and understanding the administrative, health and safety precautions including work practices, leave protocols, personal hygiene practices and telework policies. Additionally, each employee should familiarize himself with the

OHI Workplace Readiness and Continuity of Operations Plan included as Appendix 1 within this COOP. Employees are expected to follow social distancing protocol (if declared) and to use leave appropriately. Employees are expected to follow the Department's remote access protocols and policies to access IT applications.

B. Managers

Managers are responsible for providing a safe and healthy work environment to all employees during an influenza pandemic. In addition, managers must ensure the implementation of COOP activities per the direction of the Commissioner/PH Director/State HD. For the success of maintaining essential and critical functions and services, managers should closely monitor levels of capabilities related to COOP and provide information updates, status reports and recommendations to the Commissioner/PH Director/State HD. It is the manager's responsibility to ensure all critical and essential functions of the Department of Community Health and its subordinate organizations identified in the COOP are carried out and the Division level.

C. Project Management Organization -The Pandemic Influenza COOP Task Force is charged with the preparation and planning for a potentially widespread flu epidemic that may directly impact DCH workforce and their families, causing estimated absentee rates of 40%. The primary goal of the Task Force is to implement a comprehensive plan of action that anticipates a Pandemic Influenza outbreak, educates employees on reducing the spread of disease and provides guidelines on how the organization will continue to operate.

D. Emergency Preparedness Division provides the primary means for the Division of Public Health and the Department to coordinate emergency preparedness planning and response activities. The team works to ensure a safe and healthy environment for all Georgians and to that end provide mission critical services to the state. Because they support pandemic influenza planning throughout the state, preparation for distribution of critical medication/vaccinations to counter a disease outbreak, human capital management and workforce readiness are critical.

E. IT Division coordinates network availability with applicable business partners; develops strategies, policies, or waiver of policies where needed to allow the execution essential or support functions remotely during a pandemic ; monitors remote access to mission critical systems is available during a pandemic; identifies basic tools and equipment to be used by employees who are performing; essential or support functions from remote locations and coordinates their distribution; identifies essential support functions and those Information Technology (IT) positions required to execute them; ensures that records management activities are in place to meet policy requirements during a

pandemic; and determines Remote Access policies to optimize telework options in case of a pandemic. See Appendix 7.

- F. **Communications**-Develops and disseminates internal and external communications regarding activation of the Department's pandemic influenza plan and Departmental decisions and activities carried out under the plan. Maintains website (internet/intranet) and links supporting COOP and Crisis Management.
- G. **Human Resources**-Plans, develops, and implements policies, programs, standards, and systems for effective management of human resources, and for coordinating human capital issues during a pandemic. Team works under the direction of the Director or Human Resources which reports to the Chief Operations Officer.
- H. **Department Management Team**-Division Heads are responsible for preparing pandemic influenza plans for the respective organizations that are consistent with the Agency plan. Depending on each Division's function, pandemic influenza plan is either an independent plan or a separate section in the agency plan. If the Governor's declares the state to be a state of a pandemic emergency and deploys social distancing, the team is responsible for monitoring their division's performance and advises the Commissioner if mission critical services are at risk in accordance with the Agency Pandemic COOP strategy. DCH's COOP plan provides leadership with a range of options for continuing operations.
- I. **Commissioner/Public Health Director/State Health Director**- The DCH Commissioner is responsible for coordinating communication with the Governor and Agency Heads regarding the overall public health and emergency preparedness efforts. She may advise the Governor and recommend social distancing measures and common procedural protocols to ensure the integrity of the states infrastructure. The Governor may delegate additional duties outside of what is stated in response to an actual or potential pandemic.
- J. **Governor**
The Office of the Governor will determine essential state governmental functions during periods of reduced staffing and pandemic outbreak, authorize statewide social distancing policies to include cessation of public gathering and school closure, approve for activation of select Georgia Pandemic Influenza Plan components, convene Cabinet Level meetings as required, and approve of essential service priorities.

IX. Mitigation Strategies

- A. Seasonal Vaccinations During the summer of 2009 Dr. Rhonda Medows, Commissioner of the DCH announced the launch of the "Roll Up Your Sleeve" campaign, DCH's statewide, and grassroots educational campaign to educate Georgians about the

seasonal flu and novel influenza (H1N1) and encourage citizens that fall within high risk groups to get vaccinated.

B. H1N1 Influenza Vaccine -DCH supports the guidance received from the CDC's Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, who met July 29, 2009, to make recommendations on prioritize groups who should receive the new H1N1 influenza vaccine when it becomes available. Those groups are as follows:

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by "cocooning" them from the virus;
- Healthcare and emergency medical services personnel because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- All people from 6 months through 24 years of age
 - Children from 6 months through 18 years of age because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
 - Young adults 19 through 24 years of age because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

X. Reconstitution or the process by which DCH staff will resume normal business operations will be contingent upon the pandemic severity and duration. Reconstitution may vary by Division and whether or not social distancing is declared.

XI. Glossary

Avian influenza	Avian influenza, also referred to as bird flu, is a disease of birds (e.g. ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus has infected millions of birds. Although it is primarily a disease of birds a small number of people have also been infected after having close contact with birds. Also see influenza, seasonal influenza, and pandemic influenza.
Contact	A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.
H5N1	H5N1 is the latest avian influenza virus subtype of concern and there appears to be little human immunity to it. The predominant winter strain of human influenza is H3N2. Most adults have some partial immunity to this strain, which caused a pandemic in 1968 when it evolved from avian influenza.
Hand hygiene	Hand hygiene is a term that applies to the cleaning of ones hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill an influenza virus hands must be washed with soap and water for 15 seconds and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%.
Human-to-human transmission	Human-to-human transmission refers to the ability of an infectious disease to be passed continuously from one person to another. Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted from animal-to-human (and vice versa), and some can be transmitted from human-to-human.
Infection control	Infection control is broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine.
Infectious disease	An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g. viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g. breath), or with an item touched by them.
Influenza	Influenza is a viral disease that causes high fever, sore through,

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cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. Also see seasonal, avian, and pandemic influenza.

Isolation Isolation is when sick people are asked to remain in one place (e.g. home, hospital), away from the public, until they are no longer infectious.

Pandemic influenza A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. Also see influenza, seasonal influenza, and avian influenza.

Personal Protective Equipment (PPE) PPE is specialized clothing or equipment worn to protect someone against a hazard including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that might cover some or all of the body.

Prophylaxis Prophylaxis is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a healthy individual (e.g. nurse, contact) to prevent illness before or after being exposed to an individual with an infectious disease (e.g. influenza).

Quarantine A quarantine is when people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.

Respiratory etiquette Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human-to-human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.

Seasonal influenza Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the



virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. Also see influenza, avian influenza, and pandemic influenza.

**Social
distancing**

Social distancing is an infection control strategy that includes methods of reducing the frequency and closeness of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.

XII. Resources

A. United States Government

- www.cdc.gov/H1N1flu
- www.flu.gov
- <http://www.fema.gov/government/coop/index.shtm>
- <https://government.hsin.gov/>

B. Nongovernmental

- Association of State and Territorial Health Officials (ASTHO) – www.astho.org
- Infectious Diseases Society of America – www.idsociety.org
- National Foundation for Infectious Diseases – www.nfid.org
- Institute of Medicine (IOM) of the National Academies – www.iom.edu
- World Health Organization (WHO) – who.it

Appendices

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