

# Top 10 Influenza Pandemic Response Planning Tips

## Top 10 Influenza Pandemic Response Planning Tips for Senior Public Health Officials

CDC is closely monitoring the avian influenza A (H7N9) situation in China and is taking several preparedness measures. While no H7N9 cases have been detected in the United States or anywhere outside of China at this time and there is no evidence of sustained human-to-human transmission, CDC encourages state and local public health agencies to use this time to review and reinforce their pandemic preparedness plans in case the situation escalates. CDC has developed these Top 10 Influenza Pandemic Response Planning Tips to help senior public health officials at the state, local, tribal, and territorial levels identify the most critical capabilities and activities needed to assure jurisdictional readiness for an influenza pandemic response.

These suggestions are designed to help jurisdictions identify remaining influenza pandemic preparedness operational gaps and improve readiness for potential response. This is not an exhaustive list of all the steps necessary for a sustained influenza pandemic response, but it is intended to give senior public health officials a quick guide for accelerated planning. CDC recommends jurisdictions review their respective H1N1 after-action reports and other relevant data to better assess operational requirements.

1. Regularly visit the CDC avian influenza (H7N9) information page at <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm> for the latest information on the rapidly evolving H7N9 outbreak in China. H7N9 content includes CDC guidance documents such as interim guidance for infection control and antiviral treatment recommendations.
2. Review existing jurisdictional influenza pandemic plans including vaccine administration/mass vaccination plans, community mitigation plans, plans for requesting, receiving, distributing, and dispensing Strategic National Stockpile (SNS) assets, worker safety plans, and risk communication plans, among others. Identify and address any operational gaps.
3. Verify state and local supplies and caches of antiviral drugs, respiratory protective devices, and personal protective equipment.
4. Ensure that H7N9 virus can be rapidly detected and characterized. CDC has completed work on new laboratory diagnostic test materials that can be used specifically to identify cases of human infection with the new avian influenza A (H7N9) virus. <http://www.cdc.gov/flu/avianflu/h7n9-detecting-diagnostics.htm>.
5. Develop and utilize redundant methods for communicating with and contacting providers/clinicians including but not limited to Health Alert Network (HAN) messaging. Prepare to disseminate messages on testing guidance, treatment guidelines, case definition, and worker safety guidance.
6. Identify the relevant subject matter experts within your jurisdiction's public health emergency preparedness and immunization programs, as well as other influenza subject matter experts, such as those in agricultural agencies to develop strategies to ensure animal health is part of public health preparedness planning.
7. Assure that key staff members within your jurisdiction know how to contact CDC's domestic H7N9 epidemiology/lab team and reinforce the need to call CDC with any questions or to consult on cases. Contact CDC 24/7 at 770-488-7100.
8. Test communication systems and platforms to assure operability. Update as needed.
9. Plan how your vaccination program would operationalize a pandemic vaccine prioritization scheme.
  - a. Identify and vaccinate potential priority populations such as healthcare workers, critical infrastructure personnel, young children, and other pediatric and adult groups (e.g., pregnant women and other high-risk groups).
  - b. Strategize how to engage, enroll, and communicate with providers not currently enrolled in the Vaccines for Children program. Nontraditional providers may include adult medical providers, occupational health providers that care for critical infrastructure personnel, pharmacies, and community health centers.
  - c. Plan for potentially administering significantly more vaccine than was available during the 2009 H1N1 response.
10. Assure administrative readiness for a large-scale influenza pandemic event. This includes the ability to rapidly procure, execute contracts, and hire staff/contractors. Identify and address any legal barriers.

