



The State of Hawai`i Pandemic Influenza Preparedness & Response Plan

Executive Summary

The Hawai`i State Department of Health (HDOH) is the State agency entrusted with leading the medical and public health response to disasters. The Hawai`i Pandemic Influenza Preparedness & Response Plan provides guidance for coordinating and executing medical and public health activities necessary to effectively respond to a potential influenza pandemic. As the pandemic escalates, the State government's response will likely need to expand to include support from agencies with responsibilities outside of medicine and public health. When this occurs, the HDOH will coordinate all medical and public health activities through the State Civil Defense under the direction of the Governor.

The plan is organized into seven major activities as follows:

Command and control

This section describes the chain of authority and its basis in Hawai`i law for response to an influenza pandemic and ensuing emergency. It establishes the HDOH as lead state agency in medical/public health response and describes the use of the incident command system as applied to the HDOH. In addition, the roles and responsibilities of partner agencies and their bidirectional relationship with the HDOH as they pertain to an influenza pandemic are described.

Influenza surveillance: routine and pandemic

Currently, this is the most active portion of the plan as early detection and understanding of disease activity, whether regular seasonal influenza, avian influenza, or a potential pandemic influenza is necessary to trigger response activities to attempt to contain and control spread as well as to appropriately direct support and resources.

Influenza surveillance is comprised of routine and enhanced activities. Routine or usual surveillance has long been established in the State. Respiratory specimens submitted by physicians to the State Laboratories Division (SLD) are characterized and monitored for circulating and/or new viral strains. Influenza-like activity is tracked via reporting by a network of volunteer sentinel physicians on all islands of the State. In addition, State pneumonia and influenza mortalities and absenteeism in schools as well as illness clusters in schools and nursing homes are also monitored.

Enhanced or extended activities beyond those recommended by the Centers for Disease Control and Prevention have recently been added to help ensure early detection of increasing or new influenza activity. Passive surveillance to identify ill travelers and potential novel virus introduction has been instituted at the Honolulu International Airport. Routine surveillance activities are being continued year-round rather than focusing on the northern hemisphere's regular influenza season (October-May), since travelers from the southern hemisphere or a novel virus may demonstrate



activity outside of expected periods. Finally, physicians in the State, especially those in the sentinel network, have been asked to submit to the SLD respiratory specimens especially from patients with clinical and epidemiologic criteria consistent with current conditions of avian influenza.

Pandemic influenza vaccines

Immunization by vaccination against the pandemic influenza virus will be the single best method of disease prevention and control. Promotion of routine annual vaccination against regular seasonal influenza will enhance acceptance by people of this intervention and also ensure high coverage against seasonal influenza, which may assist health care providers in distinguishing respiratory disease in ill patients. Because a pandemic influenza virus will be a novel virus and current manufacturing processes are lengthy and limited, any pandemic vaccine is likely to be delayed by months, well after the first wave and potentially even into or after the second wave of a pandemic. When it does become available, quantities are likely to be limited. Prioritization for those critical to maintain services and potentially for those to serve as the most likely source of disease transmission will be required and adapted from recommendations made by the U.S. Department of Health and Human Services (HHS) in the November 2005 HHS Pandemic Influenza Plan. The State will be dependent upon allocation from the Federal supply. Distribution and administration will be accomplished utilizing the Strategic National Stockpile plan. Security of personnel, sites, and vaccines will be established prior to distribution.

Antiviral medications

Given the likely insufficient supply, antiviral medications specific for influenza treatment will only be available for treatment. Evolving issues regarding efficacy and antiviral resistance will likely affect expert recommendations during a pandemic for adequate dose and course duration for treatment of the novel influenza virus. Until that time, this State, like other states and regions and as advised by HHS, will stockpile the antiviral medications, oseltamivir (Tamiflu) and zanamivir (Relenza) in sufficient quantities to treat approximately 25% of the State's population (including residents and visitors) according to current dosage and duration recommendations for treatment of regular seasonal influenza. To maximize availability for appropriate treatment, during a pandemic, antivirals will be redistributed by the HDOH from pharmacies and pharmaceutical distributors to health care providers at designated centers. Prioritization for treatment of those critical to maintain services and those to most benefit society from treatment will be necessary and adapted from HHS recommendations. Distribution and administration will be accomplished utilizing the Strategic National Stockpile plan. Security of personnel, sites, and antivirals will be established prior to distribution.

Isolation & quarantine

This section encompasses nonmedical public health interventions to contain and control an influenza pandemic. Three major concepts are critical to understanding these interventions. Isolation, the most straightforward and readily accepted concept, involves the restriction of movement and separation of ill, contagious people from the



well population. Quarantine, however, involves complex points of public health, law, and policy, and involves the restriction of movement and separation of healthy people, who have presumably been exposed to someone with the disease, for a period of time as recommended by experts to determine that those quarantined have not been infected. The final concept is thought to be most critical for people to understand and accept, especially well before a pandemic occurs. Social distancing involves awareness and prevention of potential exposure to a contagious disease, such as, for example, practicing basic hygiene techniques, staying home from work or school when ill, or using personal protective equipment appropriately. Still, the benefits of all such measures, but especially quarantine, are unclear given the nature of current seasonal influenza (i.e., an infected person may be contagious at least one day prior to developing ill symptoms). Identifying who has truly been exposed and who is likely to become ill will be made more difficult by this characteristic. These measures will be difficult to accomplish and require planning in all sectors of the community to ensure adequate supplies for daily living and personal protection, in addition to medical supplies. Enforcement may be necessary, but public health education prior to any event may help alleviate much of the need for such.

Health care delivery

The capacity to deliver effective health care will be exceeded throughout the State. There are not sufficient medical supplies, resources, manpower, or facilities for the scale that is predicted. However, the HDOH is collaborating closely with the Healthcare Association of Hawai'i (HAH), the representative agency for all health care centers in Hawai'i. HAH is working to improve surge capacity in all these areas. This section outlines the major activities of HAH and health care centers during the various pandemic phases that will be necessary to ensure appropriate health care delivery.

Communications

Constant and clear communications among HDOH and all partners (public health officials, State agencies, government, health care professionals, industry, public, etc.) across the State as well as with Federal level agencies will be critical. Public health education will be a necessary foundation for all activities to enhance understanding and cooperation with guidance issued by the HDOH during an influenza pandemic. This section outlines the major communications activities and relationships throughout the State, but especially via the HDOH.

The Hawai'i Pandemic Influenza Preparedness & Response Plan is intended to assist partner agencies in State, County, and the private sector with the coordination and integration of resources required to efficiently respond to an influenza pandemic. To be successful, the planning effort requires the HDOH to work with partner agencies to identify skilled people, equipment, facilities, resources, and processes needed to identify and treat infected individuals as well as mitigate transmission of the pandemic virus in the community. Response contingency plans also need to encompass efforts to procure, distribute, secure, and dispense medications and/or vaccines to the public. Through education, training, exercises, procurement of necessary materials, and timely



communication, the HDOH will strive to reduce morbidity and mortality among Hawai`i's residents and visitors and minimize societal disruption. Towards that end, this plan should be viewed as a 'living document' that should be re-assessed and revised frequently in response to additional information about a specific pandemic threat and currently available countermeasures.