Commonwealth of Northern Marianas Islands
Department of Public Health
Emergency Operations Plan for Pandemic Influenza

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I. INTRODUCTION

A. Purpose of the CNMI Pandemic Influenza Emergency Operations Plan

This Pandemic Influenza Emergency Operations Plan (Pan Flu EOP) is designed to provide an overview of the activities and responses that will be required from the Commonwealth of Northern Marianas Islands Department of Health to prepare for, mitigate and respond to an influenza pandemic. It should be read in conjunction with the Department of Public Health (DPH) Emergency Operations Plan (EOP) and the Commonwealth Health Center (CHC) EOP.

B. Influenza background information

Influenza is an illness caused by viruses that infect the respiratory tract in humans. Signs and symptoms of influenza infection include rapid onset of high fever, chills, sore throat, runny nose, severe headache, nonproductive cough, and intense body aches followed by extreme fatigue. Influenza is a highly contagious illness and can be spread easily from one person to another. It is spread through contact with droplets from the nose and throat of an infected person during coughing and sneezing. The period between exposure to the virus and the onset of illness is usually one to five days. Influenza is not an endemic disease.

C. WHO Phases of Influenza Pandemic

Due to the prolonged nature of a pandemic influenza event, the World Health Organization (WHO) has defined phases of the pandemic in order to facilitate coordinated plans. This document will utilize the most recent 2005 WHO guidelines. See Annex 1 for a comparison of the new 2005 guidelines to the previous 1999 version.

Table One: 2005 WHO Guidelines for Phases of Influenza Pandemic

Inter-pandemic period

Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, risk of human infection or disease is considered to be low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic alert period

Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized; suggesting that delay the virus is not well adapted to humans.

Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Pandemic period

Phase 6: Pandemic: increased and sustained transmission in general population.

Post-pandemic period

Return to inter-pandemic period.

D. Planning Assumptions for Influenza Pandemics

The following assumptions were considered in developing this Pan Flu EOP:

- Influenza is a highly contagious illness that is easily spread by direct personal contact, respiratory secretion droplets that may travel within 3-6 feet of the affected patient and by smaller, microscopic airborne particles that extend well beyond this distance.
- Influenza viruses mutate frequently. These mutations result in changes of two surface proteins on the virus: Hemagluttin (H) and Neuroamindase (N).
- When animal, (mostly swine or aquatic fowl), and human influenza serotypes are mixed during a concomittent infection, the resultant viral mutations may result the development of new influenza serotypes. When new serotypes occur, immunologically naïve populations have no immunity to the resultant new or "novel" strain of influenza virus.
- Due to the highly contagious nature of influenza and its propensity for mutation, worldwide pandemics have been known to occur on a regular basis.
- An influenza pandemic is inevitable.
- Pandemic influenza is a unique public health emergency. No one knows when the next influenza pandemic will occur. However, when it does occur, it will be with little warning.
- Experts believe that we will have between one to six months between the identification of a novel influenza virus and the time that widespread outbreaks begin to occur in the mainland United States. This time may be shorter in the Pacific where direct flights from Asia occur on a daily basis.
- Effective preventive and therapeutic measures, including vaccines and antiviral agents, will likely be in short supply during an influenza pandemic, as will some antibiotics to treat secondary bacterial infections.
- Healthcare workers and other first responders will likely be at higher risk of exposure to influenza than the general population, further impeding the care of patients.
- Widespread illness in the community may also increase the likelihood of sudden and potentially significant shortages of personnel who provide other essential community services.
- To some extent, everyone will be affected by the influenza pandemic.
- Medical services and healthcare workers will be overwhelmed during the influenza pandemic
- Healthcare workers may not be able to provide essential care to all patients in need
- Unlike the typical disaster, because of increased exposure to the virus essential community services personnel such as healthcare personnel, police, firefighters, emergency medical technologists, and other first responders, will be more likely to be affected by influenza than the general public.
- Also unlike typical natural disasters, during which critical components of the physical infrastructure may be threatened or destroyed, an influenza pandemic may also pose significant *threats to the human infrastructure* responsible for critical community services due to widespread absenteeism in the workforce. This will impact distribution of food, home meal deliveries, day care, garbage collection and other critical services
- The first wave of the pandemic may last from 1-3 months, while the entire pandemic may last for 2-3 years.
- It will take six to eight months after the novel virus is identified and begins to spread among humans before a specific vaccine would likely be available for distribution.
- Approximately 20% of the needed supply of vaccine will be produced each month. The first month's supply will be purchased by the federal government and distributed to state and local health departments to vaccinate prioriti2ed individuals providing critical public services.

- If federal resources are not available to purchase the remaining 80% of needed vaccine, the DHFS will seek the necessary funds to purchase the vaccine for CNMI residents.
- Regardless of the availability of a vaccine that protects against the influenza pandemic strain, Pneumococcal vaccine will reduce the risk of complications that can result from influenza infection. However, there are many complications of influenza that Pneumococcal vaccine will not prevent.
- Two doses of influenza vaccine, administered four weeks apart will be needed to develop full immunity to the novel influenza virus.
- Liability protection for vaccine manufacturers and persons who administer influenza vaccine will likely be made available through congressional legislation.
- Two antiviral agents are currently recommended for prophylaxis or treatment of influenza A.
    * Oseltamivir and zanamivir are neuraminidase inhibitors and are recommended for both prophylaxis and therapy, but have far less availability.
- Although antiviral agents are available that can theoretically be used for both treatment and prophylaxis during the next pandemic, these agents will likely be available only for limited distribution.
- Antivirals are expected to play a limited role in the prevention and treatment of pandemic influenza.
- The supply of antivirals will be well below the anticipated demand during an influenza pandemic.
- Adverse effects are not uncommon with the influenza antivirals, ranging from mild gastrointestinal discomfort to significant neurologic signs and symptoms.
- Assuring adequate that communication systems are in place will be a joint responsibility of both the US federal government and the jurisdiction Department of Public Health (DPH).
- The public will likely encounter some unreliable and possibly false information in the media and on the Internet.
- Mechanisms for communication with the public will vary depending on the phase of the pandemic and its impact on communities

E. Primary Responsibility of the U.S. Federal Government

- Vaccine research and development.
- Coordinating national and international surveillance.
- Assessing and potentially enhancing vaccine and antiviral capacity and coordinating public-sector procurement.
- Devising a suitable liability program for vaccine manufacturers and persons administering the vaccine.
- Developing a national “clearinghouse” for vaccine availability information, vaccine distribution and redistribution.
- Developing a national vaccine adverse events report system.
- Developing a national information database/exchange/clearinghouse on the Internet.
- Developing “generic” guidelines and “information templates” that can be modified
- Pursuing mechanisms by which influenza vaccine can be made more rapidly available and in larger quantities prior to and during the next pandemic.
- Issuing travel alerts and advisories to areas where the novel strains of influenza is in wide circulation.

F. Primary Responsibility of Commonwealth, State and Territorial Governments

- Identification of public and private sector partners needed for effective planning and response.
- Development of key components of pandemic influenza preparedness plan: to include surveillance, distribution of vaccine and antivirals, and communications.
- Integration of pandemic influenza planning with other planning activities conducted under CDC and HRSA's bioterrorism preparedness cooperative agreements.
- Coordination with local areas to ensure development of local plans as called for by the state/territorial/commonwealth plan and provide resources, such as templates to assist in planning process.
- Development of data management systems needed to implement components of the plan.
- Assistance to local areas in exercising plans.
- Coordination with adjoining jurisdictions.

G. Organization of this CNMI Pan Flu EOP document

The CNMI Pan Flu EOP document was developed using the U.S. HHS *Planning Guide for State and Local Officials* (Draft 2.1); the WHO *Global Influenza Plan;* and the Pacific Public Health Surveillance Network *Influenza Guidelines* in addition to other references. (See EOP part V – References)

The document is divided into six chapters according to the six 2005 WHO pandemic phases. (See Table One)

Each chapter consists of a matrix table containing the following six sections as key components of a pandemic influenza plan (see Annex 2 - CDC State and Local Health Department Guidance)

Activity	National Incident Management System (NIMS) Category
Planning & Coordination	Intelligence /Planning
Surveillance	Intelligence / Planning
Prevention and Containment	Operations
Healthcare and Emergency Response	Operations
Communication	Logistics and Public Information Officer (PIO)

Responsibilities for each section are labeled within the matrix table to indicate where the activities within that section would fall under the local Incident Command System of the National Incident Management System.

H. Review of the CNMI Pan Flu EOP

This plan will be reviewed annually by the CNMI Pandemic Flu Committee (PFC). (See Appendix A for committee roster).

In addition, at the end of any escalation of events to Phase 5 or higher, a debriefing will be carried out through the Incident Command Structure and the PFC to assess the effectiveness of operations during the event and to determine the extent of impact on the community. This information should then be used to update and review the plan.

II. PUBLIC HEALTH ACTIONS ACCORDING TO PANDEMIC PHASE

The following section outlines actions to be taken and responsibility for ensuring these are carried out based on the current pandemic phase. All actions should be continued as the situation is scaled up unless they are made obsolete by actions outlined in these higher phases.

Phase 1: No new influenza virus subtypes have been detected in humans		
	Action	Responsible Agency
Planning and Coordination	1. Establish responsibility for national pandemic planning and develop national response plan.	EMO SOPH
	2. Assess preparedness against the CDC/WHO checklist and create a task list to address any identified gaps.	PH BT Dir PFC
	3. Conduct trial exercise to test the plan and use the results to improve and refine preparedness.	PH BT Dir PFC
	4. Identify and train key personnel to be mobilized in case of a pandemic.	PH BT Dir PFC
	5. Review options for preparedness including development of a domestic stockpile (antivirals, PPE, vaccines, laboratory diagnostics, other technical support) for rapid deployment when needed.	PH BT Dir PFC
	6. Develop surge capacity contingency plans for the internal management of domestic resources and essential workers during a pandemic (as part of PH EOP and CHC EOP plans).	PH BT Dir PFC
	7. Review networks with agencies to address food safety, safe agricultural practices and other public health issues related to infected animals.	PH BT Dir PFC EMO
Situation Monitoring and Assessment (Surveillance)	1. Implement CNMI-wide Reportable Disease Surveillance System (RDSS) for ILI.	PH Epidemiologist PH MD
	2. Liaise with DLNR to establish network for notification of clusters of animal (bird, pig) deaths.	PH Epidemiologist BEH
	3. Develop and test procedure for sending appropriate clinical samples for laboratory testing overseas with CDC, PPHSN referral laboratory, WHO reference laboratory (Melbourne, Australia), or other labs who can perform high-level sample testing.	PH Epidemiologist Lab Director
	4. Report unusual ILI surveillance findings to CDC, PPHSN, and WHO-WPRO.	PH Epidemiologist PH MD
	5. Use RDSS to assess the burden of seasonal influenza to help estimate additional needs during a pandemic.	PH Epidemiologist PH MD
	6. Prepare strategies to stop the spread of infection (travel advisories, assessment of those returning from high-risk areas, assessment of boats).	PH Epidemiologist PH MD PH BT Dir
Prevention and Containment (Public Health Measures)	1. Ensure that proposed interventions are discussed with the office of the Governor, DLNR, CPA, DPS and the municipal governments.	PH BT Dir PH MD
	2. Review legal authority to implement proposed interventions (i.e. quarantine and isolation).	SOPH DPH Attorney
	3. Set priorities and criteria for targeted deployment for antivirals and pandemic vaccines.	PH BT Dir PH MD PFC
	4. Review the need for a CNMI policy on use of seasonal influenza vaccine.	PH MD Imm Coordinator
	5. Explore strategies to allow access to non-FDA	PH MD

Phase 1: No new influenza virus subtypes have been detected in humans		
	Action	Responsible Agency
	approved vaccines through agreements with agencies such as CDC or WHO.	**Imm Coordinator**
	6. Review logistic and operational needs for implementation of pandemic vaccine strategy (vaccine storage, distribution capacity, cold-chain availability, vaccination centers, staffing requirements for vaccine administration).	**Imm Coordinator**
Health Care and Emergency Response	**1. Benchmark health system preparedness with the help of CDC Guidance and the *WHO checklist for influenza pandemic preparedness planning* and address gaps.**	**PH BT Dir PFC**
	2. Ensure influenza pandemic response plan is incorporated into the CHC EOP.	**PH BT Dir PFC**
	3. Ensure infection control guidelines are current and implemented.	**PH MD CHC Infection Control**
	4. Ensure implementation of routine laboratory biosafety, safe specimen handling, and hospital infection control policies.	**Lab Director**
	5. Estimate pharmaceutical and other material supply needs; commence arrangements to secure supply.	**PH BT Dir CHC Chief Pharmacist**
	6. Increase awareness and strengthen training of health-care workers on pandemic influenza.	**PH MD**
Communications	**1. Establish networks between DPH and key response stakeholders, including private health clinics, Governor's Office, DPS, DLNR, and DPH staff.**	**PH PIO PH MD**
	2. Familiarize news media with the national response plan and preparedness activities.	**PH PIO PH MD**
	3. Establish formal communications channels with CDC, WHO and SPC.	**SOPH PH MD PH PIO**

Phase 2: No Human Cases, Circulating Animal Influenza Virus Subtype		
	Action	Responsible Agency
Planning and Coordination	**1. Advocate the importance of pandemic planning to SOPH and Directors**	**PH BT Dir** **PFC**
	2. Advise CNMI Legislature of potential need for resources and funding to implement prevention and containment activities.	**PH BT Dir**
	If animal cases are occurring in CNMI or in countries with extensive travel/trade links with CNMI: **3. For isolated animal cases issue standby for activation of PH EOP, if animal outbreak is occurring immediately activate PH EOP.**	**PH BT Dir** **SOPH** **PH Epidemiologist**
	4. Activate mechanisms for joint management of situation with DLNR according to MOU (BEH, DPH to implement).	**PH BT Dir** **BEH**
	5. Assess preparedness status and identify immediate actions needed to fill gaps.	**PH BT Dir**
	6. Consider need to request CDC to provide onsite expert assistance.	**PH BT Dir** **PH MD**
	7. Ensure ability to rapidly deploy stockpile resources (or internationally supplied resources) to dispensaries and outlying areas.	**PH BT Dir** **SNS Coordinator**
	8. Decide whether to deploy part of the stockpile components according to risk assessment.	**PH BT Dir** **PH MD**
	9. Establish a policy on compensation for loss of animals through culling, in order to improve compliance with emergency measures.	**SOPH** **DPH Attorney**
Situation Monitoring and Assessment (Surveillance)	*If animal cases are occurring in CNMI or in countries with extensive travel/trade links with CNMI:* **1. Implement active surveillance by following up all cases of ILI reported via RDSS.**	**PFC**
	2. Actively implement animal surveillance and establish a hotline for reporting animal deaths.	**DLNR** **EMO**
	3. Regularly report surveillance results to SPC, WHO - WPRO.	**PH Epidemiologist**
	4. Urgently transport representative samples from infected animals to CDC and /or WHO reference laboratory.	**PH Epidemiologist** **Lab Director**
	5. Conduct field investigations in affected area(s) to assess spread of the disease in animals and threat to human health.	**PFC**
Prevention and Containment (Public Health Measures)	**1. Check to ensure legislation/policy on quarantine is in place.**	**SOPH** **DPH Attorney**
	2. Determine (based on current situation) if importation of food products from affected areas should be restricted.	**PFC** **BEH**
	If animal cases are occurring in CNMI: **3. Implement a disposal plan for culled/dead livestock including education on disposal procedures and infection control measures.**	**DLNR** **BEH** **PH Epidemiologist**
	4. Recommend measures to reduce human contact with potentially infected animals.	**PFC**
	5. Prepare for use of further interventions if human infection detected.	**PFC**
	6. Update information on available supplies of antivirals.	**CHC Chief Pharmacist**

Phase 2: No Human Cases, Circulating Animal Influenza Virus Subtype		
	Action	Responsible Agency
		PH MD
	7. Update recommendations for prophylaxis and treatment with antiviral; consider implementation after formal risk assessment.	**PH MD**
	8. Ensure delivery/distribution systems are geared up for response to possible human cases (including ensuring dispensary staff are familiar with protocols).	**PFC**
	9. Develop contingency plans for procuring seasonal vaccine (or specific vaccine if available) and for distribution once available.	**Imm Coordinator**
Health Care and Emergency Response	**1. Review CHC EOP for presentation of patients requiring isolation and clinical care.**	**PH MD** **CHC Infection Control**
	2. Train all DPH staff in the use of Emergency Operations Plans.	**PH BT Dir** **CHC BT Dir**
	3. Ensure procedures in place to detect and respond to nosocomial transmission of influenza.	**PH MD** **CHC Infection Control**
	If animal cases are occurring in CNMI or in countries with extensive travel/trade links with CNMI: **4. Alert local health-care providers to consider influenza infection in ill patients with travel or epidemiological link to an affected country, and to recognize the need for immediate reporting to hospital epidemiologist.**	**PH MD**
	5. Verify availability and distribution procedures for personal protective equipment and antivirals and for vaccine for the protection of persons at occupational risk (such as nurses in isolation wards); consider measures to implement.	**PH BT Dir** **PFC** **CHC Infection Control**
	6. Ensure rapid deployment of diagnostic tests when available.	**PH Epidemiologist** **Lab Director**
Communications	**1. Plan process to inform the media of the novel virus alert when it is confirmed in CNMI**	**SOPH** **PH MD** **PH PIO**
	If animal cases are occurring in CNMI or in countries with extensive travel/trade links with CNMI: **2. Update CNMI Legislature, Governor, L. Governor, Senate President, House Speaker, and Mayors, at-risk groups and the public, with current information on virus spread and risks to humans.**	**SOPH** **PH PIO** **PFC**
	3. Establish dedicated communications channels to answer questions from health-care providers and the public.	**SOPH** **PH MD** **PH PIO**
	4. Communicate information on risk and prevention (risk of infection; safe food; animal handling) using fact sheets/ brochures.	**PH PIO** **BEH**
	5. Address possible stigmatization of individuals/ populations in contact with the animal strain.	**SOPH** **PH PIO** **CGC**

Phase 3: Human Cases, but No Human-to-Human Transmission		
	Action	Responsible Agency
Planning and Coordination	*If CNMI is not yet affected:* **1. Assess and improve preparedness status.**	**PFC**
	2. Educate DPH staff, Directors, Governor, L. Governor, Senate President, House Speaker, and Mayors regarding the Influenza Plan.	**PFC** **PH PIO**
	If cases are occurring in CNMI: **3. Activate Hospital and Public Health Emergency Operations Plan (EOP).**	**SOPH**
	4. Implement interventions to reduce disease burden and contain or delay the spread of infection	**PH EOP IC** **CHC EOP IC**
	5. Brief CNMI Legislature, Directors, Governor, L. Governor, Senate President, House Speaker, and Mayors regarding the status, the need for additional resources, and the use of emergency powers.	**SOPH**
Situation Monitoring and Assessment (Surveillance)	*If CNMI is not yet affected:* **1. Review case definition based on CDC/WHO guidance.**	**PFC**
	If cases are occurring in CNMI: **2. Confirm and report cases promptly to CDC, PACNET, and WHO-WPRO.**	**PH EOP Intelligence** **PH MD**
	3. Exclude laboratory accident or intentional release as the cause of the human cases.	**PH EOP Intelligence** **PH MD**
	4. Investigate to determine the epidemiology of human cases (source of exposure; incubation period; infection of contacts (clinical and sub-clinical); period of communicability).	**PH EOP Intelligence** **CHC Infection Control**
	5. Ensure rapid dispatch of clinical samples to CDC referral laboratory.	**Lab Director** **PH EOP Intelligence**
	6. Enhance human and animal surveillance, daily contact with dispensary locations.	**PH EOP Intelligence** **DLNR**
	7. Assess effectiveness of treatment protocols and infection control measures and revise.	**CHC Infection Control** **PH EOP Operations**
Prevention and Containment (Public Health Measures)	*If CNMI is not yet affected:* **1. Reassess availability of antivirals and priority target groups.**	**CHC Chief Pharmacist** **PH EOP Operations** **PH EOP Logistics**
	2. Review vaccine use strategies and supplies.	**PFC** **Imm Coordinator**
	3. Resolve liability and other legal issues linked to use of the pandemic vaccine for mass or targeted emergency vaccination campaigns.	**SOPH** **DPH Attorney**
	4. Assess inventories of vaccines and other material resources needed to carry out vaccinations. Acquire vaccines if available. Acquire anti-virals.	**CHC Chief Pharmacist** **PH EOP Operations** **PH EOP Logistics** **PFC, DSPHA, DSHA**
	5. Ensure there is a legal framework in place in support of possible sanctions of public meetings or school closures or isolation.	**SOPH** **DPH Attorney**
	6. Begin discussions with community leaders and stakeholders regarding contingency planning for mortuary and burial plans should human deaths occur in higher phases.	**SOPH** **PH PIO**
	If cases are occurring in CNMI: **7. Implement appropriate interventions as identified**	**PH EOP IC**

Phase 3: Human Cases, but No Human-to-Human Transmission		
	Action	Responsible Agency
	during contingency planning. (Refer to Isolation & Quarantine Policy)	**PH EOP Operations** **SOPH**
	If associated with animal outbreak(s): **8. Consider deploying supplies of antivirals for post-exposure (and possibly pre-exposure) prophylaxis of individuals who are most likely to be exposed to the animal virus.**	**PH EOP Operations** **PH EOP Logistics**
	9. Promote vaccination with seasonal influenza vaccine to limit risk of dual infection in those most likely to be exposed to the animal virus, and potentially decrease concurrent circulation of human strains in the outbreak.	**PH EOP Operations** **PH EOP Logistics**
	10. Develop & activate livestock disposal plan.	**DLNR** **BEH**
Health Care and Emergency Response	*If CNMI is not yet affected:* **1. Review CHC EOP to ensure surge capacity can deal with a sustained increase in infectious patients.**	**PH EOP Operations** **CHC Infection Control**
	2. Prepare health care and emergency response systems to meet needs in pandemic outbreak by training all DPH staff with the Emergency Operations Plans.	**PH BT Dir** **CHC BT Dir**
	3. Provide all health-care providers with updated case definitions and case management protocols and operational plan for disease outbreaks.	**PFC** **PH MD**
	4. Assess infection control capacity.	**CHC ICC**
	5. Review infection control manuals.	**CHC ICC**
	6. Ensure availability of protective equipment for healthcare workers and laboratory technicians.	**CHC ICC** **Lab Director**
	7. Provide advice to people traveling to or from affected countries.	**SOPH** **PH MD**
	If cases are occurring in CNMI: **8. Activate PH & Hospital EOP's with the first suspected human case.**	**SOPH**
	9. Review contingency plans at all levels, with special attention to surge capacity. (Refer to Isolation & Quarantine Policy)	**PFC**
	10. Ensure health care-workers trained in response procedures / identification of cases.	**PH EOP IC** **CHC EOP IC**
	11. Ensure implementation of infection-control procedures to prevent nosocomial transmission.	**CHC Infection Control**
Communications	*If CNMI is not yet affected:* **1. Identify target groups for delivery of key messages and develop appropriate materials.**	**PH PIO** **PFC**
	2. Ensure that communications systems are functioning and that contact lists are up to date.	**PH PIO**
	If cases are occurring in CNMI: **3. Provide regular updates to CDC, WHO and PPHSN.**	**SOPH** **PH EOP Intelligence**
	4. Production of fact sheets/brochures.	**PH PIO**
	5. Address the issue of stigmatization of individuals/ families/communities affected by human infection with the animal strain.	**SOPH** **PH PIO** **CGC**

Phase 4: Small Cluster(s) with Limited Human-to-Human Transmission		
	Action	Responsible Agency
Planning and Coordination	*If CNMI is not yet affected:* **1. Notify Governor's Office, CNMI Legislature for the potential need for more resources, and need for business continuity planning in all essential areas.**	**SOPH**
	2. Review operations plan for DPH in the face of surge capacity or staff absenteeism.	**PH BT Dir**
	3. Assess preparedness status using CDC Guidance and the *WHO checklist for influenza pandemic preparedness planning*; implement actions required for gaps.	**PFC**
	If cases are occurring in CNMI: **4. Request EOP activation. Activate Hospital and PH EOPs. (Mechanism for simultaneous activation of both plans to be formalized)**	**SOPH**
	5. Obtain political commitment for ongoing and potential interventions/countermeasures.	**SOPH**
	6. Ensure information-sharing and coordination of emergency responses through CDC, PPHSN and WHO-WPRO.	**PH EOP Intelligence**
	7. Identify needs for CDC assistance.	**SOPH** **PH EOP IC**
Situation Monitoring and Assessment (Surveillance)	*If CNMI is not yet affected:* **1. Implement surveillance and identify suspect cases.**	**PH EOP Intelligence** **PH EOP Operations**
	2. Identify laboratory for diagnostic confirmation.	**Lab Director**
	3. Enhance surveillance to include active case finding.	**PH EOP Intelligence**
	4. Provide information at the point of entries to incoming people about Pandemic Flu.	**PFC** **PH PIO**
	If cases are occurring in CNMI: **5. Describe and (re)assess the epidemiological virological and clinical features of infection; identify possible source(s).**	**PH EOP Intelligence** **PH EOP Operations**
	6. Report case information (de-identified) to CDC, WHO, and PPHSN.	**PH EOP Intelligence**
	7. Assess sustainability of human-to-human transmission.	**PH EOP Intelligence** **PH EOP Operations** **CDC PHA**
	8. Forecast likely impact of the spread of infection.	**PH EOP Intelligence** **PH EOP Operations** **CDC PHA**
	9. Attempt to assess the impact of containment measures to allow for adjustment of recommendations.	**PH EOP Intelligence** **PH EOP Operations** **CDC PHA**
	10. Enhance surge capacity for surveillance.	**PH EOP Intelligence**
Prevention and Containment (Public	*If CNMI is not yet affected:* **1. Discourage or disallow travel to and from countries with human infections with pandemic potential virus.**	**Governor's Office** **SOPH**
	2. Purchase anti-virals according to contingency plans.	**CHC Chief Pharmacist** **PH EOP Logistics** **PH EOP Finance**
	If cases are occurring in CNMI: **3. Implement appropriate interventions identified during contingency planning, and consider any new guidance provided by CDC.**	**PH EOP IC** **PFC**

Phase 4: Small Cluster(s) with Limited Human-to-Human Transmission		
	Action	Responsible Agency
	4. Evaluate the effectiveness of these measures in collaboration with CDC.	**PH EOP Intelligence PH EOP Operations CDC PHA**
	5. Use antiviral for early treatment of cases, and consider antiviral prophylaxis for close contacts of cases based on risk assessment and severity of illness in humans.	**SOPH PH EOP Operations CDC PHA**
	6. Develop contingency plan for quarantine of staff involved in direct care of cases.	**PFC CHC Infection Control PH EOP Operations**
	7. Assess likely effectiveness and feasibility of prophylaxis for the purpose of attempting to contain outbreaks.	**PH EOP Intelligence PH EOP Operations CDC PHA**
	8. Distribute pandemic vaccine if available.	**PH EOP Operations Imm Coordinator**
	9. Discourage or ban public gatherings/ school closure if indicated.	**SOPH Governor's Office**
Health Care and Emergency Response	*If CNMI is not yet affected:* **1. Assess capacity to meet pandemic needs.**	**SOPH PH BT Dir**
	If cases are occurring in CNMI: **2. Update and reinforce messages to health-care providers to consider influenza infection in ill patients, and report findings to epidemiologist.**	**PH MD**
	3. Update case definition and case management protocols as required.	**PH EOP Intelligence PH EOP Operations CDC PHA**
	4. Activate CHC and PH EOPs (likely done already in Phase 3).	**SOPH**
	5. Re-emphasize infection-control measures and issue stockpiles of personal protective equipment.	**CHC Infection Control CHC EOP IC PH EOP IC**
	6. Set up mechanism for monitoring side-effects of vaccines (if available).	**Imm Coordinator PH MD**
	7. Mortuary services informed and ready.	**CHC EOP IC**
	8. Consider contingencies for internment of deceased.	**CHC EOP IC EMO**
Communications	*If CNMI is not yet affected:* **1. Prepare to update the media, local governments about this potential threat to the public.**	**SOPH PH PIO**
	2. Enhance clinician awareness of the potential for a pandemic and the importance of diagnosis and select viral identification for persons with ILI.	**PH MD PH Epidemiologist**
	3. Update CNMI Governor, L. Governor, Senate President, House Speaker, and Mayors on the domestic and international situation.	**SOPH**
	4. Re-emphasize infection-control measures in the community dispensaries and clinics and CHC.	**CHC Infection Control PH MD**
	If cases are occurring in CNMI: **5. Establishment of hotline services.**	**PH PIO EMO**
	6. Identify personnel to provide counseling services throughout the community.	**PH EOP IC CGC**
	7. Reinforce and intensify key messages on prevention of	**PH PIO**

Phase 4: Small Cluster(s) with Limited Human-to-Human Transmission		
	Action	Responsible Agency
	human-to-human spread and provide instruction in self-protection to the public.	**EMO** **CDC PHA** **SOPH**
	8. Explain rationale and update public on all aspects of outbreak response and likely next steps.	**PH PIO** **EMO** **CDC PHA** **SOPH**

Phase 5: Large Cluster with Localized Human-to-Human Transmission		
	Action	Responsible Agency
Planning and Coordination	*If CNMI is not yet affected:* **1. Update government officials of pandemic status and the potential need for more resources.**	**SOPH**
	2. Initiate daily briefings (via email) with Epi-Net Team members and Directors (Public Health and Hospital).	**PH BT Dir**
	3. Alert CHC and PH-EOP in "stand-by" mode. Roles identified as appropriate.	**PH BT Dir** **PFC**
	4. Assess legal barriers to surveillance, containment and treatment strategies.	**SOPH** **DPH Attorney**
	5. Review and approve plans for vaccinations and antiviral treatment.	**PFC** **PH MD** **Imm Coordinator**
	If cases are occurring in CNMI: **6. Request activation of Emergency Operations Plan. Both CHC and PH EOP's should be activated.**	**SOPH**
	7. Vaccinate in order of prioritized groups according to previously determined contingency plans. Update vaccination priorities by committee and established guidelines.	**SOPH** **PFC**
	8. Request CDC assistance/expertise as required.	**SOPH**
	9. Finalize preparations for imminent pandemic, including addressing any remaining gaps.	**PH EOP IC** **CHC EOP IC**
Situation Monitoring and Assessment (Surveillance)	*If CNMI is not yet affected:* **1. Enhance surveillance measures to include follow-up of all ILI cases reported.**	**PH Epidemiologist**
	*If cases are occurring in CNMI***:** **2. Report increased spread to CDC, PPHSN and WHO.**	**PH EOP Intelligence**
	3. Implement real-time monitoring of essential resources (medical supplies, medications, infrastructure, vaccines, hospital capacity, human resources, etc.).	**PH EOP Operations** **PH EOP Intelligence** **PH EOP Logistics**
	4. Conduct enhanced surveillance for ILI in community (ex. surveys).	**PH EOP Intelligence** **CDC PHA**
	5. Adjust estimations of the likely impact of infection spread and control measures.	**PH EOP Intelligence** **CDC PHA**
	6. Assess impact of containment measures to-date in order to allow for readjustment.	**PH EOP Intelligence** **CDC PHA**
Prevention and Containment (Public Health Measures)	*If CNMI is not yet affected:* **1. Implement travel advisories, travel restrictions where applicable.**	**SOPH**
	2. Implement intensive control measures including isolation, quarantine, antiviral therapy and prophylaxis, vaccination and control of potential reservoirs in animals.	**SOPH** **BEH** **DLNR**
	3. Ensure availability of testing kits.	**Lab Director**
	4. Revise and review influenza vaccination and antiviral strategies based on lessons learned from use in countries with cases.	**PH MD** **PFC**
	5. Plan for vaccine distribution and accelerate preparations for mass vaccination (e.g. education, liability issues, medical records) when pandemic	**PFC** **Imm Coordinator** **CDC PHA**

Phase 5: Large Cluster with Localized Human-to-Human Transmission		
	Action	Responsible Agency
	vaccine becomes available.	
	6. Review stockpile/access to antivirals and procure supplies as necessary.	**PH MD** **CHC Chief Pharmacist**
	7. Activate emergency procedures for use of pandemic vaccines, if vaccine has been developed and approved.	**PH MD** **CHC Chief Pharmacist** **Imm Coordinator**
	8. Implement pandemic vaccination program (initially targeting priority groups).	**DSPHA** **Imm Coordinator**
	If cases are occurring in CNMI: **9. Implement all interventions identified during contingency planning, implement as an emergency measure; assess impact of interventions when possible.**	**PH EOP IC** **CHC EOP IC** **CDC PHA**
	10. Consider/reconsider use of antivirals for early treatment of cases (prioritization may need to be changed).	**PH EOP Operations**
	11. Assess/reassess efficacy and feasibility of prophylaxis to contain outbreaks.	**PH EOP Intelligence** **PH EOP Operations**
Health Care and Emergency Response	*If CNMI is not yet affected:* **1. Review contingency plans relevant especially as applicable to healthcare delivery and community support.**	**CHC EOP IC** **PH EOP IC**
	2. Disperse updated CDC-approved infection control guidelines to healthcare personnel, ensure implementation.	**CHC Infection Control**
	3. Provide public and private health-care providers with updated case definition, protocols and algorithms for case-finding, management, infection control and surveillance.	**PH EOP Operations**
	4. Assess capability/capacity for infection control for ill patients, and implement infection control consistent with CDC/WHO guidelines.	**PH EOP Operations** **CHC Infection Control**
	5. Train health-care workers to detect/identify cases and clusters.	**PH EOP IC** **CHC EOP IC**
	If cases are occurring in CNMI: **6. Full mobilization of health services and full implementation of hospital and public health EOPs in affected areas, including coordination with other government agencies in the CNMI Disaster Response Plan.**	**CHC EOP IC** **PH EOP IC**
	7. Commence triage arrangements and other emergency procedures for efficient use of health-care facilities.	**CHC EOP IC**
	8. Fully implement emergency plans for deployment of health-care workers.	**CHC EOP IC**
	9. Ensure attention to the health and other needs of individuals who have been assigned to quarantine or isolation.	**PH EOP IC**
	10. Arrange for additional medical personnel and material resources, and alternative means of health-care delivery and operations, based on forecasted needs and contingency plans.	**CHC EOP Operations** **PH EOP Operations** **EMO**
	11. Implement corpse-management procedures.	**CHC EOP IC**
	12. If adequate stockpiles exist, prepare health-care workers for potential change in policy regarding	**PH EOP Operations** **CHC EOP Operations**

Phase 5: Large Cluster with Localized Human-to-Human Transmission		
	Action	Responsible Agency
	antivirals for occupational exposures (switch from prophylaxis to early treatment).	
Communications	*If CNMI is not yet affected:* **1. Update all healthcare providers and DPH staff, private clinics and CNMI Legislature of current situation.**	**SOPH** **PH PIO**
	2. Explain importance of complying with recommended measures despite their possible limitations, and about interventions that may be modified or implemented during a pandemic.	**SOPH** **PH PIO**
	3. Redefine key messages; set reasonable public expectations; emphasize need to comply with public health measures despite their possible limitations.	**SOPH** **PH PIO**

Phase 6: Pandemic		
	Action	Responsible Agency
Planning and Coordination	*If CNMI is not yet affected:* **1. Declaration of an actual global Influenza "Pandemic."**	**CDC/WHO**
	2. Activate national disaster response plan.	**EMO** **SOPH**
	3. Communicate and coordinate with CDC, PPHSN and WHO.	**SOPH** **OHS** **PH MD**
	4. Obtain funding to support response.	**SOPH** **OHS** **EMO**
	If cases are occurring in CNMI: **5. Assess requirements for mainland and international expert assistance and relay request to CDC, SNS, WHO, PPHSN, DMAT as appropriate.**	**SOPH** **PH EOP IC**
	6. Implement all relevant elements of CNMI pandemic plan, including NIMS Structure and implement necessary response interventions.	**SOPH** **PH EOP IC** **CHC EOP IC**
	7. Assess and publicize the current and cumulative national impact.	**SOPH** **PH PIO**
	8. Consider applying the CNMI Emergency Powers Act.	**SOPH**
	If subsided (end of pandemic or between waves): **9. Debriefing and review of response to update the plan based on lessons learned.**	**PH EOP IC** **CHC EOP IC** **SOPH**
	10. Determine need for additional resources and powers during subsequent pandemic waves.	**PH EOP IC** **CHC EOP IC** **SOPH**
	11. Declare end of emergency command-and-control operations, CNMI State of emergency, etc.	**EMO** **SOPH**
	12. Support rebuilding of essential services, including rotating staff.	**SOPH**
	13. Address psychological impacts.	**CGC** **CNMI ARC**
	14. Acknowledge the contributions of all stakeholders (including the general public) and essential staff towards fighting this disease.	**SOPH**
Situation Monitoring and Assessment (Surveillance)	*If CNMI is not yet affected:* **1. Reviewed ILI definition used in surveillance.**	**PH Epidemiologist** **PH MD**
	2. Continue enhanced surveillance measures.	**PH Epidemiologist** **PH MD**
	3. Monitor global situation, vaccine/antiviral availability and treatment guidelines.	**PH MD** **CHC Chief Pharmacist** **Imm Coordinator**
	If cases are occurring in CNMI: **4. Use enhanced surveillance and case investigation to identify initial cases/contacts and track initial geographical spread.**	**PH EOP Intelligence**
	5. Continue to investigate cases, assess epidemiological factors (efficiency of transmission from person to person, containment of disease).	**PH EOP Intelligence**

Phase 6: Pandemic		
	Action	Responsible Agency
	6. As disease, activity intensifies and becomes more widespread, adjust surveillance as necessary and adjust case definition to reflect increasing certainty of clinical diagnoses.	**PH EOP Intelligence PH EOP Operations**
	7. Monitor and assess national impact (morbidity, mortality, workplace absenteeism, regions affected, risk groups affected, health-care worker availability, essential worker availability, health-care supplies, bed occupancy/availability, admission pressures, use of alternative health facilities, mortuary capacity, etc.).	**PH EOP IC CHC EOP IC**
	8. Assess need for emergency measures, e.g. emergency burial procedures, use of legal powers to maintain essential services.	**CHC EOP IC PH EOP IC**
	9. Assess uptake and impact of: treatments and countermeasures, including vaccine/antiviral efficacy and safety and non-pharmaceutical interventions, etc.	**PH EOP Intelligence PH EOP Operations**
	10. Send clinical samples for testing as requested by CDC.	**Lab Director**
	If subsided (end of pandemic or between waves): **11. Evaluate resource needs for subsequent waves if they occur.**	**PFC**
	12. Identify the most effective surveillance and control measures for subsequent waves.	**PH Epidemiologist PH MD**
	13. Report current status through appropriate National and international mechanisms.	**PH Epidemiologist PH MD**
	14. Review lessons learned.	**PFC**
	15. Reinstate enhanced surveillance for early detection of subsequent wave.	**PH Epidemiologist PH MD**
	16. Share experience gained with national and international community (lessons learned).	**PH Epidemiologist PH MD**
Prevention and Containment (Public Health Measures)	*If CNMI is not yet affected:* **1. Implement pandemic vaccine procurement plans; update vaccine recommendations; re-evaluate schedule; plan logistics of delivery.**	**Imm Coordinator CHC Chief Pharmacist**
	2. As soon as available, implement pandemic vaccine program; evaluate vaccine safety and efficacy; monitor supply.	**Imm Coordinator CHC Chief Pharmacist**
	3. Update recommendations for use of antivirals based on: emerging data from affected countries; clinical studies; evidence of resistance; and updated CDC/WHO guidelines.	**PH MD**
	4. Implement distribution plan; monitor supply; be prepared to contribute to evaluation of safety and evaluation of effectiveness.	**SOPH**
	5. Reassess containment strategies - isolation, quarantine, travel restriction.	**PFC**
	If cases are occurring in CNMI: **6. Implement all interventions identified during contingency planning, and consider new guidance provided by CDC and/or WHO.**	**PH EOP IC CHC EOP IC**
	7. Evaluate effectiveness of such measures.	**PH EOP Intelligence CDC PHA**
	If subsided (end of pandemic or between waves):	

Phase 6: Pandemic		
	Action	Responsible Agency
	8. Review effectiveness of prevention and containment measures.	**PFC**
	9. Evaluate antiviral efficacy, safety and resistance data; update guidelines, assess supply for subsequent wave(s).	**PH MD**
	10. Assess local vaccine coverage to date, and carry out vaccination of high-risk of identified population groups if possible with pandemic vaccine according to risk assessment.	**Imm Coordinator** **PH MD**
Health Care and Emergency Response	*If CNMI is not yet affected:* **1. Consider activation of PH EOP and CHC EOP (stand-by mode).**	**SOPH** **PFC**
	2. Keep case definition and management protocols, and infection control guidelines updated in line with latest CDC/WHO guidance.	**PH MD** **PH Epidemiologist**
	3. Maintain health-care worker vigilance for the onset of cases and clusters.	**CHC Infection Control**
	4. Maintain capability/capacity for infection control for ill patients, and implement infection control consistent with latest CDC/WHO guidelines; maintain staff competency in use of personal protective equipment (conduct drills).	**CHC Infection Control** **CHC BT Dir**
	If cases are occurring in the CNMI: **5. Implement all necessary contingency plans for health systems according to the CHC and PH EOP. Staffing per EOP.**	**SOPH** **CHC EOP IC** **PH EOP IC**
	6. Implement vaccination campaign according to priority status, in line with plans and availability.	**PH EOP IC** **Pharmacy Director** **Imm. Coordinator**
	7. Ensure that overworked staffs have opportunities for rest and recuperation.	**CHC EOP IC** **PH EOP IC** **SOPH**
	If subsided (end of pandemic or between waves): **8. Restock medications and supplies; service and renew essential equipment.**	**CHC Chief Pharmacist** **DSHA**
	9. Review/revise plans in anticipation of subsequent wave(s).	**PFC**
	10. Support rebuilding of essential services.	**SOPH**
	11. Adjust case definitions and case management protocols as necessary.	**PH MD** **PH Epidemiologist**
Communications	*If CNMI is not yet affected:* **1. Keep news media, public and other stakeholders informed about progress of pandemic in affected countries.**	**SOPH**
	2. Redefine key messages; set reasonable public expectations; emphasize need to comply with public health measures despite their possible limitations.	**SOPH**
	If cases occurring in CNMI: **3. Activate all elements of communications plan. Including daily meetings between official spokesperson with media for updates gathered from local sites, regional and global.**	**SOPH**
	4. Maintain capacity for meeting expected local and international information demands.	**SOPH** **PH PIO**

Phase 6: Pandemic		
	Action	Responsible Agency
	5. Acknowledge public anxiety, grief and distress associated with pandemic.	**SOPH** **PH PIO** **CGC**
	If subsided (end of pandemic or between waves): **6. Evaluate communications response during previous phases; review lessons learned.**	**SOPH** **PH PIO**
	7. Advise public of status end of pandemic wave according to CDC/WHO declaration and make people aware of uncertainties associated with subsequent waves.	**SOPH** **PH PIO**
	8. Relevant information relayed to stakeholders e.g. CNMI Legislature and funding agencies (financial analysis).	**SOPH**
	9. Formal debriefings held with all stakeholders.	**SOPH**

Review of the Plan

This plan will be reviewed annually by the EOP ICs and the Pandemic Influenza Committee (PFC). In the absence of a PFC, the plan will be reviewed by the CNMI Epi-Net Team. In addition, at the end of any escalation of events to Phase 5 or higher, a debriefing will be carried out through the Incident Command Structure and PFC to assess the effectiveness of operations during the event and to determine the extent of impact on the community. Using this information, the CNMI Public Health Pandemic Influenza Plan will be updated accordingly.

III. ACRONYMS

A. List of Acronyms Used in the CNMI Pan Flu EOP

ACIP	Advisory Committee on Immunization Practices
AVIC	Area Veterinarian in Charge
BEH	Bureau of Environmental Health
CDC	US Centers for Disease Control and Prevention
CDC PHA	US Centers for Disease Control and Prevention Public Health Advisor
CGC	Community Guidance Center
CHC	Commonwealth Health Center
CHC BT Dir	Commonwealth Health Center Bioterrorism Director
CHC EOP IC	Commonwealth Health Center Emergency Operations Plan Incident Commander
CHC ICC	Commonwealth Health Center Incident Command Center
CNMI	Commonwealth of Northern Marianas Islands
CNMI ARC	Commonwealth of Northern Marianas Islands American Red Cross
OHS	Office of Homeland Security
DMORT	Disaster Mortuary Operations Team
DLNR	Department of Lands and Natural Resources
DPH	Department of Public Health
DSHA	Deputy Secretary Hospital Administration
DSPHA	Deputy Secretary Public Health Administration
EMO	Emergency Management Office
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPINET	Epidemiological Network for Pacific Regional Outbreak Alert and Response
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HPAI	Highly Pathogenic Avian Influenza
IC	Incident Commander
CHC IC	CHC Infection Control
ICS	Incident Command System
Imm	Immunization
IPCC	Infection Prevention and Control Committee
ILI	Influenza-Like Illness
LRN	Laboratory Response Network
NIMS	National Incident Management System
NREVSS	National Respiratory and Enteric Virus Surveillance System
PACNET	Pacific Health Network (List Serve)
PAN FLU	Pandemic Influenza
PEHI	(CDC) Pacific Emergency Health Initiative
PFC	Pandemic Influenza Committee
PICTs	Pacific Island Countries and Territories
PIO	Public Information Officer
PPHSN	Pacific Public Health Surveillance Network
PH BT Dir	Public Health Bioterrorism Director
PH EOP	Public Health Emergency Operations Plan
PH EOP IC	Public Health Emergency Operations Plan Incident Commander
PH MD	Public Health Medical Director
PH PIO	Public Health Public Information Officer
RDSS	Reportable Disease Surveillance System
SNS	Strategic National Stockpile
SOPH	Secretary of Public Health
SPC	Secretariat of the Pacific Community

USDA	United States Department of Agriculture
VAERS	Vaccine Adverse Events Reporting System
WHO	World Health Organization
WPRO	(WHO) Western Pacific Regional Office

IV. APPENDICES

Appendix A. Members of the CNMI Pandemic Flu Committee

- Secretary of Public Health
- Deputy Secretary for Public Health Administration
- Deputy Secretary for Hospital Administration
- Medical Director, Division of Public Health
- DPH Epidemiologist
- CHC Hospital Medical Director or Chief of Staff
- CHC Chief of Nursing
- DPH Laboratory Director and LRN Coordinator
- DPH Immunization Program Coordinator
- DPH Public Information Officer
- CHC Infection Control Coordinator
- Public Health Bioterrorism Program Coordinator
- CHC Chief Pharmacist/SNS Coordinator
- DLNR Representative/CNMI Veterinarian
- Community Guidance Center Director
- DPH Human Resources Manager
- Attorney General's Office Representative
- Office of Homeland Security Representative
- Emergency Management Office Representative

Appendix B. CNMI Draft Isolation and Quarantine Policy

1) Isolation
   a) Definition
      i) The compulsory separation of individuals who have already exposed and exhibiting signs of illness. These individuals are presumed to be highly infectious, and it is important to protect the Commonwealth by confining the individual and eliminating opportunities to expose another resident or family member.
   b) Purpose
      i) The purpose of isolation is to reduce exposure of groups or family members to prevent further spread of the disease in the community.
   c) Initiation of an Isolation Order
      i) Under non-emergent conditions, confinement orders shall be issued by court order

ii) In the setting of a Governor-declared Public Health Emergency due to communicable disease outbreaks (i.e. SARS, Pandemic Flu, Smallpox) the Secretary of Health may issue a written Isolation Order to an individual without court order.

d) Location of Isolation
   i) Isolation at Home
      (1) For almost all communicable illnesses, isolation of sick individuals will be done at home. This is particularly true for epidemics or pandemics, when CHC hospital will be filled beyond capacity.
      (2) Isolated individuals cannot leave the home without direct permission from Public Health
         (a) Isolated individuals are not allowed at public functions. No attendance at funerals, rosaries, fiestas, or family gatherings is allowed.
         (b) Isolated individuals are not allowed to attend school or work.
      (3) Protection of the Family
         (a) Isolated individuals are not allowed to expose other family members
         (b) Households should encourage unexposed and non-quarantined individuals to stay with other households. A single caretaker in the house is preferred.
         (c) Strict hand-washing will be observed for households with an isolated individual present.
         (d) Dirty clothes and linens, dirty dishes, and trash will be handled separately within the household.
      (4) Isolated individuals should stay in a room with an open window and maximum ventilation to outside air
         (a) Window fans are best, and they should be pointing outside
         (b) No direct contact with family
         (c) Food should be brought to room
      (5) Individuals on home isolation may require a public health nurse or physician home visit for treatment
   ii) Isolation at off-site improvised medical facility
      (1) Location of Off-Site Facility
         (a) In the setting of a significant epidemic or pandemic, the Department of Public Health may utilize a suitable off-site facility to provide for patient surge capacity.
         (b) Selection of off-site facility depends upon the needs of the community, the number of people involved, the geographic location of disease outbreak, and the type of disease affecting the populous.
         (c) Selection of off-site facilities in the setting of a Governor-declared Public Health Emergency shall be done by the Secretary of Health.
         (d) Strong consideration will be given to local unoccupied hotels, local schools, or shelters.
         (e) Division of Public Health shall keep a list of off-site facilities under consideration.
         (f) Food/Water will be provided through EMO using the same contracting as for natural disasters and shelterees.
   iii) Isolation at CHC
      (1) Strict isolation will be followed for all patients confined to CHC.
      (2) The format of Isolation will be determined by the attending physician (contact isolation, respiratory isolation, etc.)
      (3) See CHC Infection Control policies and procedures for detailed instructions

e) Medical Evaluation During Isolation
   i) Division of Public Health shall arrange for nursing and physician supervision for individuals stationed at off-site facilities. Every individual will be evaluated every day.
   ii) Division of Public Health will insure that medications are provided through CHC procurement.

f) Duration of Isolation
   i) Isolation will continue until the Secretary of Health has determined that the further individual is no longer necessary to protect the public health.
   ii) The Secretary of Health will provide written orders to terminate the isolation period. Most isolation periods will continue until the patient has been determined to by non-infectious for a period of at least two days.

2) Quarantine
   a) Definition
      i) The compulsory separation of individuals who have already exposed but are not yet exhibiting signs of illness. These individuals are, by definition, not infectious, but require health monitoring by the Department of Public Health on a daily basis.
   b) Purpose
      i) The purpose of quarantine is to reduce exposure of groups or family members to prevent further spread of the disease in the community.
   c) Initiation of a Quarantine Order

i) Under non-emergent conditions, confinement orders shall be issued by court order.
ii) In the setting of a Governor-declared Public Health Emergency due to communicable disease outbreaks (i.e. SARS, Pandemic Flu, Smallpox) the Secretary of Health may issue a written Quarantine Order to an individual without court order. Multiple family members may be included on a single quarantine order.

d) Location of Quarantine
   i) Quarantine at Home
      (1) Quarantined individuals are not ill infectious. For almost all communicable illnesses, quarantine of sick individuals will be done at home. This is particularly true for epidemics or pandemics, when CHC hospital will be filled beyond capacity.
      (2) Quarantined individuals cannot leave the home without direct permission from Public Health
         (a) Quarantined individuals are not allowed at public functions. No attendance at funerals, rosaries, fiestas, or family gatherings is allowed.
         (b) Quarantined individuals are not allowed to attend school or work.
      (3) Protection of the Family
         (a) Quarantined individuals are not infectious. Isolated individuals are allowed to be present with other family members
         (b) Strict hand-washing will be observed for households with an isolated individual present.
         (c) Dirty clothes and linens, dirty dishes, and trash are not handled separately within the household.

e) Medical Evaluation During Quarantine
   i) The CNMI Department of Public Health shall arrange for nursing and physician evaluation for quarantined individuals. Every individual will be evaluated every day. Quarantined individuals may be brought to designated DPH Quarantine Evaluation stations for a rapid daily assessment, but are otherwise confined to home.

f) Duration of Quarantine
   i) Quarantine will continue until the Secretary of Health has determined that the further individual is no longer necessary to protect the public health. Most quarantine orders will extend until 2 days beyond the maximum incubation period has passed.
   ii) The Secretary of Health will provide written orders to terminate the quarantine period. Multiple family members may be included on a single quarantine order.

Appendix C. Infection Control Recommendations

Healthcare Facilities:

1. Place suspect cases on droplet and standard precautions (see CDC Guidelines on Prevention of Nosocomial Pneumonia at http://www.rtgnv/nddod/hip/pneumonin/pneu mmwditnt

2. All persons entering isolation rooms should wear a sut mask and practice good hand hygiene (see CDC guidelines for hand hygiene in healthcare settings at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5 II 6a1 .

3. Healthcare workers displaying influenza-like symptoms should be removed from direct patient care when possible.

4. Visitors with febrile respiratory illnesses should be restricted from visitation as much as possible.

5. Patients and staff should cover their mouths and noses with tissue when coughing or sneezing, dispose of used tissues immediately after use and wash hands after using tissues.

6. Restrict elective admissions in hospitals

7. Isolation should be initiated at symptom onset and continue for duration of illness (usually 4 to 5 days.)

At Home:

1. Persons should remain at home during their illness (usually until four to five days after symptoms appear).

2. Restrict visitors to the home should as much as possible.

3. Persons entering homes of suspect influenza cases should wear a surgical mask when within 3 feet of the patient, and should wash hands after patient contact and before leaving the home.

4. Patients should cover their mouths and noses with tissue when coughing or sneezing, dispose of used tissues immediately after use and wash hands after using tissues.

5. Family members should wash hands after contact with the patient.

Appendix D. Target Groups for Vaccination Prioritization

The scheme, in order of priority may include:

• The Governor
• The Lieutenant Governor as identified by statute to take charge of state functions in the event of the loss or incapacitation of the Governor.
• Persons essential to maintain basic community infrastructure contingent on the epidemiology of the pandemic and the quantity of influenza vaccine available, include:

Category A Group and their household members
• Licensed healthcare workers including physicians, physician assistants, nurses, mental health professionals
• CNMI public health officials
• First responders (Fire, Police, EMT's)
• Medical laboratory workers
• Emergency management personnel
• National Guard members that have been called into service by the governor
• Long term care facility staff
• Utility field workers (gas, electric, water, sewer, etc.),
• Communications personnel
• Fuel suppliers
• Food suppliers
• Waste management workers (general and medical)
• Public transportation drivers
• Air travel personnel (pilots, air traffic controllers, etc.)
• Corrections workers
• Morticians/Coroners/Medical Examiners
• Pharmacists
• Red Cross field workers
• U.S. Postal Service workers
• Contracted persons involved in the transportation of vaccine

Category B Group
• Day care providers
• Teachers
• Clergy
• Other non-licensed mental health professionals

V. REFERENCES

A. List of References Used in Development of the CNMI Pan Flu EOP

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http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pandemic-plan.htm

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http://www.cdc.gov/nceh/ierh/ADEPT.htm

Centers for Disease Control and Prevention, Pacific Emergency Health Initiative (PEHI)
http://www.cdc.gov/nceh/ierh/PEHI.htm

New Zealand Ministry of Health, *Influenza Pandemic Action Plan*
http://www.moh.govt.nz/moh.nsf/ea6005dc347e7bd44c2566a40079ae6f/5f5694e4a5736dd2cc256c55000788a3?OpenDocument

Secretariat of the Pacific Community, Pacific Public Health Surveillance Network, *PPHSN Influenza Guidelines*
http://www.spc.org.nc/phs/pphsn/Publications/Guidelines/Influenza.htm

US Department of Health and Human Services, *Pandemic Influenza Response and Preparedness Plan*
http://www.hhs.gov/nvpo/pandemCHC IClan/index.html

WHO *Global Infuenza Pandemic Preparedness Plan* (WHO/CDS/CSR/GIP/2005.5)
http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html

WHO *Checklist for Influenza Pandemic Preparedness*
http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_4/en/index.html

CNMI State Department of Public Health, *CNMI Pandemic Influenza Preparedness*
http://dhfs.CNMI.gov/preparedness/pdf_files/WIPandemicInfluenzaPlan.pdf

VI. INTERNET RESOURCES

A. List of Internet Resources Related to Pandemic Influenza

World Health Organization, *WHO Pandemic Preparedness*
http://www.who.int/csr/disease/influenza/pandemic/en/

US Department of Health and Human Services, National Vaccine Program Office, *Pandemic Influenza*
http://www.hhs.gov/nvpo/pandemics/index.html

Centers for Disease Control and Prevention, *Information about Influenza Pandemics*
http://www.cdc.gov/flu/avian/gen-info/pandemics.htm

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