

## EXECUTIVE SUMMARY

Influenza viruses are unique in their ability to cause sudden, pervasive illness in all age groups on a global scale. Global influenza epidemics are referred to as “influenza pandemics.” Three such pandemics occurred in the 20<sup>th</sup> century, causing millions of deaths. Experts consider them to be an inevitable fact of nature.

A pandemic will cause both widespread and sustained effects and is thus likely to stress the resources of every state. This broad resource strain will make it difficult to shift resources between states and reinforces the need for each state to develop a plan, requiring a substantial degree of self-reliance. Due to the broad impact of pandemic influenza, the role of intra- and interstate mutual aid agreements will not be central to the response.

The time between pandemics provides an opportunity in which key components of public health infrastructure can be developed or strengthened.

The original New Jersey Department of Health & Senior Services (NJDHSS) Influenza Pandemic Plan was released in September 2002, following an extensive collaborative process. It has been revised twice: first with consideration given to the U.S. Department of Health & Human Services (HHS) 2004 “State and Local Health Departments Guidance,” and later to incorporate relevant aspects of the New Jersey Emergency Health Powers Act, which became law in September 2005 (P.L. 2005, c.222).

This third revision is an operational plan that is aligned with the November 2005 HHS “Public Health Guidance for State and Local Partners.” A work group, consisting of 50 private sector professional organizations and experts from NJDHSS and other state and local agencies, was convened to provide assistance.

This NJDHSS Influenza Pandemic Plan has been designed to ensure that New Jersey is prepared to implement an effective public health response before an influenza pandemic arrives. The intent of the plan is to help minimize morbidity and mortality and maintain the operations of essential community services in the event of a pandemic. It includes the duties of NJDHSS and the actions that local health departments (LHDs) and Local Information Network and Communications System (LINCS) agencies need to take to prepare for and respond to an influenza pandemic. Local planning should include the involvement of healthcare partners, community organizations and the public. Guidance for healthcare facility pandemic preparedness and response plans has been distributed by NJDHSS and is also included in this document.

The NJDHSS Influenza Pandemic Plan is divided into ten operational sections:

1. Surveillance
2. Laboratory Diagnostics
3. Healthcare Planning
4. Infection Control

5. Clinical Guidelines
6. Vaccine Distribution and Use
7. Antiviral Drug Distribution and Use
8. Community Disease Control and Prevention (including Managing Travel-Related Risk of Disease Transmission)
9. Public Health Communications
10. Psychosocial Considerations

The ten operational sections each contain an overview, the operation plan, and an appendix. Response actions have been categorized as “Watch,” “Alert” and “Response” to coincide with Centers for Disease Control and Prevention (CDC) terminology in the “CDC Influenza Pandemic Operation Plan” released July 11, 2007 (<http://www.cdc.gov/flu/pandemic/cdcplan.htm>).

The NJDHSS Influenza Pandemic Plan has been developed to complement the New Jersey State Pandemic Influenza Response Plan, an attachment to the Public Health Annex of the State Emergency Operations Plan, which focuses on maintenance of the critical infrastructure in both public and private sectors.

This plan is a dynamic document that will be evolving as new information is obtained. In addition, website links that are provided (URLs) should be used to access the most current information.