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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 20th 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.

DEFINITIONS

ACIP – Advisory Committee on Immunization Practices: an advisory committee of the Centers for Disease Control and Prevention

Antiviral – An agent used to kill or suppress growth of viruses, including influenza. Antivirals are not vaccines. Other therapies for influenza may include fever-reducing medicine, oral or intravenous hydration, and mechanical ventilation.

APHL – Association of Public Health Laboratories

CAP – Community-Acquired Pneumonia

CDC – Centers for Disease Control and Prevention (U.S.)

CDRSS – Communicable Disease Reporting and Surveillance System (NJDHSS): a web-enabled, CDC-specification compliant application that is used to enter, update and track New Jersey’s reportable communicable disease information

CDS – Communicable Disease Service: the program within NJDHSS responsible for prevention and control of communicable diseases

CDS-HEs – Communicable Disease Service Health Educators

CI – Critical Infrastructure

CSTE – Council of State and Territorial Epidemiologists

DGMQ – Division of Global Migration and Quarantine (CDC)

DOC – Department of Corrections (NJ)

DTB – Disaster and Terrorism Branch of the Division of Mental Health Services (within the New Jersey Department of Human Services)

ECC – Emergency Communications Center (phone bank within NJDHSS CDS)

EHPA – Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq.

EMS – Emergency Medical Services

ESAR-VHP – Emergency System for Advance Registration of Volunteer Health Professionals

FQHC – Federally Qualified Health Center: a facility located in a medically underserved area that has been approved by the federal government to provide low cost, preventive primary medical care to Medicare beneficiaries. FQHCs include community health centers, tribal health clinics, migrant health services, and health centers for the homeless.

FSIS – Food Safety and Inspection Service (U.S. Department of Agriculture)

H5N1 – a specific strain of influenza A virus

HAN – (Health Alert Network) E-communication between CDC and NJDHSS. Also called LINCS (Local Information Network Communication System) when NJDHSS communicates to LINCS agencies and when LINCS agencies communicate with community partners.

HCC – Health Command Center (emergency operations center at NJDHSS)

HCP – Health Care Provider: a physician, advanced practice nurse, physician’s assistant or a person having control or supervision over a hospital or other health care institution, correctional facility, school, summer camp, child care center, preschool, or institution of higher education

HCWs – Healthcare Workers

Healthcare Entities - hospitals, long-term care facilities, home care agencies, emergency medical services, primary care centers (including Federally Qualified Health Centers [FQHCs]), and private health professionals.

HERC – Health Educator/Risk Communicator, on staff in LINCS agencies

HHS – U.S. Department of Health and Human Services

HIPAA – Health Insurance Portability and Accountability Act (U.S.)

HIPER – Health Infrastructure Preparedness and Emergency Response, a division within NJDHSS

Home Health Agency - a facility licensed by NJDHSS to provide preventive, rehabilitative and therapeutic services to patients in the patient's home or residence. This includes nursing, homemaker-home health aids, and physical therapy services. See Home Health Agency Licensing Standards, N.J.A.C. 8:42-1.2

Hospice Agency - a program licensed by NJDHSS to provide palliative services to terminally ill patients in the patient's home or place of residence, including medical, nursing, social work, volunteer and counseling services. See Hospice Licensing Standards, N.J.A.C. 8:42C-1.2.

ICS – Incident Command System

ILI – Influenza-Like Illness (fever > 100°F AND cough and/or sore throat, in the absence of a known cause)

ISP – Influenza Surveillance Program (within NJDHSS CDS)

JIC – Joint Information Center

LAD – Local Antiviral Distribution site

LEPC – Local Emergency Planning Council

LHD – Local Health Department: responsible for the provision of local public health services

LINCS – Local Information Network and Communications System comprised of 22 strategically located public health agencies in NJ responsible for planning, coordination, and delivery of specialized services related to public health emergencies

LOP – Laboratory Outreach Program

LRN – Laboratory Response Network

LTCFs – Long Term Care Facilities – assisted living residences and nursing homes
These are facilities licensed by NJDHSS under N.J.A.C. 8:36 and N.J.A.C. 8:39 respectively.

MCC – Medical Coordination Center (NJDHSS)

M3CB – MCC Call Bank

MHA –Mental Health Administrators (county)

MHANJ – Mental Health Association in New Jersey

MMWR – Morbidity and Mortality Weekly Report

MRC – Medical Reserve Corps: professional and lay volunteers who have registered to provide assistance during a public health emergency

NJDA – New Jersey Department of Agriculture

NJDEP – New Jersey Department of Environmental Protection

NJDHS – New Jersey Department of Human Services, the state’s social service agency

NJDHSS – New Jersey Department of Health and Senior Services

NJEPIS – New Jersey Emergency Preparedness Inventory System: used for tracking vaccine inventory

NJIIS – New Jersey Immunization Information System: a web enabled interactive registry that is used by both the private and public sectors for tracking individuals' immunization information. It is internet accessible and password protected.

NJNG – New Jersey National Guard

NJOEM – New Jersey Office of Emergency Management

NJOHSP – New Jersey Office of Homeland Security and Preparedness

NJPVS – New Jersey Preparedness Vaccination System: a module of NJIIS used for tracking vaccine administration

N.J.S.A. – New Jersey Statutes Annotated

NJSP – New Jersey State Police

Non-Healthcare Entities - Non-healthcare entities include: local and state agencies including public health agencies, private corporations and businesses, schools and universities, and congregate living facilities not considered healthcare entities (e.g., prisons, dormitories, group homes).

NPI – Non-Pharmaceutical Intervention – community strategies that do not involve vaccines or medications. It includes social distancing strategies to reduce contact between people.

OAG – Office of Attorney General (NJ)

OCOM – Office of Communications (NJDHSS)

OEM – Office of Emergency Management: office within the NJ State Police that plans, directs and coordinates emergency operations. Each county also has an OEM.

OIE – Office International des Epizooties (World Organization for Animal Health)

OSHA – Occupational Safety and Health Administration (U.S.)

PEOSH – Public Employees Occupational Safety and Health (NJDHSS)

PHEL - Public Health and Environmental Laboratories (NJDHSS)

PIO – Public Information Officer

PIRT – Pandemic Influenza Response Team

POD – Point of Dispensing: term used for a mass prophylaxis clinic

PPE – Personal protective equipment

PSA – Public Service Announcement

RODS – Real-time Outbreak and Disease Surveillance: a national effort to monitor sales of over-the-counter healthcare products and analyze them for aberrations suggestive of a disease outbreak

ROIC – Regional Operations and Intelligence Center, a division of NJ State Police

RSS Site/Facility– Receipt, Storage, Staging Site/Facility: facility designated for receiving, storing and staging of pharmaceuticals, equipment and supplies required for an emergency operation, especially those items associated with the Strategic National Stockpile.

SEOC – State Emergency Operations Center (NJ)

SNS – Strategic National Stockpile: Assets (medicine, medical supplies, equipment and vaccines) supplied to state agencies by the federal government to supplement and replace stocks normally held by healthcare facilities and to support expanded dispensing capabilities in case of a large-scale public health emergency

SSS – Strategic State Stockpile

USDA – United States Department of Agriculture

VDP – Vaccine Distribution Plan

VMI – Vendor Managed Inventory

VPDP – Vaccine Preventable Disease Program (within NJDHSS CDS)

WHO – World Health Organization

I. PURPOSE

The purpose of this operational plan is to:

- A. Prepare the NJ Department of Health and Senior Services (NJDHSS) to respond to an influenza pandemic;
- B. Help minimize morbidity and mortality
- C. Support the NJ State Pandemic Influenza Response Plan, which is an attachment to Emergency Support Function #8 - “Health & Emergency Medical Annex” of the State of NJ Emergency Operations Plan;
- D. Coordinate internal NJDHSS response activities; and
- E. Provide guidance and information to Local Information Network and Communications System (LINCS) agencies, Local Health Departments (LHDs), and healthcare partners and other stakeholders in the development of their influenza pandemic plans.

II. AUTHORITIES

A. Laws, Ordinances, Regulations, Resolutions and Directives

- 1. Federal
 - a. As cited in the NJ Emergency Operations Plan
- 2. State
 - a. Title 24, N.J.S.A.: Food and Drugs
 - b. Title 26, N.J.S.A.: Health and Vital Statistics
 - c. N.J.S.A. 26: 13-1 et seq.: Emergency Health Powers Act

B. NJ Emergency Health Powers Act

The NJ Emergency Health Powers Act (EHPA), signed into law September 14, 2005 (P.L. 2005, c.222), formally clarifies and organizes emergency health powers to be used during a public health emergency. This Act was codified at N.J.S.A. 26:13-1 et seq.

The EHPA also amends N.J.S.A. 26:4-2 to state that in order to prevent the spread of disease affecting humans, the NJDHSS and local boards of health, within their respective jurisdictions, shall have the power to:

- 1. declare what diseases are communicable,
- 2. declare when any communicable disease has become epidemic,
- 3. require the reporting of communicable diseases,
- 4. maintain and enforce proper and sufficient quarantine, wherever deemed necessary,

5. remove any person infected with a communicable disease to a suitable place, if in its judgment removal is necessary and can be accomplished without any undue risk to the person infected,
6. disinfect any premises when deemed necessary, and
7. remove to a proper place to be designated by it all articles within its jurisdiction, which, in its opinion, shall be infected with any matter likely to communicate disease and to destroy such articles, when in its opinion the safety of the public health requires it.

“In the event the Governor declares a public health emergency, the department” (NJDHSS) “shall oversee the uniform exercise of these powers in the State and the local board of health shall be subject to the department’s exercise of authority under this section” N.J.S.A. 26:4-2.

III. SITUATION

A. Background

Influenza pandemics are inevitable but unpredictable and arrive with very little warning. Should an influenza pandemic virus again appear that behaves as the 1918 strain, even taking into account the advances in medicine since then, unparalleled tolls of illness and death would be expected. Air travel could hasten the spread of a new virus, and decrease the time available for implementing interventions. Outbreaks are expected to occur simultaneously throughout much of the U.S. preventing shifts in human and material resources that usually occur in response to other disasters. The effect of influenza on individual communities will be relatively prolonged (weeks to months) in comparison to other types of disasters. Healthcare systems could be rapidly overburdened, economies strained, and social order disrupted.

Depending on where the initial outbreak begins, the U.S. will have no lead time to a maximum of three months lead time. Two or more “waves” are anticipated, occurring within three to nine months of the initial outbreak in a given area. Historically speaking, it is expected that in any locality the length of each wave is approximately six to eight weeks. Based upon current vaccine production methods, vaccine may not be available in time for the first wave of illness, but may be available in time to mitigate the impact of the second wave, provided the virus strain has not “shifted” between waves.

B. Impact on NJ

1. Geographic/demographic factors

NJ's geographic and demographic characteristics make it particularly vulnerable to importation and spread of infectious diseases, including influenza.

NJ is the most densely populated state with a population of over 8.5 million people, including large populations of immigrants. Nearly half of NJ's population lives in the urban/suburban areas of the northeastern third of the state near New York City.

NJ has more roadways per square mile of land than any other state and provides an important transportation route in the Washington, D.C. - Philadelphia - New York corridor with over 210 million vehicles traveling through this route per year.

Air traffic includes Newark Liberty International Airport, which provides transportation to over 31 million passengers per year, nationally and internationally, and is the busiest airport in the tri-state area. NJ is also a major ocean transport center with several major shipping yards.

There are over one half million commuters using the bridges, tunnels and train network systems connecting New York and NJ every day. Thousands of tourists visit Atlantic City's casinos and other NJ attractions each day.

2. Personnel

Depending on the severity of the disease, absenteeism is expected to reach 30%-50% in all sectors of the work force as the pandemic progresses. More specifically, widespread illness in communities will increase the likelihood of sudden and potentially significant shortages of personnel in sectors that provide critical community services (e.g., police, fire fighters, school staff, utility and transportation workers). In addition, shortages of health care workers are anticipated as they would be at higher risk of exposure and illness than the general population, which would further strain the health care system.

3. Hospitals

If a severe (1918-like) pandemic hits NJ, the impact on the healthcare system and the number of deaths are estimated as follows:

Illness	2,524,305 (30% of population)
Outpatient medical care	1,262,152 (50% of ill)
Hospitalization	277,668 (22% of outpatients)
ICU (Intensive Care Unit)	41,825 (15% of hospitalized patients)
Mechanical ventilation	20,825 (50% of ICU patients)
Deaths	50,486 (2% of ill)

IV. PLANNING ASSUMPTIONS

- A. Influenza-like illness (ILI) surveillance is being conducted.
- B. Communication systems among federal, state and local health care partners are in place.
- C. Up to 50% of the population will be affected either through illness, caring for those with illness, or changing lifestyle in response to the pandemic.
- D. No vaccine will be available for at least 6 months and then there will be limited quantities available on a periodic basis.
- E. There will be a supply of antivirals and they will be effective if taken in a timely fashion.
- F. Limited vaccine, when available, will be distributed to target groups.
- G. The Governor will declare a Public Health Emergency and may declare a State of Emergency, depending on the severity of the pandemic.
- H. Support and response services will be needed for an extended period of time (months).
- I. There will be a large number of hospitalizations and deaths.
- J. Medical supplies will be limited.
- K. The State will need to be self-sufficient (uncertain federal support).
- L. Both health providers/responders and the public will experience significant stress and will require mental health services.
- M. Quarantine may be effective under some circumstances.
- N. Travel restrictions will not be effective.

V. STRATEGY

The World Health Organization (WHO) has created six phases of increased public health risk associated with an influenza virus having the potential to cause a pandemic. In addition to the pandemic phases, the federal government developed six response stages for a pandemic, with each stage requiring governmental actions.

The NJ State Pandemic Influenza Response Plan has ten situations that trigger responses within NJ's critical infrastructure sectors. The NJDHSS Operations Plan further divides these situations by adding five situations that are geographically NJ specific and two situations described as "Increased and sustained transmission in the general population" and "Between Waves." As the situations change, NJDHSS notifies internal and external partners. Table 1 below depicts the relationship between the WHO phases, Federal stages, NJ State Pandemic Influenza Response Plan situations and NJDHSS situations.

Table 1* - Comparison of WHO Global Pandemic Phases, Stages for the Federal Government Response, NJ Situations, and NJDHSS Situations

* U.S. Government stages 1 through 3 and New Jersey situations assume that the emergence of the pandemic strain will occur in another country. If the initial outbreak happened in the United States, U.S. Government Stage 4, the U.S. Government's goal would be to slow the spread of infection within the United States.

The New Jersey State Plan situations 1 through 5 assume that the pandemic strain will emerge in humans outside the U.S. In the NJDHSS Plan, situations have been expanded to include the possibility that the pandemic strain can emerge anywhere in the world, including NJ, and therefore, they do not parallel the U.S. and NJ Situations.

FROM <http://www.hhs.gov/pandemicflu/implementationplan/intro.htm#tab2>

WHO Phases		US Response		NJ Situations (State Plan)		NJDHSS Situations (NJDHSS Plan)	
Inter-Pandemic Period							
1	No new influenza virus subtypes have been detected in humans. An influenza subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low	0	New domestic animal outbreak in at-risk country	1	Novel (new) influenza virus in birds or other animals outside the US	1/2 A	Novel (new) influenza virus in birds or other animals overseas
				2	Novel (new) influenza virus in birds or other animals in the US/NJ	1/2 B	Novel (new) influenza virus in birds or other animals in North America
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.					1/2 C	Novel (new) influenza virus in birds or other animals in NJ
Pandemic Alert Period							
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.	0	(Same as above)	3	Human case of novel (new) influenza virus outside of the US	3 A	Human case of novel (new) influenza virus (no or very limited human spread) overseas
						3 B	Human case of novel (new) influenza virus (no or very limited human spread in North America
						3 C	Human case of novel (new) influenza virus (no or very limited human spread) in NJ

WHO Phases		US Response		NJ Situations (State Plan)		NJDHSS Situations (NJDHSS Plan)	
<i>Pandemic Alert Period</i>							
3	(Same as above)	1	Suspected human outbreak overseas	3	(Same as above)	3 D	First case of human spread of novel (new) influenza overseas
						3 E	First case of human spread of novel (new) influenza in North America
						3 F	First case of human spread of novel (new) influenza in NJ
4	Small cluster(s) with limited human-to-human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans	2	Confirmed human outbreak overseas	4	Human-to-human spread of novel (new) influenza outside the US (no widespread human transmission)	4 A	Clusters of cases of human spread overseas
						4 B	Clusters of cases of human spread in North America
						4 C	Clusters of cases of human spread in NJ
5	Large 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)	2	(Same as above)	4	(Same as above)	5 A	Widespread cases of human-to-human spread of novel (new) influenza virus overseas
						5 B	Widespread cases of human-to-human spread of novel (new) influenza virus in North America
						5 C	Widespread cases of human-to-human spread of novel (new) influenza virus in NJ

WHO Phases		US Response		NJ Situations (State Plan)		NJDHSS Situations (NJDHSS Plan)	
<i>Pandemic Period</i>							
6	Pandemic phase: increased and sustained transmission in general population	3	Widespread human outbreak in multiple locations overseas	5	Clusters of human cases outside of the US	5	(Same as above)
		4	First human case in North America	6	Human case of novel (new) influenza virus (no human spread) in the US/NJ		
		5	Spread throughout the United States	7	First case of human-to-human spread of novel (new) influenza in the US/NJ	6	Increased and sustained transmission in the general population
				8	Clusters of cases of human spread in the US/NJ		
9	Widespread cases of human-to-human spread of novel (new) influenza outside the US						
6	Recovery and preparation for subsequent waves	10	Widespread cases of human-to-human spread of novel (new) influenza in the US/NJ	Between Waves			

VI. RESPONSIBILITIES

A. Primary Agency: NJDHSS is responsible for:

1. Serving as the lead agency for pandemic influenza preparedness and response
 - In the event the Governor declares a public health emergency, NJDHSS oversees the uniform exercise of the EHPA. Local boards of health are subject to the department's exercise of this authority.
2. Providing subject matter expertise (e.g., surveillance, laboratory diagnostics, infection control, clinical guidelines)
3. Providing accurate and timely medical and health information to stakeholders and the public
4. Serving as liaison with HHS during planning and response activities
5. Planning for statewide prophylaxis and vaccination
6. Working with county and local public health agencies to guide coordinated planning and response
7. Providing planning guidance to healthcare entities (hospitals, long term care facilities [LTCFs], home health agencies and hospice agencies, emergency medical services [EMS], primary care centers, private health professionals, alternate care sites)
8. Maintaining a State Strategic Stockpile (SSS) of pharmaceuticals and antivirals
9. Distributing resources from the SSS and Strategic National Stockpile (SNS)
10. Providing epidemiological guidance for response activities

B. Support Agencies

1. LINCS Agencies are responsible for planning, coordination, and delivery of specialized services related to public health emergencies. They are to work with the LHDs and acute care hospitals in their jurisdictions to develop influenza pandemic plans and facilitate coordination with Long Term Care Facilities (LTCFs).
2. LHDs are responsible for developing and implementing plans in coordination with their LINCS agencies and acute care hospitals and LTCFs in their jurisdictions.
3. NJ Department of Human Services (NJ DHS) is responsible for:
 - a. Developing plans to deliver psychosocial support services
 - b. Working with NJDHSS to develop educational materials
 - c. Ensuring availability of Disaster Response Crisis Counselors
4. NJ Hospital Association is responsible to work with their members to:
 - a. Develop influenza pandemic plans that include appropriate infection control, surge capacity, and cross-training of staff.
 - b. Comply with NJDHSS guidance issued as the situation unfolds.

5. Acute Care Hospitals are responsible for:
 - a. Developing, training to, and implementing influenza pandemic plans that include appropriate infection control, surge capacity, and cross-training of staff.
 - b. Complying with NJDHSS guidance issued as the situation unfolds.
6. Health Care Association of New Jersey and the New Jersey Association of Homes and Services for the Aging are responsible for providing influenza pandemic related guidance to their agency members.
7. Long Term Care Facilities (LTCFs) are responsible to collaborate with their area hospitals' requests regarding surge capacity plans and to comply with NJDHSS guidance issued as the situation unfolds.
8. Rehabilitation hospitals, long term acute care hospitals, and other specialty hospitals are responsible to collaborate with their area hospitals' requests regarding surge capacity plans and to comply with NJDHSS guidance issued as the situation unfolds.
9. Home Care Association of NJ is responsible for providing influenza pandemic related guidance (infection control, voluntary isolation and quarantine) to agency members, and potentially non-member agencies who attend/avail themselves of the educational offerings of the Home Care Association of NJ.
10. Home Health Agencies and Hospice Agencies are responsible for providing information and education to staff and influenza pandemic related guidance (infection control, voluntary isolation and quarantine) to patients in the home.
11. New Jersey Primary Care Association is responsible for providing influenza pandemic related guidance to their association members.
12. Federally Qualified Health Centers (FQHCs) are responsible for planning to serve as screening, triage, and treatment centers.