



VENTURA COUNTY
PUBLIC HEALTH
A Department of Ventura County Health Care Agency



Influenza Response Plan

Annex to the All Hazards Emergency Response Plan

June 2025

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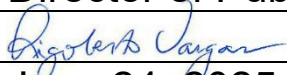
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ADMINISTRATIVE

Record of Plan Approval

Ventura County Public Health (VCPH), a Department of the Ventura County Health Care Agency (HCA), has the responsibility to support the preservation of life and property in a disaster. VCPH maintains this *Influenza Response Plan (IRP)*, an annex to the *All Hazards Emergency Operations Plan (ERP)*, to ensure the most effective and economical response to a public health pandemic event. While no plan can prevent death and destruction, good plans carried out by knowledgeable and well-trained personnel can and will minimize losses. This *IRP* will become effective upon approval of the VCPH Director, as indicated by signature and date affixed below.

Plan Version	June 2025
Department	VCPH
Name	Rigoberto Vargas
Title	Director of Public Health
Signature	
Date of Approval	June 24, 2025

Handling Information and Point of Contact

This Plan has been developed and maintained by the Ventura County Public Health (VCPH) Department.

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Plan Distribution

The Emergency Preparedness Office (EPO) Manager will prepare, coordinate, publish and distribute any necessary changes to the Plan to all Ventura County Public Health (VCPH) departments, offices and divisions that participate in a disaster response.

Plan Version	Location/Storage	Date
May 2024	VCPH Department Physical Copy: Ventura County EMS Agency 2220 E. Gonzales Rd #200 Oxnard, CA 93036 Electronic Copy: S:\Emergency Preparedness Programs\DOC - Activation files\DOC - PLANS\PLN - Response plans	5/2024
	Internal Departments Dr. Theresa Cho, Director Ventura County Healthcare Agency Patrick Maynard, Director Ventura County Sheriff's Office of Emergency Services	
	External Partners	

INTRODUCTION

Plan Overview

An influenza pandemic is a worldwide outbreak of a disease that occurs when a new influenza virus appears or “emerges” in the human population, causes serious illness, and then spreads easily from person to person worldwide. Influenza pandemics are different from seasonal outbreaks of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already circulate among people, whereas pandemic outbreaks are caused by entirely new subtypes to which the population has no immunity.

Because of extreme efficiency in world commerce and travel, a highly infectious organism can be carried across the world in a very short period of time. **This *Influenza Response Plan (IRP)* plan addresses the serious impact of a severe pandemic, like the 1918 “major pandemic”.** A study of the Spanish Flu (1918) suggests that a primary mechanism for limiting the impact of pandemic influenza is community mitigation, including social distancing. This Plan addresses the need during the early days of a pandemic to expeditiously isolate and investigate suspect cases, quickly conduct source case investigations, quarantine exposed individuals, and maintain those individuals in isolation or quarantine until they are determined not to be infectious if scientifically applicable, reasonable, and appropriate. This Plan also addresses considerations to close public venues, including schools, to limit the spread of the disease if scientifically applicable, reasonable, and appropriate. It provides a knowledge base for the Ventura County Sheriff to institute security measures and movement restrictions, and for other county agencies to prepare to provide for isolated or quarantined individuals if scientifically applicable, reasonable, and appropriate, including the implementation of Alternate Care Sites (ACS) and Medical Shelters (MS). See the *Ventura County Alternate Care site and Medical Shelter Plan* for detailed information on ACS and MS.

Purpose of the Plan

The purpose of the Ventura County Public Health (VCPH) *Influenza Response Plan (IRP)* is to provide guidance for efforts to limit or lessen the impact of an influenza pandemic on the residents of Ventura County. This Plan provides guidance for detection and response to a pandemic event. It describes coordination between the VCPH, the County Office of Emergency Services (OES), Emergency Medical Services (EMS) providers, the federal and state governments, law enforcement agencies, and local healthcare system partners.

Scope of the Plan

This *Influenza Response Plan (IRP)* applies to all events that meet or threaten to meet the definition of a pandemic. This Plan applies to all VCPH staff, any of whom may be redirected to support emergency response operations. It also applies to any county personnel re-directed to the response as Disaster Service Workers (DSWs) as well as any health care professionals brought into the County to assist in the pandemic response. The *IRP* is used in conjunction with all other VCPH emergency plans as listed in the *Emergency Response Plan (ERP)*.

References & Authorities

VCPH is responsible for the protection of the public's health, to include coordination of response to a pandemic outbreak within Ventura County. Activation of the *IRP* and all emergency/disaster response and recovery operations within VCPH will be conducted in accordance with the enabling executive orders, authorities, ordinances, and agreements listed in [ATTACHMENT X](#).

Assumptions

The VCPH department's planning assumption addresses the COVID-19 pandemic with data through July, 2021. Further estimates of illness by city, hospitalization, and deaths are found in [ATTACHMENT O](#), Table 1. Pandemic Planning Scenarios.

Due to the uncertainty about the timing and severity of an influenza or other pandemic, Ventura County made certain assumptions in developing the *IRP*.

1. An influenza or any other pandemic will result in the rapid spread of infection with outbreaks throughout the world. Communities across the State of California and the country may be impacted simultaneously. It is expected that unlike any other disaster, there may be no resources or assets available from other sources. Ventura County will not be able to rely on timely or effective regional, state, or federal mutual aid.
2. An influenza pandemic may occur in waves, and may last for 12 to 24 months, or potentially longer.
3. Social distancing measures may require that community residents remain in their homes for a significant period of time if scientifically applicable, reasonable, and appropriate. These isolation practices may vary depending on the particular disease traits and transmissibility. Communities will need timely and accurate public information, education, and tools so that they are prepared to take responsibility for basic needs (food, water, prescription medications, over-the-counter medications, etc.).
4. Antiviral and other disease specific medications will be in extremely short supply and will therefore only be used to treat cases or exposures as available. These supplies, to the extent that they are available, will be prioritized by VCPH.
5. A vaccine for the pandemic influenza strain will likely not be available for 6 - 8 months following the emergence of a novel virus.
6. The number of ill people seeking or requiring outpatient medical care and hospitalization may overwhelm the local health care system. These systems will be implementing their surge plans including early discharge of patients, cancellation of elective surgeries, and cohorting patients to conserve bed availability where possible.

- a. Hospitals and clinics will need to modify their operating structure to implement their surge plans and maintain functionality of critical systems.
 - b. The health care system will need to respond to increased demands for services while the health care workforce may experience a high rate of absenteeism due to illness or caring for ill family members.
 - c. Demand for inpatient beds and assisted ventilators could increase significantly, and patients will need to be triaged for services.
 - d. There will be a tremendous demand for urgent care services.
 - e. Hospital infection control measures for surge and alternate care may need to be implemented.
 - f. ACS may be established and managed according to the *Alternate Care Site and Medical Shelter Plan*
 - g. EMS responders may face extremely high call volumes and may have a decrease in available staff due to illness, family emergencies, etc.
 - h. The demand for home care and social services may increase dramatically.
 - i. The *Mass Fatality Plan* may need to be implemented due to the increased number of fatalities overwhelming the Medical Examiner's office, morgues, and funeral homes.
7. There may be a significant disruption of public and privately-owned critical infrastructure including transportation, commerce, utilities, public safety, and communication. *Continuity of Operations (COOP)* plans will need to be implemented by these critical sectors.
 8. Social distancing strategies aimed at reducing the spread of infection such as closing schools, community centers, theaters, and other public gathering points and canceling public events may be implemented during a pandemic if scientifically applicable, reasonable, and appropriate.
 9. Risk Communication will be critically important during all phases of the Influenza Response period. The accuracy, honesty, and timeliness of messages conveyed through a credible spokesperson will greatly assist in the cooperation of measures initiated.
 10. The response to Pandemic Influenza or any disease pandemic will operate under the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS) as detailed in the *VCPH Emergency Response Plan (ERP)*.

Organization of the Plan

The Ventura County *Influenza Response Plan (IRP)* does not stand alone. It is an annex of the *VCPH Emergency Response Plan (ERP)* and is supported by other disaster response plans or emergency response procedures such as the *Isolation and Quarantine Plan*, the *Epidemiology Response Plan*, the *Laboratory Response Plan*, the *Mass Fatality Plan*, the *Health Care Agency (HCA) Continuity of Operations Plan (COOP)*, the *Ventura County Alternate Care Site and Medical Shelter Plan*, and the *Crisis & Emergency Risk Communication (CERC) Plan*. In addition, the Plan works to support the goals of the [CDPH Crisis Standards of Care/Crisis Care Continuum](#).

ATTACHMENTS in this Plan are specifically pertinent to an influenza-like illness response. The VCPH *Emergency Response Plan (ERP)* lays the foundation for the activation of the Department Operations Center (DOC) in support of a pandemic response. The *DOC Standard Operating Procedure (SOP)* lays out the roles and responsibilities of the VCPH and its response partners.

Statutory authority for declaring a local health emergency, activation of the DOC, and recommendation for activating the County Emergency Operations Center (EOC) resides with the Ventura County Health Officer (CHO). The CHO authorities during a pandemic response are detailed in [ATTACHMENT X](#).

CONCEPT OF OPERATIONS

General/Overview

Classification of Pandemic Influenza Phases

The World Health Organization (WHO) has developed a worldwide influenza preparedness plan that includes a classification system for guiding planning and response activities. This classification system is comprised of six phases of increasing public health risk associated with the emergence and spread of a novel influenza virus subtype. The WHO pandemic phase classification system is described in [ATTACHMENTS A and B](#). The Director General of the WHO formally declares the current global pandemic phase and adjusts the phase level to correspond with pandemic conditions around the world. Although the WHO guidelines are referenced throughout the Plan, the WHO guidelines do not take into consideration the worldwide movement of travelers on a daily basis, thereby facilitating the spread of a highly contagious disease. Nor do they consider the length of time it takes for state and local government to activate and implement a statewide coordinated emergency response structure. In some cases, this plan will direct the preemptory implementation of response activities in advance of WHO recommendations to be fully prepared as the threat progresses.

Though the WHO pandemic influenza phases are used as the framework for this Plan, these phases apply to a pandemic of any novel influenza-like illness and other respiratory viruses such as COVID 19. Therefore, the *Influenza Response Plan (IRP)* can be used for planning and responding to any pandemic respiratory disease.

Alerts & Notifications

VCPH may receive an alert of a public health event that requires activation of the *IRP* from several sources, to include the following:

- VCPH may be alerted by the California Department of Public Health (CDPH) or by federal partners with whom VCPH regularly conducts public health business.

- The WHO has classified 6 pandemic phases, with Phase 1 being to animal transmission to humans up to Phase 6, indication that a global pandemic is underway. (see [ATTACHMENTS A and B](#) for further information on WHO Pandemic Phases)
 - CDPH may alert VCPH of a confirmed index case in California. Even if the WHO Pandemic Phase is 3 or 4, the potential public concern may result in alert to the Local Health Departments (LHDs).
- In the event of a disease that presents with transmission from animals to humans, and pandemic potential being identified in Ventura County, the alert of veterinary infections could come to VCPH from the Agricultural Commissioner. In this scenario, the Alert would be significant if WHO had already announced an increase in bird-to-human infection that warranted advancement to WHO Pandemic Phase 4, 5 or 6. The alert would also be significant at WHO Pandemic Phase 3 if any of the cullers of the infected animals developed disease symptoms. A similar alert could come from the Agricultural Commissioner if other species are tested positive for a contagious disease with risk of spreading to the human population.
 - VCPH may become aware of a potential public health incident from the press. The WHO may announce a change in the current status of transmissibility of any non-human influenza or other disease that suggests an increased threat to California and the need to activate this Plan. It is important to be aware that a new pandemic causing contagious disease may arise suddenly from a variety of sources including potentially man-made diseases.

Receipt of alerts and the subsequent alerting and notification throughout VCPH and its partners is described in the *VCPH Emergency Response Plan (ERP)*.

Activation of the Plan

Activation of this Plan may be based on the degree of communicability and the extent of the spread of the contagion. It may also be based on the need to respond to an elevated public perception of the threat of a pandemic. The response may depend on the resources available.

In the event of an agricultural epidemic, preemptory partial activation of this Plan may be necessary at WHO Pandemic Phase 3 if cullers become infected. The VCPH DOC may be partially or fully activated in order to support a coordinated response that includes alerting the medical community to signs and symptoms of infection, encouraging the reporting of suspect cases, conducting source case investigations, determining the need for administration of therapeutic medication to the potentially exposed population, releasing public information, and all other aspects of implementing a preliminary response.

In the event the WHO determines that the virus has become more infectious and communicable, it will set the Pandemic Phase to 4, 5, or 6, respectively. The degree of activation of this Plan during Phases 4 and 5 will be based on the specific circumstances at the time and the resources available. Preemptory partial activation of this Plan and the DOC may be necessary to address an increase in public concern that could result in an impact on the local health care system that requires declaration of a medical surge event. This may include the release of public information directing people away from established health care facilities (HCFs) to designated triage sites. Preemptory partial activation of this Plan and the DOC at Pandemic Phases 4 and 5 may also be necessary to prepare for the receipt of state and federal caches of medical and health supplies. Early transport and delivery of these assets is necessary to ensure their security and efficient use.

Preemptory partial activation may be necessary to support actions related to increased surveillance such as requesting increased Influenza-Like-Illness (ILI) or other communicable disease reporting from local health care facilities and healthcare providers. CDPH will periodically request data from the counties and conduct statewide conference calls to discuss findings. Preemptory partial activation will also support gathering and accessing bed availability data and transferring the information to CDPH.

The *IRP* is expected to be fully activated upon declaration of Pandemic Phase 6 by the WHO. Upon full activation of this Plan, VCPH will fully activate the DOC until such time as the following have been accomplished:

- The required information has been sent out to the public, responders, and all other agencies essential to the health and functioning of the County
- The process for updating information in the absence of an activated DOC is in place
- There is no need for operations support (due to lack of significant local transmission).

The DOC will be reactivated should significant local transmission occur, or the need for dissemination of information is so great that DOC support is required. The VCPH *Emergency Response Plan (ERP)* and the Ventura County *All Hazards Emergency Response Plan (ERP)* will be activated as needed to support required aspects of the County wide emergency response.

Upon partial or total activation of this Plan and the DOC, VCPH will contact the Ventura County OES to alert them that the DOC is activated. VCPH will also contact the CDPH Duty Officer, or the Joint Emergency Operations Center (JEOC), as appropriate, to alert CDPH that the DOC is activated. VCPH will provide the contact information to be used during the pandemic response. The Medical Health Operational Area Coordinator (MHOAC) and the CHO will determine activation and appropriate actions/response. The CHO or designee will direct appropriate staff to concurrently notify all the Health Officers within Region I of the activation of this Plan and the DOC, and will trade appropriate contact information as needed.

Upon activation of the Plan, VCPH will notify their public health partners of the activation, and recommend activation of their pandemic emergency response plans. The partners include the local emergency medical services agency, local ambulance providers, first responders, health

care facilities, and health care providers. The CHO will recommend a response to a pandemic-based emergency to the Ventura County OES Director. The CHO will also alert agencies and community organizations responsible for mass care and sheltering, assisting special populations, security, worker safety and counseling, providing needed commodities, schools, and other entities as appropriate.

Initial Response

The following actions may take place with the Initial Response:

- VCPH will advise local health care facilities to evaluate or increase their infection control procedures to reduce the possibility of spread of infection.
- VCPH will provide an infection control guideline to any HCF that indicates a need for the guideline.
- VCPH will provide the infection control guideline to be used in the alternate care sites in the event they are subsequently activated.
- VCPH will identify staffing needs.
- The role of the CHO, in terms of participating in a unified command of the county emergency response will be identified. Refer to the *VCPH Emergency Response Plan (ERP)* and the *Continuity of Operations Plan (COOP)* for additional information.
- The CHO will coordinate with the County EOC in the declaration of a local health emergency, declaration of a local emergency, and the request for the Governor to declare a state of emergency as required.
- VCPH will contact CDPH and request a statewide conference call to discuss the status of the event, detection of any cases in California, any potential actions, or recommendations by CDPH, and planned media releases. VCPH will use the conference call venue to report on any actions or issues specific to Ventura County.
- Actions will be directed towards limiting transmission and controlling potential morbidity and mortality associated with infection. VCPH will participate in all regular conference calls to remain current on statewide developments. If no conference calls are planned, VCPH will request they be initiated and conducted regularly.

Increased Surveillance and Initial Containment

The following actions may take place with increased surveillance and initial containment:

- VCPH will contact all health care providers by phone, California Health Alert Network (CAHAN), e-mail, or other means and advise them of the need to increase surveillance for specific ILI.
- Throughout the initial days or weeks of surveillance, VCPH will repeatedly contact providers to remind them of the need to maintain increased surveillance.
- VCPH will conduct a daily review of the Epidemic Information Exchange (Epi-X) and animal reporting systems if relevant to the infectious disease scenario and perform all

other elevated surveillance activities as identified in the VCPH *Epidemiology Response Plan*.

- Any initial suspect cases reported to the DOC will be immediately ordered into isolation by the CHO (refer to the *Isolation and Quarantine Plan*).
- The VCPH *Epidemiology Response Plan* and *VCPH Laboratory Response Plan* will be activated to institute the collection and assay of samples, whether assayed at the VCPH Laboratory (PHL), or transported to the CDPH laboratory in Richmond, California and ultimately transported to a Centers for Disease Control (CDC) laboratory.
- The Ventura County PHL will participate in the California Influenza Rapid Test Surveillance Program and can perform in-house testing using viral isolation and identification for the identification of respiratory viruses. Depending on the specific disease outbreak, rapid testing may or may not be immediately available.
- The CHO will issue an order to all HCFs and laboratories that any positive rapid test for any patient(s) with warranted symptoms to be sent to the PHL for either confirmatory testing of the initial rapid (positive) result or for initial screening and identification. The testing method PHL uses will qualitatively detect and identify several of the most common respiratory viruses including Influenza A and Influenza B as well as Adenovirus, Respiratory Syncytial Virus (RSV) and Parainfluenza viruses 1-3 and COVID-19.
- All isolates testing positive for Influenza A, Influenza B or COVID-19 will be sent to the state Viral and Rickettsial Disease Laboratory (VRDL) for sub-typing. Any viral isolates or patient samples that cannot be identified through screening and detection method performed at PHL will be sent to the state VRDL for further identification.
- All clinical samples and viral isolates will be packaged and shipped following the International Air Transport Association (IATA) Dangerous Goods Regulations for infectious substances. Courier services will be utilized for transport to VC PHL or the state VRDL. Refer to the *VCPH Laboratory Response Plan* and the Ventura County Guidelines for Specimen Collection.
- VCPH will not wait until analytical results are available to direct the initiation of contact investigations (refer to the Ventura County *Epidemiology Response Plan*). VCPH will initiate contact investigations when alerted by any other LHD of a potential index case in another county that had contacts in Ventura County.
- Contact partners will be ordered into isolation/quarantine and monitored for symptoms, if deemed necessary for protection of public health and containment of disease. VCPH will request the assistance of the Court System and Sheriff in ensuring isolation and quarantine status is maintained.
- VCPH will advise the County OES Director of the need to provide food, medications, and other commodities to quarantined individuals that have been isolated or quarantined outside of a hospital setting. VCPH will assign public health staff to monitor the health status of individuals ordered into isolation and quarantine outside of a health care setting.
- The DOC will contact all health care facilities and advise them of the potential need for more acute care beds and direct them to begin daily reports of bed availability by bed type. The VCPH DOC may request the health care facilities to begin increasing bed

capacity by reducing elective surgeries, discharging patients, and moving less critical patients to other health care facilities if they are available.

- Through regular communication, the VCPH DOC will continuously advise the CDPH of the status of isolated and quarantined individuals, the status of the contact investigations, the status of the assays of biological samples, the status of available beds, and any other information related to the incident and resource issues.
- The CHO will confer with CDPH on vaccination and/or prophylaxis of exposed partners, and prophylaxis of local health care staff, first responders, and any other priority groups. VCPH will advise the CDPH of any shortfalls in prophylactic medications and case management medications.

Community Mitigation (Disease Control & Prevention)

In a unified command environment, the CHO will evaluate the community mitigation measures including social distancing, dismissal of schools and closure of sites where large numbers of people congregate. Each measure will be scientifically evaluated as to its effectiveness, appropriateness, complications related to the difficulty of implementation, and whether closure of one venue would create social congestion at another venue.

As it is determined necessary or if ordered by the CDPH Public Health Officer, the Ventura CHO will request that the County Superintendent of Schools notify all district superintendents of the need to dismiss schools. Every attempt will be made to make this a voluntary action on the part of the school administration. If necessary, the CHO may request an order from the CDPH Public Health Officer or the California Superintendent of Schools regarding dismissal of schools. Once it is determined that social distancing measures will be implemented, the CHO will recommend to the County EOC that a local emergency be declared (if it has not already been declared) to allow for the redirection of funds to the pandemic response and for volunteers and government employees to be placed on DSW status.

Other venues that may be subject to closure are businesses, churches, public meeting places, recreational events, etc. to the extent it is within the bounds of the law and scientifically applicable, reasonable and appropriate. In each case, the CHO will participate in the unified command in making the decision to increase community mitigation measures, and the need to order closures. The County EOC will implement the closures. As venues are closed, the CHO will issue public information messages about social distancing and maintaining infection control in the home.

The VCPH DOC will advise the County OES Director of the need to establish shelters for people who may not be able to return home, including travelers who may have been visiting Ventura County. Included herein are vacationers, college students, commuters, and others. In a unified command environment, the VCPH DOC will evaluate the need to provide housing for each identified group. The County EOC is expected to direct shelter issues to the appropriate organization (e.g. Human Services Agency). The County EOC is also expected to direct the Human Services Agency to ensure the shelters can accommodate individuals with disabilities and functional needs. (See Ventura County *Mass Care and Shelter Plan* DAFN Annex)

Triage

As the pandemic increases, resources (healthcare facilities, equipment, supplies, etc.) may be limited. VCPH may be tasked to help its healthcare partners conduct triaging techniques to direct resources to the most applicable patients, facilities, etc. Further information regarding triage efforts can be found in the *ACS/MS Plan*.

Increased Medical Surge Capacity

As pandemic influenza cases are confirmed in Ventura County, or in anticipation of medical surge, it may be necessary to increase the capacity to provide medical care. The following actions may take place with increased medical surge capacity:

- The VCPH DOC will review the daily health care facility bed reports, identify the potential shortfalls, and alert the County EOC of the need to activate The Ventura County *Alternate Care Site and Medical Shelter Plan (ACS/MS Plan)*.
- The DOC will assess the medical assets available to Ventura County, including medical supplies, equipment, and medical staff, and determine the level of care that will be provided at the ACS/MS.
- The CHO may request a Multi-Agency Coordination Center (MACC) with the CDPH and other statewide public health officials to determine the allocation of additional beds provided by mobile hospitals, caches of medical supplies, and medical staff¹ resources.
- The CHO will, if appropriate, request CDPH ensure issuance of any Governor's Executive Orders relating to medical surge and scope of practice.
- Upon activation of an ACS or MS, the CHO will request the County EOC to authorize provision of security, supportive measures, logistical needs and assist in arranging transport of patients to or from the sites as resources are available.
- The CHO will advise the HCFs of the level of care to be provided at the sites, advise them to implement the triage system described in the *ACS/MS Plan* and begin directing patients to the sites as needed. The CHO will direct the manager of each ACS/MS to report bed counts daily to the VCPH DOC. Refer to the *Mass Care and Shelter Plan* and the *ACS/MS Plan* for site location, activation procedures, staffing, supplies and reporting requirements.
- In anticipation of health care facilities being overwhelmed, the CHO will repeatedly issue public information requesting that family members provide care at home. Information will be provided about home care for those who are sick, and infection control precautions for the care giver and others in the home.

¹ In most events, resources are requested through the region to the State Operations Center (SOC). In this case, although the requests for assets will still go through the region, the county health officers will be part of the MACC that will attempt to reach consensus on how scarce resources will be allocated.

Care & Shelter

Non-hospital healthcare settings will serve an important role during an influenza pandemic. It is anticipated that acute care hospitals will be unable to admit all acute care level patients. The following may be called upon or activated to assist and care for patients outside of their normal practices:

1. Long Term Care Facilities such as Skilled Nursing Facilities (SNFs)
2. Residential Care Facilities and Group Homes that provide care and shelter for individuals with physical, medical, or psychiatric disabilities.

These facilities will:

- Provide care for current residents of the facility unless patient is triaged and transferred to an alternate location.
 - Follow Personal Protective Equipment (PPE) recommendations.
 - Communicate with VCPH regarding the current status of communicable disease in the facility.
3. Health Care Clinics/Urgent Care Centers providing primary and specialty outpatient medical services to the community.

These facilities will:

- Provide care for surge patients requiring medical screening.
 - Ensure clinicians maintain an awareness of the VCPH triage process.
4. Alternate Care Site (ACS)
An ACS is a location not currently providing healthcare services that will be converted to enable the provision of healthcare services to support patient care. These sites are not part of the expansion of an existing healthcare facility but rather are designated under the authority of the MHOAC when existing healthcare facilities are unable to meet the demand for services. An ACS is intended to absorb the lowest acuity patients possible to allow higher acuity patients to be treated in a higher acuity medical facility. However, the primary non-institutional choice for care of persons ill with pandemic influenza will be the patient's home, not the ACS.

If an ACS(s) is activated, the site(s) will:

- Provide basic services – food, shelter, and basic healthcare at a standard well below that of institutional settings.
- Co-locate persons with presumed influenza with others also exposed to influenza.
- Concentrate resources and staffing to facilitate provision of services to larger numbers of ill patients.

At an ACS, the standard of health care will be commensurate with the available level of resources. Insufficient staff and equipment, a likely scenario during a pandemic, will impact service levels and the focus will be on supportive care. The standard of care will be adjusted upward when staff and supplies allow.

A limiting factor in the use of an ACS will be the number of able-bodied and competent healthcare professionals to oversee their operations. Healthcare professionals will be needed at the ACS to manage care of ill persons and to provide direction to other DSWs and Medical Reserve Corps (MRC) volunteers assigned to assist. To the extent that insufficient numbers of health professionals are available, the standard of care will degrade to basic sheltering level.

Case Management

Pandemic influenza may present similarly to seasonal influenza, but neither the clinical characteristics of a novel or pandemic influenza virus strain, nor the groups at highest risk for complications, can be defined with certainty before the disease emerges and presents itself.

During the Alert period, most patients diagnosed with novel influenza virus infection will be isolated in a home or residential setting unless severity is such that hospital care is required. Standard and droplet precautions should be continued for a period of 7 days following onset of symptoms.

If individuals in isolation have close contacts (especially household contacts that are at high risk for serious complications of influenza infection) these contacts should limit visitation with the infected patient. Further, close contacts may potentially need to receive prophylaxis with influenza antiviral medications as available (refer to CDC guidelines). The optimal duration of antiviral prophylaxis in this setting would be determined by what is known about the period of viral shedding for the novel strain in question. Close contacts who are not at high risk of serious complications should only receive prophylaxis with influenza antiviral medications as dictated by virulence of the particular influenza virus. Providers caring for the individuals in isolation and their close contacts will make decisions regarding antiviral medication administration.

During the Pandemic period, the majority of patients with influenza will be treated in the home, even if they have household contacts that are at high risk for serious complications of influenza. Ideally, uninfected individuals at high risk for serious complications of influenza should limit contact with the infected person(s) and should not serve as primary caregivers for patients isolated at home. Providers caring for influenza patients should prescribe high-risk household contacts with prophylaxis, using antiviral medications and/or strain-specific influenza vaccine whenever possible.

Patients and their caregivers will need to observe careful infection control and isolation precautions to protect those in the home that are uninfected.

VCPH will utilize public health nurses (PHNs) to assist in the case management of individuals isolated or quarantined in the home setting. This may include telephone calls or home visits to ensure individuals at home have the resources necessary to “shelter in place” until they are recovered.

Public Information

VCPH will work diligently to inform the public of the status of the event. VCPH, through its Public Information Officer (PIO), will request activation of the Joint Information Center (JIC) as appropriate and work diligently to ensure all public information releases are coordinated with adjacent jurisdictions, CDPH and local cities prior to release.

When this Plan is activated, VCPH may request the Ventura County EOC to ensure that phone banks, reverse 911 systems, 211, and all other processes to be used in the timely release of public information and for responding to public inquiries have been activated. The CHO or designee will approve all public service announcements (PSA) to be released to the public or media.

The Ventura County JIC, led by the Chief Executive Officer (CEO) PIO, will be the lead in coordinating the development of information to be released to the public or media on the nature of the event and action to be taken by the public to limit the potential spread of infection.

The CHO or designee will direct the release of home care/individual care information and respiratory etiquette information.

All Risk Communications actions are described in the VCPH *Crisis & Emergency Risk Communications (CERC) Plan*.

Resources

Use of Antivirals and Vaccine

If antiviral treatment is being considered, the CHO will request a conference call with CDPH to confirm that antiviral medications are appropriate, to request additional antiviral medications, and to report the use of antiviral medications that had been directly purchased or provided by the County or any health care facility.

In the event that vaccine becomes available, it will be necessary to establish priority groups for vaccination. VCPH will participate in a statewide MACC to establish or confirm the allocation policy for vaccine. Once vaccine is allocated to Ventura County, the DOC will advise the County EOC of the need to arrange transport and security for vaccine, and to arrange security for mass vaccination sites.

VCPH will activate the *Medical Countermeasure (MCM) Plan*, arrange administration of the antiviral medications or vaccines, and ensure that vaccinated individuals are tracked to record adverse reactions. VCPH may similarly track individuals who have received antiviral medications.

COVID-19 Treatment Guidelines for 2021 can be found at the following web address
<https://www.covid19treatmentguidelines.nih.gov/>

Staffing

Staffing will be obtained through a variety of means such as DSWs, registry, mutual aid, etc. All staffing needs will be directed to the DOC, if activated, and will involve the MHOAC.

Facilities

Facilities will be selected based on need and the capabilities of any given site.

Equipment & Supplies

Equipment and supplies will be obtained through a variety of means such as direct purchase, resource requests (mutual aid) to local, regional, state, and federal partners. All equipment/supply requests will be processed through the DOC, if activated, and will involve the MHOAC.

Security

Security for health care sites will be provided by private companies or local law enforcement. All security will be coordinated through the DOC.

Support Services

Support services could be a variety of functions such as emotional first aid and many of the functions identified in Access to Functional Needs (AFN). See the *Emergency Response Plan (ERP)* for additional information.

Management of Mass Fatalities

Fatality management is not a responsibility of VCPH. It is a shared responsibility between the HCF where an individual died, the family if the individual died at home, and the Medical Examiner, if the individual's death is to be investigated.

In the event of a pandemic, the HCFs' ability to store human remains, mortuaries' ability to preserve and dispose of remains, and the Medical Examiner's ability to investigate or store remains will be overwhelmed. The role of VCPH is to determine if the remains present a threat to the health of the public.

In the event of mass fatalities that overwhelm the capacity of HCFs and mortuaries, the Ventura County Medical Examiner will take the lead and follow their mass fatality plan. VC Vital Records will issue death certificates. In addition, the EOC may consider requesting deployment

of the Disaster Mortuary Response Team (DMORT) from the federal government to assist with the processing, identification, and management of human remains.

Sustained Response

The duration of a pandemic influenza event is projected to exceed 12 months and may extend into 24 months or longer, with peak waves of severity. A sustained emergency of this duration may seriously impact the ability to avoid social unrest, to provide supplies to sick individuals on home isolation, to appropriately handle remains, and for local businesses to recover economically. The VCPH DOC will continue to advise the County EOC on the status of the pandemic. VC Behavioral Health Agency as part of the VCPH DOC will provide the public with information on ways for families and individuals to cope with the psychosocial impact of a sustained event.

As each pandemic wave subsides, it will be necessary to determine which response functions can be demobilized, what preparations need to be made for the next wave, collect data, evaluate the response, and determine the changes that need to be made to improve the response to the next pandemic wave. In a MACC environment, the VCPH will work to identify actions that were successful on managing the pandemic and develop statewide action plans for the next wave.

Demobilization

The decision to announce the end of the pandemic influenza emergency will be made by state and federal authorities.

Demobilization is the process by which pandemic operations (surveillance, isolation, quarantine, ACS, etc.) are discontinued and VCHP returns to normal operations. The decision to demobilize requires advance planning and is influenced by the needs of the incident and resources available. The Demobilization process is managed by the Planning Section of the DOC.

The DOC will participate in all efforts related to public health including ensuring the provision of adequate shelter, food, water, medications, and support for patients discharged from the health care system; gathering and recording data about the public health effects of the event; and ensuring systems are revitalized to support the basic needs of the community. The DOC will work with the members of the health care system to determine the triggers for initiating demobilization of the surge response and beginning to return to normal health care operations. This may be a tiered demobilization to decrease the impact on operations.

A complete evaluation of the pandemic influenza emergency will be conducted, especially for: the notification system; risk communication; internal and inter-agency communications; surveillance; vaccination; case management operations; epidemiologic investigation of cases and contacts; vaccination status of the population; logistics for vaccine receipt, handling, and distribution; alternate care site and medical shelter management; safety and security, etc. An analysis of the lessons learned will result in changes in this Plan for future use and in improvements in preparedness and response plans.

Recovery

Recovery operations will be conducted through a recovery committee with representation from a variety of disciplines and interests. This committee will identify recovery objectives, priorities, resources, capabilities, and capacity. Considerations should include, but are not limited to:

- Cost accounting and recovery to ensure transparent and accountable systems are in place to manage recovery resources.
- Economic restoration such as implementing economic revitalization strategies and rebuilding infrastructure to meet future community needs.
- Behavioral Health services such as providing referrals to ongoing counseling, treatment, and case management to affected individuals and response personnel.
- Health and Medical services such as reestablishing disrupted healthcare facilities and monitoring long term environmental health impacts from the pandemic influenza.
- Mitigation activities to reduce vulnerabilities in the future.

VCPH will focus on the following recovery operations:

- Restore the capacity and resilience of essential health services to meeting ongoing community needs.
- Support Behavioral Health systems to meet the needs of affected individuals, response and recovery workers, and the community.
- Promote self-sufficiency and the continuity of the health and well-being of affected individuals.
- Assist in the continuity of essential health services, including schools.
- Protect the health of the population and response and recovery workers from the long-term effects of a post-disaster environment.
- Promote clear communication and public health messaging to provide accurate, appropriate, and accessible information.
- Implement lessons learned through mitigation activities and by modifying plans, policies, and procedures.

ROLES & RESPONSIBILITIES

Federal Government Responsibilities

The federal government's role in a pandemic emergency includes the following:

- Resource management, specifically pharmaceutical and medical supplies from the Strategic National Stockpile (SNS).
- Technical guidance, consultation, and local support.
- Deployment of field teams for diagnostic confirmation and training of local staff.

- Development of guidelines for treatment, follow-up, referral, vaccine prioritization and infection control.
- Issuance of national emergency notice or declaration.

State Responsibilities

The State's role in a pandemic influenza emergency includes the following:

- Receipt of federal pharmaceutical and medical supplies, including but not limited to the assets of the SNS; breakdown and repackaging of the resources, and transportation to the impacted area or region.
- Issuance of statewide health alerts and Proclamation of State of Emergency.
- Management of statewide resources and redeployment as needed.
- Provision of laboratory support.
- Activation of the State and Regional Emergency Operations Centers (SOC and REOC).
- Activation of the California National Guard (CNG).
- Issuance of emergency orders to maintain civil order.
- Provision of consultation and resources to local government.

VC Public Health Responsibilities

VCPH has a lead role in mobilizing public health and medical partners in the county to respond to a pandemic. VCPH will:

- Participate in unified command and MACC command and control decisions with local OES and other local responders including private businesses, and volunteer organizations. Participate in MACC decisions with CDPH.
- Coordinate the community's emergency public health response with local, regional, state, and federal partners; this includes coordination with local OES on implementation of protective actions, such a closure of schools.
- Identify sources of disease and causes of disease spread via primary surveillance and reporting of cases, and source case investigations and contact tracing.
- Conduct primary laboratory analysis and confirmation for the presence of the pandemic pathogen.
- Provide education and information to partner agencies and the public on the methods to prevent spread of disease and home health care in the event of a pandemic.
- Provide or coordinate vaccination and prophylaxis, and other means of preventing spread.

- Coordinate emergency responses with health care facilities and participate in the development and activation of alternate care sites.

VC OES Responsibilities

Ventura County OES will coordinate logistical support in coordination with various County Agencies, community-based organizations, cities, region, state, and federal response partners.

OES has the responsibility for overall emergency management during the pandemic. General emergency management responsibilities include:

- Ensuring set up and operation of HCA shelters and ACS/MS sites. See the *ACS/MS Plan* for details
- Oversight of implementation of Fatality Management Plans.
- Direct the activation and implementation of Continuity of Government plans and procedures in all county offices.
- Oversight of implementation of Public Health Officer orders
- Provision of support, including feeding, to large numbers of individuals ordered into isolation or quarantine.
- Facilitation of coordination among all emergency response organization, including provision of security at Point of Distribution (POD), health care facilities and alternate care sites.
- Oversight of coordination of release of public information
- Oversight to recovery, including economic recovery.

The overall role of OES is described in the VCPH *Emergency Response Plan*. The Plan describes additional roles and responsibilities of other county offices and entities.

Healthcare Partner Responsibilities

Healthcare partners will be instrumental in detecting influenza, limiting the spread of disease, and providing treatment to affected individuals. Local healthcare partners should:

- Conduct enhanced surveillance among patients, staff, and visitors.
- Comply with public health orders for detecting, preventing, and reporting cases of pandemic influenza.
- Implement appropriate infection control measures.
- Comply with admission and triage guidelines provided by the CDC, CDPH and VCPH.
- Comply with *Occupational Health Guidelines*, consistent with the California Division of Occupational Safety and Health (Cal OSHA) and CDC for healthcare staff.

- Cooperate with VCPH by providing estimates of quantities of antiviral medications and vaccines for healthcare staff and patients and develop a vaccination plan for their own facility.
- Plan for additional site security for their healthcare facility.
- Develop plan for care of the deceased and cooperate in fatality management with guidance from the County Sheriff-Coroner's Office.
- Develop a *Pandemic Influenza Plan* which outlines procedures to decrease transmission of novel influenza within the healthcare facility, and provide appropriate education and training in use of PPE.

DIRECTION, CONTROL, & COORDINATION

Command & Control

VCPH, in collaboration with the County OES, provides planning leadership during a pandemic influenza response. The role of the CHO and/or the MHOAC or other Subject Matter Experts (SMEs) is to advise on public health emergency response activities in the case of an activation of the *Influenza Response Plan (IRP)*.

NIMS/SEMS/ICS

VCPH and all response partners utilize the NIMS and the California SEMS. Responding agencies will use the Incident Command System (ICS) during the pandemic influenza response to ensure a standardized emergency response.

Contracts & Agreements

VCPH partners with many different agencies to ensure that Ventura County can effectively implement a pandemic influenza response. Different agreements are utilized:

- Healthcare Coalition Memorandum of Understanding (MOU) outlines how healthcare entities will coordinate during the 4 phases of a disaster (planning, preparedness, response, recovery) to provide services and supplies to the communities within Ventura County.
- Emergency Facility Use MOUs outline how facilities can be used in the event of an emergency for public health operations, including medical shelters (ACS, POD sites to dispense vaccinations or other prophylaxis; to distribute items to ensure the health and welfare of Ventura County residents (e.g. food, water, basic medical supplies).
- Vendor contracts for the purchase of goods and services that may be used during a pandemic influenza response.

Training & Exercises

VCPH will provide training on this Plan to department staff and other county employees who may be used as DSWs during a pandemic response. VCPH will provide assistance or guidance to healthcare partners for exercises or drill of this Plan.

Plan Review & Revisions

This Plan will be reviewed and updated every two years or as needed by the VCPH Department. Revisions will be based on After Action Report (AARs) and Quality Improvement (QI) process reviews completed following significant trainings, drills, exercises, and actual events. The CHO or the Emergency Preparedness Office (EPO) Manager will determine whether a particular training, drill, exercise, or actual event was significant, and, therefore requires an AAR and/or QI process review.

ACTION ITEMS

This section of the *Influenza Response Plan (IRP)* is divided into two parts:

- Part 1-responding to a pandemic strain that emerges off American soil and migrates to California after the WHO declares Phase 6.
- Part 2-responding to the appearance of novel influenza-like illness including COVID-19 in California before the WHO declares Phase 6.

Part 1: Response to Pandemic of Distant Origin

The Table below addresses the Part 1 scenario and identifies the goals for emergency response during each WHO Phase. Following the Table is a series of overarching actions, in check list format, that will be taken no later than the identified WHO Phase.

However, as indicated in the Concept of Operations, there are several reasons in which some actions described in this Plan will be taken early to respond to special local events. Examples of events that may trigger early actions include detection of significant agricultural infections in California, detection of limited human infections in California, and detection of limited human to human transmission of infection in California. Part 2 contains goals and check lists that respond to the Part 2 scenario.

Pandemic Phases for “Distant Origin”	VCPH Goals
Interpandemic Period Phase 1: No new influenza or influenza- like virus (including COVID) subtypes have been detected in humans. An influenza or influenza-like virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low. Phase 2: No new influenza or influenza-like virus subtypes have been detected in humans. However, a circulating animal influenza or influenza-like virus subtype poses a substantial risk of human disease.	<ul style="list-style-type: none"> • Assure communicable disease surveillance and reporting • Assure public health readiness for response • Assure ongoing ILI surveillance • Assure preparedness of VCPH staff and partners
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 the virus is not well adapted to humans. Phase 5: Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	<ul style="list-style-type: none"> • Assure strain-specific surveillance and reporting • Assure sufficient resources to effectively respond • Assure staff preparedness • Promote community pandemic preparedness • Assure continued surveillance, threat analysis/assessment and reporting • Assure COOP plans are operational • Assure risk communication in place and implemented • Assure communication modalities are robust

<p>Pandemic Period</p> <p>Phase 6a: Pandemic: Increased and sustained human-to-human transmission in the general population outside the United States.</p> <p>Phase 6b: Pandemic: Increased and sustained human-to-human transmission in the general population within the geographic boundaries of the United States.</p> <p>Phase 6c: Pandemic: Increased and sustained human-to-human transmission in the general population within a bordering County(s) of Ventura County or other region in close geographic proximity to Ventura County.</p> <p>Phase 6d: Pandemic: Increased and sustained human-to-human transmission in the general population within Ventura County</p>	<ul style="list-style-type: none"> • Assure alerting and notification of all community partners • Assure PPE is deployed and available • Assure EPI Response Plan is activated <ul style="list-style-type: none"> • Assure infection control procedures are enhanced • Ensure risk communication and access to timely, credible information <ul style="list-style-type: none"> • Low activation of DOC • Assure continued, accurate and timely risk communication • Assure continued enhanced surveillance and reporting • Assure implementation of influenza response plan strategies <ul style="list-style-type: none"> • High activation of DOC • Assess need and assure deployment of alternate care sites • Assure continued risk communication messages to public • Assure continued surveillance and reporting • Assure COOP plans are implemented
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Phase 1:

Interpandemic Period

Definition

No new influenza or influenza-like virus (including COVID-19) subtypes have been detected in humans. An influenza or influenza-like virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Critical Response Activities

- Annual review and update of response plans
- In absence of an actual event, annual drill, or exercise to test response plans
- Respond to health events as they occur

Surveillance Activities

- Daily review of alerts received from the CDC Health Alert Network (HAN)
- Review and respond as appropriate to alerts received from the California Health Alert Network (CAHAN).
- Daily review of syndromic surveillance anomalies.
- Continue passive surveillance for reports of unusual animal disease and death.

- At least weekly, query local healthcare data sources for relevant and / or unusual activity.
- Weekly monitoring of worldwide disease activity

For additional information regarding Surveillance and Epidemiological Activities, refer to the *Ventura County Public Health Communicable Disease Response Plan (CDRP)*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Routine seasonal influenza health messages.
- COVID-19 developments and health messages.

Health Care Providers and First Responders

- Provide updates on routine seasonal influenza prevention and treatment guidelines.
- Provide updates on COVID-19 prevention and treatment guidelines.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Disseminate standard mechanism for immediate reporting of unusual animal deaths or die-offs.
- Disseminate information regarding unusual animal deaths or die-offs.

For additional information regarding Risk Communication Activities, refer to the *VCPH Crisis & Emergency Risk Communication (CERC) Plan*.

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza.
- Implement current clinical guidelines for treatment and preventions of COVID-19.

Vaccine Management

- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the *VCPH Point of Distribution Plan*.

Phase 2:

Interpandemic Period

Definition

No new influenza or influenza-like virus subtypes have been detected in humans. However, a circulating animal influenza or influenza-like virus subtype or other pandemic organism poses a substantial risk of human disease.

Critical Response Activities

- Develop press releases or public service announcements to address public alarm and misinformation.
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary.
- Respond to health events as they occur.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Surveillance Activities

- Regular review of alerts received from the CDC HAN
- Review and respond as appropriate to alerts received from CAHAN
- Regular review alerts generated by pre-hospital surveillance reporting system EpiCenter.
- Continue passive surveillance for reports of unusual animal disease and death.
- Weekly monitoring of worldwide influenza activity focusing on geographic spread of the animal infection and transmission to humans or other animal species.
- At least weekly monitoring for unusual activity via the EpiCenter.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Release PSAs and public health messages as needed to address alarm and misinformation
- Provide routine seasonal influenza health messages.

Health Care Providers and First Responders

- Provide customary updates on seasonal influenza and COVID-19 prevention and treatment guidelines.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Continue disseminating standard mechanism for immediate reporting of unusual animal deaths or die-offs.
- Continue disseminating information regarding unusual animal deaths or die-offs and occurrence of novel disease.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Antiviral Management

- Continue implementation of current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza and COVID-19.

Vaccine Management

- Continue implementation of current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.
- Track development, efficacy, and utility of animal vaccine for the novel pathogen or other pathogen of pandemic potential.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution (POD) Plan*.

Phase 3

Pandemic Alert Period

Definition

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

Critical Response Activities

- Continue to track locations, migration patterns, and importation routes of susceptible animal species within Ventura County.
- Develop press releases and PSAs to address public alarm and misinformation.
- Develop and modify case criteria for novel influenza and other pathogens of pandemic potential as data become available or as soon as case criteria are released by an authorized body such as WHO, CDC, or CA Department of Health Services (DHS).
- Review plans to ensure that all aspects of the circulating strain are adequately addressed, and revise as necessary.
- In absence of an actual event, annual drill, or exercise to test response plans.
- Respond to health events as they occur.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Surveillance Activities

- Daily review of alerts received from the CDC HAN.
- Review and respond as appropriate to alerts received from CAHAN.
- Daily review of alerts generated by pre-hospital surveillance reporting system EpiCenter.

- Continue passive surveillance for reports of unusual animal disease and death.
- Weekly monitoring of worldwide influenza and COVID-19 activity focusing on geographic spread of the animal infection and transmission to humans or other animal species.
- At least weekly monitoring for unusual activity via the EpiCenter.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Provide updates on the current worldwide situation and travel health etiquette if traveling to an affected region.
- Release PSAs and public health messages as needed to address alarm and misinformation.
- Provide routine seasonal influenza and COVID-19 health messages.
- Encourage routine seasonal influenza and COVID-19 vaccination for all segments of the public.

Health Care Providers and First Responders

- Provide updates on the current worldwide situation, travel health recommendations, and screening criteria for individuals with travel history.
- Provide consultation on developing or updating pandemic disease plans.
- Provide customary updates on routine seasonal influenza and COVID-19 prevention and treatment guidelines.

Schools (K through Post-Graduate)

- Provide resources, expertise, and collaboration with which schools can develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen strain.
- Partner with appropriate government agencies (California Fish and Game, California Dept. of Agriculture) to issue preliminary guidelines regarding PPE and handling ill animals.
- Partner with appropriate government agencies to provide update on status of animal vaccine development.
- Disseminate mechanism for immediate reporting of unusual animal deaths or die-offs.
- Disseminate information regarding unusual animal deaths or die-offs.

Government Agencies

- Contact agriculture and wildlife related government agencies to develop enhanced animal reporting and surveillance systems.
- Contact OES to integrate countywide influenza response plans.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza and COVID-19.
- Research susceptibility of novel pathogen strain to currently available medication.

Vaccine Management

- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.
- Track development, efficacy, and utility of vaccine against the novel pathogen strain.
- Continue to track development, efficacy, and utility of animal vaccine against the novel pathogen strain.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 4

Pandemic Alert Period

Definition

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

Critical Response Activities

- Review and revise existing case criteria; if none exist, develop local case criteria.
- Continue to track locations, migration patterns, and importation routes of susceptible animal species within Ventura County.
- Develop messages to address public alarm and misinformation.
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary.
- In absence of an actual event, annual drill, or exercise to test response plans.
- Respond to health events as they occur.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Surveillance Activities

- Semi-weekly monitoring of worldwide activity of novel strain focusing on geographic spread of the animal infection and transmission to humans or other animal species.
- Passive surveillance for reports of unusual animal disease and death.
- Monitor enhanced animal reporting and surveillance systems websites as available.
- Daily review of alerts generated through the Epi-X system.
- Review and respond to alerts generated through CAHAN.
- Daily response to alerts generated by pre-hospital surveillance reporting system.
- At least weekly monitoring for unusual activity via the EpiCenter.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Provide updates on the current worldwide situation and travel health etiquette and precautions if traveling to an affected region.
- Release PSAs and public health messages as needed to address alarm and misinformation.
- Discourage individual stockpiling of antiviral medications.
- Provide routine seasonal influenza and COVID-19 health messages.
- Encourage routine seasonal influenza vaccination for all segments of the public.

Health Care Providers and First Responders

- Provide updates on the current worldwide situation, travel health recommendations, and screening criteria for individuals with travel history.
- Discourage prescribing of individual antiviral stockpiles.
- Provide customary updates on routine seasonal influenza and COVID-19 prevention and treatment guidelines.

Employers

- Provide updates on the worldwide situation concerning the novel pathogen.
- Provide resources, expertise, and collaboration with which businesses can develop influenza and pandemic response plans, including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through telecommuting or other modalities.

Schools (K through Post-Graduate)

- Provide updates on the worldwide situation concerning the novel pathogen to the appropriate school contacts (e.g. school district, administration, student health).

- Provide influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts.
- Provide resources, expertise, and collaboration with which schools can continue to develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Deploy enhanced reporting and surveillance systems as developed in conjunction with partner agencies.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to issue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.

Government Agencies

- Contact agriculture and wildlife related government agencies to develop enhanced animal reporting and surveillance systems.
- Contact OES to integrate countywide influenza response plans.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Antiviral Management

- Continuously track susceptibility of novel pathogen to currently available medication.
- Develop utilization strategy for antiviral medications (i.e. prophylaxis vs. treatment) given current availability and epidemiologic information regarding novel pathogen.
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza and COVID-19.

Vaccine Management

- Conduct a feasibility and needs assessment to determine if a vaccine stockpile for the novel strain is appropriate if a licensed vaccine exists or is likely to exist, or an Emergency Use Authorization (EUA) is enacted.
- Continue to track development, efficacy, and utility of vaccine against the novel pathogen.
- Continue to track development, efficacy, and utility of animal vaccine against the novel pathogen.

- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution (POD) Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 5

Pandemic Alert Period

Definition

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

Critical Response Activities

- **Low level activation of the DOC as deemed appropriate for media messaging and strategic planning**
- Review and revise case criteria, as additional data becomes available.
- Develop isolation and PPE guidelines for suspected cases.
- If needed, develop protocol for On-Call Managers Handbook to address calls regarding animal die-offs.
- Continue to track locations, migration patterns, and importation routes of susceptible animal species within the County.
- Develop press releases and PSAs to address public alarm and misinformation.
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary.
- Respond to health events as they occur.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Surveillance Activities

- Daily monitoring of worldwide influenza-like activity focusing on geographic spread of human cases and continuing spread of animal cases.
- Review and respond to alerts generated through the CAHAN.
- Monitor enhanced animal reporting and surveillance systems websites as available.
- Daily review of alerts generated through the Epi-X system.
- Daily response to alerts generated by pre-hospital surveillance reporting system.
- Daily monitoring for unusual activity via ReddiNet reporting from hospitals.
- At least weekly monitoring for unusual activity via the EpiCenter.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Provide updates on the current worldwide situation, travel advisories, and travel health etiquette and precautions if traveling to an affected region.
- Release PSAs and public health messages as needed to address alarm and misinformation.
- Provide messaging through media including case criteria so those who are symptomatic and at risk of the emerging strain are more likely to see the appropriate provider, and inappropriate use of services is limited.
- Increase intensity of influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette, and hand hygiene (hand-washing, antimicrobial hand gels).
- Encourage public to stay home from work when ill.
- Strongly discourage individual stockpiling of antiviral medications.
- Provide routine seasonal influenza and COVID-19 health messages.
- Encourage routine seasonal influenza and COVID-19 vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).

Schools (K through Post-Graduate)

- Provide updates on the worldwide situation concerning the novel pathogen to the appropriate school contacts (e.g. school district, administration, student health).
- Provide influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette to the appropriate school contacts.
- Encourage schools to begin implementing appropriate health guidelines:
 - Symptomatic students stay home; suggest provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in).
 - Masks available at school for those who become symptomatic while on campus.
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas.
- Work with school district, administration, and student health to develop basic health guidelines.
- Provide resources, expertise, and collaboration with which schools can continue to develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening.

Health Care Providers and First Responders

- Provide updates on the current worldwide situation, and travel health recommendations.
- Provide screening guidelines and case criteria (suspect, probable, and confirmed) for individuals with travel history or other risk for contracting the emerging strain.
- Reissue isolation and PPE guidelines for suspected cases.
- Encourage use of enhanced respiratory precautions for **all** individuals entering a hospital or clinic with respiratory symptoms, including staff.
- Encourage facilities to exclude staff who have symptoms compatible with the emerging influenza strain or any other influenza like illness.
- Strongly discourage prescribing of individual antiviral stockpiles.
- Provide customary updates on routine seasonal influenza and COVID-19 prevention and treatment guidelines.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

Antiviral Management

- Identify all antiviral supplies within the county and conduct a gap-analysis.
- Undertake a feasibility assessment to determine viability of developing and maintaining a countywide antiviral stockpile.
- Review utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information and revise as needed.
- Continue to track susceptibility of novel pathogen to currently available medication.
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza and COVID-19.

Vaccine Management

- If a licensed vaccine exists for the novel strain, review utilization strategy of vaccine given current epidemiologic information, and develop tiered vaccine distribution system. This may be utilized under an EUA.

- If a feasibility study indicates a vaccine stockpile is appropriate, begin acquiring vaccine.
- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) to determine availability, efficacy, and utilization of animal vaccine.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution (POD) Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 6A

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population outside the United States.

Critical Response Activities

- **Low to high level activation of the DOC as deemed appropriate for media messaging, risk communication, strategic planning, and response activities.**
- Establish reporting mechanism available to all providers to immediately notify VCPH about cases meeting the criteria for the emerging strain or other severe influenza-like illness.
- Establish telephone bridge for large conference calls.
- Establish telephone bank and staffing plan for public access hotline.
- Train all responders on influenza and COVID-19 precautions with emphasis on strict adherence to respiratory etiquette and hand hygiene.
- Formally activate the Epidemiologic Response Team.
- Develop messages for both the public and clinicians regarding vaccine distribution and chemoprophylaxis use against the novel pathogen.
- Develop a quarantine and isolation strategy for novel pathogen.
- Work with OES to develop enforcement plan for isolation and quarantine orders.
- Continue to track locations, migration patterns, and importation routes of susceptible animal species within the County if pertinent.
- Develop press releases and PSAs to address public alarm and misinformation.
- Review and revise case criteria, as additional data becomes available.
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary.
- Respond to health events as they occur.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

Surveillance Activities

- Consider active surveillance of hospitals if affected region(s) poses significant risk of importation to Ventura County.
- Monitor surveillance system available to all providers for immediate notification of influenza-like illness that meet case criteria.

- Review alerts generated through the CAHAN.
- At least twice weekly monitoring for unusual activity via the EpiCenter.
- Daily monitoring of worldwide influenza-like activity focusing on geographic spread of human cases and continuing spread of animal cases.
- Monitor enhanced animal reporting and surveillance systems websites as available.
- Daily review of alerts generated through the Epi-X system.
- Daily response to alerts generated by pre-hospital surveillance reporting system.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Provide updates on the current worldwide situation, travel advisories, and travel health etiquette and precautions if traveling to an affected region.
- Release PSAs and public health messages as needed to address alarm and misinformation
- Disseminate clinical syndrome, guidelines for accessing health providers, and hotline access through media, websites, and any other public access modality so that:
 - 1) Any who are symptomatic and at risk of the emerging strain will seek help as directed.
 - 2) Inappropriate use of services by worried well is limited.
 - 3) Access to information regarding emerging strain is made as seamless as possible
- Increase intensity of influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette, and hand hygiene (hand-washing, antimicrobial hand gels).
- Encourage public to stay home from work when ill.
- Strongly discourage individual stockpiling of antiviral medications.
- Provide routine seasonal influenza health messages.
- If available, distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine.
- Encourage routine seasonal influenza and COVID-19 vaccinations for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).
- Distribute information regarding isolation and quarantine procedures for the public, if appropriate.

For additional information regarding Isolation and Quarantine, refer to the *VCPH Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

Schools (K through Post-Graduate)

- Provide updates on the worldwide situation concerning the novel pathogen to the appropriate school contacts (e.g. school district, administration, student health).
- Provide influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette to the appropriate school contacts.
- Work with appropriate contacts to implement appropriate health guidelines:

- Symptomatic students stay home; provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in).
- Masks available at school for those who become symptomatic while on campus
- Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
- Educational posters made available to schools to hang in highly visible areas.
- Provide resources, expertise, and collaboration with which schools can continue to develop influenza, COVID-19 and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening.
 - Class size restrictions
 - Class time restrictions (e.g. ≤ 1 hour)
 - Webinars, internet course work, classes by mail, assignments over the phone
 - Pubs, restaurants, closed
 - Library access restricted

Health Care Providers and First Responders

- Provide updates on the current worldwide situation, and travel health recommendations.
- Provide screening guidelines and case criteria (suspect, probable, and confirmed) for individuals with travel history or other risk for contracting the emerging strain.
- Reissue isolation and PPE guidelines for suspected cases.
- Advise use of enhanced respiratory precautions (minimum mask) for **all** individuals entering the facility with respiratory symptoms, including staff.
- Encourage facilities to exclude staff who have symptoms compatible with the emerging influenza strain or any other influenza like illness.
- Strongly discourage prescribing of individual antiviral stockpiles.
- Provide customary updates on routine seasonal influenza and COVID-19 prevention and treatment guidelines
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders.

- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

Antiviral Management

- Inventory all antiviral supplies within the County.
- If feasibility study indicates antiviral stockpile is appropriate, begin acquiring antivirals.
- Review utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information and revise as needed Develop antiviral recipient and efficacy tracking database.
- Develop antiviral recipient and efficacy tracking database.
- Continue to track susceptibility of novel pathogen to currently available medication.
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza and COVID-19.

Vaccine Management

- Maintain an inventory of vaccine supply.
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary.
- Implement tiered vaccine distribution system.
- Implement system to track all recipients of vaccine and monitor for adverse reactions or vaccine failure.
- Continue to partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) to ensure effective implementation of animal vaccine strategy.
- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 6B

Pandemic Period Definition

Pandemic: Increased and sustained human-to-human transmission in the general population within the geographic boundaries of the United States.

Critical Response Activities

- **MEDIUM TO HIGH LEVEL ACTIVATION OF THE DOC as deemed appropriate for media messaging, risk communication, strategic planning, and response activities.**
- Ensure reporting mechanism is available to all providers to immediately notify VCPH about cases meeting the criteria for the emerging strain or other severe influenza-like illness.
- Review and revise case criteria, as additional data becomes available.
- Epidemiologic Response Team models effect of influenza pandemic based on currently available epidemiologic data.
- Epidemiological Response Team continues coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the *Epidemiological Response Plan* as part of DOC Planning Section.
- Conduct at least weekly confidential conference calls for invited hospitals, care providers and public health officials updating current influenza situation using phone bridge.
- Ensure all responders are trained on influenza and COVID-19 precautions with emphasis on strict adherence to respiratory etiquette.
- Develop press releases and PSAs to address public alarm and misinformation.
- Ensure telephone bridge for large conference calls with providers and telephone bank for public access hotline are functional and staffed.
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary.
- Respond to health events as they occur.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Surveillance Activities

- Active surveillance of hospital and pre-hospital.
- Partner with adjacent counties to conduct regional human and animal surveillance.
- Monitor surveillance system available to all providers for immediate notification of influenza-like illness that meet case criteria.
- Review alerts generated through the CAHAN.
- Daily monitoring for unusual activity via the EpiCenter.
- Monitor enhanced animal reporting and surveillance systems websites as available.
- Daily review of alerts generated through the Epi-X system.
- Daily response to alerts generated by pre-hospital surveillance reporting system.
- Monitor ReddiNet hospital ILI surveillance queries.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Disseminate clinical syndrome and guidelines for accessing health providers and/or hotline
- Distribute updated vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Strongly discourage individual stockpiling of antiviral medications.
- Provide updates on the current worldwide situation, travel advisories, and travel health etiquette and precautions if traveling to an affected region.
- Release PSAs and public health messages as needed to address alarm and misinformation.
- Provide influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette.
- Encourage routine seasonal influenza and COVID-19 vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).
- Distribute information regarding isolation and quarantine procedures for the public, if appropriate.

Employers

- Work with Employee Health, if applicable, to distribute current influenza and COVID-19 information.
- Provide employers with influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette.
- Work with employers to develop basic health guidelines:
 - Symptomatic employees stay home; those who must work should telecommute.
 - Masks available at work for those who become symptomatic while at work.
 - Antimicrobial hand gel available at each entrance, and outside each cubicle, office, conference room, restroom, etc.

Schools (K through Post-Graduate)

Based on locale of novel strain in US, schools may be closing to facilitate social distancing

- Provide regular situational updates concerning the novel pathogen to appropriate school contacts (e.g. school district, administration, student health).
- Provide influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts.
- Work with appropriate contacts to implement appropriate health guidelines:
 - Symptomatic students stay home; provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in).

- Masks available at school for those who become symptomatic while on campus.
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas.
- Provide support and collaboration with which schools can implement influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening:
 - Class size restrictions
 - Class time restrictions (e.g. ≤ 1 hour)
 - Webinars, internet course work, classes by mail, assignments over the phone
 - Pubs, restaurants, closed
 - Library access restricted

Health Care Providers and First Responders

- Provide updates on the current situation, travel health recommendations, screening, and case criteria.
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Strongly discourage prescribing of individual antiviral stockpiles.
- Disseminate guidelines for use of chemoprophylaxis against novel pathogen.
- Disseminate hotline number for clinical use only.
- Disseminate confidential telephone bridge access number to all invited participants.
- Issue isolation and PPE guidelines for suspected cases.
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms.
- Provide updates on routine seasonal influenza and COVID-19 prevention and treatment guidelines.
- Issue guidelines for reporting of influenza-like illness in patients.
- Issue guidelines for sample submission for testing and laboratory confirmation.
- Public Health Laboratory issues specimen handling guidelines.
- Consider sending query to hospitals through ReddiNet for reporting of ILI and other pandemic indicators.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders.

- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Disseminate estimated impact of the influenza pandemic on Ventura County to OES.
- Send OES a list of anticipated and actual logistical needs.
- Disseminate PPE recommendations and estimated impact of the influenza pandemic on Ventura County to the Medical Examiner's Office.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and Isolation and Quarantine Policy ([ATTACHMENT H](#)).

Antiviral Management

- Review utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information and revise as needed.
- Develop guidelines for clinicians on utilization of antiviral medication.
- Maintain inventory of all antiviral supplies within the County.
- Continue to track susceptibility of novel pathogen to currently available medication.
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza and COVID-19.

Vaccine Management

- Maintain a running inventory of vaccine supply for the novel pathogen.
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary.
- Continue implementation of tiered vaccine distribution system.
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure.
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) for implementation of animal vaccination protocols
- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 6C

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population within a bordering County(s) of Ventura County or other region in close geographic proximity to Ventura County.

Critical Response Activities

- **MEDIUM TO HIGH LEVEL ACTIVATION OF THE DOC as deemed appropriate for media messaging, risk communication, strategic planning, and response activities.**
- Review and revise case criteria, as additional data becomes available.
- Epidemiological Response Team continues coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the *Epidemiological Response Plan* as part of DOC Planning Section.
- Continue staffing the public access hotline and clinical provider specific hotline.
- Conduct confidential conference calls for invited hospitals, care providers and public health officials updating current influenza/influenza-like situation.
- Work with OES and hospitals to ensure adequate security measures at all health-related facilities.
- Develop press releases and PSAs to address public alarm and misinformation.
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary.
- Respond to health events as they occur.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

For additional information regarding Risk Communication Activities, refer to the *VCPH Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding coordination with other agencies, refer to the *VCPH Crisis & Emergency Risk Communication (CERC) Plan*.

Surveillance Activities

- Active surveillance of hospital and pre-hospital providers.
- Partner with adjacent counties to conduct regional human and animal surveillance.
- Monitor surveillance system available to all providers for immediate notification of influenza-like illness that meet case criteria.
- Review alerts generated through the CAHAN.
- Daily monitoring for unusual activity via the EpiCenter.
- Monitor alerts generated by pre-hospital surveillance reporting system.

- Partner with appropriate agencies for testing of appropriate animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks).
- Monitor enhanced animal reporting and surveillance systems websites as available.
- Daily review of alerts generated through the Epi-X system.
- Monitor ReddiNet hospital ILI surveillance queries.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Recommend limiting non-essential activities, social interactions, and trips to public places (i.e. restaurants, malls, movie theatres...) in impacted areas if scientifically applicable, reasonable.
- Strongly discourage individual stockpiling of antiviral medications.
- Provide information regarding where to obtain appropriate PPE and health care supplies (i.e. masks, home care kits, anti-microbial gels...).
- Issue general case criteria including credible exposure and protocols for seeking care (i.e. influenza clinic locations, hotline, respiratory etiquette).
- Distribute updated vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Provide updates on the current worldwide situation, travel advisories, and travel health etiquette and precautions if traveling to an affected region.
- Release PSAs and public health messages as needed to address alarm and misinformation.
- Influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette.
- As appropriate, issue guidelines on quarantine and home quarantine protocols.
- Encourage routine seasonal influenza and COVID-19 vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).

Employers

- Limit face-to-face contact where possible, substitute with teleconferencing or other modalities where possible if scientifically applicable, reasonable, and appropriate.
- Define ways for non-essential personnel to work from home in highly impacted areas.
- Discourage congregation of employees (i.e. lunch rooms, break rooms, smoking areas).
- Work with Employee Health, if applicable, to distribute current influenza and COVID-19 information and to institute employee health monitoring program.
- Work with employers to develop basic health guidelines:
 - Symptomatic employees stay home; those who must work should telecommute.
 - Masks available at work for those who become symptomatic while at work.
 - Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom.

Schools

There is an increasing likelihood of school closures to facilitate social distancing

- Limit face-to-face contact where possible if scientifically applicable, reasonable, and appropriate.
- Define ways for non-essential personnel and faculty to work from home.
- Discourage congregation of students and faculty (i.e. auditorium, break rooms, etc.).
- Provide regular situational updates concerning the novel pathogen to appropriate school contacts (e.g. school district, administration, student health).
- Provide influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts.
- Work with appropriate contacts to implement appropriate health guidelines:
 - Symptomatic students stay home; suggest provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in).
 - Masks available at school for those who become symptomatic while on campus.
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas.
- Provide support and collaboration with which schools can implement influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening.
 - Implement distance learning, if scientifically applicable, reasonable, and appropriate.
 - Webinars, internet course work, classes by mail, assignments over the phone.
 - Class size restrictions.
 - Class time restrictions (e.g. ≤ 1 hour).
 - Pubs, restaurants, closed.
 - Library access restricted.

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria.
- Continue to disseminate hotline number for clinical provider use only.
- Continue to disseminate confidential telephone bridge access number to all invited participants for public health influenza and COVID-19 updates.
- Update and reissue isolation and PPE guidelines for suspected cases.
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms.
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Strongly discourage prescribing of antiviral medications not in accordance with disseminated guidelines.

- Disseminate monitoring and reporting guidelines for personnel interacting with suspected cases.
- Reissue guidelines for reporting of influenza-like illness in patients.
- Reissue guidelines for sample submission for testing and laboratory confirmation.
- Public Health Laboratory reissues specimen handling guidelines.
- Issue updated treatment and chemoprophylaxis guidelines for suspect influenza and COVID-19 cases.
- At least daily query hospitals through ReddiNet for reporting of ILI and other pandemic indicators.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.

Government Agencies

- Continue to dispense PPE guidelines and respiratory precautions for first responders.
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Provide OES an update on influenza and COVID-19 activity in bordering counties.
- Send OES a list of actual and anticipated logistical needs.
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation, quarantine, closure of public venues), the Ventura CHO or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and Isolation and Quarantine Policy ([ATTACHMENT H](#)).

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities ([ATTACHMENT X](#)).

Antiviral Management

- Integrate antiviral guidelines for novel and routine seasonal influenza and COVID-19 strains into a single guideline for suspected influenza or COVID-19.
- Implement current clinical guidelines for chemoprophylaxis and treatment of influenza and COVID-19.
- Review utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information and revise as needed.
- Track all recipients of antivirals and monitor for adverse reactions or medication failure.
- Track susceptibility of novel pathogen to currently available medication.
- Maintain inventory of all antiviral supplies within the County.

Vaccine Management

- Maintain inventory of vaccine supply for novel pathogen.
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary.
- Continue implementation of tiered vaccine distribution system.
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure.
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) for implementation of animal vaccination protocols.
- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan*.

Phase 6D

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population within Ventura County.

Critical Response Activities

ACTIVATION OF THE DOC as deemed appropriate for long-term response to coordinate media messaging, risk communication, strategic planning, and response activities

- Review and revise case and testing criteria as required by any change to case definitions at the Federal level, availability of tests, or conditions of the local epidemic requiring an updated response strategy.
- Surveillance for local occurrence of pandemic organism based on available epidemiologic data.
- Conduct real-time case investigation; conduct contact tracing as resources allow and trajectory of local epidemic indicate.
- Continue staffing a 24/7 public access hotline and clinical provider specific hotline.

- Ensure direct 24/7 health officer availability.
- Routine pandemic update for all health providers.
- Routine conference call update for hospitals and care providers.
- As needed, work with law enforcement and hospitals to implement security plans.
- Develop press releases and PSAs to address public alarm and misinformation.
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary.
- Respond to health events as they occur.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

For additional information regarding Risk Communication Activities, refer to the *VCPH Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding coordination with other agencies, refer to the *VCPH Crisis & Emergency Risk Communication (CERC) Plan*.

Surveillance Activities

- Daily monitoring of worldwide pandemic activity focusing on geographic spread of human cases and animal cases if they become pertinent.
- Review and respond as appropriate to alerts received from the CDC HAN, CAHAN, and EpiCenter.
- Monitor ReddiNet for concerning pandemic activity and trends at hospitals.
- Consider and implement active surveillance of hospitals as needed for close to real time staffed patient beds available.
- Monitor EpiCenter for any additional influenza-like illness activity of concern.
- If indicated, monitor enhanced animal reporting and surveillance systems for unusual animal deaths or die-offs.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Case Investigation

- Case investigation until such time as community acquired infection becomes so prevalent contact tracing is ineffective.
- Case Investigations should include, at minimum: patient demographics, source and time of exposure, date of symptom onset, symptom assessment, complications, duration of illness (recovery date), laboratory screening and results, contact tracing, protective measures in place at time of exposure, medical history, influenza vaccination history, treatment, and outcomes.
- Detailed contact tracing to determine at risk human populations.
- Monitor and/or quarantine contacts of human cases.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the *VCPH Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the *VCPH Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

Communication

As appropriate, consider the following recommendations for communication for the following groups if scientifically applicable and reasonable:

Public

- Recommend limiting non-essential activities, social interactions, and trips to public places (i.e. restaurants, malls, movie theatres, etc.).
- Pandemic health messages with emphasis on strict adherence to respiratory etiquette.
- Strongly discourage individual stockpiling of antiviral medications.
- Provide guidelines for caring for symptomatic individuals including protective measures.
- Provide information regarding where to obtain appropriate PPE and health care supplies (i.e. masks, home care kits, anti-microbial gels, etc.).
- Disseminate public information hotline contact number.
- Update and reissue general case criteria including credible exposure and protocols for seeking care (i.e. pandemic clinic locations, hotline, respiratory etiquette).
- Distribute updated vaccination guidelines for novel pandemic strain as well as information on how to obtain vaccine if available.
- Provide regular updates of pandemic activity and outcomes in Ventura County, and travel restrictions as appropriate.
- Release PSAs and public health messages as needed to address alarm and misinformation.
- As appropriate, issue guidelines on quarantine and home quarantine protocols.
- Encourage routine seasonal influenza and COVID-19 vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).

Employers

- Limit face-to-face contact where possible, substitute with teleconferencing or other modalities.
- Define ways for personnel to work from home in highly impacted areas.
- Discourage congregation of employees (i.e. lunchrooms, break rooms, smoking areas).
- Work with Employee Health, if applicable, to distribute current pandemic strain information and to institute employee health monitoring program.
- Work with employers to develop basic health guidelines:
 - Symptomatic employees stay home; those who must work should telecommute.
 - Masks available at work for those who become symptomatic while at work.
 - Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom.

Schools (K through Post-Graduate)

There is a high likelihood of school closures to facilitate social distancing

- Limit face-to-face contact where possible.

- Define ways for non-essential personnel and faculty to work from home.
- Discourage congregation of students and faculty (i.e. auditorium, break rooms, etc.).
- Work with school district, administration, and student health to distribute current pandemic and influenza information.
- Provide regular situational updates concerning the novel pandemic strain to appropriate school contacts (e.g. school district, administration, student health).
- Provide pandemic health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts.
- As needed, work with Ventura Office of Education to implement basic health guidelines:
 - Symptomatic students stay home; suggest provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in).
 - Masks available at school for those who become symptomatic while on campus.
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunchroom, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas.
- Schools implementing tiered influenza response and pandemic plans should at minimum:
 - Distance learning.
 - Webinars, internet course work, classes by mail, assignments over the phone.
 - Class size restrictions.
 - Class time restrictions (e.g. < 1 hour).
 - Restaurants closed.
 - Library access restricted.

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria.
- If available, distribute current vaccination guidelines for pandemic strain as well as information on how to obtain vaccine.
- Advise use of masking and enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms.
- Issue any updated isolation and PPE guidelines for suspected and confirmed cases.
- Disseminate hotline number for clinical provider use only.
- Disseminate confidential telephone bridge access number to all invited participants for Public Health pandemic updates.
- Strongly discourage prescribing of antiviral medications not in accordance with CDC and CDPH guidelines.
- Emphasize use of social distancing and non-pharmaceutical interventions
- Issue any updated guidance or recommendations from CDC and CDPH for:
 - Monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases.
 - Reporting occurrence of pandemic strain and other influenza-like illness in patients.
 - Guidelines for sample submission for testing and laboratory confirmation.
 - Specimen handling guidelines.

- Updated treatment and chemoprophylaxis guidelines for suspect and confirmed pandemic cases.
- Conduct regularly scheduled query to hospitals and any alternate care sites through ReddiNet for reporting of pandemic indicators, reduce queries as situation stabilizes.

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders.
- As they become available, distribute vaccine and vaccination guidelines for pandemic organism and seasonal influenza.
- Provide OES with the details of the vaccine distribution system and tier schedule.
- Continuously update OES on impact of the pandemic on Ventura County
- Send OES a list of actual and anticipated logistical needs.
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura CHO or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES.

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of disease caused by pandemic organism and circulating influenza strains.
- Given availability and current epidemiologic information on at risk populations, update strategy for utilization of antiviral medications (i.e. prophylaxis vs. treatment) and revise as needed.
- Track outcomes of those administered currently available antiviral medication.
- Ongoing inventory of all antiviral supplies within the County.

Vaccine Management

- Maintain a running inventory of vaccine supply for pandemic strain.
- If needed, revise tiered vaccination distribution system based on current epidemiologic indicators.
- Continue implementation of tiered vaccine distribution system.
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure.
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, Calif. Department of Food and Agriculture) for implementation of any animal vaccination protocols.
- Emphasize need for Implementation current clinical guidelines for vaccination against routine seasonal influenza and COVID-19 as influenza season commences.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control (as needed for pandemic control)

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pandemic strain.

- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.
- Reissue recommendations for reporting unusual animal deaths or die-offs.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities ([ATTACHMENT X](#)).

Part 2: Local Origin of Influenza and/or COVID-19 Activity

Stages of Influenza Pandemic Activity: Local Epicenter

Pandemic Phases	VCPH Goals
<p>Interpandemic Period</p> <p>Phase 1: No new influenza, influenza-like or COVID-19 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, the risk of human infection or disease is considered to be low.</p> <p>Phase 2: No new influenza, influenza-like, or COVID-19 virus subtypes have been detected in humans. However, a circulating animal influenza-like virus subtype poses a substantial risk of human disease.</p>	<ul style="list-style-type: none"> Strengthen communicable disease surveillance, response, education, and outreach to the public. Assure communication & notification processes are exercised to regional partners, state. Review and assess COOP plans for needed updates/revisions. Review and assess Influenza/COVID-19 Response Plan for needed updates/revisions.
<p>Pandemic Alert Period</p> <p>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 occurring locally.</p> <p>Phase 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.</p> <p>Phase 5: Large cluster(s) but human-to-human transmission spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> Increase surveillance & threat analysis. Provide situation updates to appropriate entities. Assess resource inventory of local stockpile. Assure PPE quantities are current & order increased quantities. Assure staff training for PPE, case finding and investigation. Re-establish pandemic preparedness committee to increase community action planning. Consider low level activation of the DOC. Activate the Influenza/COVID-19 Response Plan. Activate the EPI response plan. Activate isolation/quarantine plan. Activate antiviral management plan. Risk communication messaging to healthcare providers, facilities, community partners and public. Low level activation of DOC. Risk Communication Messaging. PPE recommendations to healthcare facilities. Social distancing measures to be implemented.
<p>Pandemic Period</p> <p>Phase 6: Pandemic: Increased and sustained human-to-human transmission in general population within Ventura County.</p>	<ul style="list-style-type: none"> Consider high activation of the VCPH DOC. Activation of alternate care sites as appropriate Coordinate healthcare facilities' requests for aid, communication. Coordinate risk communication messaging. Isolation & quarantine as appropriate.

Phase 1:

Interpandemic Period

Definition

No new influenza, influenza-like, or COVID-19 virus subtypes have been detected in humans. A virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Critical Response Activities

- Annual review and update of response plans.
- In absence of an actual event, annual drill, or exercise to test response plans.
- Respond to health events as they occur.

Surveillance Activities

- Daily review of alerts generated through the Epi-X system.
- Review alerts generated through the CAHAN.
- Weekly monitoring for unusual activity via the EpiCenter.
- Daily response to alerts generated by pre-hospital surveillance reporting system.
- Institute surveillance for reports of unusual animal disease and death.
- Weekly monitoring of worldwide disease activity.
- Review cause of death (COD) data.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Routine seasonal influenza and COVID-19 health messages.
- Encourage routine seasonal influenza and COVID-19 vaccination for all segments of the public.

Health Care Providers and First Responders

- Provide updates on routine seasonal influenza and COVID-19 prevention and treatment guidelines.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Disseminate standard mechanism for immediate reporting of unusual animal deaths or die-offs.
- Disseminate information regarding unusual animal deaths or die-offs.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of routine seasonal influenza and COVID-19.

Vaccine Management

- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 2:

Interpandemic Period

Definition

No new influenza, influenza-like, or COVID-19 virus subtypes have been detected in humans. However, a locally circulating animal virus subtype poses a substantial risk of human disease.

Critical Response Activities

- **LOW LEVEL ACTIVATION OF DOC IF APPROPRIATE.**
- Partner with other agencies to develop and implement control measures in animals (i.e. culling, vaccination).
- Establish mechanisms for immediate notification of unusual animal deaths or die-offs.
- Activate Epidemiological Response Team to coordinate all surveillance, tracking, monitoring, and analysis activities as delineated in the *Epidemiologic Response Plan*.
- Coordinating with appropriate agencies, and as deemed appropriate, ensure real time reporting of confirmed or suspected animal cases occurs.
- Determine locations, migration patterns, and importation routes of affected animal species within the County.
- Develop press releases and PSAs to address public alarm and misinformation.
- Review, revise as necessary, plans to ensure that all aspects of the circulating strain are adequately addressed.
- Respond to health events as they occur.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding coordination with other agencies, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding DOC, refer to VCPH *Emergency Response Plan (ERP)*.

Surveillance Activities

- Establish reporting mechanism available to all providers for immediate notification of influenza-like illness of suspect cases meeting reporting criteria or that are otherwise concerning.

- Partner with appropriate agencies for testing of susceptible animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks).
- Institute surveillance for reports of unusual animal disease and death.
- Review alerts generated through the CAHAN.
- Weekly monitoring for unusual activity via the EpiCenter.
- Daily review of alerts generated through the Epi-X system.
- Daily response to alerts generated by pre-hospital surveillance reporting system.
- Weekly monitoring of worldwide influenza activity focusing on geographic spread of the animal infection and/or transmission to humans or other animal species.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Case Investigation

- Monitor those in contact with affected animals for symptoms consistent with influenza or COVID-19.
- Partner with appropriate agencies to determine origin, spread of disease in affected animal populations, and potential forward spread in animal populations.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

For additional information regarding coordination with other agencies, refer to the *VCPH Crisis & Emergency Risk Communication (CERC) Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Issue guidelines for handling of sick and dead animals, or high-risk species.
- Issue guidelines for reporting of animal illness or human illness following handling of sick animals.
- Provide regular updates of novel influenza and COVID-19 activity in Ventura County as appropriate.
- Release PSAs and public health messages as needed to address alarm and misinformation.
- Encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and reporting criteria.
- Issue isolation and PPE guidelines for suspected cases.
- Issue guidelines for reporting of influenza-like illnesses.
- Issue guidelines for sample submission for testing and laboratory confirmation.
- Public Health Laboratory issues specimen handling guidelines.
- Provide updates on routine seasonal influenza prevention and treatment strategies.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to issue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.
- Issue recommendations for immediate reporting of unusual animal deaths or die-offs.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

Antiviral Management

- Continuously track susceptibility of novel pathogen to currently available medication.
- Implement current clinical guidelines for chemoprophylaxis and treatment of routine influenza and COVID-19.

Vaccine Management

- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) to determine availability, efficacy, and utilization of animal vaccine.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 3

Pandemic Alert Period

Definition

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

Critical Response Activities

- **CONSIDER LOW LEVEL ACTIVATION OF THE DOC** depending on the population impacted.
- Continue working with partner agencies to update and implement control measures in animals (i.e. culling, vaccination).

- Epidemiological Response Team to continue coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the *Epidemiological Response Plan* as part of DOC Planning Section.
- Define case criteria.
- Consider the feasibility and utility of establishing a dedicated facility for treatment of novel strain influenza and COVID-19 cases.
- Establish and staff hotline for clinical provider use only.
- Develop press releases and PSAs to address public alarm and misinformation.
- Coordinate with appropriate agencies, and as deemed appropriate, to ensure real time reporting of confirmed or suspected animal and human cases occurs.
- Follow locations, migration patterns, and importation routes of affected animal species within the County.
- Review, revise as necessary, plans to ensure that all aspects of the circulating strain are adequately addressed.
- Coordinate with Behavioral Health to address current needs.
- Respond to health events as they occur.

For additional information regarding coordination with other agencies, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding DOC, refer to VCPH *Emergency Response Plan (ERP)*.

Surveillance Activities

- Active surveillance of hospital and pre-hospital providers.
- Monitor reporting system available to all providers for immediate notification of influenza-like illness of cases meeting reporting criteria or that are otherwise concerning.
- Review alerts generated through the CAHAN.
- Weekly monitoring for unusual activity via the EpiCenter.
- Partner with adjacent counties to conduct regional animal and human surveillance.
- Partner with appropriate agencies for testing of susceptible animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks).
- Monitor mechanisms for immediate notification of unusual animal deaths or die-offs.
- Institute surveillance for reports of unusual animal disease and death.
- Daily review of alerts generated through the Epi-X system.
- Daily response to alerts generated by pre-hospital surveillance reporting system.
- Weekly monitoring of worldwide influenza activity focusing on geographic spread of the animal infection and/or transmission to humans or other animal species.
- Monitor ReddiNet hospital ILI surveillance queries.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Case Investigation

- Case investigation including: source of exposure, incubation period, symptom progression, clinical syndrome characterization, laboratory screening and results, contact tracing, protective measures used at time of exposure, others present at exposure site, medical history, influenza vaccination history, COVID-19 vaccination history, treatment history, and outcomes.
- Monitor and/or quarantine those in contact with affected animals.
- Monitor and/or quarantine close contacts of human cases.
- Partner with appropriate agencies to determine origin, spread of disease in affected animal populations, and potential forward spread in animal populations.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the *VCPH Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding coordination with other agencies, refer to the *VCPH Crisis & Emergency Risk Communication (CERC) Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Issue guidelines for handling of sick and dead animals, or high-risk species.
- Issue guidelines for reporting of animal illness or human illness following handling of sick animals.
- Strongly discourage individual stockpiling of antiviral medications.
- Regular updates of influenza and COVID-19 activity and outcomes in Ventura County as appropriate.
- Issue general case criteria including credible exposure and protocols for seeking care (i.e. Influenza/COVID-19 Clinic locations, respiratory etiquette).
- Strongly encourage routine seasonal influenza and COVID-19 vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).
- If a Public Information Hotline has been deemed necessary, disseminate contact number.
- Release PSAs and public health messages as needed to address alarm and misinformation.

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria.

- Distribute current antiviral guidelines for influenza and COVID-19 prevention and treatment.
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms.
- Disseminate hotline number for clinical provider use only.
- Reissue isolation and PPE guidelines for suspected and confirmed cases.
- Disseminate monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases.
- Strongly discourage prescribing of antiviral medications not in accordance with disseminated guidelines.
- Reissue guidelines for reporting of influenza-like illness in patients.
- Reissue guidelines for sample submission for testing and laboratory confirmation.
- Public Health Laboratory reissues specimen handling guidelines.
- Consider sending query to hospitals through ReddiNet for reporting of ILI and other pandemic indicators.

Schools (K through Post-Graduate)

- Provide resources, expertise, and collaboration with which schools can develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.
- Reissue recommendations for immediate reporting of unusual animal deaths or die-offs.

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders.
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Disseminate to OES current and anticipated impact of novel influenza on Ventura County.
- Provide OES a list of actual and anticipated logistical needs.
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura CHO or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities ([ATTACHMENT X](#)).

Antiviral Management

- Develop utilization strategy for antiviral medications (i.e. prophylaxis vs. treatment) given availability and current epidemiologic information.
- Develop guidelines for clinicians on utilization of antiviral medication for suspect influenza cases.
- Inventory all antiviral supplies within the county and conduct a gap-analysis.
- Undertake a feasibility assessment to determine viability of developing and maintaining a countywide antiviral stockpile.
- If results of analysis suggest a stockpile is reasonable, begin acquisition of antivirals.
- Implement system to track all recipients of antiviral medications and monitor for adverse reactions or chemoprophylaxis/treatment failure.
- Continuously track susceptibility of novel pathogen to currently available medication.

Vaccine Management

- If a licensed vaccine exists, develop utilization strategy given current epidemiologic information and develop tiered vaccine distribution system.
- Conduct a feasibility study and if a vaccine stockpile is indicated, begin acquiring vaccine.
- Maintain an inventory of vaccine supply.
- Implement tiered vaccine distribution system if appropriate.
- Implement system to track all recipients of vaccine and monitor for adverse reactions or vaccine failure.
- Continue to partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) to ensure effective implementation of animal vaccine strategy.
- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 4

Pandemic Alert Period

Definition

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

Critical Response Activities

- **CONSIDER LOW LEVEL ACTIVATION OF THE DOC depending on the population impacted.**
- Epidemiological Response Team to continue coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the *Epidemiological Response Plan* as part of DOC Planning Section.
- Review and revise case criteria.
- Re-evaluate the feasibility and utility of a dedicated facility for treatment of novel strain influenza and COVID-19.
- Develop press releases and PSAs to address public alarm and misinformation.
- Consider opening influenza and COVID-19 referral clinics to limit exposure in health care settings, and centralize case tracking and treatment.
- Coordinate with appropriate agencies, and as deemed appropriate, to ensure real time reporting of confirmed and/or suspected animal and human cases occurs.
- Continue working with partner agencies to update and implement control measures in animals (i.e. culling, vaccination).
- Follow locations, migration patterns, and importation routes of affected animal species within the County.
- Review, revise as necessary, plans to ensure that all aspects of the circulating strain are adequately addressed.
- Coordinate with Behavioral Health to address current needs.
- Respond to health events as they occur.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding coordination with other agencies, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding DOC, refer to VCPH *Emergency Response Plan (ERP)*.

Surveillance Activities

- Active surveillance of hospital and pre-hospital providers.
- Partner with adjacent counties to conduct regional animal and human surveillance.
- Monitor reporting system available to all providers for immediate notification of influenza-like illness that meet case criteria.
- Review alerts generated through the CAHAN.

- Weekly monitoring for unusual activity via the EpiCenter.
- Partner with appropriate agencies for testing of susceptible animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks).
- Monitor reporting mechanism for animal-related illnesses.
- Modify alert criteria of pre-hospital surveillance reporting system.
- Institute surveillance for reports of unusual animal disease and death.
- Daily review of alerts generated through the Epi-X system.
- Monitor ReddiNet hospital ILI surveillance queries.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

Case Investigation

- Case investigation including: source of exposure, incubation period, symptom progression, clinical syndrome characterization, laboratory screening and results, contact tracing, protective measures used at time of exposure, others present at exposure site, medical history, influenza vaccination history, COVID-19 vaccination history, treatment history, and outcomes.
- Detailed Contact Tracing to determine at risk human populations.
- GIS mapping of all suspected, probable, and confirmed cases to determine points of commonality.
- Monitor and/or quarantine contacts of human cases.
- Monitor and/or quarantine those in contact with affected animals.
- Partner with appropriate agencies to determine origin, spread of disease in affected animal populations, and potential forward spread in animal populations.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

For additional information regarding coordination with other agencies, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Issue Public Health messages on general respiratory etiquette.
- Issue general case criteria including credible exposure and protocols for seeking care (i.e. Influenza and COVID-19 Clinic locations, respiratory etiquette).

- Strongly discourage individual stockpiling of antiviral medications.
- Distribute vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- Provide guidelines for caring for sick and/or symptomatic individuals including protective measures.
- Disseminate Public Information Hotline contact number.
- Provide regular updates of influenza activity and outcomes in Ventura County as appropriate.
- Reissue guidelines for handling of sick and dead animals, or high-risk species.
- Reissue guidelines for reporting of animal illness or human illness following handling of sick animals.
- Strongly encourage routine seasonal influenza vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).
- Release PSAs and public health messages as needed to address alarm and misinformation.

Employers

- Work with employers to develop basic health guidelines.
 - Symptomatic employees stay home; those who must work should telecommute.
 - Masks available at work for those who become symptomatic while at work.
 - Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom.

Schools (K through Post-Graduate)

- Provide updates on the worldwide situation concerning the novel pathogen to the appropriate school contacts (e.g. school district, administration, student health).
- Provide influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts.
- Provide resources, expertise, and collaboration with which schools can continue to develop influenza and pandemic response plans including a tiered response structure ranging from disease education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening.

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria.
- Distribute current antiviral guidelines for influenza and COVID-19 prevention and treatment.
- Distribute current vaccination guidelines for novel pathogen as well as information on how to obtain vaccine.
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms.
- Reissue isolation and PPE guidelines for suspected and confirmed cases.
- Disseminate hotline number for clinical provider use only.

- Disseminate monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases.
- Strongly discourage prescribing of antiviral medications not in accordance with disseminated guidelines.
- Reissue guidelines for reporting of influenza-like illness in patients.
- Reissue guidelines for sample submission for testing and laboratory confirmation.
- Public Health Laboratory reissues specimen handling guidelines.
- Consider sending query to hospitals through ReddiNet for reporting of ILI and other pandemic indicators.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Partner with appropriate government agencies (i.e. Fish and Game, Calif. Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.
- Reissue recommendations for reporting unusual animal deaths or die-offs.

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders.
- Dispense vaccine availability information.
- Disseminate to OES current and anticipated impact of novel influenza on Ventura County.
- Provide OES a list of logistical needs.
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura CHO or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities ([ATTACHMENT X](#)).

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

Antiviral Management

- Analyze case data to determine if current utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) is appropriate, if not, develop new guidelines.
- Implement current clinical guidelines for chemoprophylaxis and treatment of influenza and COVID-19.
- If previously deemed inappropriate, reassess need for a countywide antiviral stockpile.
- Continue to track all recipients of antiviral medications and monitor for adverse reactions or chemoprophylaxis/treatment failure.
- Continuously track susceptibility of novel pathogen to currently available medication.
- Maintain the inventory of all antiviral supplies within the county.

Vaccine Management

- Maintain the inventory of vaccine supply.
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary.
- Continue implementation of tiered vaccine distribution system.
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure.
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) for implementation of animal vaccination protocols.
- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 5

Pandemic Alert Period

Definition

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

Critical Response Activities

- **LOW ACTIVATION OF THE DOC.**
- Epidemiological Response Team continues coordinating all surveillance, tracking, monitoring, and analysis activities including analysis of case investigation data as delineated in the *Epidemiological Response Plan* as part of DOC Planning Section.
- Review and revise case criteria.
- Re-evaluate the feasibility and utility of a dedicated facility for treatment of novel strain influenza and COVID-19.
- Establish a telephone bridge and develop participant list for Public Health influenza and COVID-19 updates. If confidentiality not insured, find another mechanism for dissemination of information

- Routine confidential conference call for invited hospitals, care providers, and public health officials updating current influenza and COVID-19 situation.
- Develop press releases and PSAs to address public alarm and misinformation.
- Work with law enforcement and hospitals to implement security plans.
- If not already established, consider opening influenza and COVID-19 referral clinics to limit exposure in health care settings, and to centralize case tracking and treatment.
- Coordinate with appropriate agencies, and as deemed appropriate, to ensure real time reporting of confirmed and/or suspected animal and human cases occurs.
- Review, revise as necessary, plans to ensure that all aspects of the circulating strain are adequately addressed.
- Consider closure of schools, public venues, and/or public transportation in heavily impacted areas
- Consider geographic quarantine where appropriate.
- Coordinate with Behavioral Health to address current needs.
- Continue working with partner agencies to update and implement control measures in animals (i.e. culling, vaccination).
- Follow locations, migration patterns, and importation/exportation routes of affected animal species within the County.
- Respond to health events as they occur.

For additional information regarding DOC, refer to VCPH *Emergency Response Plan (ERP)*.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities ([ATTACHMENT X](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#))

Surveillance Activities

- Active surveillance of hospital and pre-hospital providers.
- Partner with adjacent counties to conduct regional animal and human surveillance.
- Monitor reporting system available to all providers for immediate notification of influenza-like illness that meet case criteria.
- Partner with appropriate agencies for testing of susceptible animal populations and reporting of results (i.e. California State Fish and Game for wild birds, rodents; California Food and Agriculture for domestic flocks).
- Review alerts generated through the CAHAN.
- Weekly monitoring for unusual activity via the EpiCenter.
- Monitor alerts generated by pre-hospital surveillance reporting system.
- Institute surveillance for reports of unusual animal disease and death.

- Daily review of alerts generated through the Epi-X system.
- Monitor ReddiNet hospital ILI surveillance queries.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Case Investigation

- Case investigation including: source of exposure, incubation period, symptom progression, clinical syndrome characterization, laboratory screening and results, contact tracing, protective measures used at time of exposure, others present at exposure site, medical history, influenza vaccination history, COVID-19 vaccination history, treatment history, and outcomes.
- Detailed Contact Tracing to determine at risk human populations.
- GIS mapping of all suspected, probable, and confirmed cases to determine points of commonality.
- Monitor and/or quarantine contacts of human cases.
- Monitor and/or quarantine those in contact with affected animals.
- Partner with appropriate agencies to determine origin, spread of disease in affected animal populations, and potential forward spread in animal populations.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the *VCPH Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the *VCPH Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

For additional information regarding coordination with other agencies, refer to the *VCPH Crisis & Emergency Risk Communication (CERC) Plan*.

Communication

As appropriate if scientifically applicable and reasonable:

Public

- Recommend limiting non-essential activities, social interactions, and trips to public places (i.e. restaurants, malls, movie theaters).
- Issue influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette.
- Strongly discourage individual stockpiling of antiviral medications.
- Provide guidelines for caring for symptomatic individuals including protective measures.
- Provide information regarding where to obtain appropriate PPE and health care supplies (i.e. masks, home care kits, anti-microbial gels).
- Distribute updated vaccination guidelines for novel pathogen as well as information on how to obtain vaccine if available.
- As appropriate issue guidelines on quarantine and home quarantine protocols.

- Update and reissue general case criteria including credible exposure and protocols for seeking care (i.e. Influenza Clinic locations, respiratory etiquette).
- Disseminate Public Information Hotline contact number.
- Provide regular updates of influenza and COVID-19 activity and outcomes in Ventura County as appropriate.
- Reissue guidelines for handling of sick and dead animals, or high-risk species.
- Reissue guidelines for reporting of animal illness or human illness following handling of sick animals.
- Issue routine seasonal influenza and COVID-19 health messages and encourage routine influenza and COVID-19 vaccination.
- Release PSAs and public health messages as needed to address alarm and misinformation.

Employers

- Limit face-to-face contact where possible, substitute with teleconferencing or other modalities where possible.
- Define ways for non-essential personnel to work from home in highly impacted areas.
- Discourage congregation of employees (i.e. lunch rooms, break rooms, smoking areas).
- Work with Employee Health, if applicable, to distribute current influenza and COVID-19 information and to institute employee health monitoring program.
- Work with employers to develop basic health guidelines.
 - Symptomatic employees stay home; those who must work should telecommute.
 - Masks available at work for those who become symptomatic while at work.
 - Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom.

Schools (K through Post-Graduate)

Based on locale of novel strain in US, schools may be closing to facilitate social distancing

- Provide regular situational updates concerning the novel pathogen to appropriate school contacts (e.g. school district, administration, student health).
- Provide influenza and COVID-19 health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts.
- Work with appropriate contacts to implement appropriate health guidelines:
 - Symptomatic students stay home; provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in).
 - Masks available at school for those who become symptomatic while on campus.
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunch room, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas.
- Provide support and collaboration with which schools can implement influenza and pandemic response plans including a tiered response structure ranging from disease

education and appropriate protective measures (e.g. contact and respiratory precautions) through distance learning and finally school closure and reopening.

- Class size restrictions.
- Class time restrictions (e.g. ≤ 1 hour).
- Webinars, internet course work, classes by mail, assignments over the phone.
- Pubs, restaurants, closed.
- Library access restricted.

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria.
- Distribute current antiviral guidelines for influenza and COVID-19 prevention and treatment.
- Distribute current vaccination guidelines for novel pathogen as well as information on how to obtain vaccine.
- Advise use of enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms.
- Update and reissue isolation and PPE guidelines for suspected and confirmed cases.
- Disseminate hotline number for clinical provider use only.
- Disseminate confidential telephone bridge access number to all invited participants for Public Health influenza and COVID-19 updates.
- Disseminate monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases.
- Strongly discourage prescribing of antiviral medications not in accordance with disseminated guidelines.
- Reissue guidelines for reporting of influenza-like illness in patients.
- Reissue guidelines for sample submission for testing and laboratory confirmation.
- Public Health Laboratory reissues specimen handling guidelines.
- At least daily query to hospitals through ReddiNet for reporting of ILI and other pandemic indicators.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pathogen.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.
- Reissue recommendations for reporting unusual animal deaths or die-offs.

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders.
- Dispense vaccine availability information.
- Disseminate to OES current and anticipated impact of novel influenza on Ventura County.
- Provide OES a list of logistical needs.

- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura CHO or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities ([ATTACHMENT X](#)).

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

Antiviral Management

- Analyze case data to determine if current utilization strategy of antiviral medications (i.e. prophylaxis vs. treatment) is appropriate, if not, develop new guidelines.
- Implement current clinical guidelines for chemoprophylaxis and treatment of influenza and COVID-19.
- Continue to track all recipients of antiviral medications and monitor for adverse reactions or chemoprophylaxis/treatment failure.
- Continuously track susceptibility of novel pathogen to currently available medication.
- Maintain the inventory of all antiviral supplies within the county.

Vaccine Management

- Maintain the inventory of vaccine supply.
- Review and revise tiered vaccination distribution system based on current epidemiologic indicators as necessary (consider vaccinating entire county).
- Continue implementation of tiered vaccine distribution system.
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure.
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, California Department of Food and Agriculture) for implementation of animal vaccination protocols.
- Implement current clinical guidelines for vaccination against routine seasonal influenza and COVID-19.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Phase 6

Pandemic Period

Definition

Pandemic: Increased and sustained human-to-human transmission in the general population within Ventura County.

Critical Response Activities

ACTIVATION OF THE DOC as deemed appropriate for long-term response to coordinate media messaging, risk communication, strategic planning, and response activities.

- Review and revise case and testing criteria as required by any change to case definitions at the Federal level, availability of tests, or conditions of the local epidemic requiring an updated response strategy.
- Surveillance for local occurrence of pandemic organism based on available epidemiologic data.
- Conduct real-time case investigation; conduct contact tracing as resources allow and trajectory of local epidemic indicate.
- Continue staffing a 24/7 public access hotline and clinical provider specific hotline.
- Ensure direct 24/7 health officer availability.
- Routine pandemic update for all health providers.
- Routine conference call update for hospitals and care providers.
- As needed, work with law enforcement and hospitals to implement security plans.
- Develop press releases and PSAs to address public alarm and misinformation.
- Review plans to ensure that all aspects of the circulating strain are adequately addressed and revise as necessary.
- Respond to health events as they occur.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding coordination with other agencies, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

Surveillance Activities

- Daily monitoring of worldwide pandemic activity focusing on geographic spread of human cases and animal cases if they become pertinent.
- Review and respond as appropriate to alerts received from the CDC HAN, CAHAN, and EpiCenter.
- Monitor ReddiNet for concerning pandemic activity and trends at hospitals.

- Consider and implement active surveillance of hospitals as needed for close to real time staffed patient beds available.
- Monitor EpiCenter for any additional influenza-like illness activity of concern.
- If indicated, monitor enhanced animal reporting and surveillance systems for unusual animal deaths or die-offs.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

Case Investigation

- Case investigation until such time as community acquired infection becomes so prevalent contact tracing is ineffective.
- Case Investigations should include, at minimum: patient demographics, source and time of exposure, date of symptom onset, symptom assessment, complications, duration of illness (recovery date), laboratory screening and results, contact tracing, protective measures in place at time of exposure, medical history, influenza vaccination history, COVID-19 vaccination history treatment, and outcomes.
- Detailed contact tracing to determine at risk human populations.
- Monitor and/or quarantine contacts of human cases.

For additional information regarding Surveillance and Epidemiological Activities, refer to the *VCPH Epidemiology Response Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the *VCPH Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the *VCPH Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

COMMUNICATION

As appropriate, consider the following recommendations for communication for the following groups if scientifically applicable and reasonable:

Public

- Recommend limiting non-essential activities, social interactions, and trips to public places (i.e. restaurants, malls, movie theatres, etc.).
- Pandemic health messages with emphasis on strict adherence to respiratory etiquette.
- Strongly discourage individual stockpiling of antiviral medications.
- Provide guidelines for caring for symptomatic individuals including protective measures.
- Provide information regarding where to obtain appropriate PPE and health care supplies (i.e. masks, home care kits, anti-microbial gels, etc.).
- Disseminate public information hotline contact number.
- Update and reissue general case criteria including credible exposure and protocols for seeking care (i.e. pandemic clinic locations, hotline, respiratory etiquette).
- Distribute updated vaccination guidelines for novel pandemic strain as well as information on how to obtain vaccine if available.

- Provide regular updates of pandemic activity and outcomes in Ventura County, and travel restrictions as appropriate.
- Release PSAs and public health messages as needed to address alarm and misinformation.
- As appropriate, issue guidelines on quarantine and home quarantine protocols.
- Encourage routine seasonal influenza and COVID-19 vaccination for all segments of the public (if coincident with the regular flu season or otherwise deemed appropriate).

Employers

- Limit face-to-face contact where possible, substitute with teleconferencing or other modalities.
- Define ways for personnel to work from home in highly impacted areas.
- Discourage congregation of employees (i.e. lunchrooms, break rooms, smoking areas).
- Work with Employee Health, if applicable, to distribute current pandemic strain information and to institute employee health monitoring program.
- Work with employers to develop basic health guidelines:
 - Symptomatic employees stay home; those who must work should telecommute.
 - Masks available at work for those who become symptomatic while at work.
 - Antimicrobial hand gel available at each entrance, and outside each cubicle and restroom.

Schools (K through Post-Graduate)

There is a high likelihood of school closures to facilitate social distancing

- Limit face-to-face contact where possible.
- Define ways for non-essential personnel and faculty to work from home.
- Discourage congregation of students and faculty (i.e. auditorium, break rooms, etc.).
- Work with school district, administration, and student health to distribute current pandemic and influenza information.
- Provide regular situational updates concerning the novel pandemic strain to appropriate school contacts (e.g. school district, administration, student health).
- Provide pandemic health messages with emphasis on strict adherence to respiratory etiquette to appropriate school contacts.
- As needed, work with Ventura Office of Education to implement basic health guidelines:
 - Symptomatic students stay home; suggest provisions for students to retrieve assignments on a same-day basis, preferably by multiple methods (e.g. internet, call-in).
 - Masks available at school for those who become symptomatic while on campus.
 - Antimicrobial hand gel or antimicrobial hand wipes available at each entrance, and outside each classroom, meeting room, auditorium, lunchroom, restroom, teacher's lounge, etc.
 - Educational posters made available to schools to hang in highly visible areas.
- Schools implementing tiered influenza response and pandemic plans should at minimum:
 - Distance learning.
 - Webinars, internet course work, classes by mail, assignments over the phone.
 - Class size restrictions.

- Class time restrictions (e.g. < 1 hour).
- Restaurants closed.
- Library access restricted.

Health Care Providers and First Responders

- Provide updates on the current situation, screening, and case criteria.
- If available, distribute current vaccination guidelines for pandemic strain as well as information on how to obtain vaccine.
- Advise use of masking and enhanced respiratory precautions for all individuals entering a hospital or clinic with respiratory symptoms.
- Issue any updated isolation and PPE guidelines for suspected and confirmed cases.
- Disseminate hotline number for clinical provider use only.
- Disseminate confidential telephone bridge access number to all invited participants for Public Health pandemic updates.
- Strongly discourage prescribing of antiviral medications not in accordance with CDC and CDPH guidelines.
- Emphasize use of social distancing and non-pharmaceutical interventions.
- Issue any updated guidance or recommendations from CDC and CDPH for:
 - Monitoring and reporting guidelines for personnel interacting with suspected and confirmed cases.
 - Reporting occurrence of pandemic strain and other influenza-like illness in patients.
 - Guidelines for sample submission for testing and laboratory confirmation.
 - Specimen handling guidelines.
 - Updated treatment and chemoprophylaxis guidelines for suspect and confirmed pandemic cases.
- Conduct regularly scheduled query to hospitals and any alternate care sites through ReddiNet for reporting of pandemic indicators, reduce queries as situation stabilizes.

Government Agencies

- Dispense PPE guidelines and respiratory precautions for first responders.
- As they become available, distribute vaccine and vaccination guidelines for pandemic organism, seasonal influenza, and COVID-19.
- Provide OES with the details of the vaccine distribution system and tier schedule.
- Continuously update OES on impact of the pandemic on Ventura County.
- Send OES a list of actual and anticipated logistical needs.
- If there is a need to implement emergency powers of the Health Officer (i.e. isolation/quarantine, closure of public venues), the Ventura CHO or designee may declare a local health emergency and request a state of emergency from the Sheriff through the OES.

Antiviral Management

- Implement current clinical guidelines for chemoprophylaxis and treatment of disease caused by pandemic organism and circulating influenza strains.

- Given availability and current epidemiologic information on at risk populations, update strategy for utilization of antiviral medications (i.e. prophylaxis vs. treatment) and revise as needed.
- Track outcomes of those administered currently available antiviral medication.
- Ongoing inventory of all antiviral supplies within the county.

Vaccine Management

- Maintain a running inventory of vaccine supply for pandemic strain.
- If needed, revise tiered vaccination distribution system based on current epidemiologic indicators.
- Continue implementation of tiered vaccine distribution system.
- Continue to track all recipients of vaccine and monitor for adverse reactions or vaccine failure.
- Partner with appropriate government agencies (i.e. FDA, USDA, Fish and Game, Calif. Department of Food and Agriculture) for implementation of any animal vaccination protocols.
- Emphasize need for Implementation current clinical guidelines for vaccination against routine seasonal influenza and COVID-19 as influenza season commences.

For more detailed antiviral and vaccine management directives and plans, refer to the VCPH *Point of Distribution Plan* and the VCPH *First Responder Chemoprophylaxis Plan*.

Avian and Animal Breeders/Ranchers/Farmers/Veterinarians/Animal Control (as needed for pandemic control)

- Provide updates on the current situation, focusing on the epidemiology and clinical presentation of the novel pandemic strain.
- Partner with appropriate government agencies (i.e. Fish and Game, California Department of Food and Agriculture) to reissue guidelines regarding PPE, handling ill animals, reporting influenza-like illness in animals, guidelines for sample submission for laboratory testing, vaccination, culling, and other control measures.
- Reissue recommendations for reporting unusual animal deaths or die-offs.

For additional information regarding use of personal protective equipment, refer to the VCPH Personal Protective Equipment Guidelines ([ATTACHMENT C](#)).

For additional information regarding Risk Communication Activities, refer to the VCPH *Crisis & Emergency Risk Communication (CERC) Plan*.

For additional information regarding Surveillance and Epidemiological Activities, refer to the VCPH *Epidemiology Response Plan*.

For additional information regarding Public Health Laboratory Response, sample submission, and testing, refer to the VCPH *Laboratory Response Plan* ([ATTACHMENT E](#)).

For additional information regarding Isolation and Quarantine, refer to the VCPH *Isolation and Quarantine Plan*; and *Isolation and Quarantine Policy* ([ATTACHMENT H](#)).

For additional information regarding Ventura County Health Officer Authorities, refer to Ventura County Health Officer Authorities ([ATTACHMENT X](#)).

ATTACHMENTS

- A: WHO Pandemic Phases
- B: WHO Levels and Community-Wide Measures for Control
- C: Personal Protective Equipment (PPE)
- D: Guidance and Recommendations from CDC
- E: Laboratory Response Plan
- F: Virus (Influenza, SARS-COV-2) Collection Guidelines
- G: Test Requisition Form
- H: Isolation & Quarantine Policy
- I: Isolation & Quarantine Protocol
- J: Isolation Order
- K: Quarantine Order
- L: Home Isolation Checklist
- M: Home Care Guide for Influenza
- N: Use of Influenza Antiviral Medications
- O: Table 1: Impact of a Pandemic in Ventura County
- P: Table 2: Map of COVID-19 in Ventura County
- Q: Table 3: Ventura County Influenza Cases
- R: Table 4: Annual Seasonal Influenza Vaccine Rates per 100,000 Residents
- S: Table 5: Annual Influenza Specific Emergency Department Visits per 100,000 Residents
- T: Fact Sheet Social Distancing During Pandemic influenza
- U: California Health Alert Network (CAHAN)
- V: Vaccine Adverse Event Reporting System (VAERS)
- W: Health Officer Questions & Answers
- X: Legal references – Health Officer Authorities
- Y: Plan Change Log
- Z: Glossary of Terms
- AA: Acronyms

ATTACHMENT A: WHO Pandemic Phases

The World Health Organization (WHO) defines the pandemic phases as follows:

World Health Organization Pandemic Phases	
Interpandemic Period	
Phase 1	No influenza virus circulating among animals that has been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Pandemic alert period	
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.
Pandemic period	
Phase 4	Verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk of a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.
Phase 5	Human-to-human spread of the virus into at least two countries in one WHO region (Figure 4) ²³ . While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other

	country in another WHO region. ¹ Designation of this phase will indicate that a global pandemic is under way.
Postpandemic period	Return to Interpandemic period.

During the **post-peak** period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic** period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

This phased approach is intended to help countries and other stakeholders to anticipate when certain situations will require decisions and decide at which point main actions should be implemented (see [Table 3](#)). As in the 2005 guidance, each of the phases applies worldwide once announced. However, individual countries will be affected at different times. In addition to the globally announced pandemic phase, countries may want to make further national distinctions based upon their specific situations. For example, countries may wish to consider whether the potential pandemic virus is causing disease within their own borders, in neighboring countries, or countries in close proximity.

ATTACHMENT B: WHO Pandemic Phases and Main Actions by Phase

Possible community-wide measures based on level of novel influenza activity and risk of human transmission		
Level of Influenza Activity	Public Health Department Response	Rationale
WHO Pandemic Phases 1-2 No novel influenza strains of public health concern in global circulation in humans.	Preparedness planning	Use recommended response actions for Interpandemic influenza prevention and control
WHO Pandemic Phases 3-4 Limited novel influenza virus transmission abroad; all local cases (e.g., in CA or US) are either imported or have clear epidemiologic links to other cases	Isolation of cases and quarantine of close contacts	Although measures directed at individuals may have limited impact in preventing the transmission of pandemic influenza, they may have great effectiveness with a less efficiently transmitted virus and may slow disease spread.
WHO Pandemic Phase 5 Limited novel influenza virus transmission in the area (e.g., within CA or the US), with either a small number of cases without clear epidemiologic links to other cases or with increased occurrence of influenza among their close contacts	Isolation of case and quarantine of close contacts Consider institution of select focused community-based measures if there are cases in Ventura County or surrounding area, including school and daycare closure, work from home policies.	Same as above. In addition, regardless of whether transmission was efficient, the department will be very aggressive about implementing control measures targeted at likely amplification sites; e.g., daycares, schools, nursing homes, etc.
WHO Pandemic Phase 6 Sustained novel influenza virus transmission in CA, with a large number of cases without clear epidemiologic links to other cases; control measures aimed at individuals and groups appear effective	Focused, measures to increase social distance; consider community-based measures.	Selective use of quarantine (focused measures) early in a pandemic when the scope of the outbreak is focal and limited may slow the geographic spread and buy time for vaccine development

Possible community-wide measures based on level of novel influenza activity and risk of human transmission		
Level of Influenza Activity	Public Health Department Response	Rationale
WHO Pandemic Phase 6 Sustained novel influenza virus transmission in CA, with a large number of cases in persons without an identifiable epidemiologic link at the time of initial evaluation; individual control measures are believed to be ineffective	Community-level measures to increase social distance; consider “snow days” ²	When disease transmission is occurring in communities around the US, community-level measures and emphasizing what individuals can do to reduce their risk of infection may be more effective disease control tools.
WHO Post Pandemic Period: Transmission has been controlled or eliminated, no new cases	Active monitoring in high-risk populations; continue 2-3 incubation periods after control or elimination of transmission.	

² “Snow Days” refers to a measure in which everyone is asked to stay home. Snow days may be instituted for an initial 10-day period, with final decisions on duration based on an epidemiologic and social assessment of the situation (<http://www.flu.gov/planning-preparedness/federal/hhspandemicinfluenzaplan.pdf> p. S8-12, HHS Pandemic Influenza Plan).

ATTACHMENT C: Personal Protective Equipment (PPE)

Background:

Personal protective equipment (PPE), as defined by the Occupational Safety and Health Administration (OSHA), is “specialized clothing or equipment worn by an employee for protection against infectious materials.” Factors that influence the type of PPE selected include: Anticipated exposure, e.g. splash or spray precautions versus touch, the Transmission-Based Precautions (discussed later in this document) for the individual in question, and the durability of the equipment for the task at hand.

PPE Available:

PPE used to provide care includes surgical or procedure masks, gloves, gowns, respirators, and eye protection. Additional precautions may be indicated during aerosol-generating procedures (see PPE for Special Circumstances).

1) Gloves

- A single pair of patient care gloves should be worn for contact with blood and body fluids, including during hand contact with respiratory secretions. Gloves made with latex, vinyl, nitrile, or other synthetic materials are appropriate for this purpose; if possible, latex-free gloves should be available for healthcare workers who have latex allergy.
- **Single use** - Remove and dispose of gloves after use - do not wash gloves for subsequent reuse.
- Gloves should fit the user’s hands comfortably – they should not be too loose or too tight
- Perform hand hygiene prior donning and after doffing gloves.
- Work from “clean to dirty”
- Do not touch environmental surfaces except as necessary during patient care
- Do not touch your face or adjust PPE with contaminated gloves

2) Gowns or Aprons

- A gown is worn to protect skin and prevent soiling of clothing during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, excretions, or secretions.
- A disposable gown made of synthetic fiber or a washable cloth gown may be used.
- Clean gowns are generally used for isolation
- Sterile gowns are only necessary for performing invasive procedures, such as inserting a central line

3) Surgical Mask

- Masks – protect the nose and mouth
- Masks should fully cover the nose and mouth with a snug fit and prevent fluid penetration.

- Wear a mask when entering a patient's room. A mask should be worn once and then discarded. If pandemic influenza patients are cohorted in a common area or in several rooms on a unit, and multiple patients must be visited over a short time, it may be practical to wear one mask for the duration of the activity; however, other PPE (e.g., gloves, gown) must be removed between patients and hand hygiene performed.
- Change masks when they become moist.
- Do not leave masks dangling around the neck.
- Upon touching or discarding a used mask, perform hand hygiene

4) NIOSH-approved N95 or equivalent or higher-level respirators

- Respirators protect healthcare workers from hazardous or infectious aerosols, such as *Mycobacterium tuberculosis*
- Respirators filter the air before it is inhaled for respiratory protection
- The most commonly used respirators in healthcare settings are the N95, N99, or N100 particulate respirators. These devices have a sub-micron filter capable of excluding particles that are less than 5 microns in diameter.
- Like other PPE, the type selected depends on the nature of the exposure and risk involved; For example, N95 particulate respirators might be worn by personnel entering the room of a patient with infectious tuberculosis. However, if a bronchoscopy is performed on the patient, the healthcare provider might wear a higher level of respiratory protection, such as a powered air-purifying respirator (PAPR).
- Prior to using a respirator, your employer is required to have you medically evaluated to determine that it is safe for you to wear a respirator, to fit test you for the appropriate respirator size and type, and to train you on how and when to use a respirator.
- Perform a proper seal check before each use

5) Eye Protection

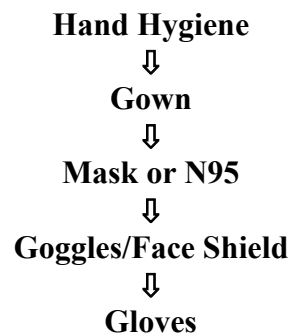
- Goggles provide barrier protection for the eyes; personal prescription lenses are not considered PPE and should not be used as a substitute.
- If sprays or splatter of infectious material is likely (i.e., close contact with patient), goggles or a face shield should be worn
- The face shield should cover the forehead, extend below the chin, and wrap around the side of the face
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters as recommended in *Universal Use of Personal Protective Equipment for HCP during SARs-Cov-2 Pandemic*

Use of Personal Protective Equipment:

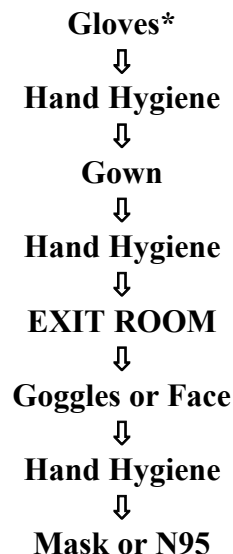
The type of PPE used will vary based on the level of precautions required. The types of precautions are as follows: standard, contact, droplet or airborne. The procedure for putting on and removing PPE should be tailored to the specific type of PPE. Hand hygiene should be done prior to donning PPE.

There are a [variety of ways](#) to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Doffing should be taught and practiced prior to encountering infectious patients. It is strongly recommended to perform hand hygiene between steps if hands become contaminated, and immediately after removing all PPE. The [VCPH Donning and Doffing Personal Protective Equipment video](#) can be utilized for training purposes.

Recommended process for donning PPE:



Recommended process for doffing PPE:



**Gloves are considered most contaminated, thus removed first. Understanding the rationale behind the sequence will assure non-self-contamination.*

During an Influenza pandemic, all patients should practice source control. Source control refers to the use of respirators, well-fitting facemasks, or well-fitting cloth masks over a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Source control devices should not be placed on children under age two, anyone who cannot wear one safely, such as someone who has a disability or an underlying

medical condition that precludes, or anyone who is unconscious, incapacitated, or otherwise unable to remove their source control device without assistance.

Guideline for Isolation Precautions

Detailed CDC guidelines for Transmission-based Precautions can be found in the [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

Below is a summary of recommendations for Ventura County Personnel:

Standard Precautions:

1. Hand Hygiene.
2. Use of personal protective equipment (e.g., gloves, mask, eyewear).
3. Respiratory hygiene/cough etiquette.
4. Sharps safety (engineering and work practice controls).
5. Safe safety (engineering and work practice controls).
6. Safe injection practices (i.e., aseptic technique for parenteral medication).
7. Clean and disinfected environmental surfaces.

Contact Precautions:

1. Standard precaution measures.
2. Gloves
 - a. Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails).
 - b. Don gloves upon entry into the room or prior to contact with the patient
3. Gowns
 - a. Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces/equipment in close proximity to the patient
 - b. Don gown upon entry into the room or prior to contact with the patient
 - c. Remove gown and perform hand hygiene before leaving the patient-care environment
 - d. After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganism to other patients or environmental surfaces
4. Patient Transport Considerations
 - a. When transport is necessary, ensure that infected or colonized areas of the patient's body are contained and covered, if possible
 - b. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions
 - c. Don clean PPE to handle the patient at the transport destination
5. Patient-care equipment and instruments/devices
 - a. Handle patient-care equipment and instruments/devices according to Standard Precautions

- b. If available, use disposable noncritical patient-care equipment (e.g., blood pressure cuffs)
- c. If sharing equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient
 - i. Cleaning should happen prior to disinfection; some chemicals are both cleaners and disinfectants
 - ii. Disinfect in accordance with manufacturer's recommendation and established agency guidelines

Droplet Precautions:

1. Don a mask upon entry into the patient room or prior contact with the patient
2. Gloves
 - a. Don gloves upon entry into the room or prior contact with the patient
3. Consider donning on goggles/face shield during patient care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
4. Instruct patient to wear a surgical mask and follow Respiratory Hygiene/Cough Etiquette.

Airborne Precautions:

1. Develop systems (e.g., triage) to identify patients with known or suspected infections that require Airborne Precautions
2. Don a fit-tested NIOSH-approved N95 or higher-level respirator for respiratory protection when entering the room or home of a patient suspected of airborne infection (Example: Tuberculosis, Smallpox, Measles, chickenpox, and more)
3. Don gloves upon entry into the room or prior to contact with the patient
4. Instruct patient to wear a surgical mask and follow Respiratory Hygiene/Cough Etiquette

Special Respiratory Precautions:

1. This guidance should be applicable for patients with suspected or proven SARS, avian influenza, or pandemic influenza
2. Don a fit-tested NIOSH-approved N95 or higher-level respirator for respiratory protection when entering the room or home of a patient suspected of airborne infection
3. Don gloves upon entry into the room or prior to contact with the patient
4. Instruct patient to wear a surgical mask and follow Respiratory Hygiene/Cough Etiquette
5. Gowns
 - a. Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the patient
 - b. Don gown upon entry into the room or prior contact with the patient
 - c. Remove gown and observe hand hygiene before leaving the patient-care environment

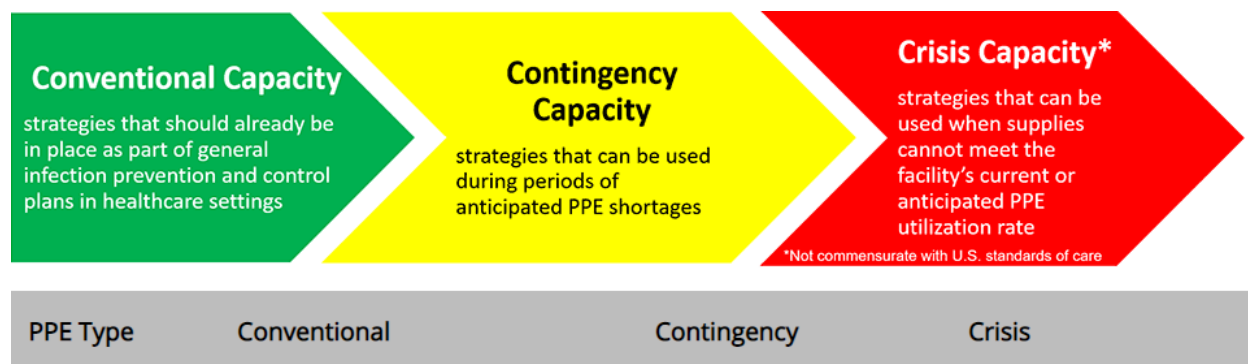
SARS-CoV-2 Pandemic Precautions:

1. Several of the in-process control (IPC) measures (e.g., use of source control, screening testing) are influenced by levels of SARS-CoV-2 transmission in the community
2. Two different indicators in CDC's COVID-19 Data Tracker are used to determine the level of SARS-CoV-2 transmission for the county where the healthcare facility is located. If the two indicators suggest different transmission levels, the higher level is selected
3. If SARS-CoV-2 infection is not suspected, HCP working in facilities located in counties with substantial or high transmission should also use PPE as described below:
 - a. NIOSH-approved N95 or equivalent or higher-level for aerosol-generating procedures or surgical procedures that might pose higher risk for transmission
 - b. Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters
4. If SARS-CoV-2 is suspected, then:
 - a. Implement Full PPE
 - i. NIOSH-approved N95 or equivalent or higher-level
 - ii. Gown
 - iii. Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)

Guidance for PPE Shortages

As soon as shortage is anticipated or calculated, implement [CDC's strategies to optimize personal protective equipment \(PPE\)](#). These strategies offer a continuum of options using the framework of surge capacity when PPE supplies are stressed, running low, or absent. When using these strategies, perform the following assessments:

- Consider these options and implement them sequentially
- Understand their current PPE inventory, supply chain, and [utilization rate](#)
- Train healthcare personnel on PPE use and have them demonstrate competency with donning and doffing any PPE ensemble that is used to perform job responsibilities



ATTACHMENT D: Guidance and Recommendations from CDC

The Centers for Disease Control Prevention (CDC) maintains a very thorough website for health departments, healthcare facilities, etc. Guidance and Recommendation documents are updated with each public health crisis. The following represents a few of the topics pertinent to a pandemic; access to the CDC sites (as indicated) will provide most up-to-date information. Here are a few examples of the information available:

- Interim Guidance for Infection Control Within Healthcare Settings:

<https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm>

- Infection Control in Healthcare Personnel:

<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/>

- COVID-19 Infection Prevention and Control Recommendations:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/overview/>

ATTACHMENT E: Laboratory Response Plan

VCPH Laboratory Influenza Epidemic/Emergency Surge Response Plan

Purpose

Planning for an epidemic response requires the assistance and expertise of the Public Health Laboratory (PHL) system and the Laboratory Response Network (LRN). Local planning includes provision for routine surveillance for influenza and other respiratory agents, collection and processing of routine specimens and the normal supplies needed to support that effort, as well as to respond to a surge in testing interest.

In an epidemic event, planning addresses the need to provide testing capability on a continuous basis, distribution to clinical and hospital labs the procedures for collecting and screening patient samples and the process for referring specimens through the LRN to appropriate laboratories.

Public Health Laboratory System and the Laboratory Response Network:

The PHL system is a network of 30 county and city PHLs, including the State Microbial Diseases laboratory and the Viral and Rickettsial Diseases Laboratory (VRDL) located in Richmond, CA. Many of the PHL's maintain protocols and reagents that can be called upon for use during the influenza season and can be used in the event of any emergency.

The LRN is a loosely-defined system of laboratories represented by public and private, clinical, environmental, chemical, biological, veterinary, and agricultural laboratories. For emergency planning purposes, the LRN is represented by Sentinel, Referring and Reference labs. The Sentinel laboratories are the local hospital labs and physician's offices; the Referring lab is the VCPH Laboratory (VC-PHL); the Reference laboratory is the State VRDL in Richmond, CA.

Influenza testing during routine seasonal prevalence:

During a "normal" season of influenza, sentinel labs are encouraged to forward to VC-PHL on a regular basis specimens representative of their patient population that they receive for respiratory illness diagnosis.

VC-PHL makes available rapid, real-time PCR for the detection of Influenza A and B, as well as Influenza A and B subtyping. PCR will be performed on a regular basis (monthly, weekly, or bi-weekly) on these specimens to gauge the prevalence of influenza types and sub-types in our community.

VC-PHL makes available to Sentinel providers Respiratory virus isolation and identification (fee-based) of the primary agents of influenza-like illness.

Specimen collection, packaging and transport guidelines have been distributed to all hospital laboratories in our jurisdiction. VC-PHL maintains equipment and supplies to provide real-time PCR detection for 300 specimens. This includes:

- ABI 7500 real-time pcr instrument (@ each)
- Qiacube/King Fisher Extraction
- Qiagen spin extraction equipment
- Primers and probes for Influenza A and B, as well as Influenza A and B subtyping.
- Associated reagents and controls

Surge capacity is defined as a 100% increase in routine testing. With the equipment and reagents available VC-PHL can process at surge within normal work environment. Capacity for testing is limited by the available testing capacity of the ABI 7500. Surge capacity testing will be performed by:

- Lead Microbiologist in Bacteriology – primary operator for extractions and ABI 7500 operation.
- Microbiologist III- secondary operator Microbiologist II – tertiary extractions
- Lab Director – coordination of communications (primary) /backup operator
- Tech specialist IV — primary specimen accession and distribution Health Technician – secondary specimen accession and distribution MOA – communication coordination (secondary) / tertiary specimen accession and distribution

If required by a state of emergency and/or declaration of the Health Officer, VC- PHL can switch to 24-hour operation, using two 12-hour shifts. These shifts will be staffed by the primary operative, first, followed by the secondary operative.

Assignment of tertiary operatives will be made by the Laboratory Director.

Communication with Sentinel providers:

Updated protocols will be distributed to Sentinel laboratories via email or fax, or by courier if electronic transmission is problematic. Protocols are available at G:\PH LAB Restricted Access\Influenza\Guidelines for Influenza A Specimen Submission_VCPHL070107.doc

Referral of specimens to VRDL:

VC_PHL will act as gatekeeper for specimens referred to VRDL. Unless expediency of an individual case warrants, all specimens will be routed through VC-PHL for primary testing and referral, if needed, to VRDL. Referral of specimens to the Centers for Disease Control and Prevention (CDC) will be as directed by VRDL.

The following represents timeline and dates for developing and updating this protocol:

Event list	Date	Approved
Protocol developed	7/15/06	B. Austin
Modified	7/7/07	B. Austin
Modified	11/12/07	B. Austin
Modified	10/15/09	B. Austin
Modified	8/15/12	B. Austin
Modified	9/30/21	D. Von Bargaen

ATTACHMENT F: Virus (Influenza, SARS-COV-2) Collection Guidelines

Laboratory testing with real-time reverse-transcription polymerase chain reaction (rRT-PCR) is the preferred testing method when there is strong clinical suspicion of Influenza or SARS CoV-2 even if the rapid test is negative.

Specimen Collection Instructions:

1. Complete a Ventura County Public Health (VCPH) Test Request Form for each specimen.
2. Upper respiratory samples suitable for rRT-PCR include: nasopharyngeal (NP) swabs, nasal swabs, throat swabs, nasal aspirate, nasal washes, NP wash, and NP aspirate. For patients hospitalized with pneumonia, specimens from the lower respiratory tract should also be obtained. Lower respiratory tract samples suitable for rRT-PCR include: bronchoalveolar lavage, bronchial wash, tracheal aspirate, and lung tissue.
3. Swab specimens should be collected using swabs with a synthetic tip (e.g., polyester or Dacron) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are NOT recommended. Specimens collected with swabs made of calcium alginate are NOT acceptable.
4. Place appropriate swab specimen in a standard container with 2–3 ml of viral transport media (VTM) or universal transport media (UTM).
5. Specimens should be collected within the first 24–72 hours of onset of symptoms and no later than 5 days after onset of symptoms. The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within 3 days of the date collected. If samples cannot be received by the laboratory within 3 days, they should be frozen at -70°C or below

ATTACHMENT G: Test Requisition Form

THIS SPACE IS RESERVED FOR LAB USE

VCPH Laboratory

2240 E. Gonzales, Suite #160
Oxnard, CA 93036
Phone 805-981-5131/ Fax 805-981-5130
CLIA #05D0668137

Patient Information		Ordering Physician (Required):
MRN#:		Facility/Hospital (Required):
DOB:		Phone #:
<input type="checkbox"/> Male or <input type="checkbox"/> Female		Fax #:
Patient Name: (Last, First)		Date Collected:
Street Address:		Time Collected:
City/State/Zip:		Collected By:
Brief Clinical History:		

Specimen Source				
<input type="checkbox"/> Blood, Whole	<input type="checkbox"/> Vagina	<input type="checkbox"/> Throat	<input type="checkbox"/> Aspirate	<input type="checkbox"/> Skin (specify location)
<input type="checkbox"/> Serum	<input type="checkbox"/> Cervix	<input type="checkbox"/> Sputum	<input type="checkbox"/> Body Fluid (specify type)	<input type="checkbox"/> Tissue (specify location)
<input type="checkbox"/> Urine	<input type="checkbox"/> Stool	<input type="checkbox"/> Bronchial alveolar lavage	<input type="checkbox"/> Oral Fluid	<input type="checkbox"/> Nails (specify location)
<input type="checkbox"/> Urethra	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Nasopharynx	<input type="checkbox"/> CSF	<input type="checkbox"/> Other (specify)

Test(s) Requested			
BACTERIOLOGY	SEROLOGY	VIROLOGY	MYCOBACTERIOLOGY
<input type="checkbox"/> Miscellaneous/Referrals Please specify	<input type="checkbox"/> HIV 1/2 Antibody Screen * (CPT code 87389)	<input type="checkbox"/> Influenza A/B PCR	<input type="checkbox"/> Mycobacterium smear/culture (CPT code 87116/206)
<input type="checkbox"/> Chlamydia/Gonorrhea, NAAT (CPT code 87491/591)	<input type="checkbox"/> HIV 1/2 Confirmatory (CPT code 86701/2)	<input type="checkbox"/> Enterovirus PCR	<input type="checkbox"/> Mycobacterium culture identification (CPT code 87118)
<input type="checkbox"/> Trichomonas, NAAT (CPT code 87661)	<input type="checkbox"/> Measles/Mumps IgG (CPT code 86765)	<input type="checkbox"/> Norovirus PCR (pre-approved only)	<input type="checkbox"/> Additional ZN Stain (CPT code 87015)
<input type="checkbox"/> Salmonella/Shigella, culture (CPT code 87045/158)	<input type="checkbox"/> Varicella IgG (CPT code 86787)	<input type="checkbox"/> Measles PCR (pre-approved only)	<input type="checkbox"/> Mycobacterium DNA Probe (CPT code 87555)
<input type="checkbox"/> E. coli culture/Shiga-toxin (CPT code 87046/427)	<input type="checkbox"/> Syphilis VDRL Qualitative* (CPT code 86592)	<input type="checkbox"/> Arbovirus PCR (pre-approved only)	<input type="checkbox"/> Additional Probes (CPT code 87550)
<input type="checkbox"/> Yersinia, culture (CPT code 87045)	<input type="checkbox"/> Syphilis VDRL quantitative* (CPT code 86593)	PARASITOLOGY	<input type="checkbox"/> Susceptibility Test AFB (CPT code 87190)
<input type="checkbox"/> Vibrio, culture (CPT code 87045)	<input type="checkbox"/> Syphilis FTA Confirmatory (CPT code 86780)	<input type="checkbox"/> Arthropod identification (CPT code 87168)	<input type="checkbox"/> AFB/PZA (CPT code 87188)
<input type="checkbox"/> Enteric Pathogens, culture (CPT code 87045)	<input type="checkbox"/> Syphilis TPPA Confirmatory (CPT code 86780)	<input type="checkbox"/> Giardia (CPT code 87269)	MYCOLOGY
<input type="checkbox"/> Routine, culture (CPT code 87071)	<input type="checkbox"/> Syphilis Darkfield (CPT code 87164)	<input type="checkbox"/> Cryptosporidium (CPT code 87272)	<input type="checkbox"/> Fungal culture (CPT code 87102/101)
<input type="checkbox"/> Identification, culture (CPT code 87077)	<input type="checkbox"/> QuantiFERON-TB (CPT code 86480)	<input type="checkbox"/> Blood Parasites (CPT code 87169)	<input type="checkbox"/> Fungal identification (CPT code 87107)
			<input type="checkbox"/> Yeast culture (CPT code 87106)

*This test is a part of an algorithm that include other tests.

ATTACHMENT H: Isolation & Quarantine Policy

VCPH ADMINISTRATION

SECTION: Communicable Disease
TITLE : Isolation & Quarantine

EFFECTIVE DATE: 01/06/05
REVISION DATE: 03/06/2020

It is the policy of Ventura County Public Health (VCPH) to protect and promote the health of those living and/or working in Ventura County. It does this through the use of many strategies, two of which are the use of isolation and quarantine to contain the spread of contagious illness by controlling exposure to infected or potentially infected persons.

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Depending upon the situation, isolation may be provided to people in their homes, in hospitals, or in designated healthcare facilities.

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious.

Isolation and/or Quarantine Orders may be issued during situations ranging from limited or suspected outbreak situations to massive outbreaks and pandemics or situations which would create a “local emergency, a “state of emergency,” or a “state of war emergency.”

A. Limited Outbreak or Suspected Outbreak Situations

In a situation where the number of persons involved, or potentially involved, is limited and manageable, our first choice will be to work cooperatively with the specific persons identified as possible cases and, as well, to provide general information to the public, hospitals, and medical community to prevent the spread of the disease. Orders for isolation or quarantine would not be issued unless deemed necessary in particular circumstances. We would endeavor to use the least restrictive effective alternative in each particular situation, to not infringe on a person’s liberty any more than necessary for protection of public health. Our intent is that, where circumstances and the pathology of the particular disease make it feasible, public health workers will document the use of lesser restrictive measures. Where consent and agreed compliance would be considered sufficient, and the number of cases and pathology of the disease makes this approach feasible, this would be our preferred approach. As part of our Public Health team, we would work closely with and consult with our County Counsel. We would intend to make every effort to communicate to the public in appropriate language to reach non-English speakers in our County, and persons who may be vision or hearing impaired. To the extent feasible, all notices and orders will take these matters into account as well.

If an order for isolation (strict or modified) or quarantine were to be issued, we would use or adapt our “model forms” to the circumstances presented. The forms are available on our computer system and can be readily adapted as needed. In accordance with “due process” requirements, an order would not be issued to an individual without a prior opportunity for the individual to have notice and an opportunity for a hearing unless there was good cause to believe that the individual presented an immediate danger to himself or others and that immediate action (followed by a prompt opportunity for a hearing) was necessary. Where feasible, the basis for the conclusion stated in section 2 of the Order will be provided to the individual so that he or she can understand and have an opportunity to address the basis for the action.

Individuals will be served with the orders as necessary so they will be aware of what is required under the order (and, of course, because “adequate notice” is a “due process” requirement for an order to be effective.)

To the greatest extent feasible in the circumstances, we intend to provide every person who is subject to an order of isolation or quarantine an opportunity to informally question or discuss the scope, breadth, and proper applicability of the order to him/her and his/her situation or circumstances. The telephone number or email of the person issuing the order, or of a Public Health representative with authority to discuss and modify the order as appropriate, will be included on the order itself. (See our “model” forms.) The opportunity to have informal discussion and communication works in many areas and situations to resolve questions or uncertainties, and we would expect that such communication would be effective to resolve many if not most concerns. We would also be willing to discuss any special needs or issues the person affected may have and ways we might be able to assist the individual, if possible, in the circumstances. (As but one example, a simple referral to, or our initiating involvement of, another county agency for social service assistance may be something that would be of great assistance to a particular individual in a particular case.)

In addition, if the informal process does not satisfy the individual’s concerns, under our procedures, the individual will have the opportunity for a prompt administrative hearing (appeal) to the Health Officer himself or to a designee of the Health Officer who can serve as an unbiased “hearing officer” in the circumstances. The person who issued the order being appealed, or others who participated in the factual investigation or decision-making process to issue the order, would not be eligible to serve as the “hearing officer” in such an appeal. The burden of proving that there is a valid basis for the order, and supporting its terms and conditions, would be on the person or persons who issued or participated in the decision leading to issuance of the order. The type of “administrative hearing” would comport with “due process” requirements. It would not be, for example, a full-blown trial type proceeding. The individual would have the right to an attorney, at his or her own expense, or possibly to assistance of the Public Defender if the individual were to qualify and desire such assistance. The “hearing” would be held in a prompt manner, with guidance from the County Counsel’s office, so that a fair and adequate “administrative hearing” would occur comporting with “due process” requirements in the circumstances presented. (For example, if the person subject to the order is in isolation, appropriate arrangements would be made so that the individual could participate in the administrative hearing - depending upon the circumstances.) The hearing would be “on the record” - utilizing tape recording, videotaping, and/or a court reporter as deemed appropriate and

feasible in the circumstances. If necessary, arrangements will be made for language interpreters and persons skilled in communicating with vision and hearing-impaired individuals. The “hearing officer” would be required to make a reasonably prompt decision in writing, setting forth the findings or reasons supporting his/her decision. The “hearing officer” would have the authority to rescind or to modify the order based on the facts presented. If the decision does not release the individual from the order entirely, he/she would have the right to seek judicial review of the administrative decision via a petition for habeas corpusⁱ. Because it is in everyone’s interest that there be a prompt, proper determination in such a circumstance, we would cooperate with the individual to the best of our ability in expediting any such judicial review of the administrative proceeding and decision.

In addition, any individual subject to an isolation or quarantine order would have the right under the California Constitutionⁱⁱ to file a petition for a writ of habeas corpus to challenge or question the order. It is possible that a court would require utilization of the available informal review and administrative hearing procedure before it would accept or address a petition for writ of habeas corpusⁱⁱⁱ. However, we will abide by whatever the court determines or rules in this regard.

The generally required form for a Petition for Writ of Habeas Corpus (MC-275) is available on line at the California Judicial Council website and can, if desired, be filled in on line at: <https://www.courts.ca.gov/documents/SPR18-13.pdf>

We intend to inform each individual of this right as well. We will provide a hard copy (or copies) of the form to, and assist to the extent necessary, any individual who would like to initiate a court review of an isolation or quarantine order as applicable to him or her. If the individual has an attorney, the attorney may utilize this form if he/she so chooses. We will cooperate in helping to get the petition filed, if assistance is needed, and, in any event, in getting a very prompt hearing of the petition by the court so that an individual’s right to a “due process” hearing via a habeas corpus petition to the courts is accorded as expeditiously as possible. Our goal would be to have the matter heard by the court, at least initially, within two to three days if at all possible.

B. Massive Outbreaks or Situations Creating a Local Emergency, a State of Emergency, or a State of War Emergency

Where a situation arises requiring broad measures and justifying a prompt declaration of a local emergency, the Health Officer will promptly request the County Sheriff to make such a declaration, as the Sheriff is authorized to do^{iv}. In any event, depending on the circumstances, we will consider having the Sheriff issue an immediate, temporary “stay at home” order to try to minimize any spread of disease until we are able to assess what specific steps may be needed. Communication of such an “order” will be via all available media (including mass telephone and email notification system, television, radio, internet, and newspapers).

Based on what we are able to determine, and assessment of appropriate containment steps, specific, limited quarantines may be placed into effect. Notice to persons in the quarantine area

or areas will be given via all available media and, as indicated, by posting of signs, sound trucks, law enforcement authorities, and public health and other County workers.

Where specific assessments or circumstances indicate, particular isolation orders would be issued. We would intend to follow the procedures indicated earlier (under A.) to the extent that circumstances permit, and manageable numbers of persons are involved. Whenever isolation orders are issued, they will explain the person's right to utilize the procedures set forth in A. above.

We will do extensive communication through the media to inform the public with regard to the public health situation, steps individuals should take, and the reasons such steps and/or precautions should be taken.

To the extent that a limited number of quarantine orders are issued, and the ability to provide a prompt administrative hearing to those who might wish to question the appropriateness of the order as applied to their particular circumstances, we would again intend to follow the procedures indicated under A. above. To the extent that the system is not completely overloaded and unable to accommodate those wishing to avail themselves of these "due process" opportunities, we would plan to follow the procedures as indicated.

If the system were to be overwhelmed, it is likely that we would not be in a position to issue individualized isolation or quarantine orders, let alone to handle volumes of individual appeals. Indeed, if the situation involves numbers of persons that are too substantial for individualized isolation or quarantine orders, and a broader quarantine order or orders are needed to "ring" or otherwise deal with the outbreak, we would intend to incorporate any such order, or have the same combined with, an emergency directive or regulation issued by the Sheriff and/or the Ventura County Board of Supervisors, much as with a curfew^v. In our legal counsel's view, it is likely that "due process" would not require that every individual affected have a right to a prompt, individualized hearing in such circumstances^{vi}. If one or more persons wanted to question or contest the quarantine, we would consider initiating a prompt action for judicial review to uphold the emergency regulation, and or handling the request as in the nature of a class action on behalf of all persons similarly situated. We would also intend to provide prompt, individualized administrative hearings for those requesting them - to the extent of the capacity to do so. In a truly dire or broad circumstance, given a state of emergency, we would expect that most citizens would cooperate and that the courts would recognize that "due process" hearings for each and every individual would not be required^{vii}.

FOOTNOTES:

I California Code of Civil Procedure section 1094.6.

II California Constitution, art. I, § 11, and art. VI, § 10) and California Penal Code section §§ 1473 et seq.

III See California Judicial Council Form MC-275, page 5, section 11, and In re Muszalski (1975) 52 Cal.App.3d 500.

IV California Government Code section 8550 et seq. and Ventura County Ordinance Code sections 5321 et seq. Apart from California law that specifically authorizes the health officer to order isolation and/or quarantine, if there

were to be a federal, state or locally declared “state of emergency,” there would be additional legal authority for isolation, quarantine, or other reasonably necessary actions. (See, for example, California Emergency Services Act (tit. 2, div. 1, ch. 7 of the Gov. Code; Gov. Code, § 8550 et seq.); Ventura County Ordinance Code section 5321 et seq.).

V Under Ventura County Ordinance Code sections 5323-2 and 5323-2.1, in the event a “local emergency” has been declared, or the Governor or Director of the State Office of Emergency Services has declared a “state of emergency”, or a “state of war emergency” exists under Government Code section 8558(a), the Sheriff, as Director of the Disaster Council, is authorized to “make and issue rules and regulations on matters reasonably related to the protection of life and property as affected by such emergency; provided [that the] rules and regulations [are] confirmed at the earliest practical time by the Board [of Supervisors].”

VI *BiMetallic Inv. Co. v. Colorado* (1915) 239 U.S. 441, 445; *California Gillnetters Assn. v. Department of Fish & Game* (1995) 39 Cal.App.4th 1145, 1160.

VII Edward P. Richards and Katharine C. Rathbun, “Making State Public Health Laws Work for SARS Outbreaks,” *Emerging Infectious Diseases* (February 2004) [article available online at <http://www.cdc.gov/ncidod/EID/vol10no2/03-0836.htm>.)]

OVERVIEW

Prompt diagnosis, effective treatment, and isolation or quarantine of infected/exposed individuals with disease or who may be incubating disease are the primary methods of minimizing or eliminating reservoirs of infection and further transmission. Strategies to enhance diagnosis and effective treatment include active case finding; increasing the medical community's awareness of the disease; and identifying and focusing interventions on groups with exposures, infection, and disease. Infection control measures, however, are also critical in minimizing transmission of the disease from infected persons or objects to uninfected persons. Appropriate infection control measures vary by agent, but include:

- Isolation of diagnosed patients during the initial period of treatment or for a specified period after a known exposure
- Special precautions for handling specimens
- Use of personal protective equipment by caregivers
- Cleansing procedures for rooms/clothes/linens, etc.
- Special precautions for handling and processing deceased persons and animals
- Quarantine or isolation of exposed people may be necessary to control further transmission of the disease.

The decision to institute quarantine or isolation can be made only by the County Health Officer (CHO) or designee and would be done in accordance with public health law and recommendations and guidelines from the Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH), public safety authorities, and other enforcement agencies.

OBJECTIVES

- Determine when a quarantine or isolation is required to control a disease outbreak.
- Coordinate with State and Federal officials when appropriate and use Health Officer authorities to institute quarantine and/or isolation in Ventura County.
- Maintain communication with other County agencies, hospitals, clinics, and the medical community to institute quarantine and/or isolation measures.
- Ensure that appropriate and accurate information is provided to the public.

DEFINITIONS

Isolation: Separation and confinement of individuals known or suspected (via signs, symptoms, epidemiology, or laboratory criteria) to be infected with a contagious disease in order to prevent them from transmitting disease to others.

Quarantine: Compulsory physical separation, including restriction of movement of populations or groups of healthy people who have potentially been exposed to a contagious disease, or efforts to segregate these persons within specified geographic areas.

Communicable: Transmissible from person-to-person.

PRE-EVENT ACTIONS

- Use of a computerized tracking system suitable for field epidemiological investigations
- Training for staff on an emergency response communication system (e.g. hotline, CAHAN, etc.)
- As needed training staff on roles in:
 - Surveillance
 - Treatment
 - Prophylaxis
 - Triage
 - Shelters
- Working with the community during a communicable disease outbreak, bioterrorism event, pandemic, or other disaster
- Preparation of educational material for health professionals and the public (as delineated under Event Actions, #5)

EVENT ACTIONS

- The Ventura County Public Health (VCPH) Communicable Disease Office confirms the diagnosis upon receiving a single report or multiple reports on the potential outbreak of smallpox or other highly contagious diseases. This may involve having the CHO, Deputy Health Officer or designee examine the patient or request appropriate laboratory tests to confirm the diagnosis.
- The Health Officer, Deputy Health Officer, or designee, will:
- Notify the Public Health Director of a potential or confirmed case of smallpox or other highly contagious disease by phone, pager, or cell phone.
- Notify the California Department of Public Health (CDPH)
- Notify the Epidemiologist, Communicable Disease Office, and support staff of need to convene.
- The Public Health Director will notify the Public Health Nursing Director, the Health Care Agency Director, the Ventura County Chief Executive Officer, and members of the Board of Supervisors of the potential or confirmed communicable disease outbreak or event.
- Upon confirmation of a bioterrorism communicable disease outbreak, pandemic, or other communicable disease event of local public health consequence, the Health Officer immediately:
 - Requests declaration of a local public health emergency.
 - Requests that the Emergency Operations Center (EOC) be activated.
 - In the case of bioterrorism, requests the Sheriff's Commander over the Terrorism Working Group (TWG) notify the Federal Bureau of Investigation (FBI).
 - May consult with State and Federal experts.
 - May ask the Director of EOC to request that the Governor notify CDC of the need for the National Pharmaceutical Stockpile push package.
- The Deputy Health Officer/Epidemiologist/ designee convenes the Epidemiologist, Communicable Disease Manager, and support staff to:
 - Initiate and direct the epidemiological investigation.
 - Use the emergency response communication system, presently the California Health Alert Network (CAHAN), to notify health-care providers, hospitals, clinics, community-based organizations (CBOs) of the potential or confirmed outbreak and to enhance their surveillance. To assist providers with this, the following information will be provided as available:
 - ✓ Symptoms of Disease and diagnostic criteria

✓ Differential diagnoses

- Describe those at high risk for severe disease
- Relevant diagnostic testing information
- Appropriate treatment/prophylactic guidelines
- Instruct CAHAN coordinator and, if a hotline is activated, hotline staff on the status of the outbreak and provide an overview of the disease, communicability, isolation guidelines, and appropriate prophylactic measures, as well as any available treatment recommendations, etc.
- As needed, staff a hotline or other call response system at a level adequate to:
 - Triage calls from providers.
 - Triage calls from the public.
 - Assist with transmission of information to providers, the media, and the public.
- Request activation of the VCPH Department Operations Center (DOC).
- Provide disease specific infection control and isolation/quarantine information from Health Officer/Epidemiologist/CD Office Manager/EMS Deputy Administrator, if not already available from the CDC/WHO/CDPH to health care providers, first responders, and others as the need arises.

This information must address:

- ✓ Length of isolation/quarantine required.
- ✓ Type of isolation/quarantine required (See below, Isolation Guidelines for Bioterrorism Agents).
- ✓ Identification of the facility or facilities to receive patients needing isolation, and those individuals who have been exposed but are asymptomatic, if necessary.
- ✓ Identification of personal protective equipment required for medical, nursing, Emergency Medical Services (EMS), and other staff participating in the investigation and/or provision of services.
- ✓ Criteria for presumed infectious persons (confirmed, probable, or suspected).
- ✓ Contact surveillance criteria and recommendations for isolating contacts who become symptomatic.
- ✓ Directions on the use of the emergency response communication system for communicating with providers, CBO's, public, etc.
- ✓ Location of any alternate care sites, including field treatment sites and casualty collection points.

- The need for mass prophylaxis, immunizations or vaccines, and the protocol to be used for dispensing.
- Staffing for any of the following that are activated:

- Quarantine/isolation facilities
- Field surveillance
- Point of Distribution (POD) sites
- Shelters
- Working with the community
- Decontamination of rooms, equipment, vehicles, clothing, etc., that were exposed to an ill patient
- Security of POD sites; Isolation/quarantine sites; and the central warehouse that stores medication, supplies, vaccines, and biologics

- The HEALTH OFFICER/designee prepares a written order to implement quarantine/isolation, which must be signed by the Health Officer or designee.

- The HEALTH OFFICER/designee collaborates with PIO to prepare notification of the outbreak and information for release to the public.
- The HEALTH OFFICER/designee/JRIC Terrorism Liaison Officer (TLO) provides information as requested to the FBI and other Federal and State officials.
- The HEALTH OFFICER/designee collaborates with the medical examiner to manage mass casualty burial in order to minimize the spread of disease from corpses.
- The HEALTH OFFICER/designee in collaboration with Deputy Health Officer monitors epidemiological data and quarantine/isolation, treatment, and/or prophylactic activities to determine the spread of the disease, and to alter or enhance quarantine/isolation treatment and/or prophylactic activities to manage the outbreak and limit the morbidity/mortality from the outbreak.

AUTHORITY FOR ACTIONS

The County Public Health Officer is authorized to protect or preserve the public health and to enforce local, State, and Federal regulations concerning the public health. These measures include:

- Preventing or restricting persons from entering or leaving a quarantined area
- Preventing or restricting movement of vehicles, commodities, household goods, and animals from entering or leaving a quarantined area
- Preventing or restricting direct communication between persons under quarantine and those not affected
- Disinfecting of persons, animals, houses, or rooms
- Destroying beddings, carpets, household goods, furnishings, materials, clothing, or animals when disinfecting would be unsafe
- Any other action considered necessary to eradicate a public nuisance
- Any other action considered necessary to prevent spread or additional occurrences of a disease
- Any other necessary to preserve the public health.

CASES

All cases with a confirmed diagnosis of a condition requiring admission to a hospital/treatment facility will be sent to a site capable of providing care to those diagnosed, or to a designated contagious disease facility if one has been opened. Once these facilities have reached capacity to care for cases, triage of care will be based on the following criteria:

- The natural history of the disease.
- The ability to manage the patient outside of a hospital setting.
- The health status of the patient. (Critically ill patients should be a priority and should be transported to a hospital or contagious disease facility.)

Contact investigation is done on all identified cases until such time as there is community-wide transmission, at which time the Health Officer may determine there is no need for further contact investigation.

A patient who is ill but does not yet have a confirmed diagnosis (a probable case) must be maintained in a facility or in home isolation until the diagnosis has been ruled out or the is released by the Health Officer/designee.

Cases and/or individuals presenting in a private provider's office, clinic, or urgent care center are handled in the following way:

- The ill person is isolated in the exam room or is offered testing outside the facility in a drive-through or walk-through setting.
- The physician/provider calls VCPH reporting hot line or the CD Office to report the suspect case immediately and, if the ill person was in the waiting room of the office, prepares a list of names of individuals in the office at the time that the ill person arrived.
- After obtaining this information, the office is closed and all individuals should remain in the office until a decision is made by the Health Officer on whether or not to quarantine the individuals at home or other designated facility or, when available, to provide preventive treatment and send them home.
- If prophylaxis/immunizations have been developed for the agent involved and are available for dispensing, contacts sent home without receiving preventive treatment at the medical office will be immunized/prophylaxed as indicated per the guidelines for the agent involved by VCPH staff, and will be instructed to remain in home quarantine for a specified period of time.
- The private provider, clinic, or urgent care facility must contact Ventura County Environmental Health Department for instructions on facility decontamination, as appropriate.

CONTACTS

The disposition of contacts will depend upon:

- Magnitude of the event
- Agent
- Type of exposure
- Contingent on the existence and availability of pharmaceutical countermeasures the following may be implemented.

If the event is large, contacts may be immunized as indicated and sent home with instructions on home quarantine for the length of the incubation period.

Patients with no residence will be directed to an identified housing facility or facilities.

If the event is localized, identified contacts may be vaccinated as indicated and contained in a facility within the area of contamination/illness.

VCPH CD staff will perform contact investigation and either provide immunization/prophylaxis or refer the contact to a designated POD site.

HOSPITALS AND URGENT CARE FACILITIES

In the event of a disaster or bioterrorism event, hospitals activate internal disaster plans, which include setting up a screening facility outside the hospital setting.

OVERVIEW

Prompt diagnosis, effective treatment, and isolation or quarantine of infected/exposed individuals with disease or who may be incubating disease are the primary methods of minimizing or eliminating reservoirs of infection and further transmission. Strategies to enhance the diagnosis and effective treatment include active case finding, increasing the medical community's awareness of the disease; and identifying and focusing interventions on groups with exposures, infection, and disease. Infection control measures, however, are also critical in minimizing transmission of the disease from infected persons or objects to uninfected persons. Appropriate infection control measures vary by agent, but include:

- Isolation of diagnosed patients during the initial period of treatment or for a specified period after a known exposure
- Special precautions for handling specimens
- Use of personal protective equipment by caregivers
- Cleansing procedures for rooms/clothes/linens, etc.
- Special precautions for handling and processing deceased persons and animals

Quarantine of exposed people may be necessary to control further transmission of disease. The decision to institute quarantine or isolation can be made only by the CHO or designee and would be done in accordance with public health law and recommendations and guidelines from the Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH).

OBJECTIVES

- Determine when a quarantine or isolation is required to control a disease outbreak
- Coordinate with State and Federal officials as needed, and use Health Officer authorities to institute quarantine and/or isolation in Ventura County
- Maintain communication with other County agencies, hospitals, clinics, and the medical community to institute quarantine and/or isolation measures
- Ensure that appropriate and accurate information is provided to the public

INFECTION CONTROL REQUIREMENTS FOR BIOTERRORISM AGENTS	BACTERIAL AGENTS	Anthrax	Brucellosis	Cholera	Glanders (Rarely Seen)	Bubonic Plague	Pneumonic Plague	Tularemia	Q Fever	Viruses	Smallpox	Venez.Equine Encephalitis	Viral Encephalitis	Viral Hemorrhagic Fever	Biological Toxins	Botulism	Ricin	T-2 Mycotoxins	Staph. Enterotoxins B
ISOLATION PRECAUTIONS																			
Standard Precautions for all aspects of care		X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X
Airborne Precautions					X						X								
Contact Precautions		X									X			X					
Droplet Precautions							X				X	X		X					
Use of N95 mask by all entering room							X				X								
Strict hand-washing with anti-microbial soap		X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X
PATIENT PLACEMENT																			
No restrictions		X						X								X	X	X	X
Private Room			X	X	X	X	X				X	X		X					
Cohort "like" patients if no private rooms				X		X	X		X		X		X						
Negative Pressure Room											X								
Door Closed at All Times					X						X								
PATIENT TRANSPORT																			
No restrictions		X						X	X							X	X	X	X
Limit Movement, essential purposes only			X	X	X	X	X				X	X		X					
Mask patient to minimize dispersal of droplets					X		X				X	X							

CLEANIING, DISINFECTION OF EQUIPMENT									
Terminal Cleaning Required with Phenolic	X	X	X	X	X	X	X	X	X
Disinfect surfaces with 1:9 bleach/water sol. (10%)	X	X			X	X			
Linen management	X	X	X	X	X	X	X	X	X
Disinfect equipment before taking it from room	X	X							
Air filter changed before room terminally cleaned	X	X	X	X	X	X	X	X	X
Regulate medical waste per hospital policy	X	X	X	X	X	X	X	X	X
DISCHARGE MANAGEMENT									
No special discharge instructions required			X	X			X	X	
Teach Care Givers Standard Precautions	X	X			X	X			
Do Not Discharge Until No Longer Infectious						X			
Do Not Discharge Until After 72 hrs Of Antibiotics						X			
POST-MORTEM CARE									
Follow Standard Precautions	X	X	X	X	X	X	X	X	X
Airborne Precautions									
Droplet Precautions						X			
Contact Precautions									
Use of N95 mask by all entering room									
Negative Pressure Required									
Routine terminal cleaning of room with hospital approved disinfectant upon autopsy		X	X	X			X	X	
Disinfect surfaces with 1:9 bleach/water sol. (10%)	X				X	X			

Respiratory Etiquette Checklist

___The patient shall wear a surgical mask when in the same room as any person not subject to isolation. The patient shall cover his/her nose and mouth with a disposable tissue when coughing or sneezing. Used tissues shall be placed in a paper or plastic bag for disposal. If used tissues are required by this order to be burned, only paper bags shall be used.

___The persons caring for the patient shall thoroughly wash their hands with soap and hot water after handling the patient or any object the patient may have contaminated. The use of disposable gloves is recommended for persons caring for the patient; however, immediately after using gloves for any direct contact with body fluids, gloves should be removed and discarded and hands should be washed. Gloves shall not be washed or reused.

___Persons caring for the patient shall wear surgical masks when in the same room as the patient, unless the patient is wearing a surgical mask.

___Persons caring for the patient shall wear eye and face protection in any situation where there is a chance for exposure to droplets or splashing of body fluids.

___ Objects, such as eating and drinking utensils, clothing, towels, and bedding used by the patient shall be washed with soap or detergent and hot or warm water before being used by any other person.

___ Environmental surfaces in rooms used by the patient shall be cleaned and disinfected once each day and when soiled with respiratory secretions, blood, or other body fluids of the patient. It is recommended that the person performing the cleaning wear gloves.

___ Tissues and other disposable items contaminated by the patient shall be placed in a paper or plastic bag for disposal. If used tissues are required by this order to be burned, only paper bags shall be used.

ATTACHMENT J: Isolation Order

1) Pursuant to Sections 120130 and 120175 of the California Health and Safety Code, **IT IS HEREBY ORDERED** that the following person(s):

(Name of person subject to isolation)

hereinafter referred to as the subject(s), shall be isolated under the conditions specified in this order until _____, unless released from isolation by an authorized
(Date)
public health official. Violation of, or failure to comply with this order may result in civil detention, and is a misdemeanor punishable by imprisonment, fine, or both.

2) This order is issued because the subject(s) has/have been diagnosed as a case or suspected case of

3) The subject(s) shall be isolated at the following location:

(Street address where subject(s) is/are to be isolated)

4) If the subject(s) is/are hospitalized, infection control practices appropriate for cases as identified in paragraph 2 of this order shall be implemented by the hospital. The subject(s) shall not be removed from isolation or moved to a new isolation location without approval of the local health officer. The term "health officer" includes his or her designee (H&S § 120115 (k)).

5) If the subject(s) is/are not hospitalized, a copy of the notice attached to this order shall be prominently posted at the entrance(s) to the room(s) where the subject(s) is/are confined, and the conditions of isolation shall be as found in Attachment A

6) The subject or the subject's authorized representative, or any other person or party affected by this order, may contact the following representative of the VCPH Department to informally discuss the scope, breadth, and proper applicability of this order to him/her or his/her situation or circumstances, to seek clarification or modification of the order, and/or to discuss any special needs that the Health Department may, if circumstances permit, assist with.

(Name of Health Department Contact Person)

(Daytime telephone)

- 7) If, following informal discussion under 6) above, the subject or the subject's authorized representative, or any other person or party affected by this order, believes that the subject is not a case or suspected case as described in paragraph 2 of this order, or objects to the appropriateness of the conditions of isolation in this order, he/she may object and request an "on the record" administrative hearing by notifying the Health Department representative specified in 6) above. Prompt arrangements will be made for such a hearing. If desired, you may be represented by an attorney in the administrative hearing. The burden of demonstrating the propriety or necessity for this order, or for continuing it in effect, would be on the Health Department.
- 8) The subject or the subject's authorized lawful representative may seek judicial relief from this order pursuant to California Penal Code Section 1473 (writ of habeas corpus). (A court might require that the procedures in 6) and 7) be followed first as a matter of proper "exhaustion" of available administrative remedies. See State Judicial Council Form MC-275, sec.11.)

IT IS SO ORDERED.

(Signature of authorized local health department representative)

(Date of Issuance of Order)

ATTACHMENT K: Quarantine Order

RIGOBERTO VARGAS, MPH, DIRECTOR
HEALTH OFFICER

ROBERT M. LEVIN, MD,

Quarantine Order Review Date: 3/9/2020

1. Pursuant to Sections 120130 and 120175 of the California Health and Safety Code, **IT IS HEREBY ORDERED** as follows:

a quarantine is established covering and including the area(s) described in Attachment B.

All persons located within this area are quarantined under the conditions specified in this order until _____, unless released from quarantine by an authorized
(Date)

public health official. No person shall enter or depart from the area of quarantine unless specifically authorized by the local health officer. (The term "health officer" includes his and/or her designee. Health & Safety Code Section 120115(k)).

Violation of, or failure to comply with this order may result in civil detention, and is a misdemeanor punishable by imprisonment, fine, or both.

2. This order is issued due to exposure of persons in the area of quarantine to

_____ as follows (describe circumstances of exposure):

3. The conditions of quarantine shall be as follows (only checked items and written instructions shall apply):

___ No person shall go beyond the boundaries of the area of quarantine, or put himself/herself/themselves in immediate physical communication with any person, other than a physician, the health officer, or persons authorized by the health officer, or household members.

___ Each person in the area of quarantine shall cooperate with any physician, health officer or persons authorized by the health officer who performs medical observation during the period of quarantine.

___ Additional conditions and instructions: Attachment A

(Name of Health Department Contact Person)

(Daytime telephone)

4. Any subject or any subject's authorized representative, or any other person or party affected by this order, may contact the following representative of the VCPH Department to informally discuss the scope, breadth, and proper applicability of this order to

him/her or his/her situation or circumstances, to seek clarification or modification of the order, and/or to discuss any special needs that the Health Department may, if circumstances permit, assist with.

5. If, following informal discussion under 5) above, the subject or the subject's authorized representative, or any other person or party affected by this order, believes that the subject is not a case or suspected case as described in paragraph 2 of this order, or objects to the appropriateness of the conditions of quarantine in this order, he/she may object and request an "on the record" administrative hearing by notifying the Health Department representative specified in 5) above. Prompt arrangements will be made for such a hearing. If desired, you may be represented by an attorney in the administrative hearing. The burden of demonstrating the propriety or necessity for this order, or for continuing it in effect, would be on the Health Department.

6. The subject or the subject's authorized lawful representative may seek judicial relief from this order pursuant to California Penal Code Section 1473 (writ of habeas corpus). (A court might require that the procedures in 5) and 6) be followed first as a matter of proper "exhaustion" of available administrative remedies. See State Judicial Council Form MC-275, sec.11.)

IT IS SO ORDERED.

(Signature of authorized local health department representative)

(Date of Issuance of Order)

ATTACHMENT L: Home Isolation Checklist

A person with influenza may continue to be infectious (able to spread illness) for at least 5 and up to 14 days after the first day they had symptoms. Please follow this checklist to help limit the spread of illness in your home.

1. **Limit physical contact between those with influenza and those without.**

- ✓ The ill household member(s) with influenza need to be physically separate from non-ill persons living in the home. Pick one room in the house where the ill person(s) can stay for their entire infectious period. If more than one person in the home has influenza, all ill persons can share the same room. The ideal room for ill person(s):
 - Has windows that open to increase air circulation
 - Gets natural light (UV light can kill influenza virus)
 - Has a door that closes
 - Has a bathroom attached or nearby so the ill person is not sharing bathroom space with those who are not ill
- ✓ One person in the home should be the designated caregiver; all others should have limited to no contact. The designated caregiver can bring meals, beverages, and medicines to the room of the ill person.
- ✓ Ill persons should not leave their room or the home during the period when they are most likely to be infectious (5 days after onset of symptoms, and potentially longer). When travel outside the home is necessary (e.g., for medical care), the ill person should cover the mouth and nose when coughing and sneezing and should wear a mask.
- ✓ If contact between infected and not infected cannot be avoided (e.g., during transport in a car), place a surgical or procedure mask over the nose and mouth of the ill person (or the well persons if the ill person cannot tolerate a mask), and open the windows to increase air circulation.

2. **Contain the respiratory secretions of the ill.** All persons with signs and symptoms of a respiratory infection, regardless of presumed cause, should:

- ✓ Cover their nose and mouth when coughing or sneezing
- ✓ Use tissues to contain respiratory secretions
- ✓ Dispose of tissues by placing them in a plastic bag and disposed of the plastic bag in nearest waste receptacle after use.
- ✓ Perform hand hygiene after contact with respiratory secretions and contaminated objects / materials.

3. **Protect the well with personal protective equipment (PPE) and hand hygiene.** The primary caregiver, or anyone who cannot avoid contact with the ill household member, can protect themselves by:

- ✓ Wear a surgical or procedure mask when in close contact less than three (3) feet of an infectious person. Masks should be changed and discarded when they become moist. Wash hands or use alcohol-based hand rub after touching or discarding a mask.
- ✓ Wear gloves if there is likely to be contact with respiratory secretions. Discard gloves immediately after use.

- ✓ If hands are visibly soiled, wash them with warm water and soap
- ✓ If hands are not visibly soiled, use an alcohol-based hand rub (these products are preferred over soap and water in this situation because they do not dry the skin)
- ✓ Clean hands after contact with a person who may be ill, after removing mask or gloves, or after touching items or surfaces that may be soiled.

4. **Keep environment clean**

- ✓ Tissues used by the ill person and other waste should be placed in a bag and disposed of with other household waste.
- ✓ Laundry may be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linen and laundry used by a patient with influenza from other household laundry. Care should be used when handling soiled laundry (i.e., avoid “hugging” the laundry) to avoid self-contamination. Clean hands after handling soiled laundry.
- ✓ Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap. Separation of eating utensils for use by a patient with influenza is not necessary.
- ✓ Environmental surfaces in the home can be cleaned using normal procedures. An EPA-registered hospital disinfectant can be used according to manufacturer’s instructions, but is not necessary. There is no evidence to support the widespread disinfection of the environment or the air.

5. **Prevent illness among household members**

- ✓ Persons who have not been exposed to pandemic influenza and who are not essential for patient care or support should not enter the home while persons are actively ill with pandemic influenza.
- ✓ Household members should monitor closely for the development of influenza symptoms and contact a telephone hotline or medical care provider if symptoms occur.

ATTACHMENT M: Home Care Guide for Influenza

A person with influenza will often become ill very suddenly. Fever and the worst symptoms often last 3 days, but sometimes last as many as 8 days. The person may feel weak, tired, or less energetic than normal for weeks afterward, and may have a long-lasting hacking cough.

Common symptoms:

- Fever—low (99 F) to high (104 F), usually for 3 days, but may persist for 4 to 8 days. Sometimes the fever will go away and return a day later.
- Extreme fatigue
- Muscle and body aches
- Feeling very cold or having shaking chills
- Joint aches
- Headache (may be severe)
- Eye pain
- Sore throat
- Stuffed nose or runny nose
- Dry cough initially, may become a deep, hacking, and painful cough over the course of several days
- No appetite for food or desire to drink fluids

Supplies to have on hand:

- Thermometer
- Acetaminophen or ibuprofen
- Cough suppressants/cough syrup
- Drinks—fruit juices, sports drinks, soda, tea
- Light foods—clear soups, crackers, applesauce
- Blankets; warm covers

Comfort and care measures for a person with influenza:

- Have the patient rest in bed.
- Allow the sick person to judge the amount of bed covers needed; when fever is high the person may feel very cold and want several blankets.
- Give acetaminophen (Tylenol or other brand names) or ibuprofen (Advil, Motrin, or other brand names) according to the package label or a health care provider's direction to reduce fever, headache, and muscle, joint or eye pain.
- Fluids—give frequently, extremely important to replace body fluids that are lost as a result of fever.

Feeding

- Give light foods as the person wants; fluids are more important than food especially in the first days when the fever may be highest.

When to seek additional medical advice:

- If the person is short of breath or breathing rapidly at rest
- If the person's skin is dusky or bluish in color

- If the person is disoriented (“out of it”)
- If the person is so dizzy or weak that standing is difficult (in a person who was able to walk before the illness)
- If the person has not urinated in 12 or more hours

Infection control measures for the home to prevent spreading of infection

- Persons who have not been exposed to pandemic influenza and who are not essential for the sick person’s care or support should not enter the home – especially while the sick person still has a fever.
- If unexposed persons must enter the home, they should avoid close contact with the patient.
- Sick persons should be separated from other household members as much as possible. Consider designating one person as the primary care provider.
- Household members should be vigilant for the development of influenza symptoms in themselves. Consult with health care providers to determine whether a pandemic influenza vaccine (if available) or preventive antiviral medications should be considered.
- The sick person should follow respiratory hygiene/cough etiquette—cover the mouth and nose when coughing and sneezing.
- Care providers should wash their hands with soap and water, or use alcohol-based hand cleaners, before and after attending to sick persons.
- Care providers may wear surgical or procedure-type masks during interactions with the sick person if masks are available.
- The sick person may wear a surgical or procedure-type mask when others are around if masks are available and the sick person can tolerate wearing it.
- Sick persons should not leave the home unless they must seek additional medical care during the period when they are most likely to be infectious to others, which is when they have a fever or for about 5 days after they first became ill.
- If the sick person must leave the household to see a health care provider, attempt to contact a health care provider by phone or email so that appropriate advice can be given and isolation arrangements can be made at the health care site. When movement outside the home is necessary the patient should follow respiratory hygiene/cough etiquette and should wear a mask if available and can be tolerated.
- Tissues used by the ill patient should be placed in a bag and disposed with other household waste.
- Eating utensils should be washed in a dishwasher or by hand with soap and warm water; other separation or sterilization is not necessary.
- Laundry may be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linen and laundry used by a patient with influenza from other household laundry. Care should be used when handling soiled laundry (i.e., avoid “hugging” the laundry) to avoid self-contamination. Wash hands after handling soiled laundry.
- Surfaces in the home should be cleaned using regular household cleaning sprays or solutions.

ATTACHMENT N: Use of Influenza Antiviral Medications

Influenza antiviral prescription drugs can be used to treat or to prevent influenza. Below are the 2014-15 antiviral medications recommended for treatment and chemoprophylaxis of influenza. For current information visit the Center for Disease Control and Prevention (CDC) Seasonal Influenza Antiviral website³.

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events
Oseltamivir (Tamiflu®)	Influenza A and B	Treatment	Any age ⁴	N/A	Adverse events: nausea, vomiting. Postmarketing reports of serious skin reactions and sporadic, transient neuropsychiatric events (self-injury or delirium; mainly reported among Japanese adolescents and adults).
		Chemoprophylaxis	3 months and older ²¹	N/A	
Zanamivir (Relenza®)	Influenza A and B	Treatment	7 yrs and older	people with underlying respiratory disease (e.g., asthma, COPD) ⁵	Allergic reactions: oropharyngeal or facial edema. Adverse events: diarrhea, nausea, sinusitis, nasal signs and symptoms, bronchitis, cough, headache, dizziness, and ear, nose, and throat infections.
		Chemoprophylaxis	5 yrs and older		

³ Centers for Disease Control and Prevention Seasonal Influenza Antiviral website:

<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

⁴ Oral oseltamivir is approved by the FDA for treatment of acute uncomplicated influenza in persons 14 days and older, and for chemoprophylaxis in persons 1 year and older. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of influenza in infants less than 14 days old, and for chemoprophylaxis in infants 3 months to 1 year of age, is recommended by the CDC and the American Academy of Pediatrics. If a child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless the situation is judged critical due to limited data in this age group.

⁵ Relenza is contraindicated in patients with history of allergy to milk protein.

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events
Peramivir (Rapivab®)	Influenza A and B ⁶	Treatment	18 yrs and older	N/A	Adverse events: diarrhea. Postmarketing reports of serious skin reactions and sporadic, transient neuropsychiatric events (self-injury or delirium; mainly reported among Japanese adolescents and adults).

⁶ Peramivir efficacy is based on clinical trials in which the predominant influenza virus type was influenza A; a limited number of subjects infected with influenza B virus were enrolled.

ATTACHMENT O: Table 1: Impact of a Pandemic in Ventura County

Ventura County Pandemic Planning Scenario										
COVID-19 Annual Summary										
City/Zip	Population	Average Annual Case Rate Per 100K	High Annual Case Rate Per 100K	Low Annual Case Rate Per 100K	Average Annual Death Rate Per 100K	High Annual Death Rate Per 100K	Low Annual Death Rate Per 100K	Average Annual Hospitalization Estimate (Total)	High Annual Hospitalization Estimate (Total)	Low Annual Hospitalization Estimate (Total)
93033 - Oxnard	82,528	8,493.48	13,411.21	467.72	47.56	98.15	2.42	430.38	679.58	23.70
93030 - Oxnard	61,062	8,514.71	13,571.45	579.74	35.62	81.88	0.00	319.23	508.82	21.74
93003 - Ventura	50,787	6,358.91	12,390.97	728.53	24.61	47.26	1.97	198.29	386.39	22.72
93060 - Santa Paula	33,751	9,096.03	14,612.90	491.84	24.44	59.26	2.96	188.50	302.82	10.19
93036 - Oxnard	47,600	7,920.17	13,539.92	621.85	24.16	63.03	0.00	231.48	395.72	18.17
93015 - Fillmore	18,731	9,292.08	16,870.43	411.08	24.02	53.39	0.00	106.87	194.02	4.73
93065 - Simi Valley	74,416	6,327.94	11,595.62	775.37	22.84	41.66	1.34	289.13	529.82	35.43
93063 - Simi Valley (Santa Susana)	55,838	6,207.69	11,409.79	881.12	21.04	41.19	1.79	212.83	391.18	30.21
93010 - Camarillo	43,825	6,014.26	11,541.36	654.88	20.54	38.79	4.56	161.84	310.56	17.62
91360 - Thousand Oaks	41,658	5,651.98	11,157.52	588.12	19.20	38.41	0.00	144.57	285.39	15.04
93022 - Oak View	5,454	6,087.28	12,852.95	513.38	18.34	55.01	0.00	20.38	43.04	1.72
93035 - Oxnard	28,607	6,277.31	11,640.51	636.21	15.73	27.97	0.00	110.26	204.46	11.17
93023 - Ojai	20,379	4,561.07	9,804.21	534.86	14.72	29.44	4.91	57.07	122.68	6.69
93001 - Ventura	33,069	6,178.75	10,910.52	508.03	14.36	27.22	0.00	125.46	221.53	10.32
93012 - Camarillo/Santa Rosa Valley	37,319	4,611.59	9,676.04	584.15	14.07	32.16	0.00	105.67	221.72	13.39
93040 - Piru	1,829	11,645.71	20,503.01	328.05	13.67	54.67	0.00	13.08	23.03	0.37
91362 - Thousand Oaks/Westlake	33,827	5,145.30	10,751.77	653.32	13.30	32.52	0.00	106.87	223.31	13.57
91320 - Thousand Oaks/Newbury Park	45,713	5,182.33	10,360.29	540.33	12.58	21.88	0.00	145.46	290.79	15.17
93004 - Ventura	30,388	5,934.09	11,096.49	651.57	12.34	26.33	0.00	110.72	207.04	12.16
93041 - Port Hueneme	23,771	6,799.25	12,523.66	609.99	10.52	29.45	0.00	99.24	182.79	8.90
93021 - Moorpark	37,862	5,772.94	10,921.24	673.50	9.24	21.13	0.00	134.21	253.89	15.66
91377 - Oak Park	14,075	4,381.88	10,529.31	390.76	8.88	28.42	0.00	37.87	90.99	3.38
91361 - Thousand Oaks/Lake Sherwood/Westlake	20,316	2,990.25	5,896.83	462.69	7.38	24.61	0.00	37.30	73.56	5.77
93066 - Somis	3,444	4,790.94	7,810.69	580.72	7.26	29.04	0.00	10.13	16.52	1.23
91307 - Bell Canyon	2,391	515.82	1,087.41	125.47	0.00	0.00	0.00	0.76	1.60	0.18
Total	848,640	6,247.39	20,503.01	125.47	17.63	98.15	0.00	137.27	679.58	0.18

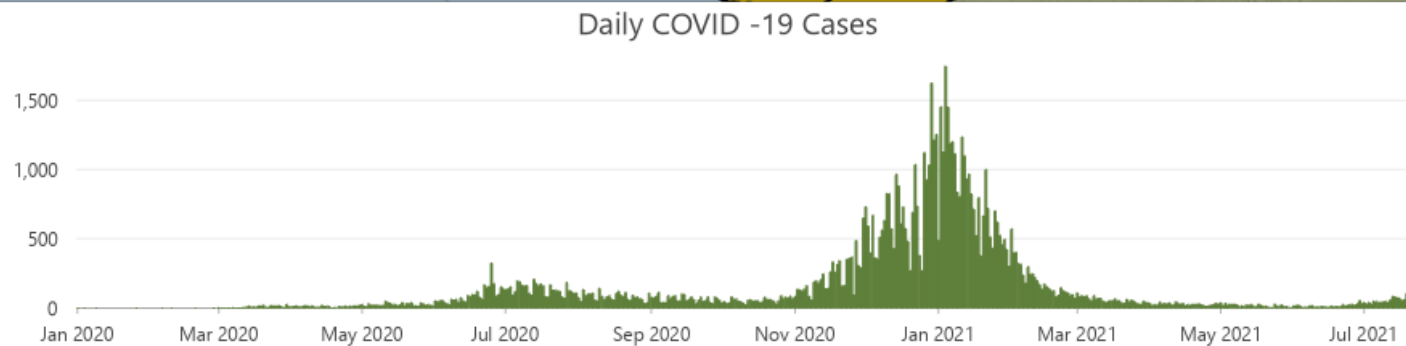
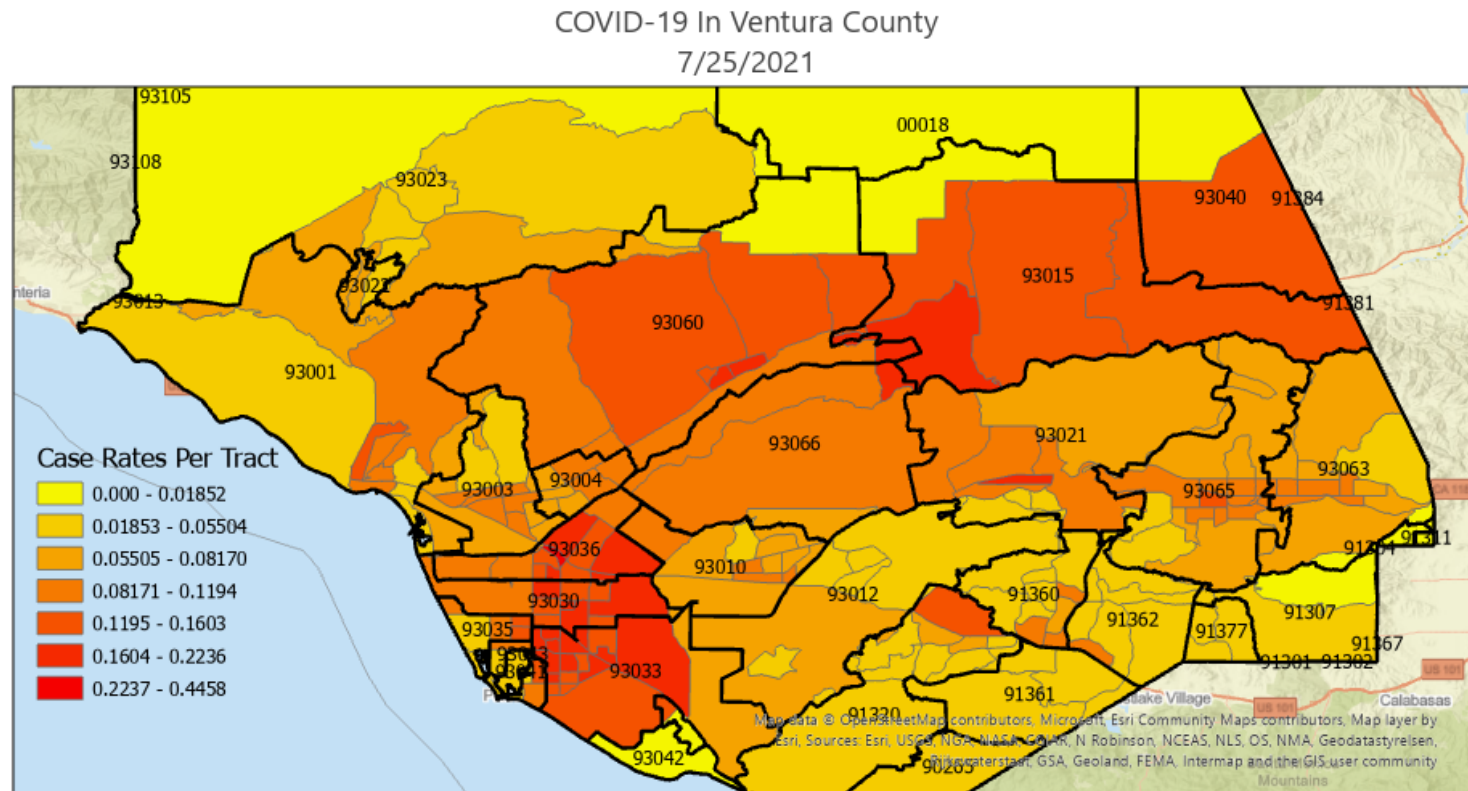
• Hospitalization estimates represent admissions to the hospital and do not account for ED visits that do not result in admission. Admission counts estimated using known case counts and locally estimated 6.14% hospitalization rate.
 • Data is complete and current as of [6/20/2023](#) for data in time period [1/13/2020](#) - [6/17/2023](#).

Table 1, continued

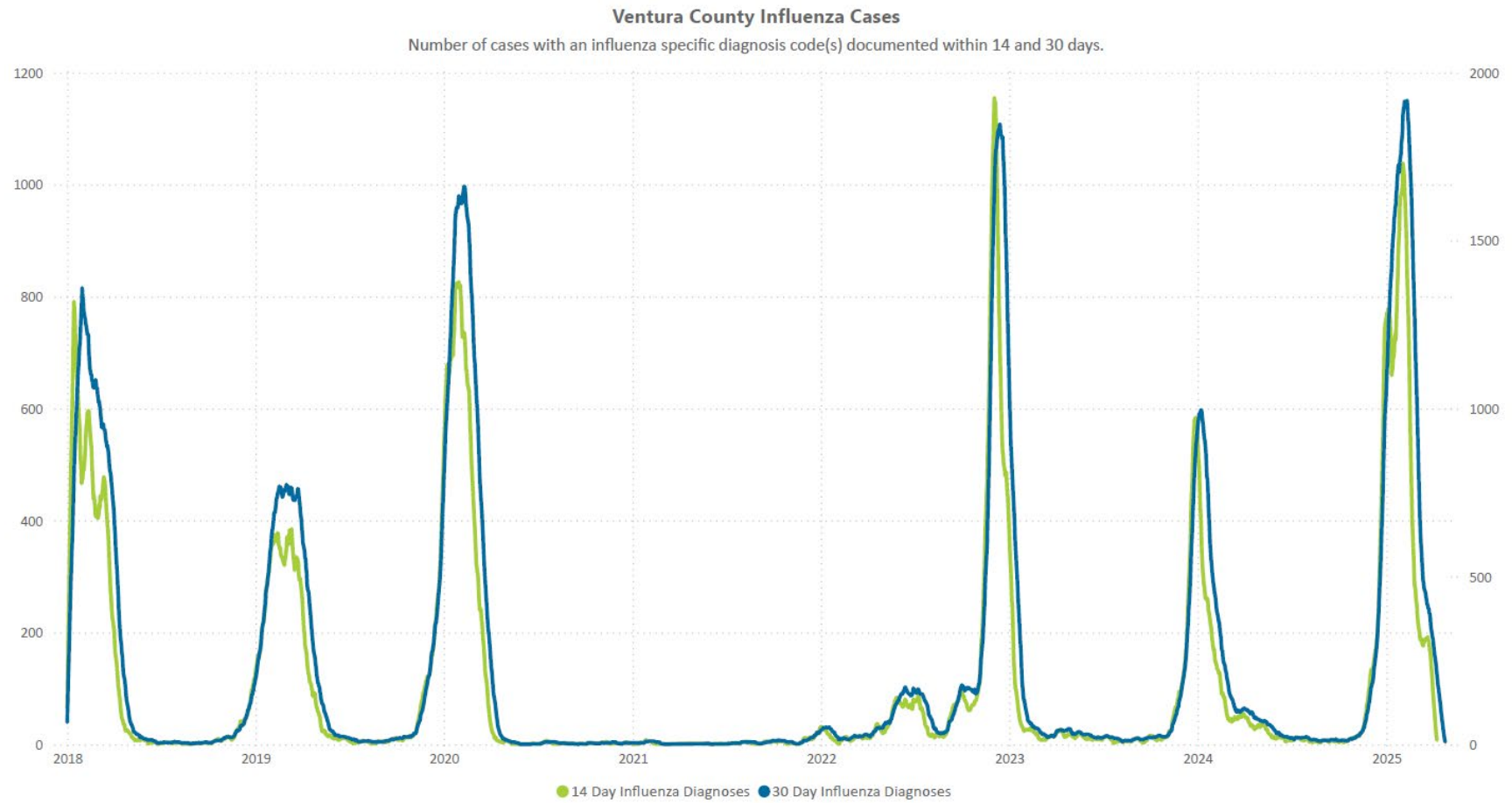
Ventura County Pandemic Planning Scenario										
COVID-19 Monthly Summary										
City/Zip	Population	Average Monthly Case Rate Per 100K	High Monthly Case Rate Per 100K	Low Monthly Case Rate Per 100K	Average Monthly Death Rate Per 100K	High Monthly Death Rate Per 100K	Low Monthly Death Rate Per 100K	Average Monthly Hospitalization Estimate (Total)	High Monthly Hospitalization Estimate (Total)	Low Monthly Hospitalization Estimate (Total)
93033 - Oxnard	82,528	828.63	7,468.98	1.21	4.64	52.10	0.00	41.99	378.47	0.06
93030 - Oxnard	61,062	851.47	7,207.43	8.19	3.56	45.86	0.00	31.92	270.22	0.31
93065 - Simi Valley	74,416	632.79	5,439.69	21.50	2.28	14.78	0.00	28.91	248.55	0.98
93036 - Oxnard	47,600	792.02	6,897.06	23.11	2.42	44.12	0.00	23.15	201.58	0.68
93063 - Simi Valley (Santa Susana)	55,838	620.77	4,847.95	28.65	2.10	17.91	0.00	21.28	166.21	0.98
93003 - Ventura	50,787	635.89	5,656.96	11.81	2.46	27.57	0.00	19.83	176.40	0.37
93060 - Santa Paula	33,751	909.60	7,623.48	14.81	2.44	47.41	0.00	18.85	157.98	0.31
93010 - Camarillo	43,825	601.43	5,610.95	25.10	2.05	25.10	0.00	16.18	150.98	0.68
91320 - Thousand Oaks/Newbury Park	45,713	518.23	5,070.77	17.50	1.26	8.75	0.00	14.55	142.33	0.49
91360 - Thousand Oaks	41,658	565.20	5,245.09	28.81	1.92	19.20	0.00	14.46	134.16	0.74
93021 - Moorpark	37,862	577.29	5,461.94	31.69	0.92	10.56	0.00	13.42	126.98	0.74
93001 - Ventura	33,069	617.87	5,310.11	18.14	1.44	15.12	0.00	12.55	107.82	0.37
93004 - Ventura	30,388	593.41	5,179.68	13.16	1.23	16.45	0.00	11.07	96.64	0.25
93035 - Oxnard	28,607	627.73	5,631.49	24.47	1.57	13.98	0.00	11.03	98.92	0.43
93015 - Fillmore	18,731	953.03	10,154.29	5.34	2.46	48.05	0.00	10.96	116.78	0.06
91362 - Thousand Oaks/Westlake	33,827	514.53	4,904.37	23.65	1.33	14.78	0.00	10.69	101.86	0.49
93012 - Camarillo/Santa Rosa Valley	37,319	461.16	4,279.32	18.76	1.41	10.72	0.00	10.57	98.06	0.43
93041 - Port Hueneme	23,771	679.93	6,558.41	4.21	1.05	21.03	0.00	9.92	95.72	0.06
93023 - Ojai	20,379	456.11	4,013.94	9.81	1.47	19.63	0.00	5.71	50.23	0.12
91377 - Oak Park	14,075	449.42	4,809.95	21.31	0.91	21.31	0.00	3.88	41.57	0.18
91361 - Thousand Oaks/Lake Sherwood/Westlake	20,316	299.03	2,485.73	4.92	0.74	14.77	0.00	3.73	31.01	0.06
93022 - Oak View	5,454	608.73	6,197.29	18.34	1.83	36.67	0.00	2.04	20.75	0.06
93040 - Piru	1,829	1,293.97	12,247.13	54.67	1.52	54.67	0.00	1.45	13.75	0.06
93066 - Somis	3,444	504.31	3,890.82	29.04	0.76	29.04	0.00	1.07	8.23	0.06
91307 - Bell Canyon	2,391	110.53	376.41	41.82	0.00	0.00	0.00	0.16	0.55	0.06
Total	848,640	639.60	12,247.13	1.21	1.81	54.67	0.00	14.05	378.47	0.06

• Hospitalization estimates represent admissions to the hospital and do not account for ED visits that do not result in admission. Admission counts estimated using known case counts and locally estimated 6.14% hospitalization rate.
 • Data is complete and current as of [6/20/2023](#) for data in time period [1/13/2020](#) - [6/17/2023](#).

ATTACHMENT P: Table 2: Map of COVID-19 in Ventura County



ATTACHMENT Q: Table 3: Ventura County Influenza Cases



Data Current as Of: 06/12/2025

ATTACHMENT R: Table 4: Annual Seasonal Influenza Vaccine Rates per 100,000 Residents

Annual Influenza Specific Emergency Department Visits per 100,000 Residents

ED visit rates represent the proportional impact of influenza in a given area and may be useful in understanding the potential impact of influenza in one geographical area vs another. ED visit rates in a given time and area will be proportional to actual Influenza cases, but should not be interpreted as the total rate of influenza cases. Most Influenza cases are unreported and/or unidentified.

Zip Code/City	2018	2019	2020	2021 **	2022	2023	2024	Average Annual ED Visit Rate
93030 - Oxnard	748.99	801.17	674.94	28.61	1,030.08	291.18	518.41	584.77
93033 - Oxnard	637.28	689.79	634.89	14.32	880.73	326.99	405.76	512.82
93036 - Oxnard	584.53	633.42	533.52	21.26	746.08	250.82	363.47	447.59
93060 - Santa Paula	519.94	479.95	619.93	31.42	634.21	259.97	377.10	417.50
93040 - Piru	498.55	415.45	581.64	0.00	540.09	664.73	124.64	403.58
93015 - Fillmore	524.04	405.19	632.09	10.80	588.87	313.34	302.54	396.70
93041 - Port Hueneme	489.07	476.94	480.98	28.29	590.11	238.47	375.89	382.82
93010 - Camarillo	410.51	502.71	329.29	8.78	408.32	171.23	381.97	316.12
93022 - Oak View	461.24	195.14	337.06	35.48	691.86	124.18	301.58	306.65
93066 - Somis	516.65	545.35	143.51	0.00	344.43	229.62	258.32	291.13
93023 - Ojai	423.32	197.23	283.82	28.86	466.62	144.31	317.49	265.95
93035 - Oxnard	309.63	316.67	327.22	7.04	443.33	161.85	232.22	256.85
93001 - Ventura	388.72	328.92	361.81	14.95	361.81	137.55	185.39	254.16
93004 - Ventura	319.47	187.16	296.88	6.45	283.97	154.89	164.57	201.91
93003 - Ventura	283.50	198.85	269.72	5.91	301.22	114.19	167.35	191.53
93012 - Camarillo/Santa Rosa Valley	312.47	220.89	164.32	10.77	228.97	134.69	234.36	186.64
93065 - Simi Valley	374.33	261.76	314.65	0.00	104.43	69.17	88.16	173.21
93021 - Moorpark	247.28	286.74	197.30	2.63	136.80	44.72	107.86	146.19
91360 - Thousand Oaks	245.38	198.19	129.77	9.44	153.36	115.61	158.08	144.26
93063 - Simi Valley (Santa Susana)	291.18	235.46	266.02	0.00	88.07	39.54	88.07	144.05
91320 - Thousand Oaks/Newbury Park	167.01	164.75	124.13	0.00	97.04	99.30	151.21	114.78
91362 - Thousand Oaks/Westlake	174.52	128.74	97.27	0.00	105.85	65.80	137.32	101.36
91361 - Thousand Oaks/Lake Sherwood/Westlake	136.93	136.93	115.31	0.00	93.69	86.48	108.10	96.78
91377 - Oak Park	80.83	44.09	29.39	0.00	51.44	51.44	29.39	40.94
91307 - Bell Canyon	0.00	0.00	49.04	0.00	49.04	0.00	0.00	14.01
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	414.81	386.31	369.52	11.82	418.94	172.88	257.30	290.23

- Emergency Department Visits identified using data from the Ventura County Public Health Syndromic Surveillance system (EpiCenter), which includes ED visit records from all hospitals and some outpatient clinics in Ventura County.
- Emergency Department visits are considered Influenza specific when ICD-10 code(s) specific to influenza are documented as the patient diagnosis. Diagnosis codes indicate at minimum a clinical diagnosis of influenza and do not speak to whether a test was performed, the result of any test performed, or the type of test performed.
- ** In 2021, there were significantly fewer Influenza specific ED visits for reasons related to the COVID-19 Pandemic. 2021 should be considered an outlier and not be used for preparation purposes, however it may speak to the effectiveness of protective measures such as wearing masks and social distancing.

ATTACHMENT S: Table 5: Annual Influenza Specific Emergency Department Visits per 100,000 Residents

Annual Seasonal Influenza Vaccine Recipients per 100,000 Residents

Zip Code/City	2018	2019	2020	2021	2022	2023	2024	Average Annual Vaccination Rate
91377 - Oak Park	27,770	28,880	33,495	36,067	38,330	34,502	32,224	33,038
93004 - Ventura	33,493	32,224	32,892	32,812	33,267	30,327	29,769	32,112
91362 - Thousand Oaks/Westlake	28,735	29,745	33,178	33,927	35,850	32,079	30,509	32,003
93012 - Camarillo/Santa Rosa Valley	30,843	30,884	30,596	33,793	34,844	31,813	30,973	31,964
91320 - Thousand Oaks/Newbury Park	28,917	29,964	30,785	32,735	34,489	31,119	29,935	31,135
91361 - Thousand Oaks/Lake Sherwood/Westlake	25,814	26,953	29,331	33,461	35,111	31,018	28,892	30,083
91307 - Bell Canyon	28,151	26,876	30,848	31,780	34,478	29,475	28,936	30,078
93003 - Ventura	30,242	29,199	30,551	30,538	32,215	29,130	28,547	30,060
91360 - Thousand Oaks	27,876	29,060	31,014	31,573	32,894	29,511	27,893	29,975
93063 - Simi Valley (Santa Susana)	28,389	27,015	31,719	29,685	31,131	27,706	26,579	28,889
93065 - Simi Valley	28,090	28,441	31,381	29,832	30,704	27,449	25,856	28,822
93010 - Camarillo	28,600	28,637	29,658	28,788	30,402	27,621	27,030	28,676
93022 - Oak View	30,122	27,994	32,819	27,444	29,111	26,202	25,900	28,513
93021 - Moorpark	27,843	27,462	30,471	28,735	30,818	27,846	26,302	28,497
93035 - Oxnard	27,437	27,188	29,591	27,751	29,447	26,966	26,347	27,818
93001 - Ventura	26,508	26,496	29,226	27,474	29,749	27,199	26,397	27,578
93030 - Oxnard	25,553	27,242	29,074	26,551	28,689	27,285	26,333	27,247
93023 - Ojai	26,900	24,254	30,623	25,813	28,877	25,900	23,971	26,620
93015 - Fillmore	26,099	25,959	29,643	26,234	28,201	25,910	24,176	26,603
93036 - Oxnard	25,379	26,257	28,311	25,836	27,403	25,924	25,552	26,380
93060 - Santa Paula	25,263	25,434	27,720	24,777	26,477	24,754	24,069	25,499
93033 - Oxnard	23,896	26,036	27,310	24,930	25,922	25,918	24,458	25,496
93066 - Somis	25,431	25,144	26,780	23,967	25,976	23,823	22,044	24,738
93040 - Piru	21,978	23,639	27,503	24,263	24,720	24,055	23,224	24,197
93041 - Port Hueneme	22,432	22,986	23,993	22,804	24,158	23,257	22,731	23,195
Total	27,415	27,738	29,964	28,890	30,446	27,965	26,849	28,467

• Vaccination data sourced from the California Department of Public Health Snowflake database

• Rates determined using 2021 census data for population denominators with a total population of 845,697. In cases where zip code crosses county lines, the population denominator is limited to residents within Ventura County only.

Information contained in this fact sheet is based on current scientific principles and practicality. Recommendations may change during a pandemic event as additional scientific and clinical information about the pandemic influenza virus becomes available.

Social distancing involves taking measures to slow the spread of pandemic influenza by limiting the opportunities for exposure to the virus. The general recommendation is to avoid crowding and close contact by keeping a minimum distance of six feet between yourself and others.

Individuals

- Stay at home if you are sick
- Greet others with a wave or a smile rather than a handshake
- Clean your hands often – with soap and water or alcohol-based hand rub even if your hands are not visibly soiled
- Cover your cough or sneeze with a tissue or your sleeve
- Avoid touching your eyes, nose, or mouth with your hands in case they are contaminated with discharges from the nose / throat of an ill person
- Avoid exposure to the saliva of other people by not sharing drinking glasses or eating utensils
- Reduce contact with others
- Use your own pen versus one provided by a store
- Use drive through systems when possible
- Minimize or eliminate visits to other public places such as recreational activities during a pandemic

Businesses

- Implement strategies that request and enable employees to stay home at the first sign of influenza symptoms
- Minimize close contact among employees by encouraging use of the telephone, fax, Internet, video conferencing
- Consider modifying workstation arrangements to allow at least 6 feet between stations
- Extend your hours and allow flexible schedules to minimize the number of workers present at any one time
- Enhance technology as needed to support employee telecommuting, conference calls and remote customer access
- Offer alternative places to eat meals, such as large conference rooms or work areas, rather than keeping your lunchroom open
- Stagger breaks and lunch hours
- Encourage employees to get their annual flu shot.

Retailers

- Implement guidelines to minimize close contact less than 6 feet between employees and customers (e.g., extend business hours, establish on-line order systems, establish outdoor delivery systems, etc.)
- Provide hand sanitizer at each entrance and checkout (it may be best not to use carts)
- Sanitize handles on carts and doors regularly

Places of Worship

- Consider increasing the number of worship services to decrease attendance at each one
- Talk with your local cable company to determine if services can be broadcast to people at home
- Suspend large social gatherings such as coffee hours after services and youth group meetings
- Send religious school lessons home with students or post lessons on your web site
- Provide support and counseling by telephone whenever possible
- Evaluate other activities that involve close contact and consider modifications/cancellation

Large Public Gatherings

- Begin discussions with your local cable company to determine if events can be broadcast to people at home
- Work with state and local authorities to identify options, including community containment measures such as postponing/canceling events or closing for a period

Additional information on social distancing during a pandemic can be found at:

Centers for Disease Control and Prevention (CDC):

<https://stacks.cdc.gov/view/cdc/90580>

U.S. Department of Veterans Affairs, National Center for Health Promotion and Disease Prevention:

<https://www.prevention.va.gov/flu/materials/factsheets.asp#pandemic>

ATTACHMENT U: California Health Alert Network (CAHAN)

The California Health Alert Network (CAHAN) is the official public health alerting and notification program for California. CAHAN is designed for emergency preparedness information sharing, distribution of pertinent public health related events and alerting materials, dissemination of treatment and prevention guidelines, coordinated disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. The priority health communication distribution through the health communication system is ranked into four different levels using the below levels of communications based on the noted definitions. Enrollment is limited to administration and select staff with emergency preparedness roles in State Agencies, Local Health Jurisdictions and California Department of Public Health (CDPH) licensed Health Care Facilities.

Level of communication types:

Alert: Conveys the highest level of importance; warrants immediate action or attention.

Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Update: Provides updated information regarding an incident or situation; unlikely to require immediate action along with general information that is not considered to be of an emergent nature.

Other Health Advisories:

- **All Facilities Letters** - An All Facilities Letter (AFL) is a communication from the Center for Health Care Quality (CHCQ), Licensing and Certification (L&C) Program to health facilities that are licensed or certified by L&C. The information contained in the AFL may include changes in requirements in healthcare, enforcement, new technologies, scope of practice, or general information that affects the health facility.
- **Healthcare-Associated Infections Program** - CDPH health communications sent through the system by the HAI Program.
- **Centers for Disease Control (CDC)** - National Health Alert Network (HAN) is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioners; clinicians; and public health laboratories
- **Policy Alerts** - CDPH Policy alerts include the latest guidance and policy updates from CDPH, which may include updates to the California state public health officer orders, public health mandates related to COVID-19, Mpox, and other topics and resources. Fill out the [CDPH Policy Alert Registration form](#) to sign up and receive these updates weekly.

Health Alerts can be generated at the State or Local level. Locally, the Public Health Communicable Disease program will draft the notice. The Public Health Director and Health Officer will review the document and provide the necessary edits if applicable. Once approved, the notice will be sent to the CAHAN Coordinator by email for distribution.

The CAHAN system utilizes the Everbridge notification platform. Administrative access is limited to emergency preparedness personnel. Health Alerts can be generated at the State or Local level. Locally, the Public Health Communicable Disease program will identify the need for a health alert and draft the notice. The notice is presented to the Public Health Director and Health Officer for review where necessary edits can be made if applicable. Once approved, the notice will be sent to the CAHAN Coordinator by email for distribution.

Local VCPH CAHAN Coordinators:

Erik Hansen
Kristinna Swilling
Justis Hamilton

Frequently Asked Questions About CAHAN:

1. What is CAHAN?

The California Health Alert Network (CAHAN) is a secure web-based system accessible anytime and anywhere for emergency planning and response communication with public health partners. The Emergency Preparedness Office administers CAHAN to facilitate alerting and collaboration between federal, state, local, County Health Departments, Clinics, Hospitals, and other public health emergency partners on a 24 x 7 x 365 basis.

2. What is the purpose of CAHAN?

To have the ability to receive and confirm CAHAN alerts in minutes from state and local government during emergencies, urgent events, disasters, and transmit relevant information about emergency issues to public health and medical partners.

3. Who participates in CAHAN?

Currently, there are over 12,000 users participating in the California Health Alert Network. CAHAN participants represent the following organizations:

- California Department of Public Health (CDPH)
- California Department of Health Care Services (HCS)
- California Health and Human Services Agency (HHS)
- California Emergency Management Agency
- California Emergency Medical Services Authority (EMSA)
- Local Health Departments (LHDs)
- Medical Providers
- Hospitals
- Clinics

- Long-Term Care Facilities
 - First Responders
 - Law Enforcements Agencies
 - Schools
4. What is a Health Alert Network (HAN) Coordinator?
HAN coordinators are responsible for the coordination, implementation, and maintenance of the California Health Alert Network for their agency or jurisdiction. HAN Coordinators are a critical link between State Agencies, Local Jurisdictions, and public health emergency partners.
5. When do I use CAHAN?
CAHAN is used for the following purposes:
- Maintaining updated and accurate information in your user profile
 - Sending, receiving, confirming alerts

Information and access to the CAHAN system can be found at:
<https://www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/CAHAN.aspx>

ATTACHMENT V: Vaccine Adverse Event Reporting System (VAERS)

Established in 1990, the Vaccine Adverse Event Reporting System (VAERS) is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA). VAERS accepts and analyzes reports of adverse events (possible side effects) after a person has received a vaccination. Anyone can report an adverse event to VAERS. Healthcare professionals are required to report certain adverse events and vaccine manufacturers are required to report all adverse events that come to their attention.

VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. VAERS is not designed to determine if a vaccine caused a health problem, but is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine. This way, VAERS can provide CDC and FDA with valuable information that additional work and evaluation is necessary to further assess a possible safety concern.

Ventura County Public Health (VCPH) utilizes the VAERS system during pandemic influenza responses to report cases with adverse effects as required.

Additional information and access to the VAERS reporting system can be found at:
<https://vaers.hhs.gov/>

ATTACHMENT W: Health Officer Questions & Answers Regarding Influenza

I am getting a regular flu shot. Does it protect against the bird flu?

No, the regular flu shot will not protect against bird flu. Currently there is no bird flu vaccine available. An experimental bird flu vaccine has been made and is being used on chickens.

How do people get bird flu?

People get bird flu from having contact with infected birds or contaminated surfaces. Infected birds shed the virus in saliva and feces (droppings). A person can catch bird flu when an infected chicken coughs or sneezes onto a person's face, or when a person breathes in bird dropping particles.

What are the symptoms of bird flu?

First, remember there have not been any birds in the U.S. with bird flu. If you were exposed to birds sick with bird flu in another country, you could have symptoms in up to 14 days. The illness has flu-like symptoms of fever, cough, sore throat, and muscle aches, shortness of breath and even eye infections. Serious cases of bird flu cause life-threatening breathing problems including pneumonia. The current bird flu has been very lethal when humans are infected.

Is it safe to eat chickens?

Again, there are no birds in the US with bird flu. If bird flu is discovered here, as long as chicken or any poultry has been fully cooked it is safe to eat. You may be able to get the virus by eating undercooked poultry. As a general practice, all poultry should be thoroughly cooked.

I have a trip next week to Asia, should I cancel?

There is no need to cancel your trip at this time. But it is important for anybody traveling to areas of the world that have bird flu outbreaks to avoid any contact with poultry. Stay away from sick birds. Stay away from live poultry markets where birds and people can be in close contact. It is also important to get your flu shot for seasonal flu.

So why there is so much talk about the bird flu, is the danger being overstated?

The reason it gets so much attention is that we simply do not know whether this virus will change and cause the next pandemic flu in humans. Pandemic influenza is a worldwide outbreak of a new influenza (flu) virus for which there is little or no immunity (protection) in the human population. Scientists and health professionals are concerned that the current virus in birds may develop into the next human pandemic flu strain, spread easily from person to person, causing serious illness and death.

Does the current flu vaccine help protect me against the pandemic flu?

No, the flu shot being offered this year does not protect against any pandemic flu strain, whether it is avian or another kind. But it is very important that people get flu shots to protect against regular, seasonal flu.

Do you really think that this pandemic flu is likely to happen? What are the chances of it happening in the U.S. over the next couple of years?

There have been three pandemics of influenza in the last century. One of them in 1918-19, the Spanish flu pandemic, was disastrous. Right now, we do not have a pandemic. What we have is an avian influenza virus that has affected people who have had direct contact with infected chickens, and is not easily transmitted from one person to another.

One thing we know about flu viruses is that they are unpredictable and it is possible that this virus could change, become more contagious and set off the beginning of a pandemic. We cannot predict how likely that is. We cannot predict whether the next pandemic will occur because of this particular virus or some other strain of flu. What we do know is that we are past due for a worldwide pandemic and the steps that we are taking now to prepare will help protect our community whenever the next pandemic happens.

So, if pandemic flu does happen, how bad could it be?

When new pandemic flu spreads, it creates a public health emergency. This emergency will not be like anything we have faced before. A pandemic will last longer, make more people seriously ill and may cause more deaths than any other health crisis in our time. So, we must be prepared in case this current bird flu changes and causes the next influenza pandemic. That is why federal, state, and local authorities are increasing pandemic flu preparation efforts.

If it happens, is there anything I can do to stay healthy?

The influenza virus is usually spread in the air when people cough or sneeze. Some basic steps you can take to protect yourself and others will be:

- Stay healthy: Keep up your good health by eating a balanced diet, exercising daily, getting enough rest and drinking fluids
- Wash hands frequently using soap and water.
- Cover coughs and sneezes with tissues.
- Cough and sneeze into your sleeves. Put used tissues in the trash and then wash your hands.
- If you get sick, stay home and away from others as much as possible.
- Keep sick children home from school.
- Avoid close contact with people who are sick.

It is up to each of us to learn about this potential threat and take the steps needed to be prepared.

Please go to the following sites for more information.

- www.cdc.gov for general health information
- www.redcross.org for emergency preparation plans
- www.pandemicflu.gov for pandemic influenza updates

Household Flu Preparedness Checklist

As many as 1 in 4 people could get sick during a pandemic, with many of them seriously ill. Services and supplies we count on everyday may not be available. Every individual and family

could be on their own, without care, for quite a while. This makes being prepared even more important.

Make sure you have these items to prepare for a pandemic flu:

✓	TO PLAN FOR A PANDEMIC
	Two weeks' worth of food for you and your family. This should be food that does not need refrigeration. (canned meats and fish, beans, soups, fruits, and dry goods like flour, salt, and sugar).
	Two weeks' of water in sealed, unbreakable containers. If water service is disrupted, plan on one gallon for each person for each day, for up to two weeks.
	Two weeks' worth of prescription medicines.
	Two weeks' worth of ibuprofen or acetaminophen (Tylenol) for each person in the house for fever and pain.
	Two weeks supply of other non-prescription drugs and health supplies such as cough and cold medicine, stomach remedies, and vitamins for each person in the house.
	Rehydration solution (such as Pedialyte for children and Gatorade for adults and teens).
	Thermometer
✓	TO LIMIT THE SPREAD OF GERMS AND PREVENT INFECTION
	Teach your children to wash hands frequently with soap and warm water for 20 seconds or clean with alcohol-based hand cleaner and model the correct behavior.
	Teach your children to cover their mouth and nose with a tissue when they cough or sneeze OR cough or sneeze into their upper sleeve, not their hand and model the correct behavior.
	Teach your children to stay away from others as much as possible if they are sick. Stay home from work or school if sick.
	Supply of face masks for each person in the house.
	Supply of disposable gloves for each person in the house.
	Soap, disinfectants and chlorine bleach for routine cleaning and disinfecting.
✓	OTHER EMERGENCY SUPPLIES
	Cell phone and charger
	Flashlight
	Portable radio and batteries
	Manual can opener
	Garbage bags
	Tissues, toilet paper, disposable diapers

For more information on preparing for Pandemic Influenza or other disasters:

Pandemic Flu Planning for Individuals and Families- Checklist

<http://pandemicflu.gov/individualfamily/individuals.pdf>

About the Flu –Options for information regarding: “Current Situation;” “Flu Symptoms;” “Seasonal Flu;” “H1N1 (Swine) Flu” and “H5N1 (Bird) Flu”:

<http://pandemicflu.gov/individualfamily/about/index.html>

ATTACHMENT X: Legal References – Health Officer Authorities

General

The California *Emergency Services Act* (Chapter 7 of Division 1 of Title 2 of the Government Code), hereafter referred to as the Act, provides the basic authorities for conducting emergency operations following a proclamation of Local Emergency, State of Emergency or State of War Emergency by the Governor and/or appropriate local authorities, consistent with the provisions of the Act.

The Standardized Emergency Management System (SEMS) Regulations (Chapter 1 of Division 2 of Title 19 of the California Code of Regulations), hereafter referred to as SEMS, establishes the SEMS to provide an effective response to multi-agency and multi-jurisdiction emergencies in California. SEMS is based on the Incident Command System (ICS) adapted from the system originally developed by the Firefighting Resources of California Organized for Potential Emergencies (FIREScope) program. SEMS incorporates the use of ICS, the Master Mutual Aid (MMA) Agreement and existing mutual aid systems, the Operational Area concept, multi-agency or inter-agency coordination, and the Operational Area Satellite Information System (OASIS).

The *California Emergency Plan*, which is promulgated by the Governor, is published in accordance with the Act and provides overall statewide authorities and responsibilities and describes the functions and operations of government at all levels during extraordinary emergencies, including wartime. Section 8568 of the Act states, in part, that "the *State Emergency Plan* shall be in effect in each political subdivision of the state, and the governing body of each political subdivision shall take such action as may be necessary to carry out the provisions thereof". Local emergency plans are, therefore, considered to be extensions of the *California Emergency Plan*.

Emergencies and Emergency Proclamations

GC § 8558 Degrees of Emergency

"Three conditions or degrees of emergency are established by this chapter:

(a) "State of war emergency" means the condition which exists immediately, with or without a proclamation thereof by the Governor, whenever this state or nation is attacked by an enemy of the United States, or upon receipt by the state of a warning from the federal government indicating that such an enemy attack is probable or imminent.

(b) "State of emergency" means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from a labor controversy or conditions causing a "state of war emergency," which conditions, by reason of their magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual aid

region or regions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission (PUC).

(c) "Local emergency" means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from a labor controversy, which conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat, or with respect to regulated energy utilities, a sudden severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission."

Declaring A Local Emergency in Ventura County (In Ventura County the authority to proclaim a local emergency is vested with the Sheriff if the Board is not in session. If the Health Officer feels that because of public health reasons that a local emergency should be proclaimed, the Health Officer should either meet with the Sheriff, if the Board is not in session, to request that the Sheriff declare a local emergency or consider declaring a Health Emergency himself pursuant to HSC§10180.)

GC § 8630 Proclamation by local governing body.

“(a) A local emergency may be proclaimed only by the governing body of a city, county, or city and county, or by an official designated by ordinance adopted by that governing body.

(b) Whenever a local emergency is proclaimed by an official designated by ordinance, the local emergency shall not remain in effect for a period in excess of seven days unless it has been ratified by the governing body.

(c) (1) The governing body shall review, at its regularly scheduled meetings until the local emergency is terminated, the need for continuing the local emergency. However, in no event shall a review take place more than 21 days after the previous review.

(2) Notwithstanding paragraph (1), if the governing body meets weekly, it shall review the need for continuing the local emergency at least every 14 days, until the local emergency is terminated.

(d) The governing body shall proclaim the termination of the local emergency at the earliest possible date that conditions warrant.”

County Declaration of Local Emergency Applies to the Cities within the County.

GC § 8630 Proclamation by Local Governing Body. Notes Of Decisions:
62 Ops.Atty.Gen. 710, 11-16-79

1. In general. "When the county has declared the local emergency based upon conditions which include both incorporated and unincorporated territory of the county, it is not necessary for the cities to also declare the existence of a local emergency independently."

Health Officer's Authority During a Proclaimed Emergency

HSC § 101040 Authority to Take Preventive Measures During Emergency.

"The county health officer may take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard during any "state of war emergency," "state of emergency," or "local emergency," as defined by Section 8558 of the Government Code, within his or her jurisdiction. "Preventive measure" means abatement, correction, removal, or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government Code and from any other money appropriated by a county board of supervisors or a city governing body to carry out the purposes of this section. The county health officer, upon consent of the county board of supervisors or a city governing body, may certify any public health hazard resulting from any disaster condition if certification is required for any federal or state disaster relief program."

Health Emergency

HSC § 101080 Declaration of Health Emergency; Conditions; Duration; Review.

"Whenever a release, spill, escape, or entry of waste occurs as described in paragraph (2) of subdivision (b) of Section 101075 and the director or the local health officer reasonably determines that the waste is a hazardous waste or medical waste, or that it may become a hazardous waste or medical waste because of a combination or reaction with other substances or materials, and the director or local health officer reasonably determines that the release or escape is an immediate threat to the public health, the director may declare a health emergency and the local health officer may declare a county health emergency in the county or any area thereof affected by the threat to the public health. Whenever a local health emergency is declared by a local health officer pursuant to this section, the local health emergency shall not remain in effect for a period in excess of seven days unless it has been ratified by the board of supervisors. The board of supervisors shall review, at least every 14 days until the local health emergency is terminated, the need for continuing the local health emergency and shall proclaim the termination of the local health emergency at the earliest possible date that conditions warrant the termination."

Health Officer's Authority During a Declared Health Emergency

HSC § 101085 Health Emergencies; Powers of Health Officials.

"(a) After the declaration of a health emergency or a county health emergency pursuant to Section 101080, the director or local health officer may do any or all of the following:

(1) Require any person or organization that the director or local health officer shall specify to furnish any information known relating to the properties, reactions, and identity of the material that has been released, spilled, or escaped. The director or local health officer may require information to be furnished, under penalty of perjury, by the person, company, corporation, or other organization that had custody of the material, and, if the material is being transferred or

transported, by any person, company, corporation, or organization that caused the material to be transferred or transported. This information shall be furnished to the director or local health officer upon request in sufficient detail, as determined by the director or local health officer, as required to take any action necessary to abate the health emergency or county health emergency or protect the health of persons in the county, or any area thereof, who are, or may be affected. However, the burden, including costs, of furnishing the information shall bear a reasonable relationship to the need for the information and the benefits to be obtained there from.

(2) Provide the information, or any necessary portions thereof, or any other necessary information available to the director or local health officer to state or local agencies responding to the health emergency or county health emergency or to medical and other professional personnel treating victims of the local health emergency.

(3) Sample, analyze, or otherwise determine the identifying and other technical information relating to the health emergency or county health emergency as necessary to respond to or abate the county health emergency and protect the public health.

(b) This section does not limit or abridge any of the powers or duties granted to the State Water Resources Control Board and to each regional water quality control board by Division 7 (commencing with Section 13000) of the Water Code. This section also does not limit or abridge the powers or duties granted to the State Air Resources Board or to any air pollution control district by Division 26 (commencing with Section 39000). This section does not limit or abridge any of the powers or duties granted to the Director of Food and Agriculture or to any county agricultural commissioner by Division 6 commencing with Section 11401) or by Division 7 (commencing with Section 12501) of the Food and Agricultural Code.”

Personnel Resources Available to The Health Officer During a Health or Local Emergency
HSC § 101310 Health Emergencies.

“In the event a health emergency is declared by the board of supervisors in a county, or in the event a county health emergency is declared by the county health officer pursuant to Section 101080, the local health officer shall have supervision and control over all environmental health and sanitation programs and personnel employed by the county during the state of emergency”.

Note: A "health emergency" that is declared by the board of supervisors under HSC §101310 is a "local emergency" which has been proclaimed for a health-related reasons as defined under GC § 8558 (c) pursuant to GC § 8630. Historically, this has been interpreted to include emergencies with public health consequences such as an earthquake, flood, or other disaster

The Authority to Order an Evacuation

PC § 409.5

“(a) Whenever a menace to the public health or safety is created by a calamity including a flood, storm, fire, earthquake, explosion, accident, or other disaster, officers of the Department of the California Highway Patrol, police departments, marshal's office or sheriff's office, any officer or employee of the Department of Forestry and Fire Protection designated a peace officer by subdivision (g) of Section 830.2, any officer or employee of the Department of Parks and

Recreation designated a peace officer by subdivision (f) of Section 830.2, any officer or employee of the Department of Fish and Game designated a peace officer under subdivision (e) of Section 830.2, and any publicly employed full-time lifeguard or publicly employed full-time marine safety officer while acting in a supervisory position in the performance of his or her official duties, may close the area where the menace exists for the duration thereof by means of ropes, markers, or guards to any and all persons not authorized by the lifeguard or officer to enter or remain within the enclosed area. **If the calamity creates an immediate menace to the public health, the local health officer may close the area where the menace exists pursuant to the conditions set forth in this section.** (emphasis added)

(b) Officers of the Department of the California Highway Patrol, police departments, marshal's office or sheriff's office, officers of the Department of Fish and Game designated as peace officers by subdivision (e) of Section 830.2, or officers of the Department of Forestry and Fire Protection designated as peace officers by subdivision (g) of Section 830.2 may close the immediate area surrounding any emergency field command post or any other command post activated for the purpose of abating any calamity enumerated in this section or any riot or other civil disturbance to any and all unauthorized persons pursuant to the conditions set forth in this section whether or not the field command post or other command post is located near to the actual calamity or riot or other civil disturbance.

(c) Any unauthorized person who willfully and knowingly enters an area closed pursuant to subdivision (a) or (b) and who willfully remains within the area after receiving notice to evacuate or leave shall be guilty of a misdemeanor.

(d) Nothing in this section shall prevent a duly authorized representative of any news service, newspaper, or radio or television station or network from entering the areas closed pursuant to this section."

Communicable Disease Prevention and Control

HSC §120100. Definition of Health Officer

"Health Officer," as used in the Communicable Disease Prevention and Control Act (§27) **includes** county, city, and district health officers, and city and district health boards, but does not include advisory health boards.

HSC §120130 Isolation and Quarantine

A health officer may require isolation (strict or modified) or quarantine for any case of contagious, infectious, or communicable disease when this action is necessary for the protection of the public health.

HSC §120175 Measures to Prevent Spread of Disease

Each health officer knowing or having reason to believe that any case of the disease made reportable by regulation of the department, or any other contagious, infectious, or communicable disease may exist, or has recently existed, within the territory under his or her jurisdiction, shall

take measures as may be necessary to prevent the spread of the disease or occurrence or additional cases.

HSC §120275 Violation of Isolation or Quarantine Order

Any person who, after notice, violates, or who, upon the demand of any health officer, refuses or neglects to conform to, any rule, order, or regulation prescribed by the department respecting a quarantine or disinfection of persons, animals, things, or places, is guilty of a misdemeanor.

ATTACHMENT Y: Plan Change Log

Origin/Revision #	Date	Action	Pages Involved
Original	July 2020		
Revision # 1	September 2021	Included reference to Ventura County Alternate Care Site and Medical Shelter Plan	7, 8, 17, 19, 20
Revision # 2	September 2021	Included reference to more recent data including COVID-19 pandemic with updated table and GIS COVID map.	7, 9, 10
Revision # 3	September 2021	Updated language to include other pandemic causing illness, influenza-like illness, and COVID-19.	Throughout document
Revision # 4	September 2021	Updated reference to WHO 6 pandemic phases	13
Revision # 5	September 2021	Included language to state that rapid testing may not be available depending on the specifics of disease outbreak.	15
Revision # 6	September 2021	Reference DAFN annex and Ventura County Mass Care and Shelter Plan.	17
Revision #7	September 2021	Include link to NIH COVID treatment guidelines	18
Revision #8	September 2021	Reference DMORT for management of mass fatalities.	18
Revision #9	September 2021	Language updated to include Vaccine Emergency Use Authorization.	34, 38
Revision #10	September 2021	Updated language to include COVID-19 vaccination history related to case investigation.	67
Revision # 11	November 2021	Appendix A updated with current PPE guidelines by Infection Preventionist.	Appendix A
Revision # 12	October 2021	Appendix B3 updated to current CDC document.	Appendix B
Revision # 13	September 2021	Appendix C updated by lab director for current Lab Response Plan	Appendix C
Revision # 14	November 2021	Appendix D.1 Lab director updated collection guidelines	Appendix D.1
Revision # 15	September 2021	Appendix H Glossary updated to include COVID-19, EUA, and SARS-CoV-2	Appendix H

Revision # 16	September 2021	Appendix I updated to include current WHO Pandemic Phase Descriptions and Actions document	Appendix I
Revision # 17	April 2023	Updated Ventura County Influenza Case table for 2015-2023	Page 11
Revision # 18	April 2023	Added table for influenza vaccination rates per 100,00 by zip code 2018-2013	Page 12
Revision # 19	April 2023	Added table displaying the annual influenza related ED visits per 100,000 2018-2023	Page 13
Revision # 20	June 2023	Updated Table 1 COVID Data	Pages 9-10
Revision #21	May 2024	Full Plan Reorganization	All
Revision #22	June 2025	<p>HCA Director changed from Barry Zimmerman to Dr. Theresa Cho</p> <p>Updated ATTACHMENT Q: Table 3: Ventura County Influenza Cases</p> <p>Updated ATTACHMENT R: Table 4: Annual Seasonal Influenza Vaccine Rates per 100,000 Residents</p> <p>Updated ATTACHMENT S: Table 5: Annual Influenza Specific Emergency Department Visits per 100,000 Residents</p>	<p>Page 7</p> <p>Page 127</p> <p>Page 128</p> <p>Page 129</p>

ATTACHMENT Z: Glossary of Terms

Airborne transmission: Airborne transmission occurs by dissemination of either airborne droplet nuclei or small particles in the respirable size range containing the infectious agent into the air.

Alternate Care Site (ACS): In general, a community-based facility established for the purpose of delivering health care when established health facilities are not able to accept additional patients. In terms of the Ventura County *Pandemic Influenza Response Plan* and ACS will operate to treat less acutely ill persons.

Antiviral Management: The guideline established to obtain, prioritize, and disseminate antiviral agents to treat the early identified cases of pandemic influenza in order to mitigate the spread of the pandemic.

Attack Rate: A proportion measuring the cumulative incidence of a disease for a particular group over time usually expressed as a percentage of cases per 100 in the group.

Avian Influenza H5N1: A novel influenza A subtype highly pathogenic to birds and where direct avian-to-human transmission has occurred and led to severe human disease. H5N1 is of particular concern because a pandemic may result if the subtype acquires the ability to be transmitted easily from person to person.

Case-fatality rate: The proportion of persons diagnosed as having a specified disease who die within a given period as a result of acquiring that disease.

Contact transmission: Direct contact transmission involves skin-to-skin contact and physical transfer of a disease organism from an infected person to a susceptible person. Indirect contact transmission involves contact of a susceptible host with a contaminated intermediate object in the patient's environment.

Continuity of Operations Plans (COOP): A business plan which serves to ensure that essential business functions can survive a natural disaster, technological failure, human error, or other disruption.

COVID-19: COVID-19 is a disease caused by a virus called SARS-CoV-2. Most people with COVID-19 have mild [symptoms](#), but some people can become severely ill with symptoms including but not limited to fever, chills, cough, shortness of breath, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, diarrhea...etc.

Disaster Service: Disaster service means all activities authorized and carried out in accordance with the California Emergency Services Act, including approved and documented training necessary or proper to engage in such disaster activities. (California Code of Regulations, Title 19, section 2570.2(3)(b)(1))

Disaster Service Worker (DSW): Labor Code Section 3211.92 defines the term as follows:

- “Disaster Service Worker” means any natural person who is registered with an accredited disaster council or a state agency for the purpose of engaging in disaster service pursuant to the California Emergency Services Act without pay or other consideration.
- b) “Disaster Service Worker” includes public employees performing disaster work that is outside the course and scope of their regular employment without pay and includes any unregistered person impressed into service during a state of war emergency, a state of emergency, or a local emergency by a person having authority to command the aid of citizens in the execution of his or her duties.
- c) Persons registered with a disaster council at the time that council becomes accredited need not reregister in order to be entitled to the workers’ compensation benefits provided by Chapter 10 (commencing with Cal. Labor Code Section 4351).
- d) “Disaster Service Worker” does not include any member registered as an active firefighting member of any regularly organized volunteer fire department, having official recognition, and full or partial support of the county, city, or district in which the fire department is located.

Disease Surveillance: In communicable disease control, a systematic process of collection, collation, analysis, and dissemination of health and disease data.

Droplet Transmission: Droplet transmission occurs when a person who has clinical disease or who is a carrier of the microorganism, generates droplets containing the infectious agent when they cough, sneeze, or talk.

Emergency Use Authorization (EUA): The use of a vaccine or therapeutic medication that is not yet FDA approved but cleared for use by a medical or government body in an emergency capacity to combat a pandemic.

Hot line: A phone access line during a local emergency to provide the population of concern with timely, accurate, and credible health information. Serves as an adjunct to the PIO, press releases, etc. May be staffed with trained health educators, nurses, or other health professionals under the supervision of a licensed health professional.

Influenza Epidemic or Seasonal Influenza Outbreak: Caused by one or more subtypes of influenza virus that circulates typically every year in the winter in temperate climates, to which the population already has partial immunity.

Influenza-like-illness (ILI): Generally defined as temperature greater than 100.4 and at least one upper respiratory symptom (cough, rhinorrhea, or pharyngitis). This case definition is non-specific and captures illnesses due to a variety of respiratory viruses that commonly circulate in the winter.

Influenza Pandemic: Global outbreak of disease that occurs when an entirely new subtype of influenza A appears or emerges to which the population has no immunity because the subtype has either never circulated among people or has not circulated for a long time. Pandemic virus causes serious illness and then spreads easily from person to person worldwide.

Isolation: The separation of infected persons from other persons for the period of communicability in such places and under such conditions as will prevent the transmission of the infectious agent.

Local emergency: This term, as defined in California Government Code section 8558 ©, means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, or other conditions which are or are likely to be beyond the control of the services, personnel, equipment and facilities of that political subdivision and require the combined forces of other political subdivisions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission.

Morbidity: the ratio of sick to well persons in a community during a stated period of time.

Mortality: The ratio of deaths to persons at risk of dying during a stated period of time.

National Incident Management System (NIMS): The national management system designed to manage and coordinate national, state, and local emergency response. NIMS benefits include a unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid, and resource management.

Novel Influenza Virus: New strains of influenza virus for which there is little or no immunity in the human population.

Pandemic Period: The World Health Organization (WHO) has developed a global influenza preparedness plan that includes a classification system for guiding planning and response activities. This classification system is comprised of three periods and six phases of increasing public health risk associated with the emergence and spread of a new influenza virus subtype. The VCPH *Influenza Response Plan* describes activities and goals based on the Pandemic Period. The *Influenza Response Plan* is focusing on the Alert and Pandemic Periods. The three periods are as follows:

a) Interpandemic Period: A novel influenza A has been detected in animals (birds) but not in humans. The risk of this circulating animal virus causing disease in humans is perceived to be increasing as the phases during this period progress.

b) Alert period: In the early phases of this period there are human infection(s) with the new subtype but no human-to-human spread or at most rare instances of spread to a close contact. As the phases progress small to large localized clusters of human-to-human spread are occurring suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible.

c) Pandemic Period: Pandemic is declared. Increased and sustained transmission in the general population.

Quarantine: The limitation of freedom of movement of persons or animals who have been exposed to a communicable disease for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed.

SARS-CoV-2: Stands for severe acute respiratory syndrome coronavirus 2. It is a virus that causes respiratory illness in humans.

Social Distancing: Social distancing refers to focused measures and/or community wide measures to increase social distance between individuals who are well and unexposed from individuals who have been exposed or infected by a communicable disease. Also known as community containment.

State of Emergency: This term, as defined in California Government Code section 8558 (b), means the duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plan or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, or other conditions which are or are likely to be beyond the control of the services, personnel, equipment and facilities of that political subdivision and require the combined forces of other political subdivisions to combat, or with respect to regulated energy utilities, a sudden and severe energy shortage requires extraordinary measures beyond the authority vested in the California Public Utilities Commission.

Transmissibility: The ability of an organism to be transferred from person to person.

Virological Surveillance: A surveillance mechanism in which microbiological laboratories perform tests to identify and characterize viruses and viral strains.

Virulence: The ability of an organism to produce disease; measured by the number of persons developing clinical illness to the number of persons exposed to infection.

ATTACHMENT AA: Acronyms

AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
ACS	Alternate Care Site
AFN	Access to Functional Needs
CAHAN	California Health Alert Network
Cal OSHA	California Occupational Safety & Health Administration
CBO	Community Based Organizations
CDC	Centers for Disease Control
CDPH	California Department of Public Health
CEO	Chief Executive Officer
CERC	Crisis & Emergency Risk Communications
CHO	County Health Officer
CNG	California National Guard
COD	Cause of Death
COOP	Continuity of Operations Plan
DAFN	Disabilities, Access, and Functional Needs
DMORT	Disaster Mortuary Response Team
DOC	Department Operations Center
DSW	Disaster Service Worker
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPI-X	Epidemic Information Exchange
EPO	Emergency Preparedness Office
ERP	Emergency Response Plan
EUA	Emergency Use Authorization
FBI	Federal Bureau of Investigation
FDA	Federal Drug Agency
FIRESCOPE	Firefighting Resources of California Organized for Potential Emergencies
HAN	Health Alert Network
HCA	Health Care Agency
HCC	Health Care Coalition
HCF	Healthcare Facility
IATA	International Air Transport Association
ICS	Incident Command System
ILI	Influenza Like Illness
IPC	In-Process Control
IRP	Influenza Response Plan
JEOC	Joint Emergency Operations Center
JIC	Joint Information Center
LHD	Local Health Department
LRN	Laboratory Response Network
MACC	Multi-Agency Coordination Center
MHOAC	Medical Health Operational Area Coordinator

MMA	Master Mutual Aid
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corp
MS	Medical Shelter
NIMS	National Incident Management System
OASIS	Operational Area Satellite Information System
OES	(Governor's) Office of Emergency Services
PCR	polymerase chain reaction
PHL	Public Health Laboratory
PHN	Public Health Nurse
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSA	Public Service Announcement
PUC	Public Utilities Commission
QI	Quality Improvement
REOC	Regional Emergency Operations Center
RSV	Respiratory Syncytial Virus
SEMS	Standardized Emergency Management System
SME	Subject Matter Expert
SNF	Skilled Nursing Facility
SOC	State Operations Center
SOP	Standard Operating Procedure
TLO	Terrorism Liaison Officer
TWG	Terrorism Working Group
USDA	U.S. Department of Agriculture
UTM	Universal Transportation Media
VCPH	VCPH
VTM	Viral Transportation Media
VRDL	Viral and Rickettsial Disease Laboratory
WHO	World Health Organization