



INFLUENZA WATCH

Los Angeles County

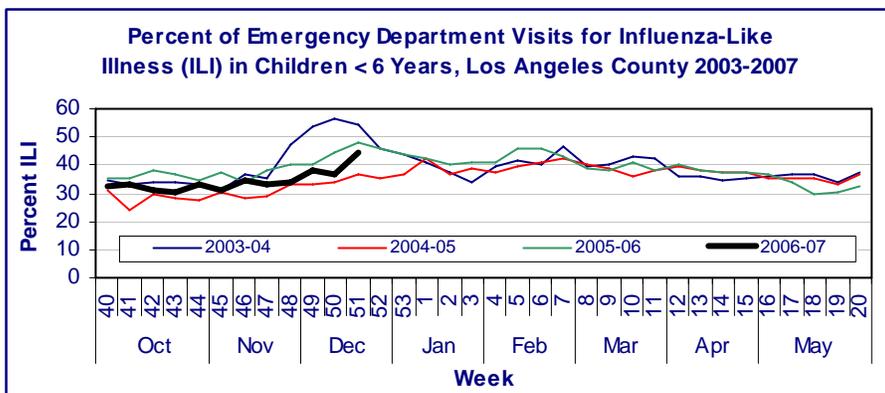
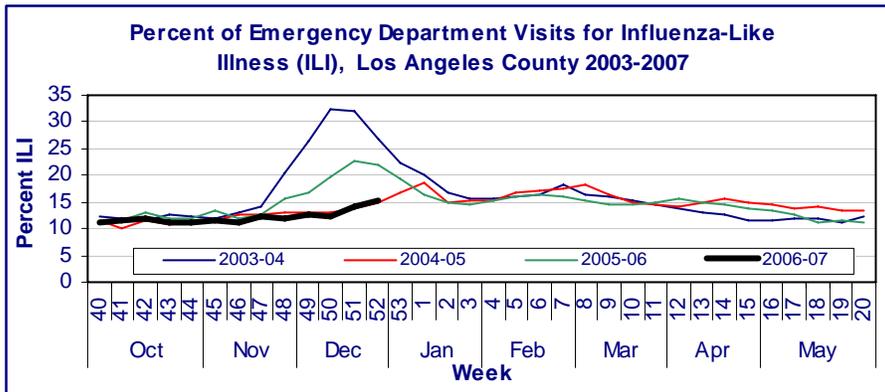
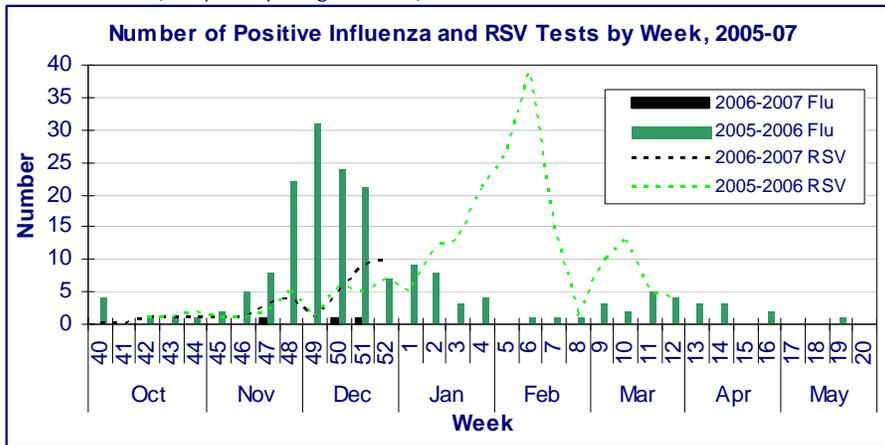
<http://lapublichealth.org/acd/flu.htm>

SURVEILLANCE SYSTEM*	Week 52	To Date
Positive Influenza Tests±	0	3
Positive RSV Tests±	10	37
Hospitalized Adult Influenza Cases±	0	1
Severe Pediatric Influenza Cases	0 (0) [†]	1 (0) [†]
Influenza Vaccines Administered (PH)	--	89,298

*See <http://lapublichealth.org/acd/flu.htm> for a description of surveillance methods.

†The number of deaths is indicated by the parenthesis.

±Sentinel sites (5-7 participating facilities).



Important Information

- Fewer cases of influenza have been reported in Los Angeles County to date compared to last year.
- Influenza-like illness is increasing and is above baseline levels.
- RSV is increasing in Los Angeles County.

Announcements

- **IT'S NOT TOO LATE TO VACCINATE YOUR PATIENTS!**

For more information visit:
<http://lapublichealth.org/ip/>

- **NEW JCAHO STANDARD**
Requires accredited organizations to provide influenza vaccine to staff (effective as of January 1, 2007).
- **NEW CALIFORNIA HOSPITAL INFLUENZA LAW: JULY 1, 2007**
Requires hospitals to offer free vaccine to employees. Employees must get vaccinated or sign a waiver of declination.

For more information visit:
http://www.dhs.ca.gov/ps/dcdc/izgroup/shared/hospital_influenza_law.htm

In the News

Oseltamivir (Tamiflu®) Warning:

The FDA has updated the oseltamivir label to include precautions about neuropsychiatric events. For more information:
http://www.fda.gov/medwatch/safety/2006/Tamiflu_dhcp_letter.pdf

Influenza Activity: CA & USA

From 12/17-12/23/06 (week 51), influenza activity **increased** in the United States. Outpatient influenza-like illness (ILI) was above baseline for the second consecutive week.

Influenza activity in California during this week was low and **sporadic** (sporadically occurring ILI or laboratory-confirmed influenza with no outbreaks detected).

For more information see the weekly CA influenza report:
www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm

SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST



Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district’s staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district’s pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As part of the district’s crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district’s operational pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district’s pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district’s established ICS and the local/state health department’s and state education department’s ICS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community’s pandemic plan as well as the state department of education’s plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test the linkages between the district’s Incident Command System and the local/state health department’s and state education department’s Incident Command System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contribute to the local health department’s operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA’s healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in exercises of the community’s pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

1. Planning and Coordination (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your pandemic plan and revise it periodically.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

2. Continuity of Student Learning and Core Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection prevention supplies (e.g., soap, alcohol-based/waterless hand hygiene products, tissues and receptacles for their disposal).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for transporting ill students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan).

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.

4. Communications Planning (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.





PANDEMIC FLU

A PLANNING GUIDE FOR EDUCATORS

What is a Flu Pandemic?

An influenza (flu) pandemic is a global outbreak of disease that occurs when a new flu virus appears that can spread easily from person to person. Because people have not been exposed to this new virus before, they have little or no immunity to the virus; therefore serious illness or death is more likely to result than during seasonal flu.

It is difficult to predict when the next influenza pandemic will occur or how severe it will be. In addition, a pandemic may come and go in waves, each of which can last months at a time. The effects of a pandemic can be lessened if preparations are made ahead of time.

The illness rates for both seasonal and pandemic influenza are high among children, and schools are likely to be an important contributor to the spread of influenza in a community.

Scientific models support school closure as an effective means of reducing overall illness rates within communities and suggest that the value of this intervention is greatest if school closure occurs early in the course of a community outbreak.



“Educators must be integrally involved in state and local efforts to plan and prepare for a potential pandemic.”

– Secretary Margaret Spellings, March 2006

We need to work together to plan and prepare for a pandemic response.



www.pandemicflu.gov

SEPTEMBER 2006
THE MATERIAL ABOUT HEALTH AND MEDICINE IN THIS BROCHURE WAS PROVIDED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

Differences between seasonal flu and pandemic flu:



Seasonal Flu

THE VIRUS

- Caused by influenza viruses that are closely related to viruses that have previously circulated; most people will have some immunity to it.
- Symptoms include fever, cough, runny nose, and muscle pain.
- Complications such as pneumonia are most common in the very young and very old and may result in death.
- Vaccine is produced each season to protect people from the three influenza strains predicted to be most likely to cause illness.

IMPACT ON THE COMMUNITY

- Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults.



Mild to Moderate Pandemic

THE VIRUS

- Caused by a new influenza virus that has not previously circulated among people and that can be easily spread.
- Because most people will have no immunity to the new virus, it will likely cause illness in high numbers of people and more severe illness and deaths than seasonal influenza.
- Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications.
- Healthy adults may be at increased risk for serious complications.

IMPACT ON THE COMMUNITY

- May cause a moderate impact on society (e.g., some short-term school closings, encouragement of people who are sick to stay home).



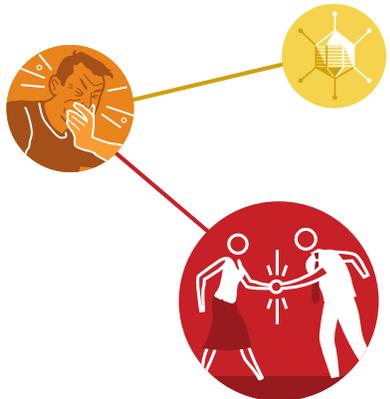
Severe Pandemic

THE VIRUS

- A severe strain causes more severe illness, results in greater loss of life, and has a greater impact on society.
- During the peak of a severe pandemic, workplace absenteeism could reach up to 40% due to people being ill themselves or caring for family members.

IMPACT ON THE COMMUNITY

- Schools and day care/child care facilities may be closed.
- Public and social gatherings will be discouraged.
- The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted.



How does influenza spread?

Human influenza virus is mainly transmitted from person to person when an infected person coughs or sneezes. A lesser mode of transmission occurs when a person touches something that has the flu viruses on it and then touches his or her mouth or nose. Some individuals who are infected may never show symptoms or have mild symptoms, but could still spread the virus to others.

When a pandemic begins, a virus-specific vaccine may not be available until 4-6 months after identification of a pandemic virus.



The supply of antiviral drugs will likely be limited throughout the pandemic. Moreover, scientists cannot be certain that antiviral drugs will be effective against a pandemic virus. For these reasons, infection control and social distancing measures will be the keys to limiting transmission, delaying the spread of the virus, and protecting people. Social distancing is a measure to decrease the frequency of contact among people in order to diminish the risk of spread of communicable diseases.

Measures to limit the spread of the flu:

Severe Pandemic:

All of the seasonal and mild to moderate flu methods plus:

- Possible extended school closure, which could range from weeks to up to 3 months. Presently, the Department of Health and Human Services, the Centers for Disease Control and Prevention, the Department of Education, and other agencies are conducting a comprehensive review of school closure and its feasibility and effects in mitigating a severe pandemic. The results of this study will be shared in the coming months.
- Promote social distancing of children and teens outside the school setting by reducing their social circulation and contacts to the greatest extent possible. This could include canceling extracurricular activities.



School Closure



Social Distancing

Mild to Moderate Pandemic:

All of the seasonal flu methods plus the following:

- Encourage the use of social distancing at the work place, at school and in the community.
- Possible school closure for a short amount of time (possibly days to a couple of weeks).
- Work with community flu-planning team to assess whether any additional measures should be taken.



Assess Measures



Promote hygiene



Encourage vaccination



Stay at home

Seasonal Flu:

- Promote hand washing and cough hygiene via school-wide campaigns and modeling by school staff.
- Encourage vaccination of staff and students for whom the flu vaccine is recommended.
- Persons developing symptoms at school should be sent home as soon as possible and instructed by appropriate officials not to return until they are well.

Infection control

The primary strategies for preventing spread of pandemic influenza:

Persons with flu symptoms should:

- Stay at home;
- Cover nose and mouth when coughing or sneezing;
- Wash hands with soap and water or use alcohol-based hand sanitizers frequently; and
- Try to maintain spatial separation of at least three feet from others if possible.

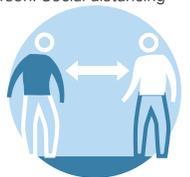
Hand, Cough and Sneeze Hygiene

- When sneezing or coughing, cover the nose and mouth with a tissue or upper arm if a tissue is not available.
- Dispose of used tissues in a wastebasket and wash hands after coughing, sneezing, or blowing nose.
- Use warm water and soap or alcohol-based hand sanitizers to clean hands.
- Wash hands before eating or touching eyes, nose, or mouth.



Social distancing

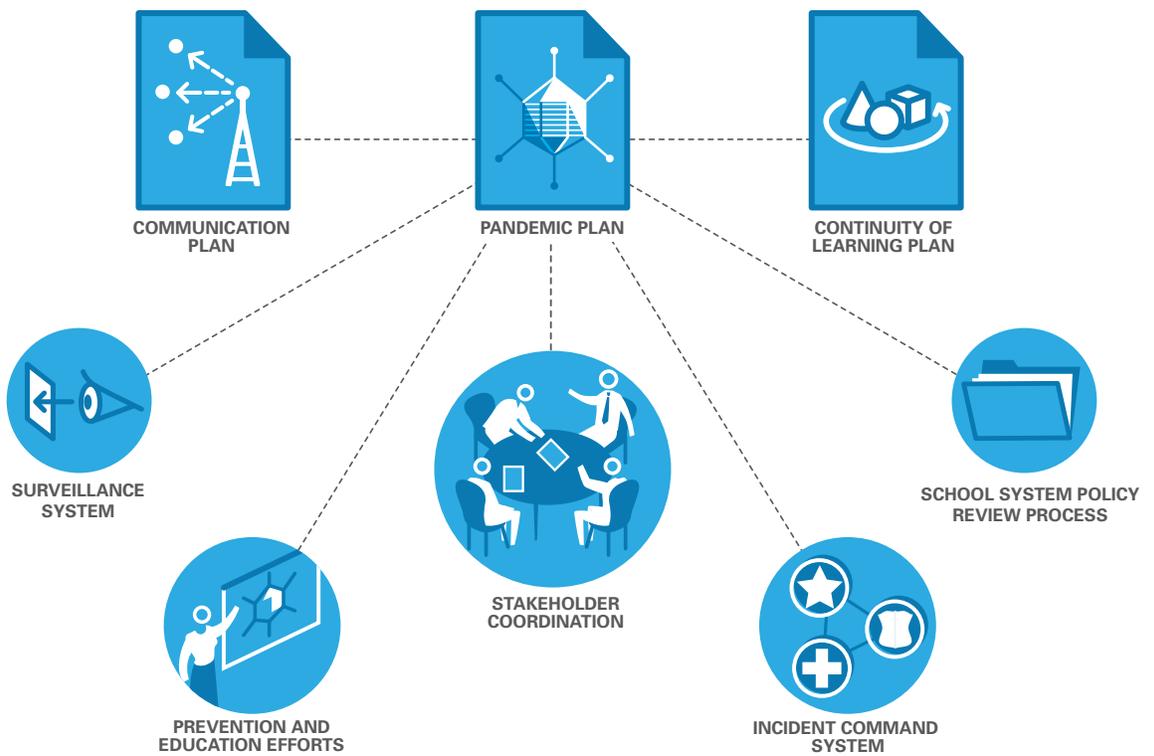
In a pandemic, the risk of getting the flu is greatest when one has close contact with an infected person. Social distancing measures such as school closure, telecommuting or staggered shifts for the workforce, and cancellation of public gatherings may be effective in reducing transmission risks.



Basic Components of Pandemic Planning



- Every district should have an Emergency Management Plan.
- The Plan should be flexible to encompass all hazards.
- Every district should develop a Pandemic Flu Plan.
- Plans should address four phases of emergency management planning: Mitigation and Prevention, Preparedness, Response and Recovery. For more information: www.ed.gov/emergencyplan.
- Plans should be practiced on a regular basis.
- Plans should be developed and communicated in an interactive manner with stakeholders, including parents, faculty, other community partners and first responders.
- Plans should be based on sound data and information; www.pandemicflu.gov should be the main resource for pandemic planning and information.
- Plans should be continually reviewed and updated as new information is available. The complete planning checklist can be viewed at www.pandemic.flu.gov.



Detailed information on each component along with sample plans can be viewed at www.ed.gov



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Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO

27 December 2006

Country	2003		2004		2005		2006		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	8	5
Cambodia	0	0	0	0	4	4	2	2	6	6
China	1	1	0	0	8	5	12	8	21	14
Djibouti	0	0	0	0	0	0	1	0	1	0
Egypt	0	0	0	0	0	0	18	10	18	10
Indonesia	0	0	0	0	19	12	55	45	74	57
Iraq	0	0	0	0	0	0	3	2	3	2
Thailand	0	0	17	12	5	2	3	3	25	17
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	4	4	46	32	97	42	114	79	261	157

Total number of cases includes number of deaths.
WHO reports only laboratory-confirmed cases.

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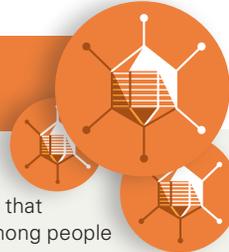
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Mild to Moderate Pandemic



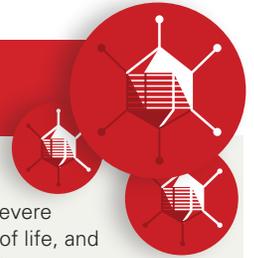
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Severe Pandemic

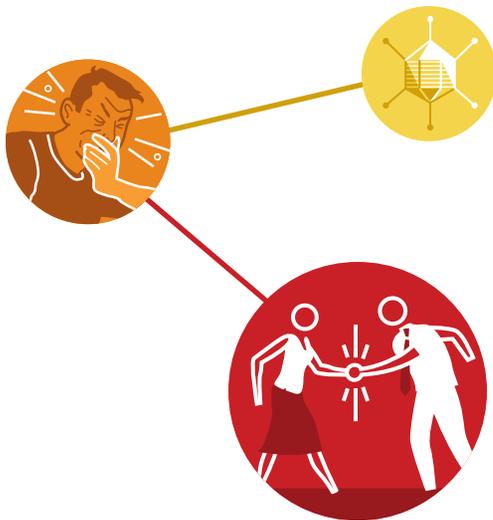


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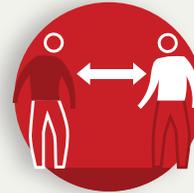
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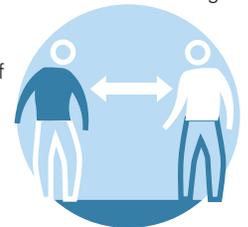
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Social distancing

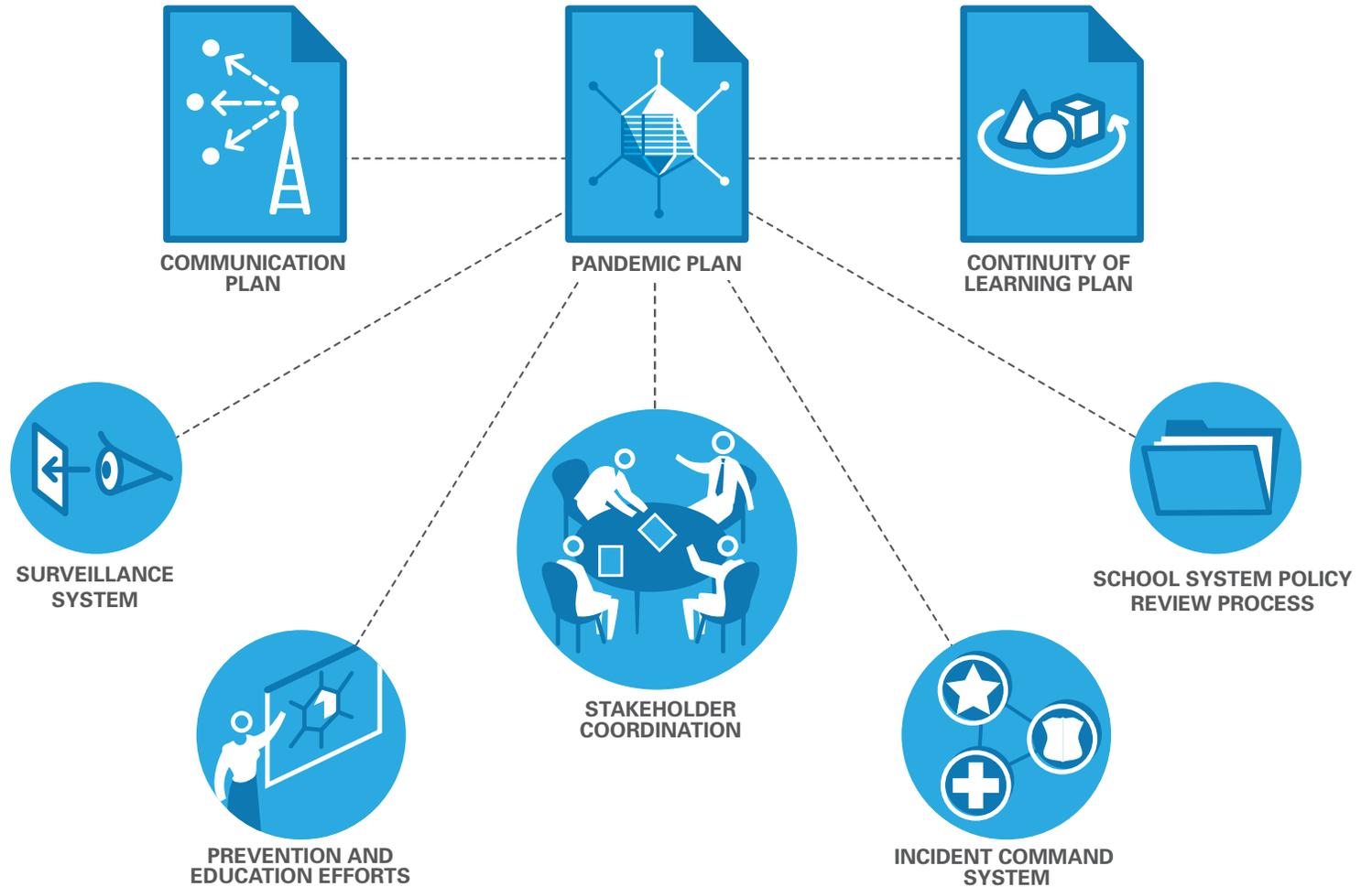
In a pandemic, the risk of getting the flu is greatest when one has close contact with an infected person. Social distancing measures such as school closure, telecommuting or staggered shifts for the workforce, and cancellation of public gatherings may be effective in reducing transmission risks.



Basic Components of Pandemic Planning



- Every district should have an Emergency Management Plan.
- The Plan should be flexible to encompass all hazards.
- Every district should develop a Pandemic Flu Plan.
- Plans should address four phases of emergency management planning: Mitigation and Prevention, Preparedness, Response and Recovery. For more information: www.ed.gov/emergencyplan.
- Plans should be practiced on a regular basis.
- Plans should be developed and communicated in an interactive manner with stakeholders, including parents, faculty, other community partners and first responders.
- Plans should be based on sound data and information; www.pandemicflu.gov should be the main resource for pandemic planning and information.
- Plans should be continually reviewed and updated as new information is available. The complete planning checklist can be viewed at www.pandemic.flu.gov.



Detailed information on each component along with sample plans can be viewed at www.ed.gov

