

From June 12, 2007 Meeting

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Community Disease Control and Prevention Plan**

Person responsible at Wisconsin:

Gwen Borlaug, MPH
Infection Control Practitioner
1 West Wilson St. Rm 318
PO Box 2659
Madison, WI 53701-2659
608-267-7711
gwen.borlaug@wisconsin.gov

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Table of Contents**

Person Responsible for Community Disease Containment Measures	1
Table of Contents	2
Executive Summary: Current Activities and Accomplishments to Date	3
Planning Assumptions	4
Index to Information Required for Evaluation	5
Isolation and Treatment of Ill Persons	5
Quarantine of Household Contacts of Individuals	5
Dismissal of School and Closure of Child Care Programs	6
Community Social Distancing	6
Community Disease Control and Prevention Plan	7
Introduction	7
Premises/Assumptions	7
Legal Authority	8
Definitions and Abbreviations	11
Community Disease Prevention Measures	12
Activity during interpandemic and pandemic alert phases	12
Triage and screening of ill persons	12
Individual isolation and quarantine	14
Management of cases and contacts	16
Containment of small clusters	18
Activity during pandemic period	20
Isolation of large numbers of cases	20
Community containment measures	21
Appendices	23
Appendix A: Quarantine Officer Oath	24
Appendix B: Sample Confinement Documents	25
Voluntary Isolation	25
Isolation Order	26
Release from Isolation	27
Appendix C: Isolation and Quarantine: Likely Questions from Public	28
Appendix D: Checklist for Public Message on Isolation and Quarantine	29
Appendix E: Disease-Related Factors to Consider When Making Social Distancing Decisions	30
Appendix F: Community Disease Containment Measures by Pandemic Severity	31
Appendix G: Features of Suitable Alternate Isolation and Quarantine Sites	32
Appendix H: Actions State and Local Health Officers May Take to Control Pandemic Influenza Transmission	33

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Executive Summary: Current Activities and Accomplishments to Date**

This section of the plan contains methods of controlling transmission of a novel influenza virus in a community by means of non-pharmaceutical measures (methods that do not include use of vaccines or antiviral medications), such as isolation of sick persons and quarantine of contacts, social distancing, infection control measures (hand hygiene and cough etiquette), and widespread community containment measures such as closing of schools and businesses and restricting public gatherings.

A committee was formed in October, 2006 to add community disease containment measures to the Wisconsin Pandemic Influenza Preparedness document. Representatives on the committee from the state Department of Health and Family Services included legal counsel, communicable disease epidemiologists, risk communications coordinators, and staff from Emergency Management, Environmental and Occupational Health, and Disability and Elder Services. Local public health agencies participated, with representation by local health officers, local public health and consortium epidemiologists, county emergency management personnel, and tribal health officials. The Division of Public Health has met separately with the Department of Public Instruction on plans for school closures.

As part of the 2006 contract objectives, all 93 local health departments and 11 tribes were required to hold at least one public education and community outreach event in their jurisdictions as a means to engage partners such as businesses, schools, colleges/universities, faith-based and service organizations, and health care facilities in preparing for community disease containment measures during an influenza pandemic.

Pandemic preparedness activities with business partners commenced in 2006 when five regional business symposia were convened throughout the state. Representatives from the business community met with state and local public health and emergency response officials to discuss the business community response to a pandemic and the development of communications systems with local public health and emergency response personnel. In addition, numerous local health departments have met with local businesses to explain community disease control measures.

Thus partnerships have been established among state agencies and among community partners at the local level, and will continue as local community disease containment plans evolve.

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Planning Assumptions**

Because the precise epidemiology of pandemic influenza is unknown, plans for community disease containment are based on the characteristics of influenza viruses causing seasonal influenza and on what is known about past pandemics. Data from these sources lead to several assumptions from which to make reasonable predictions about the epidemiology and characteristics of the next pandemic influenza event. Control and prevention measures will be modified in accordance with new epidemiological information as the pandemic progresses.

Current assumptions:

1. Wisconsin communities will be affected simultaneously and thus will be unable to draw resources from neighboring communities. Individual communities must plan to be self-sufficient in response to a pandemic.
2. A pandemic may occur in several waves, each lasting several weeks to months. Community containment measures must be sustainable for long periods of time.
3. Residents may need to remain at home for significant periods of time and should be informed about how to prepare to stay home or in other suitable locations for days to weeks.
4. Some residents may be unable or unwilling to comply with voluntary home isolation or quarantine, resulting in the need to prepare for alternate sites and processes for mandatory confinement.
5. Risk communication will be important. Consistent, clear messages will aid in the ability and willingness of residents to follow containment measures.
6. The incubation time of pandemic influenza may be short, perhaps 1-4 days, making contact tracing and quarantine difficult and ineffective during sustained community transmission.
7. It is assumed that the main mode of transmission will be by large respiratory droplets expelled at distances of about three feet by infected persons when coughing, sneezing, or talking. Isolating sick individuals and maintaining distances of more than three feet from one another will be the most important ways to help avoid influenza virus transmission. If close contact with sick individuals is unavoidable, the use of surgical masks when in close contact is recommended as a way to help protect against exposure to influenza.
8. Based on the current Wisconsin population of 5.6 million and the prediction that approximately 30% of the population will become infected with a novel influenza virus, Wisconsin can expect approximately two million cases of influenza during a pandemic. It is estimated that approximately 1.4 million will seek outpatient care, 28,000 will require hospitalization, and as many as 8,500 may die. When planning for management of persons in isolation or quarantine, local health departments should consider that the vast majority of cases will be isolated at home or other locations in the community rather than in health care facilities, and that a portion of cases will be from special needs populations requiring support while confined.

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Index to Information Required for Evaluation:**

Isolation and Treatment of Ill Persons

Activities begin with methods to detect, triage, and screen persons with influenza-like illnesses to rapidly isolate cases and quarantine contacts. Roles and responsibilities of the Division of Public Health, local health departments, and community partners have been delineated.

Specific activities are addressed in the following locations in the Community Disease Control and Prevention chapter of Wisconsin’s Pandemic Influenza Preparedness document. (Page numbers given here reflect this summary of that chapter).

Activity	Page Number
Rapid remote identification of possible cases	Pages 12, 13
Strategies for advising hospitals to recommend patients with ILI to stay home	Page 14
Communication to general public on how to access hotlines, seek medical care, when to stay home	Page 12, 13
Processes for case definition for presumptive/definitive diagnosis	Page 12, 13
Processes for training health professionals on diagnosis of influenza	Page 13
Efforts to assure follow-up (monitoring) of known or suspected cases	Pages 15, 16, 17, 18, 20
Efforts to stockpile/distribute medications, vaccines, and other subsistence items to households in isolation	Pages 15, 16, 19, and 20 address how to support persons in confinement. Distribution of antivirals and the influenza vaccine are described in the antiviral distribution plan and the mass vaccination section of the operations plan.

Quarantine of Household Contacts of Individuals

Decisions to quarantine individuals are based on the stage of the pandemic and disease severity. Activities are discussed in the following areas of the chapter:

Activity	Page Number
Processes to interview and monitor household members and contacts	Pages 14, 15, 16, 18
Efforts to coordinate distribution of	Pages 15, 16, 19, and 20 address how to

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

medications, vaccine, and other subsistence items to quarantined households with inadequate resources	support persons in confinement. Distribution of antivirals and the influenza vaccine are described in a separate chapter.
-------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

Dismissal of School and Closure of Child Care Programs

Discussions with state and local school officials took place during the five table-top exercises that were held throughout Wisconsin in January, 2007. Components of school closure, maintaining continuity of education and special services, and re-opening procedures were identified and will be formulated into a plan. Current measures defined in this chapter are as follows.

Activity	Page Number
Planning for possible school dismissal or child care program closures	Pages 18, 21
Communications to parents and students and consideration of education during a pandemic	Page 18
Processes to identify authorities responsible for school dismissal and re-opening	Page 8, 9, 10

Community Social Distancing

During outreach activities, local health departments in Wisconsin established relationships with businesses, schools, day care centers, emergency medical services, health care organizations, faith-based and service organizations. These partnerships will be used to implement community-wide containment measures if a severe influenza pandemic warrants.

Activity	Page Number
Plans with community partners	Pages 12 – 16, 19
Distribution of informational materials to workplaces and community at large	Pages 12 – 22; this is addressed throughout the plan

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Community Disease Control and Prevention Plan**

Introduction

When available, influenza vaccine and antiviral treatment and prophylaxis will be used as the most effective ways to reduce or prevent novel influenza virus transmission in a community. However, these pharmaceutical measures will likely be unavailable in the initial stages of a pandemic and may be in short supply throughout the entire pandemic. Non-pharmaceutical strategies, also called community disease control and prevention, will be necessary to help prevent or slow transmission of the novel influenza virus in communities. These measures include individual isolation and quarantine, individual infection control measures (*e.g.*, hand washing and cough etiquette), and community-based social distancing measures such as closing schools, closing businesses, restricting public gatherings, and imposing community-wide “snow days.”

These measures will be the only means of slowing the rate of influenza transmission when antiviral medications and vaccine are not available. When available, pharmaceutical interventions will be used in combination with community disease control and prevention measures to interrupt influenza transmission in a community.

The goals of community disease control and prevention measures are to:

1. Delay introduction of a novel influenza virus into a community.
2. Slow transmission once a novel influenza virus is introduced.
3. Enhance the effectiveness of pharmaceutical agents when available.
4. Decrease the impact of care and treatment of cases on the medical community.
5. Increase community resilience and coping strategies to decrease the psychosocial impact of pandemic influenza.

Community disease control and prevention measures will likely infringe on individual rights and freedoms but are necessary steps to protect residents of a community. Every effort will be made to apply these measures fairly, with as little impact on individual freedoms as possible.

Premises/Assumptions

Because the precise epidemiology of pandemic influenza is unknown, plans for community disease containment are based on the characteristics of influenza viruses causing seasonal influenza and on what is known about past pandemics. Data from these sources lead to several assumptions from which to make reasonable predictions about the epidemiology and characteristics of the next pandemic influenza event. Control and prevention measures will be modified in accordance with new epidemiological information as the pandemic progresses.

Current assumptions:

1. Wisconsin communities will be affected simultaneously and thus will be unable to draw resources from neighboring communities. Individual communities must plan to be self-sufficient in response to a pandemic.
2. A pandemic may occur in several waves, each lasting several weeks to months. Community containment measures must be sustainable for long periods of time.

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

3. Residents may need to remain at home for significant periods of time and should be informed about how to prepare to stay home or in other suitable locations for days to weeks.
4. Some residents may be unable or unwilling to comply with voluntary home isolation or quarantine, resulting in the need to prepare for alternate sites and processes for mandatory confinement.
5. Risk communication will be important. Consistent, clear messages will aid in the ability and willingness of residents to follow containment measures.
6. The incubation time of pandemic influenza may be short, perhaps 1-4 days, making contact tracing and quarantine difficult and ineffective during sustained community transmission.
7. It is assumed that the main mode of transmission will be by large respiratory droplets expelled at distances of about three feet by infected persons when coughing, sneezing, or talking. Isolating sick individuals and maintaining distances of more than three feet from one another will be the most important ways to help avoid influenza virus transmission. If close contact with sick individuals is unavoidable, the use of surgical masks when in close contact is recommended as a way to help protect against exposure to influenza.
8. Based on the current Wisconsin population of 5.6 million and the prediction that approximately 30% of the population will become infected with a novel influenza virus, Wisconsin can expect approximately two million cases of influenza during a pandemic. It is estimated that approximately 1.4 million will seek outpatient care, 28,000 will require hospitalization, and as many as 8,500 may die. When planning for management of persons in isolation or quarantine, local health departments should consider that the vast majority of cases will be isolated at home or other locations in the community rather than in health care facilities, and that a portion of cases will be from special needs populations requiring support while confined.

Legal Authority

Both the Department of Health and Family Services (DHFS) and local health officers may do what is reasonable and necessary to prevent, suppress and control communicable diseases.¹ This includes the power to forbid public gatherings when needed to control an outbreak or epidemic² and to order isolation or quarantine.³ Also, the Department and the local health departments, if delegated by the State, may enter buildings and vessels and remove persons with communicable diseases⁴ and may order compulsory vaccinations in a Governor-declared public health emergency.⁵

¹ §§ 250.04(1), 252.02(6), and 252.03(1) and (2), Wis. Stats.

² §§ 252.02(3) and 252.03(2), Wis. Stats.

³ § 252.06(1) and (3), Wis. Stats.

⁴ § 252.02(1), Wis. Stats.

⁵ § 252.041, Wis. Stats. Vaccinations may be ordered unless the vaccination is reasonably likely to lead to serious harm to the individual or unless the individual objects for reasons of religion or conscience. In either event the individual may then be isolated or quarantined.

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
HFS 145, Wisconsin Administrative Code, sets the procedures that local health departments must follow to isolate or quarantine persons in the presence of one of the diseases noted in the rule.⁶ They may act if a person is known to have, or suspected of having, a contagious medical condition that poses a threat to others, as those terms are defined in the rule.⁷ If either is true local health departments may order one or more of the seven directives listed in the rule, ranging from participating in education or treatment, to undergoing tests or exams, to stopping conduct or employment that threatens others and to being isolated.⁸ A court order is not necessary if the person voluntarily complies with the directive. If not, the health official who issued the directive may petition a court to order compliance.⁹ To obtain a court order the official will need to prove, by clear and convincing evidence, a number of factual allegations that include the person is either known to have, or suspected of having, a communicable disease and that the directive issued is the least restrictive that would serve to correct the situation and protect the public.¹⁰

Once an individual is isolated or quarantined the Department or local health officer may restrict contact by other persons with that individual¹¹ and may employ quarantine guards that will have police powers to use all reasonable means of enforcement.¹² The local health officer has the authority to remove a person to be quarantined or otherwise restricted to a separate place, as long as removal would not endanger the person's health.¹³ If a person detained in a public place (e.g. jail, prison, mental health institute) has a disease that the local health officer deems dangerous to others around him or her, the person may be removed to a hospital or other place of safety where he or she must be securely kept.¹⁴

If property or animals and their environs present a threat of transmitting one of the communicable diseases noted in HFS 145, the local health officer may direct the person who owns or controls the property or animals to do what is reasonable and necessary to abate the threat.¹⁵

Teachers, principals, directors and nurses serving schools and day care centers may also be partners in community disease prevention. They are authorized to send home, for purposes of diagnosis and treatment, any student suspected of having a communicable disease.¹⁶

The broad powers of DHFS and local health officers include the authority to close public and private schools and day care centers. If the state or local health officer ordered school closings as a disease containment measure, school districts would not be obligated to make up the lost days

⁶ Subchapter II of HFS 145 has specific procedures for confinement of persons with infectious or suspected tuberculosis that differ from the procedures discussed in this section. Therefore, if the communicable disease is not tuberculosis Subchapter II does not apply.

⁷ HFS 145.06(4), Wis. Admin. Code

⁸ HFS 145.06(4), Wis. Admin. Code

⁹ HFS 145.06(5), Wis. Admin. Code

¹⁰ HFS 145.06(5), Wis. Admin. Code

¹¹ § 252.06(4), Wis. Stats.

¹² § 252.06(5), Wis. Stats.

¹³ § 252.06(6)(a), Wis. Stats.

¹⁴ § 252.06(6)(b), Wis. Stats.

¹⁵ HFS 145.06(6), Wis. Admin. Code

¹⁶ § 252.21, Wis. Stats.; and HFS 145.07(1), Wis. Admin. Code

From June 12, 2007 Meeting

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention of school to fulfill their 180-day requirement. Additionally, local school officials have the authority to close schools when local situations warrant. In those circumstances schools are still obligated to hold classes for a total of 180 days.

Public health officials have the authority to lift closure orders to allow schools to re-open, but cannot require them to resume operations. The decision to re-open would be made at the individual school district level.

There are eleven federally recognized tribes in Wisconsin. As sovereign nations, each has an obligation to protect the health and welfare of members as well as the right to make decisions regarding containment measures for members living on tribal lands. As such, some tribes may choose to enact their own laws or may develop memorandums of agreement with the State and/or surrounding counties, allowing them authority to implement containment measures such as isolation and quarantine.

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention Definitions

Cluster: An aggregation of cases of a disease closely grouped in time and place. The number of cases in the cluster may or may not exceed the expected number.

Influenza-like illness (ILI): An illness characterized by a fever of at least 100°F and cough or sore throat.

Isolation: The physical separation or restriction of an individual or a group of individuals who are diagnosed with an infectious disease or are suspected to have an infectious disease. Isolation may be voluntary or mandated by local or state health agencies.

Isolation Facility: A pre-designated site identified by either public health agencies or hospitals that can house individuals diagnosed with a contagious disease. If it is in the community setting it shall be a site that has restricted access to the general public.

Quarantine: The separation of asymptomatic individuals or groups of individuals who may become infectious or who need to be protected from exposure to an infectious disease. Such measures may include individual confinement or community measures such as closing schools, prohibiting public gatherings, and restricting travel. Quarantine may be voluntary or mandated by local or state health agencies.

Abbreviations

CDC	Centers for Disease Control and Prevention
DCFS	Division of Children and Family Services
DDES	Division of Disability and Elder Services
DHFS	Department of Health and Family Services
DPH	Division of Public Health
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
FAQ	Frequently Asked Questions
HAN	Health Alert Network
LHD	Local Health Department
OQA	Office of Quality Assurance
PPE	Personal Protective Equipment
WEDSS	Wisconsin Electronic Disease Surveillance System

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Community Disease Prevention Measures

Public health agencies have lead roles in coordinating and convening activities, but all community disease containment measures require the involvement of other partners in state and local government and the community. Measures may need to be implemented for at least 12 weeks for pandemics classified in severity levels 4-5 and for somewhat less time for pandemics in severity levels 2-3.

Activity during interpandemic and pandemic alert phases

Activity	DPH Roles	LHD/Tribes Roles
<p>Triage and screening of ill persons</p> <p>Persons with ILI symptoms will require medical evaluation and assessment for possible infection with pandemic influenza virus. To reduce the burden on health care facilities, additional methods for screening ill persons will be established.</p> <p><u>Severity Index</u></p> <p>These activities will occur before severity indices are established.</p>	<p>Coordinate statewide dissemination of information on pandemic influenza and isolation and quarantine.</p> <ol style="list-style-type: none"> 1. Prepare for activation of a DPH influenza hotline service for clinicians and LHD/tribes. 2. Assemble and distribute factsheets and answers to FAQ. 3. Assist LHD in developing self-assessment and care instructions for the general public. 4. Provide electronic access to guidelines and other information via the HAN. 5. Establish an emergency e-mail address for clinicians, LHD/tribes and other partners to access DPH staff. 6. Coordinate roles of other partners in distribution of information (e.g., Wisconsin Medical Society, Wisconsin Hospital Association, infection control practitioners). 7. Craft messages for risk communication to media and public. <p>Provide case definitions, triage and screening</p>	<p>Conduct investigations, tracing, and monitoring of cases and contacts and isolate or quarantine appropriately.</p> <p>Plan to enlist human and social service agencies on triage teams to assist in determining need for behavioral health or other human services for people with special needs.</p> <p>Conduct local public information campaigns on pandemic influenza and isolation and quarantine.</p> <ol style="list-style-type: none"> 1. Emphasize use of voluntary containment measures. 2. Have self-assessment and care instructions ready to distribute to the community. 3. Prepare for possible use of warm lines (phone access to pre-recorded messages) and Web sites for passive dissemination of information. 4. Inform the public that influenza warm lines, media, 211 telephone services, Internet, and

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes Roles
Triage and screening (continued)	<p>guidelines, and training to clinicians and LHD staff on diagnosing persons with ILI.</p> <p>Provide guidelines on management of health care workers with ILI.</p> <p>Assist in developing educational materials on how to prepare for home isolation and quarantine and infection control measures (hand hygiene, cough etiquette).</p> <p>Develop detailed instructions for persons in isolation/quarantine for clinicians and LHD to distribute.</p> <p>Address differences in community containment protocols among border states.</p> <p>Enlist DHFS, DDES, DCFS, and OQA when developing educational materials and guidelines related to triage and screening of ill persons.</p>	<p>other information sources for triage and screening will be available.</p> <ol style="list-style-type: none"> 5. Ensure coordinated and consistent messages among other partners in jurisdiction. 6. Prepare for use of multiple outlets (TV, radio, Internet, newspapers, warm lines) to instruct public on self-assessment, self-care, infection control, and when to seek medical care. 7. Maintain 24/7 emergency availability of LHD/tribes staff 8. Coordinate and enlist use of other professionals such as pharmacists and volunteers to assist with influenza warm lines, hotlines, and dissemination of information to the community. 9. Enlist use of business partners to inform their employees about staying home while ill. <p>Prepare to activate hotline services to answer FAQ from public and to triage ill persons. Identify and train personnel and volunteers to staff hotlines.</p> <p>Prepare for use of clinician information lines for providers to obtain triage and screening information and guidance.</p> <p>Enlist human services in preparing messages for special needs populations related to maintaining healthy behavior, fostering resilience and hope, and managing stress.</p>

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes Roles
		<p>Ensure that other partners such as aging, social services, long- term care, mental health, substance abuse services, home health agencies, school officials, and developmental disabilities agencies are engaged in planning for pandemic influenza and in supporting public health efforts to isolate and quarantine individuals.</p>
<p>Individual isolation and quarantine</p> <p>In the initial stages of the pandemic, rapid identification and isolation of cases and contact tracing and quarantine may be used to reduce or slow the spread of the pandemic influenza virus.</p> <p><u>Severity Index</u></p> <p>1 = Isolation will be on a voluntary basis. Quarantine of close contacts is not recommended. Most steps in this section will not be implemented.</p>	<p>Provide the following guidelines, tools, and information:</p> <ol style="list-style-type: none"> 1. Guidelines to LHD/tribes on isolation of ill persons and quarantine of contacts. 2. Medical orders from the chief medical officer or directives from the state health officer. 3. Legal guidelines for enforcement of confinement measures. 4. Guidelines for specimen collection and laboratory testing. 5. Home assessment tool for evaluating ability of an individual to remain on home isolation/quarantine. 6. Sample isolation/quarantine order forms. 7. Infection control guidelines for hospitals, long-term care facilities, outpatient facilities, LHD/tribes, and home isolation. 8. Guidelines for PPE use by state and local agency personnel, partners, and volunteers. <p>Enlist DHFS, DDES, DCFS, and OQA in assisting with developing guidelines, tools, and</p>	<p>Participate in activities of local emergency planning committees in preparing for community containment measures.</p> <p>Continue to disseminate information:</p> <ol style="list-style-type: none"> 1. Activate influenza hotlines. 2. Provide information to public on isolation and quarantine. 3. Distribute educational materials, including infection control measures, for individuals in isolation and quarantine. 4. Distribute guidelines to businesses and schools on managing workers and students with influenza-like illness. 5. Collaborate with human services in minimizing potential for discrimination due to isolation/quarantine. <p>Follow established policies and procedures for placing and managing individuals in isolation/quarantine:</p> <ol style="list-style-type: none"> 1. Keep county boards and administration

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes Roles
<p>2,3 = Mandatory isolation may be considered for noncompliant persons. Quarantine of close contacts may also be considered.</p> <p>4,5 = Enforcement of isolation and quarantine recommended when necessary. All steps in this section will be implemented.</p>	<p>information for persons in isolation/quarantine.</p> <p>Assist LHD/tribes in case assessment.</p> <p>Ensure/coordinate training of LHD/tribes staff on use of WEDSS for electronic tracking and management of individuals in isolation/quarantine.</p>	<p>apprised of potential funding expenditures associated with containment measures.</p> <ol style="list-style-type: none"> 2. Identify community confinement facilities for individuals who cannot be isolated or quarantined at home. Determine layout and staffing plans for each facility. 3. Evaluate whether a person will be on home isolation/quarantine or be placed at an alternate site. 4. Plan with human services the care of individuals in isolation and quarantine. Needs may include food, dependent/pet care, medical care (including pre-existing conditions), mental health services, laundry, personal hygiene, waste disposal, and other services for persons with special needs. 5. Work with health care facilities in discharging infectious patients to home isolation or to an appropriate facility. 6. Coordinate with local emergency medical services on transporting persons with ILI to hospitals or alternate treatment sites. 7. Coordinate services of law enforcement and/or quarantine guards in enforcing confinement when necessary, and for providing security in restricted areas and isolation/quarantine facilities. 8. Coordinate with appropriate faith-based and ethnic/cultural leaders to ensure that care is provided in culturally competent ways.

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes Roles
<p>Individual isolation and quarantine (continued)</p>		<p>Provide occupational safety to staff and volunteers:</p> <ol style="list-style-type: none"> 1. Train staff, volunteers, and other partners who come in contact with infectious persons on infection control procedures, including use of PPE. Enforce use of measures. 2. Stockpile necessary PPE and ensure proper use by LHD staff and volunteers. Assist other partners in obtaining PPE and training their staff on PPE use (this does not require LHD to purchase or provide PPE for their partners). <p>Provide leadership in dialogue with employers to address issues of employee compensation and job security for those in isolation/quarantine.</p>
<p>Management of cases and contacts</p> <p>Persons in isolation or quarantine will be monitored for compliance with confinement measures, evaluated for disease progression and medical needs, and assessed for support services needs.</p>	<p>Provide LHD materials for implementing aggressive respiratory hygiene and cough etiquette programs.</p> <p>Develop guidelines for use of volunteers in providing case investigation and monitoring, and home health care.</p> <p>Develop interview tool for monitoring sick individuals and their household/close contacts.</p> <p>Coordinate with DHFS, DDES, DCFS, OQA in developing guidelines for volunteers.</p>	<p>Designate and train staff and volunteers for managing persons in isolation and quarantine.</p> <p>Coordinate with human services on training for psychological first aid and behavioral management of persons in isolation/quarantine.</p> <p>Use WEDSS case management for monitoring compliance with isolation/quarantine, performing medical assessments, and providing daily living needs.</p> <p>Implement legal procedures for containment of</p>

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes Roles
<p>Management of cases and contacts (continued)</p> <p><u>Severity Index</u></p> <p>1 = This section will most likely not be implemented.</p> <p>2,3 = Actions in this section may be considered.</p> <p>4,5 = Implementation of this section will be recommended.</p>		<p>persons associated with clusters of ILI when necessary:</p> <ol style="list-style-type: none"> 1. Adapt court orders and other documents to ensure procedures are in place for seeking necessary court orders. 2. Communicate to local legal community the role of LHD/tribes in community disease containment and procedures for implementing mandatory isolation/quarantine. 3. When necessary, implement mandatory containment measures through appropriate legal channels. 4. Use written and oral notices regarding conditions of containment to inform the community about restrictions, legal rights, and the health and legal consequences of violating those restrictions. 5. Maintain communications with the judicial system. 6. Ensure that release from isolation/quarantine is appropriate both epidemiologically and legally. <p>Routinely monitor compliance of persons in isolation/quarantine with use of interview tool.</p> <p>Implement aggressive community respiratory hygiene programs.</p> <p>Develop a database of potential volunteers.</p>

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes Roles
<p>Management of cases and contacts (continued)</p>		<p>Assess LHD/tribes staffing resources every 24 hours.</p> <p>Maintain constant communications with EM through redundant channels or county EOC and DPH.</p> <p>Coordinate provision of palliative care by staff and volunteers to those in isolation.</p>
<p>Containment of small clusters</p> <p>Containment of small clusters in a community may include targeted chemoprophylaxis and early detection of new cases. These measures will be used in small, well-defined settings, and will likely not be practical once a pandemic is underway.</p> <p><u>Severity Index</u></p> <p>1 = This section will most</p>	<p>Provide guidelines for prioritization and distribution of antiviral treatment and prophylaxis (separate chapter of the plan).</p> <p>Provide guidelines for work and school settings on managing persons with signs and symptoms of influenza-like illness.</p> <p>Work with state and local school officials and LHD personnel on establishing protocols for closing and re-opening schools and for maintaining communications among parents, students, and teachers during closures.</p> <p>Enlist DHFS, DDES, DCFS, and OQA in developing containment guidelines.</p> <p>Provide guidelines on roles of law enforcement and quarantine guards used for crowd control</p>	<p>Continue surveillance and epidemiology functions:</p> <ol style="list-style-type: none"> 1. Investigate disease clusters. 2. Conduct intensive disease surveillance to ensure optimum case finding in entire affected area. 3. Implement quarantine of select groups based on epidemiological evidence of transmission in those groups or on advice of DPH or CDC. <p>Use law enforcement and volunteer quarantine guards as needed for crowd control and enforcement of isolation/quarantine.</p> <p>Establish procedures for identifying, activating, swearing in, and training quarantine guards.</p> <p>Continue communications with public and other</p>

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes Roles
<p>likely not be implemented.</p> <p>2,3 = Actions in this section may be considered.</p> <p>4,5 = Implementation of this section will be recommended.</p> <p>Containment of small clusters (continued)</p>	<p>and enforcement of isolation/quarantine.</p>	<p>partners:</p> <ol style="list-style-type: none"> 1. Provide self-assessment tools to public. 2. Distribute messages on infection control measures such as hand hygiene, cough etiquette, and staying home when ill. 3. Provide information to community on instigation of social distancing measures (business closures, school closures, restriction of social gatherings). 4. Use established contacts with private, public, university, and technical schools in the jurisdiction to coordinate school closing procedures. 5. Establish methods of maintaining contact with school officials, who in turn will maintain communications with parents and students during school closures. 6. Provide effective ways to communicate to special populations (e.g., non-English speaking, those in institutions, homeless). <p>Facilitate procurement and distribution of thermometers and other supplies needed for case assessment.</p> <p>Assist with rapid antiviral distribution and administration when available (separate chapter of plan).</p> <p>Continue to coordinate provision of daily living needs to persons in isolation/quarantine.</p>

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes Roles
		<p>Monitor compliance with isolation using telephone-based monitoring instead of home visits when possible.</p> <p>Enlist human services to provide counseling for confined persons and stress management for response personnel.</p>

Activity during pandemic period

Activity	DPH Roles	LHD/Tribes roles
<p>Isolation of large numbers of cases</p> <p>Isolation of infected persons will continue but cases will not be managed at the same level as in the early stages of the pandemic. Large numbers of persons requiring isolation will make individual case management impractical, except for provision of goods and services to persons with special needs. Quarantine of contacts will probably not be practical or effective.</p>	<p>Continue to provide guidance on isolation of individuals, including assisting LHD in determining when individual case management will no longer be practical.</p> <p>Continue to provide risk communication messages and instructions to public for LHD to release in their jurisdictions.</p> <p>Enlist DHFS, DDES, DCFS, and OQA to provide input in developing guidance for identification of essential services for persons with special needs.</p>	<p>Continue to request ill persons to be isolated but discontinue management of individual cases except for provision of necessary goods and services to persons with special needs.</p> <p>Take daily inventory of LHD/tribes resources.</p> <p>Maintain constant communication with EM (through redundant channels if needed).</p> <p>Provide risk communications updates as needed to media (television, paper, and radio), 211, and reverse 911 systems.</p> <p>Evaluate availability of essential services such as utilities and EMS with EM.</p>

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes roles
<p>Isolation of large numbers of cases (continued)</p> <p>Severity Index: 1 = Isolation will be on a voluntary basis. Quarantine of close contacts is not recommended. Most steps in this section will not be implemented.</p> <p>2,3 = Mandatory isolation may be considered for noncompliant persons. Quarantine of close contacts may also be considered.</p> <p>4,5 = Enforcement of isolation and quarantine recommended when necessary. All steps in this section will be implemented.</p>		<p>Work with community and business partners to keep necessary businesses available (grocery stores, gas stations, pharmacies, etc).</p> <p>If necessary, maintain individual isolation by legal orders.</p> <p>Maintain communication with courts for continuation of large-scale isolation orders.</p> <p>Enlist human services to develop appropriate risk communications for persons with special needs and to assist in resolving issues related to isolation/quarantine.</p>
<p>Community-wide containment measures</p> <p>Once the pandemic is underway, individual isolation and quarantine alone will likely not be effective or practical. Community-wide</p>	<p>Continue to monitor statewide disease activity to provide recommendations on when to initiate, modify, and scale back containment measures and to assess effectiveness of those measures.</p> <p>Provide the criteria that will trigger use of community containment measures, including</p>	<p>Implement measures of social distancing such as school closures, canceling public gatherings and meetings, closing businesses.</p> <p>Continue to distribute messages on infection control measures such as hand hygiene, cough etiquette, and staying home when ill.</p>

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Activity	DPH Roles	LHD/Tribes roles
<p>Community-wide containment measures (continued)</p> <p>measures aimed at reducing social contact will be added to slow the spread of the influenza virus. Such measures may include cancellation of public events, school cancellations, and “snow days,” in which the entire community will be asked to remain at home. Continuation of individual infection control measures such as hand hygiene and cough etiquette will also be used to slow the spread of influenza.</p>	<p>school closures.</p> <p>Continue to facilitate cross-border communications.</p> <p>Provide criteria for cessation of non-essential LHD services.</p> <p>Continue to provide risk communication messages for LHD to distribute to businesses, faith-based organizations, health care partners, and other community partners in their jurisdictions.</p> <p>Enlist DHFS, DDES, DCFS, and OQA to provide input on development of community containment measures, especially as they relate to persons with special needs.</p>	<p>Provide communication to public on community containment measures.</p> <p>Assist in developing community systems to care for dependents of health care and public health care workers. These systems should be such that social distancing of dependents is maintained (e.g., no group day care).</p> <p>Continue coordination of activities with other government and community partners—law enforcement, human services, local businesses, school officials, public safety services, faith-based organizations, media, volunteer and service organizations, utility services.</p> <p>Continue to request or enforce isolation of sick individuals.</p> <p>Coordinate with human services in resolving isolation and quarantine issues, especially as they relate to special populations.</p>

From June 12, 2007 Meeting

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Appendices**

From June 12, 2007 Meeting

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Appendix A: Quarantine Officer Oath**

On my honor

I will never betray my duty,
my integrity, my character,
or the public trust.

I will always have the courage
to hold myself and others
accountable for our actions.

I will always uphold the laws,
the community,
and the agency I serve,
so help me God.

Whenever an oath is required it may usually be substituted with an affirmation which does not include a swearing under God. Therefore, a local health department may forego the last line.

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Appendix B: Sample Confinement Documents**

Voluntary Isolation

To: (Individual's name, address, and date of birth)

Because you [*have/are thought to have*][*suspected/confirmed*](*circle correct terms*)
_____ (*name of infectious disease*) there is a risk you could transmit this disease to others.

Therefore to protect people around you, please remain at _____
until your illness is cleared or is no longer thought to be infectious. When you are confirmed as
no longer infectious, you will be able to move freely about the community. We will monitor your
clinical condition regularly and we will let you know how you are progressing.

The clinical findings that point to _____ (*name of infectious disease*) are:

Chapter 252 of the Wisconsin statutes and chapter 145 of the Wisconsin Administrative Code
give local and state health departments the authority to control infectious diseases by use of
isolation and quarantine. Violation of isolation or quarantine measures could result in legal
action through the courts.

I, _____ agree voluntarily to:

- Remain in _____ until the health department releases me.
- Have no contact with people outside of _____.
- Have no person into _____ except the designated public health staff or any other person given permission by the Health Department.
- Remain in isolation precautions until such time as I have medical verification from the health department that I am no longer infectious.
- Contact the health department for assistance if I am having any difficulty maintaining this agreement, have any changes in symptoms, or if I become aware of anyone else with whom I was previously in contact who should undergo an evaluation.
- Arrangements for medical appointments will be made by _____.
- I understand that the health department will visit me regularly to evaluate how I am doing and to ensure that I am remaining in isolation.

Client: _____ Date ____/____/____
Client Signature Month/Day/Year

Witness _____ Date ____/____/____
Optional Witness Signature Month/Day/Year

Health Department Staff: _____ Date ____/____/____
Signature & Title Month/Day/Year

One copy to client. One copy to health department.

From June 12, 2007 Meeting

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention Isolation Order

To: (Individual's name, address and date of birth)

I, _____, Health Officer for _____, have been
(Local Health Officer) (City/County)
informed that you have [suspected or confirmed] (select one) _____, and
there is a risk that you could transmit this disease to others.

This determination of [suspected or confirmed] (select one) _____ is based on the
following findings:

Chapter 252 of the Wisconsin state statutes and chapter 145 of the Wisconsin Administrative Code give local and state health departments the authority to control infectious diseases by use of isolation and quarantine. Violation of isolation or quarantine measures could result in legal action through the courts.

In light of my legal obligation to protect the health of the public, you are ordered to:

1. Remain in _____.
2. Have no contact with people outside of _____.
3. Have no other person enter _____ except my designated representatives or any other persons having special written consent from my office.
4. Remain in _____ until I notify you that I have medical verification that you are no longer infectious and I release you from isolation.

Arrangements for medical appointments will be made by _____.
You will be visited by a health department representative to check on how you are getting along as required by Wisconsin Administrative Code.

This order is effective as of this date, _____, and is to stay in effect until you are officially notified of your release from isolation precautions by my agent or me. A violation of this order will result in a request to the court for legal action to enforce your isolation to protect others from being infected.

You may wish to discuss this with an attorney, but that will not delay the effective date of this order.

_____ Date ____/____/____
Health Officer Signature Month/Day/Year

Signature acknowledges receipt of the original order: _____ Date ____/____/____
Client's Signature Month/Day/Year

Witness to service of isolation order: _____ Date ____/____/____
Witness Signature Month/Day/Year

Served by: _____ Date ____/____/____
Signature and Title Month/Day/Year

One copy to client. One copy to health department.

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Release from Isolation

To: (Individual's name, address and date of birth)

I, _____, Health Officer for _____, have
Local Health Officer *City/County*
medical verification that you are no longer infectious and your condition is no longer considered a public health risk.

I am therefore releasing you from the isolation order issued on _____. You are free to move about the community, and are now able to follow up with your chosen health care provider if you have any further health care needs.

Please call the _____ Health Department at _____ with any public health questions you may have.

_____ Date ____/____/____
Health Officer Signature Month/Day/Year

I acknowledge receipt of original order of release _____ Date ____/____/____
Client's Signature Month/Day/Year

[Option of witness for release per local health department decision; eliminate the signature area below if not to be used:]

I witnessed issuance of release _____ Date ____/____/____
Witness Signature Month/Day/Year

Served by _____ Date ____/____/____
Signature and Title Month/Day/Year

One copy to client. One copy to health department.

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Appendix C: Isolation and Quarantine: Likely Questions from Public**

The need to quarantine will spur many questions from the public. The more information available, the more likely the public will comply with disease containment measures. While each situation will be different, there are some general questions that will probably be asked in most circumstances. The answers to these questions should serve as key components to an effective public message about pandemic influenza and isolation and quarantine.

Questions the public will want answered:

What is the suspected disease? Who is at risk for this disease? What are the symptoms?

How serious is it? How is it spread? How is it not spread?

How contagious is the disease? Is it life- threatening? Who is at highest risk?

If I am exposed, how long before I know if I've contracted the disease?

Is there a vaccine that can prevent this disease? Is there a preventive medication? If so, who can get the medication and when?

Is there a treatment if I develop the illness?

Is this bioterrorism related?

What is being done to stop the spread?

How can my loved ones and I avoid the disease?

What should I do if I think I have been exposed?

What are the chances of effects showing up later from this disease?

What does it mean to be quarantined?

What does isolation mean?

How can quarantine help?

What if I don't want to/can't adhere to voluntary quarantine measures?

When can we expect the quarantine period to end?

How widespread is the problem?

What geographic area is covered by the quarantine order?

Will I be able to work? Can my kids attend school, day care etc.?

What is the best way to keep informed about the situation?

Whom should I call with questions? Whom should I call if I believe I've been exposed?

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Appendix D: Checklist for Public Message on Isolation and Quarantine

- Specify whether isolation/quarantine is mandatory or voluntary
- If mandatory, clearly state enforcement authority, methods for enforcement and sanctions for violation
- Reasons for isolation/quarantine (public safety, reduce transmission of disease, etc.)
- Consequences to the community and the patient if order not followed
- Description of suspected disease
- Symptoms of disease
- Type of exposure required to contract disease (i.e., airborne, face-to-face etc.)
- Incubation period
- What to do if you believe you have been exposed
- What to do if you believe you have contracted disease
- Whom to call for more information
- The geographical boundaries of the order/request
- Information about the status of public events and meeting places (schools, theaters, sporting events, etc.) and any potential alternate meeting locations
- Travel restrictions
- Directions for family members of exposed individuals
- How to keep updated on status of the disease spread in the community
- Curfew information
- Steps being taken by public officials to curb spread of disease
- If suspected terrorism, steps being taken to determine the criminal source
- Health and mental health hotline information
- Estimate of how long isolation/quarantine will last, making clear that it is only an estimate and may change
- Brief guidelines on how to avoid becoming ill

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Appendix E: Disease-Related Factors to Consider When Making Social Distancing
Decisions**

- Total number of cases in jurisdiction (absolute or estimated)
- Rate of increase in number of cases (per day, per week)
- Percentage of cases with no identified epidemiologic link
- Populations affected, including number and percentage of cases among:
 - Children
 - Adults between the ages of 18 and 40
 - Elderly
 - Persons with underlying medical conditions
 - Those with other risk factors
- Severity of illness, including:
 - Number of cases hospitalized
 - Number of deaths
- Severity of illness, populations affected, and rate of spread in other communities (globally, nationally, statewide)

Appendix F: Community Disease Containment Measures by Pandemic Severity

Severity	WHO Phase	U.S. Stage	Trigger	Response	Interventions
Category 1	6 - Pandemic phase: increased and sustained transmission in general population	3 - Widespread human outbreaks in multiple locations overseas	-	Alert	<ul style="list-style-type: none"> Recommend voluntary isolation of persons with confirmed and probable influenza and treatment with antiviral meds as appropriate and available Emphasize cough etiquette and hand hygiene
		4 - First human case in North America	First human case in U.S.	Standby	
		5 - Spread throughout the U.S.	First lab-confirmed case/ cluster in State or region	Activate	
Category 2 and 3	6 - Pandemic phase: increased and sustained transmission in general population	3 - Widespread human outbreaks in multiple locations overseas	-	Alert	<ul style="list-style-type: none"> Recommend voluntary isolation Consider mandatory isolation for noncompliant persons Consider voluntary quarantine of close contacts Aggressive education on cough etiquette and hand hygiene Consider social distancing measures in schools, workplaces
		4 - First human case in North America	First human case in U.S.	Standby	
		5 - Spread throughout the U.S.	First lab-confirmed cluster in State or region	Activate	
Category 4 and 5	5 - Larger cluster(s) but human-to-human spread still localized (substantial pandemic risk)	2 - Confirmed human outbreak overseas	-	Alert	<ul style="list-style-type: none"> Recommend voluntary isolation Recommend enforcement of isolation for noncompliant persons Aggressive education on cough etiquette and hand hygiene Recommend community-wide containment measures such as social distancing, school and business closings, restriction of public gatherings
		3 - Widespread human outbreaks in multiple locations overseas	-	Standby	
	6 - Pandemic phase: increased and sustained transmission in general population	4 - First human case in North America	First human case in U.S.	Standby	
			Lab confirmed case cluster or community transmission in jurisdiction	Activate	
	5 - Spread throughout the U.S.	First lab-confirmed cluster in State or region	Activate		

Source: CDC Interim Pre-pandemic Planning Guidance 2007

**Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention
Appendix G: Features of Suitable Alternate Isolation and Quarantine Sites**

Some individuals may not be able to be confined in their homes. Additionally, if large numbers of persons will require delivery of daily living needs such as food and medication, it may become more practical to house them in a central location rather than in their separate homes to more efficiently deliver goods and services. Only persons with a reasonably certain diagnosis of a novel influenza virus infection should be placed in community confinement settings. Quarantined individuals should be placed in areas separate from sick persons.

Facilities used for isolation or quarantine should meet the following requirements:

- Adequate water, electricity, heating, cooling, and ventilation to maintain daily living activities
- Telephone or intercom system for dependable communication within and outside the facility
- Ability to maintain social distancing (spacing sick persons greater than 3 feet from one another) and to separate quarantined (well) individuals from isolated (sick) patients.
- Entrances and exits that can be secured to control traffic in and out of facility
- Capacity to store food, water, basic medical supplies, medications, PPE, cleaning and disinfection supplies, tissues, and alcohol hand sanitizers
- Adequate sinks for hand washing
- Back-up for provision of basic utilities if service is interrupted
- Staffing resources to perform basic triage and medical assessment

Wisconsin Pandemic Influenza Continuity of Operations Plan: Community Disease Control and Prevention

Appendix H: Actions State and Local Health Officers May Take to Control Pandemic Influenza Transmission

Communicable disease containment measures that state and local health officers may implement include (but are not limited to) the following actions. Health officers should choose only those measures that are necessary to control pandemic influenza transmission and are the least restrictive to individual rights and freedoms. Use of more restrictive measures should be supported by evidence of need to control disease transmission or based on DPH or CDC recommendations.

- Isolate and quarantine individual.
- Close schools, businesses, places of worship, day cares.
- Require sick persons to leave work, school, day care, and other public places.
- Restrict travel into jurisdiction.
- Prohibit entry of unauthorized persons into isolation facilities (including private homes) and quarantined areas.
- Close places of public gatherings such as shopping malls, theaters, libraries, sports centers.
- Enter buildings and stop trains and other transport vehicles to inspect for and remove sources of communicable disease transmission.
- Swear in and use quarantine guards to enforce confinement.
- Require persons who may be infected with pandemic influenza and who pose a public health threat to undergo medical tests, receive education, or undergo treatment (including prophylaxis).
- During a governor-declared public health emergency, order individuals to become vaccinated and order confinement of persons who refuse vaccination or are unable to be vaccinated.
- Activate alternative isolation and quarantine facilities.