



New Jersey State Pandemic Influenza Response Plan

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Executive Summary

The New Jersey State Pandemic Influenza Response Plan provides statewide guidance to governmental, commercial and private agencies and communities for the planning and response to an infectious disease capable of claiming thousands of lives and adversely impacting community infrastructure. This plan provides New Jersey with a description of the operating conditions and response expectations for those addressing the health of the state's residents and survivability of the state's infrastructure should there occur an influenza pandemic. This Plan is an attachment to ESF#8, the Public Health Annex to the State Emergency Operations Plan and conforms to NRP/NIMS principles and guidelines.

The Plan relies on acceptance of common assumptions and conditions by response agencies to enable pre-pandemic understanding of necessary and complimentary response activities.

Although the basis of this plan is a public health emergency, the challenge of Continuity of Operations and Continuity of Government is equal to the challenge of treatment of the ill. Consequently, a large portion of this plan concentrates on the maintenance of critical infrastructure when faced with a significantly reduced workforce, atmosphere of apprehension and fear, and threat of continuous illness, disease and death.

This Plan encompasses all of New Jersey's governmental agencies, and sectors identified by the Domestic Planning Security Task Force Infrastructure Advisory Committee. Additional organizations, both public and private will integrate expected response activities as the plan matures and develops.

This Plan is based on health and supporting agency responses to a pandemic outbreak as defined by the World Health Organization and Federal pandemic influenza phases and further by New Jersey defined pandemic Situations. The State's Situations are similar; however, not identical to the U.S. Department of Homeland Security Federal Government Response phases and transition from one Situation to another indicates a required change in activities of one or more NJ agencies.

This Plan addresses a zoonotic outbreak with little to no human-human transmission, and, human-human transmission of a novel influenza virus.

New Jersey's Pandemic Influenza planning effort is described in five coupled efforts:

1. The New Jersey State Pandemic Influenza Response Plan (this document, the overarching state plan).
2. ANNEX 1: The New Jersey Department of Health and Senior Services Pandemic Influenza Plan (focused on the public health response to a pandemic).
3. ANNEX 2: The New Jersey Hospital Association (NJHA) plan (focused on healthcare facility response to a pandemic).
4. ANNEX 3: Individual NJ county and municipal pandemic plans.
5. ANNEX 4: Individual business and private sector pandemic plans.

Note: Contents of ANNEX 4 are not held or controlled by the State.

Within this Plan, activities are general in nature and guidance is provided to partners that frames the development of individual plans. When response preparedness or response activities require greater specificity or detail, this Plan references appropriate supporting plans. It is a living document that is designed for growth and modification.

Distribution List

1.0 Purpose

The purpose of this Plan is to reduce morbidity and mortality, provide continuity of operations and position the state for recovery if attacked by a novel influenza virus that causes large numbers of illnesses and deaths throughout New Jersey.

2.0 Authority

Development of this Plan is the responsibility of the New Jersey Department of Health and Senior Services, activation of this Plan is by the Governor of the State of New Jersey or his designated authority, and enactment of this Plan is through the New Jersey Office of Emergency Management (OEM). NJDHSS is the Lead Agency for the Plan.

3.0 Situation

According to world and federal health officials, there exists an increased risk of a global influenza pandemic. This infectious disease is capable of claiming thousands of lives and adversely affecting critical infrastructure and key resources. Of major significance is the pandemic's ability to reduce the health, safety, and welfare of the essential services workforce; immobilize core infrastructure; and induce fiscal instability.

All infrastructure and commercial sectors are susceptible to the effects of an influenza pandemic and all may experience the resulting severe disruption and impediments to the continuity of civil services and commercial operations. The dependence of sectors on each other may add to the disease a force multiplying effect as all sectors experience pandemic consequences nearly simultaneously and lose the ability to provide mutual support. Without an immediate and effective response to a pandemic, a critical health-focused situation may lead to a temporary collapse of government, business and society.

Long term results can be considerable. New Jersey must be prepared to respond aggressively and immediately to a pandemic threat as any unchecked pandemic might result in disruption of local and state infrastructures. The effect of a pandemic on the private sector, which provides the majority of critical infrastructure, is potentially significant.

Although prominent in news and discussion, the current national readiness for an influenza pandemic is insufficient. Only sustained planning, training and exercise of contingency operations across public, private and volunteer sectors will help to reduce the potential of a catastrophic pandemic disaster.

4.0 Strategy

This plan provides New Jersey with the framework for governmental and private response to an infectious disease capable of claiming thousands of lives and affecting critical infrastructure. The plan provides governmental and commercial entities a common understanding of the conditions, expectations, responsibilities and activities of organizations responsible for the survival of the state's residents and infrastructure should a pandemic occur.

The Plan is based on health and supporting agency responses to a pandemic as defined by the World Health Organization phases and federal pandemic influenza stages and further defined by

New Jersey pandemic Situations. The State’s Situations are similar, however, not identical to the U.S. Department of Homeland Security Federal Government Response stages. Transition from one Situation to another indicates a change in activities of one or more NJ agencies.

Federal		NJ Situations	
0	New domestic animal outbreak in at-risk country	No/Little Human spread	NJ SITUATION 1 Novel (new) influenza virus in birds or other animal outside the U.S.
			NJ SITUATION 2 Novel (new) influenza virus in birds or other animal in the U.S. / N.J.
1	Suspected Human Outbreak overseas		NJ SITUATION 3 Human case of novel (new) influenza virus outside of the U.S.
2	Confirmed Human Outbreak overseas	Human-Human spread	NJ SITUATION 4 Human -to-human spread of novel (new) influenza outside the U.S. (no widespread human transmission)
			SITUATION 5 Clusters of human cases outside the U.S.
3	Widespread human outbreak in multiple locations overseas		
4	First Human Case in North America		NJ SITUATION 6 Human case of novel (new) influenza virus (no human spread) in the U.S. /N.J.
5	Spread in U.S.		NJ SITUATION 7 First case of human to human spread of novel (new) influenza in the U.S. / N.J.
			NJ SITUATION 8 Clusters of cases of human spread in the U.S./N.J.
			NJ SITUATION 9 Widespread cases of human to human spread of novel (new) influenza outside the U.S./NJ
6	Recovery and Preparation for subsequent waves		NJ SITUATION 10 Reduced spread of influenza or end of pandemic

Figure 1 Comparison of Federal and New Jersey Pandemic Influenza Phases and Situations

4.1 Pandemic Severity Index

The Centers for Disease Control and Prevention Community Strategy for Pandemic Influenza Mitigation guidance introduces a Pandemic Severity Index which uses the case fatality ratio as the critical driver for categorizing the severity of a pandemic (See Figure 2). The index is designed to enable estimation of the severity of a pandemic on a population to allow better forecasting of the impact of a pandemic and to enable recommendations on the use of mitigation interventions that are matched to the severity of influenza pandemic.

Pandemics will be assigned to one of five discrete categories of increasing severity (Category 1 to Category 5).

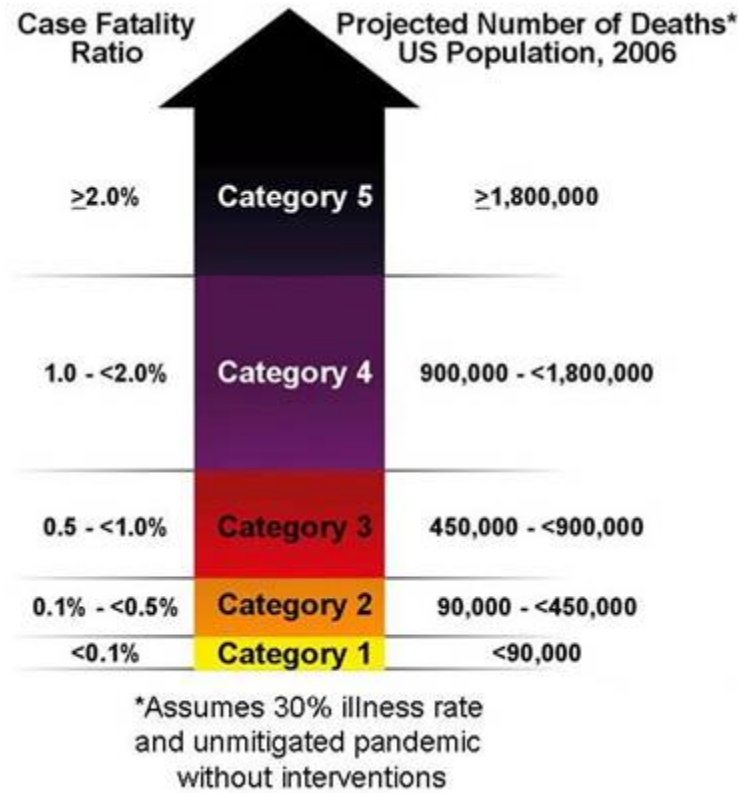


Figure 2 Pandemic Influenza Severity Index

5.0 Assumptions

This Plan provides for common assumptions to ensure that governmental and private sectors are provided a standard framework for pandemic planning and response. This consistency is necessary for the development of a universal New Jersey plan that accounts for the interdependence of sectors during routine and emergency operations.

Federal Assumptions

1. An influenza pandemic will most likely originate overseas and not in the United States.
2. Susceptibility to the pandemic influenza virus will be nearly universal.
3. Efficient and sustained person-to-person transmission will signal an imminent pandemic.
4. The clinical disease attack rate will likely be 30 percent or higher. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill within a community.

5. Some persons will become infected, but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
6. The typical incubation period (interval between infection and onset of symptoms) for influenza will be approximately 2 days.
7. Persons who become infected will shed the virus and may transmit infection as much as a day before the onset of illness. Persons will transmit infection for at least 5 days after the onset of symptoms. Children will shed the greatest amount of the virus and are likely to pose the greatest risk for disease transmission.
8. On average, each infected person will transmit infection to approximately two other people.
9. Fifty percent of those who become ill will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, this proportion could be higher.
10. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus, the effectiveness and availability of antivirals and the availability of vaccine.
11. Risk groups for severe and fatal infection cannot be predicted with certainty, but will likely include infants, the elderly, pregnant women, and persons with chronic medical conditions.
12. Rates of absenteeism in workplaces will depend on the severity of the pandemic. In a severe pandemic, absenteeism in a community will reach 40 percent during the peak weeks of the pandemic, with lower rates of absenteeism during the weeks before and after the peak
13. Certain public health measures (closing schools, quarantining household contacts of infected individuals, sheltering in place) will increase rates of absenteeism in workplaces.
14. In an affected community, a pandemic will last about 6 to 8 weeks; however, the imposition of community containment measures, in addition to possibly lessening the case/day numbers, may extend the length of the pandemic.
15. Multiple waves of illness may occur with several months in between waves.

Public Health Assumptions

The Department of Health and Senior Services is the lead planning agency for development of these assumptions.

1. Influenza-like illness (ILI) surveillance is being conducted.
2. Communication systems among federal, state and local health care partners are in place.
3. Up to 50 percent of the population will be affected either through illness, caring for those with illness, or changing lifestyle in response to the pandemic.
4. No vaccine for at least 6 months and then there will be limited quantities available on a periodic basis.

5. There will be a supply of antivirals and will be effective if taken in a timely fashion.
6. Antivirals may be effective as a means of prophylaxis if available in enough quantities to support this use.
7. Limited vaccines when available, will be distributed to target groups.
8. The Governor will declare a Public Health Emergency and may declare a State of Emergency, depending on the severity of the pandemic.
9. Support and response services will be required for an extended period of time (months).
10. There will be a large number of hospitalizations and deaths.
11. Medical supplies and staff will be limited.
12. The State will need to be self-sufficient (uncertain federal support).
13. Both health providers/responders and the public will experience significant stress and will require mental health services
14. Quarantine may be effective under some circumstances.
15. Travel restrictions will not be effective.

State Assumptions

The initial focus of the State pandemic influenza plan is a statewide health response aimed at reducing morbidity and mortality, and effecting Continuity of Government (COG) to ensure civil and societal stabilization. The assumptions of this section reflect this focus. However, once the core Plan is drafted, the New Jersey Office of Homeland Security and Preparedness (OHSP) will expand the effort to the private and volunteer sectors which may include modifications to the assumptions with subsequent addressing of operational tasks. OHSP accepts this responsibility and considers this a living document designed for update and modifications.

Pandemic Influenza Continuum

In addressing a Pandemic Influenza continuum, this Plan provides **two** major conditions.

1. Novel influenza virus with **minimal** human-to-human transmission.
2. Novel influenza virus with **sustained** human-to-human transmission.

Novel Influenza Virus

1. Risk Communications will play a critical role in preparing the community for a pandemic and will play a critical role in education, direction and allay of fear during a pandemic
2. The State will develop in advance of a pandemic, a prioritized list of prophylaxis/treatment based on essential services with focus on reduction of morbidity, mortality and maintenance of business continuity. Until the State develops its own list, New Jersey will use the recommendations developed by the federal government

3. No human vaccine prior to a pandemic
4. If Avian Influenza (**NJ Situation 2** page 7) presents in US/NJ, this may impact the general population through reductions in travel, food supply and economic manifestations. State agencies responding to the Avian Influenza may have expended resources necessary for a subsequent influenza pandemic response

Figure 3 Assumptions during a Novel Influenza Virus outbreak with minimal human to human transmissions

Pandemic

1. Clinical Disease attack rate will be 30% of the population during the pandemic, 30-50% reduction in workforce (sick/scared/care of others)
2. Community/Regional illness will last 6 to 8 weeks, up to 12 weeks
3. Multiple waves are likely
4. Large numbers of deaths

Response

1. Support for goods and services to include medical supplies, medical staff, vaccine and antivirals is uncertain
2. Federal and EMAC support is tentative
3. Vendor support for all classes of supply, food, fuel, repair parts etc may not be available.
4. Using current technology, no human vaccine for at least 6 months/limited vaccine for 6 months subsequent to production
5. Communication exchange is critical
6. The private sector ability to deliver goods and services will be compromised if they do not receive timely information
7. Public concerns of fear/anger/civil and social unrest
8. Social distancing orders likely
9. Overwhelmed health system
10. Isolation and quarantine likely required
11. First Responders are concerned about their families

COOP/COG

1. Viability of State, county, local agencies and private sector's COOP/COG plans is untested
2. Many people do not prepare, or they do so only if they feel there is an imminent threat
3. State ESFs may not provide full guidance for response

Legal/Ethical

1. Legal authority and legal support system is identified prior to Pandemic

2. Ethical issues will begin to surface as decisions are made about vaccine, antiviral medications, and medical interventions, deceased

Figure 4 Assumptions during Novel influenza virus with sustained human-to-human transmission

6.0 Responsibilities

6.1. State Government

General

1. Develop a statewide influenza preparedness and response plan.
2. Include public and private, health and non-health, agencies in influenza pandemic planning.
3. Integrate public and private, health and non-health capabilities and requirements into the influenza pandemic plan.
4. Establish state pharmaceutical and pandemic health support stockpiles with distribution chains able to augment existing public and private logistical chains.
5. Develop a comprehensive pre-pandemic crisis communication and public information plan for statewide distribution and implementation.
6. Develop Continuity of Government plans that address a pandemic situation.

Office of the Governor

1. Direct and ensure the development, completion and implementation of the New Jersey State Pandemic Influenza Plan.
2. Determine essential state governmental functions during periods of reduced staffing and pandemic outbreak.
3. Determine state government workforce policies to include leave and pay, alternate worksite authorizations, mandatory sick leave, and decisions to implement social distancing in the governmental workplace.
4. Authorize statewide social distancing policies to include cessation of public gathering and school closure.
5. Approve for activation of select New Jersey Pandemic Influenza Plan components.
6. Convene Cabinet Level meetings as required.
7. Approve of essential service priorities.
8. Approve of mass prophylaxis, vaccination, and treatment priorities.
9. Engage professional and labor organizations in advance of a pandemic to coordinate acceptable and feasible response activities.

New Jersey Office of Homeland Security Preparedness (OHSP)

1. Coordinate state agency efforts in the development of a New Jersey State Pandemic Influenza Plan.

2. Coordinate plan development with the public and private sector.
3. Assure development of COOP/COG and encourage us of the plan with the public sectors who deliver essential services.
4. Assuring the development and completion of the New Jersey State Pandemic Influenza Plan.
5. Deliver of training plans in support of this Plan.
6. Coordinate the development and dissemination of public information for all levels of government, the private sector and the residents of the State of New Jersey, and through NJDHSS, coordinate the development and dissemination of public health information.
7. Direct State exercise of the Plan and After Action Review.
8. Convene the Domestic Security Preparedness Task Force as required.
9. Coordinate the development of recommended essential services priorities for presentation to the Office of the Governor.
10. Coordinate the development of recommended priorities for mass prophylaxis and treatment prior and during an influenza pandemic for recommendation to the Office of the Governor.

New Jersey State Police (NJSP)

New Jersey Office of Emergency Management (OEM)

1. Incorporate this Plan into the State's Emergency Operations Plan.
2. Ensure periodic Plan review and TTX.
3. Direct and implement the Plan.
4. Ensure the Plan is consistent with New Jersey Emergency Management protocols and harmonious with expected federal response.
5. Coordinate all Emergency Response activities in the name of the Governor.

New Jersey Department of Health and Senior Services

1. Serve as the Lead Agency for Pandemic Influenza preparedness and response.
2. Provide Subject Matter Expertise (SME) during plan development and implementation.
3. Ensure the accuracy of medical and health information related to pandemic influenza as guided by CDC.
4. Coordinate public health department activities.
5. Designate and instruct LINCIS authorities.
6. Serve as Liaison with the US Department of Health and Human Services during planning and response activities.
7. Develop a statewide mass vaccination plan.
8. Maintain a State Strategic Stockpile of pharmaceuticals, antivirals, and other medical supplies.

9. Coordinate statewide preparedness and response activities with OHSP and OEM.
10. Develop an operations plan for the health response to an Influenza Pandemic (Annex 1).
11. Convene a panel to provide recommendations to the Commissioner of Health and Senior Services on the ethical issues surrounding mass prophylaxis and treatment issues as related to an influenza pandemic.
12. Provide pharmaceutical and non-pharmaceutical intervention recommendations to the Office of the Governor.
13. Coordinate the provision of healthcare services.
14. Provide health planning and operational guidance to state agencies and the private sector prior to and during a pandemic.
15. Develop and disseminate the public information for all levels of government, the private sector and the residents of New Jersey.

Commissioner, New Jersey Department of Health and Senior Services

State Epidemiologist

1. Provide consultation to LHDs and healthcare providers, as needed, on suspect novel influenza cases including those suspected to be attributed to animal to human transmitted influenza.
2. Investigate influenza outbreaks in conjunction with LHDs.
3. Work with LHDs and State Laboratories to coordinate influenza testing.
4. Continue work with LHDs to recruit medical providers to create and participate in a New Jersey influenza physician network.
5. Develop materials and help educate healthcare providers about novel and pandemic influenza.
6. Develop protocols for using surge capacity epidemiology staff for surveillance activities.
7. Work with external partners (USHHS, USDA) to remain informed of coordination efforts related to non- human animal disease control.
8. Develop materials and help educate healthcare providers, veterinarians and animal disease responders about pandemic influenza strains.
9. Aggregate and interpret animal disease exposure case-report forms to determine need for modified infection control guidelines.
10. Identify and enumerate communication groups, and communicate regularly with key response partners.
11. Monitor local and state and national syndromic surveillance systems for respiratory and influenza like illness.
12. Monitor mortality surveillance trends, as reported by NJ LINCS agencies forwarding data from 21 counties.
13. Determine and report on a weekly basis the state influenza-activity level to the CDC and disseminate to LINCS agencies and LHDs.

14. Implement system enhancements developed for electronically reporting laboratory influenza surveillance data to LHDs.
15. Maintain updated pandemic influenza screening protocol and screening criteria on State Health Department website.
16. Implement Metropolitan Medical Response System (MMRS) Reporting System, and analyze excess deaths attributable to pneumonia and influenza.
17. Continue to provide updated case definition, protocols or algorithms for case findings, inclusive of clinical data and travel or exposure history.
18. Enhance surveillance to include monitoring of following groups:
 - Perform outreach/monitoring of persons involved in culling birds or animals infected with influenza (single cases and/or clusters).
 - Other persons exposed to birds or animals infected with influenza, e.g., farmers and veterinarians (single cases and/or clusters). Work with NJDA and NJDEP regarding poultry and wild bird population issues.
19. Develop protocols for using surge capacity epidemiology staff for surveillance activities.
20. Work with vaccine preventable diseases to establish system for:
 - Monitor vaccine usage for routine and pandemic strain influenza vaccines, if available.
 - Monitoring adverse vaccine events attributed to pandemic strain vaccine, if available.
 - Collect data for later use in calculation of vaccine effectiveness for the pandemic strain vaccine.
 - Monitoring pneumococcal vaccine use and adverse events associated with its use, if this vaccine is available and being used.
21. Establish system for monitoring antiviral use and adverse events that may be attributed to antiviral use, if applicable.
22. Establish system for monitoring hospital admissions for suspected or confirmed cases of pandemic strain influenza, available for use by LHDs staff.
23. Establish criteria to indicate when to move from one level of surveillance to higher or lower level, and indicators for movement from case-based control measures to community-based control measures.
24. Establish system for revising pandemic case definition, given availability of additional clinical information (WHO will recommend global case definitions according to different global phases).
25. Consider how recovered cases, presumably immune to new virus, can be identified by occupation (e.g., healthcare workers or workers in designated essential services), to facilitate development of resource of workers presumed to be immune.
26. Establish mechanism for data aggregation and interpretation for decision-making.
27. Facilitate dissemination of pandemic influenza surveillance reports to LHDs, partner agencies and public.

28. Ensure mechanism for daily reporting of cases to national authorities, including information on possible source of infection.

Senior Assistant Commissioner for Health Infrastructure Preparedness and Emergency Response

As designated by the Commissioner, DHSS and the New Jersey State Deputy Director for Emergency Management, and in coordination with the NJSP Office of Emergency Management, direct the State operational response to an Influenza Pandemic.

New Jersey Department of Agriculture

1. Serve as the Lead Agency for Avian Influenza preparedness and response as per the NJDA Avian Influenza Plan.
2. Provide Subject Matter Expertise (SME) during Avian Influenza plan development and implementation.
3. Ensure the accuracy of veterinary information as related to novel influenza viruses of animal origin, in consultation with NJDHSS and DEP.
4. Liaise with the US Department of Agriculture, the NJ Department of Environmental Protection (DEP) and NJDHSS during planning and response activities.
5. Coordinate Avian Influenza statewide preparedness and response activities with OHSP and OEM.

New Jersey Department of Human Services

1. Provide command and control of Emergency Support Function #6, Mass Care, Housing and Human Service.
2. Coordinate Non-Governmental Organization support activities for ESF#6.

Division of Mental Health Services

1. Coordinate mental health services.
2. Activate phase specific crisis counseling services as outlined in the NJDHSS influenza pandemic flu plan.
3. Provide crisis counseling services and psychological education for individuals, groups, and the community.
4. Provide Subject Matter Expertise to State PIO for communications to public through press releases, brochures, web based forums and hotlines.

New Jersey Department of Environmental Protection

1. Support the Department of Agriculture as lead State agency for Avian Influenza contingency planning for packaging, containerization, transport, disposal and decontamination associated with depopulated birds.
2. Assist the Department of Agriculture in bird surveillance and testing for Avian Influenza of wild bird populations.

3. Store and dispatch stockpiled Personal Protective Equipment (PPE) in response to Avian Influenza outbreaks through the DEP Warehouse.
4. Assist the Departments of Health and Senior Services and Agriculture as needed as the State's lead emergency response agency.
5. Assist with coordination of the Mass Fatality Appendix to the State Emergency Operations Plan in conjunction with the Department of Health and Senior Services and the State Medical Examiner.
6. Serve in a coordinating roll to enlist the support of County Environmental Health Act agencies in response to an Avian Influenza or Pandemic Flu outbreak.
7. Support the Departments of Health and Senior Services and Agriculture in managing emergency response calls through the DEP Communications Center Hotline.
8. Provide Subject Matter Expertise (SME) on environmental protection matters.
9. Maintain communications and liaison relationships with the Chemical, Petroleum, Nuclear, Water, Wastewater, Dams, Pharmaceutical and Biotechnology infrastructure sectors during planning and response.

New Jersey Department of Military and Veterans Affairs

1. Assist in the Receipt, Staging and Storage of the Strategic National Stockpile at the USP&FO Warehouse.
2. Provide assistance to law enforcement personnel in providing security at Points of Dispensing (PODs).
3. Provide assistance to law enforcement personnel by providing Military support to Civil Disturbances (MACDIS).
4. Employ force protection measures to inoculate soldiers and their families.
5. ESF#1: Transportation – Assist civilian authorities with public safety and security; move supplies and equipment, vehicles and other hazards to allow passage of emergency, postal and defense vehicles.
6. ESF#2: Communications – Support the NJSP OEM with communications personnel and equipment to augment existing communications networks and/or establish secondary/redundant systems during response and recovery of disasters or other emergency situations if required
7. ESF#3: Public Works and Engineering –emergency power generation; supply & transportation of potable water
8. ESF#5: Resource and Recovery Planning –emergency power generation; supply and transportation of potable water; food service support; search and rescue; assist law enforcement agencies with traffic control and security; and transportation.
9. ESF #9: Law enforcement – Assist law enforcement personnel with staff and equipment to aid with maintaining law and public order and provide response services following a catastrophic event or other civil emergency or natural disaster. Assist with traffic control; area, disaster site or facility security, infrastructure security, Military Assistance for Civil

Disturbances (MACDIS); transportation of law enforcement personnel; and medical or disaster victim evacuation.

10. ESF#10: Support the NJ Department of Environmental Protection with personnel and equipment to assist with cleanup operations, traffic control, transportation of potable water, evacuation and shelter support and liaison with federal military organizations.
11. ESF#11: Support the NJ Department of Agriculture with personnel and equipment to assist with potential quarantine missions of infected poultry farms with the Avian Influenza.
12. Develop MOA with NJDHSS to add National Guard personnel to the inoculation priority list and coordination for the care of military families located on NJ military facilities.
13. When requested, assist NJDHSS in delivery of vaccines and antivirals to PODs and other locations for administration to priority groups.
14. Identify, procure, pre-position and stockpile personal protective equipment (rubber gloves, N95 Surgical face masks, gowns, and personal hygiene supplies).
15. Identify, procure, pre-position and stockpile approved vaccines and approved antiviral drugs for distribution/administration to Guards members and their families.
16. Provide Mass Burial Support as required at the DMAVA William C. Doyle Cemetery.

Division of Fire Safety

1. Assist county fire coordinators in developing response and contingency plans when the fire service is affected by the pandemic.
2. Collect weekly (at a minimum) available staffing reports and analyze this information to ensure adequate fire protection is available.
3. Coordinate with other state agencies to provide for inoculation of firefighters and their families.
4. Develop procedures for responding to quarantined locations and identify actions to be taken in the event of an emergency.
5. Provide regional briefings to the fire service on pandemic influenza planning.

New Jersey Department of Education

Policy Process for School Closure and the Communication Plan for this Decision

One-page summary of the status of current State activities with respect to this priority, including description of recent accomplishments

The New Jersey Department of Education has taken a proactive approach in attempting to plan and prepare for a potential pandemic. The department has implemented three key strategies in preparing public and nonpublic schools for communicating and responding before, during and after a pandemic. First, officials from the department met with all 21 County Superintendents of Schools and the Nonpublic Advisory Council to discuss and disseminated the department's

emergency communication plan. Second, the department created and disseminated an emergency communication survey to collect information on county and local emergency communication procedures across the state. Third, the department hosted several regional trainings concentrating on crisis and emergency management planning. A key module of these trainings, *Preparing Schools for a Pandemic*, included statewide, county and local communication protocols and procedures. During this module, chief school administrators, charter school lead persons and nonpublic school administrators were reminded of their responsibilities for closing and opening schools during a pandemic. The training stressed the importance for school administrators to make these decisions in consultation with their county superintendent, local health department and office of emergency management.

Pertinent part(s) of the State’s operational plan for pandemic influenza preparedness. This portion of the plan should address the following item(s):

Criteria determining when/if school closure will occur;

- Schools will be closed if ordered by the Governor.
- If the Governor has not ordered school closures, but the New Jersey Pandemic Influenza Response Task Force (PIRT) or the Department of Health and Senior Services (DHSS) recommends closure, the Commissioner of Education will convene the department’s essential staff (see below) to assess and make recommendations about the needed response. The department in consultation with the governor’s office, PIRT and DHSS will determine if all or some school districts should be directed to close and implement their continuity plans.

List of individuals with the authorities, roles and responsibilities to officially declare schools closed and authorize their reopening; and,

- The Governor may order the Commissioner of Education to close some or all schools.
- The Commissioner of Education will convene the department’s essential staff to assess the situation and make recommendations about the needed response to the Governor. According to the Department of Education’s Governmental Operations Continuity Plan, essential staff include:
 - Chief of Staff
 - Assistant Commissioner, Division of Field Services
 - Assistant Commissioner, Division of Student Services
 - Special Assistant to the Commissioner
 - Director of Administration & Human Resources
 - Director of Information Technology
 - Director of Public Information
 - Manager of Criminal History Review
 - Department of Education Emergency Management Coordinator
- Districts and schools may also be contacted by emergency responders dealing with immediate health related threats. Agencies making such contact include, but are not limited to, local police, State Police, the Office of Emergency Management, and county or local

health departments. CSA/CSLP responds to these contacts consistent with their safety and security plans.

- In the event that the State and/or department has not made a decision on school closures, chief school administrators, charter school lead persons and nonpublic school administrators have the authority to close schools. However, it is expected that this decision will be made in consultation with their County Superintendent of Schools, local Health Department and Office of Emergency Management.

Policy and action steps regarding stakeholder notification prior to and during an influenza pandemic that local jurisdictions might incorporate into their own plans.

- In the event that district/school closures are necessary, the Commissioner of Education will implement the following communication plan to notify the appropriate personnel to begin closure procedures.

NJDOE Pandemic Communication Protocol:

1. The department is ordered by the Governor to close some or all schools and districts.
 2. The department informs the essential staff and begins to implement its business continuity plan if the closure affects NJDOE services.
 3. The department notifies county superintendents (CSs) by e-mail and/or phone of the emergency and directs them to notify chief school administrators (CSAs), charter school lead persons (CSLPs) and nonpublic school administrators (NPSAs) of the schools and districts identified for closure. In consultation with the Governor's office and the Office of Emergency Management announcements will be made via television, radio and email.
 4. County Superintendents inform CSAs/CSLPs/NPSAs of the emergency using their emergency notification system and directs them to close the schools and districts targeted for closure.
 5. CSAs/CSLPs/NPSAs follow the districts'/schools' communication procedures closing schools and districts targeted for closure.
 6. Local districts and schools begin their normal process of closing schools and informing students, parents and the community of the closures and other information about the situation.
 7. CSAs/CSLPs/NPSAs begin to implement their continuity of educational services plan (5, 10, 15, 30 day and long term).
 8. NJDOE awaits word from the Governor's office of when schools may be reopened.
- Throughout a pandemic, the State and NJDOE will use their websites, email, phone, radio, television and the emergency broadcast system to update the school community on the status of the pandemic and school closures.

- The department has emphasized with school districts the importance of communicating during a critical incident. In preparation for a potential pandemic, local school districts have been advised to implement three key phases of communication which includes pre-event, event and post-event. Listed below is guidance for these phases.

Local Pandemic Communication Protocol:

Recognizing that all districts/schools have varying resources, the NJDOE supports local planning and communication systems. Some districts have sophisticated reverse 911 systems to communicate in an emergency and others use radio announcements. In all cases, the school staff and community should be informed about the communication system.

The NJDOE has advised districts/schools and provided training and guidance on the following recommendations:

- Prior to a pandemic:
 - Schools/districts should assess, update and test their plan for communication and dissemination of information to staff, students, families and key stakeholders.
 - A lead spokesperson for Pandemic information should be identified.
 - Educational material and resources on the pandemic should be identified that can be distributed to staff, students and families.
 - Communication templates should be developed (i.e. letters to parents, ‘dark pages’ for website, template script for phone lines, etc.).
 - The schools’/districts’ pandemic plan should be shared with staff and families.
 - Staff and families should be provided with a “Disaster Supplies Kit” Checklist / Family Emergency Communication Plan document to prepare them for a pandemic.
 - Communication within schools should:
 - Emphasize preventing the spread of communicable diseases.
 - Stress infection control and post guidance (hand hygiene, ‘respiratory etiquette’, student spacing, etc.) throughout the school building.
 - Support staff and students’ decisions to stay home, if they are sick.
- During a pandemic:
 - Address the current status of the pandemic.
 - Schools/districts should take guidance from NJDHSS, OHSP, NJDOE via County or Local Health Dept. and/or County Superintendent.
 - Keep records of the current absentee rates (internally and externally).
 - Share with key constituents the following information:
 - Infection control policies and procedures.
 - Information about the disease and how to care for ill family members.
 - Guidance about community mental health and social services resources.
 - Information on the current status of the pandemic must be updated regularly.
 - Information must be culturally and literacy appropriate for community.
- In-between waves or after a pandemic:
 - Stress the importance of resuming ‘new normal’ activities.
 - Emphasize the mental health of staff, students, families and the community.

- Continue to communication with staff, students, parents and the community the status of the pandemic and stress that is it safe to return to schools.
- Evaluate the pandemic plan and procedures to prepare for a second/third wave.
- Provide expertise to the State EOC on incorporation of educational facilities and personnel into the Statewide Mass Care plans and procedures.
- Participate with the volunteer service organizations in ongoing programs to identify and certify educational facilities as Mass Care facilities.
- Coordinate with the NJOEM, the N.J. Department of Agriculture, county and municipal schools, and volunteer service agencies on matters pertaining to the use of school emergency inventories of Federally-donated surplus food commodities, to be deployed in mass feeding operations.
- Coordinate school bus transportation in the event of a evacuation.

LINCS Agencies have instituted a surveillance mechanism for reporting a substantial increase in absenteeism among students and faculty.

Each school should identify a chain of command and establish back ups to include an appropriate spokesperson including contact information.

Consider and prepare for how/if the school may function with 30% of the workforce absent.

Consider establishing policies and procedures for implementing containment measures (social distancing, canceling sports events and other mass gatherings).

Consider developing alternative procedures to assure continuity of instruction, distance learning methods.

School cleaning and personal hygiene education.

Educating Students/Staff/Parents to help to eliminate concern.

6.2. Hospitals

Inter-pandemic and Pandemic Alert Responsibilities

- Prepare to treat significantly increased patient numbers during a pandemic influenza.
- Coordinate with NJDHSS during inter-pandemic periods to expand their capabilities for treatment of patients through their internal surge plans and the activation of the EOC.

Pandemic Responsibilities

- Activate internal surge capacity plans.
- Treat patients in existing facilities within capabilities.
- Coordinate with HCC and long-term care facilities to move non-affected patients to long-term care facilities.

- Coordinate with HCC to activate and operate MCC's.
- Vaccinate staff and their families.
- Provide appropriate personal protective equipment (PPE) to personnel.

Individual New Jersey State Agencies

1. Serve as Supporting Agencies to NJ Departments of Agriculture, Health and Senior Services for New Jersey's Avian Influenza and Influenza Pandemic Plans as noted in this document.
2. Serve as lead and supporting agencies for ESFs and ensuring update of agency ESF, COOP and COG plans as they relate to pandemic and avian influenza planning and response.
3. Serve as Supporting Agencies for OHSP and DSPTF in the development, planning, training and exercise of the Plan.
4. Serve as Supporting Agencies in the State Emergency Operations Center during a State response to a novel influenza virus.
5. Maintain communications and liaison relationships with associated infrastructure sectors during planning and response.
6. Provide sector Subject Matter Expertise (SME) as appropriate.
7. Develop agency Influenza Pandemic response plans in support of this document, and training and exercising to these plans.
8. Implement actions required under the State EOP in response to conditions created by the pandemic.
9. Establish Alternate Worksite Locations and Social Contact guidance and procedures.
10. Prepare for mental health issues associated with mass morbidity and mortality.

6.3. Private Sector/Critical Infrastructure:

As a key element in the preparedness and response to an influenza pandemic, the private sector must be included in this plan and their effort coordinated with state operations. Supported by the state, key responsibilities of the private sector include:

1. Establish workplace infection control protocols.
2. Establish continuity of operation plans and contingency systems to maintain delivery of essential goods and services during times of significant and sustained worker absenteeism.
3. Develop information packages to assist workers in dealing with the environment of a pandemic.
4. Establish partnerships with like sector members for mutual support and maintenance of essential services during a pandemic.
5. Establish Employee Flu Awareness and Prevention Programs.

6. Define Personal Protection Equipment (PPE) requirements based on mission and training
7. Engage professional and labor organizations in advance to coordinate acceptable and feasible response activities.
8. Establish of Alternate Worksite Locations and Social Contact guidance and procedures.
9. Prepare for mental health issues associated with mass morbidity and mortality.

Components of a Private Sector/Critical Infrastructure plan should include:

1. Definition of Essential Services Provided
2. Identification of first, second and third tier Essential Services Required
3. Reduced Staffing Plans
4. Contact Phone Trees
5. Social Distancing Plans (workplace separations, shutdown of common areas etc)
6. Infection Control Policies and Procedures
7. Employee Support (pay, modifications to vacation/sick leave, family support, mental health support)

6.4. Critical Infrastructure Inter-dependencies

Section 6.3 focuses on the individual organization COOP/COG and pandemic specific planning and will play a significant role in ensuring the safety and resiliency of New Jersey during a pandemic. Of equal significance is the coordination of effort and address of inter-dependencies within and across sectors and communities. Planning must compensate for a pandemic's effect on first tier resources (defined as those resources directly required for a process) and second and third tier (defined as those resources that enable first tier processes). This plan identifies four areas of focus in support of inter-dependency continuity of operations: governmental, regional, business sector, and community.

6.4.1. Inter-Government: (municipal, county and State, Federal). The New Jersey Office of Emergency Management is responsible for ensuring the linkage of governmental operations and requirements. During a Pandemic, DHSS, as the lead agency for the Pandemic response operation will, in coordination with OEM, link municipal, county, state and federal agencies through: local Offices of Emergency Management, NJ State Emergency Operations Center (EOC) representatives, Joint Field Office (JFO) and Joint Information Center (JIC) liaisons, and state official's meetings.

6.4.2. Regional: Inter-state governmental linkages including coordination between New Jersey, New York State, New York City, Pennsylvania, Philadelphia and Regional Authorities (Port Authority of New York and New Jersey and the South Jersey Port) are through direct agency-to-agency contact with overarching coordination through the State EOC. During a Pandemic, DHSS is responsible for direct interstate and regional health system efforts and

responsible for ensuring these efforts are coordinated with State EOC operations. When federal agencies are coordinating regional efforts, NJ JFO and JIC liaisons are responsible for linkages to the State EOC.

6.4.3. Business Interdependencies of regional and state critical infrastructure sectors are the responsibility of Infrastructure Advisory Committee through state sector lead agencies.

6.5. Critical Infrastructure Status of Operations

6.5.1. Critical Infrastructure Status Matrix (figure 3)

6.5.1.1. Each Critical Infrastructure Sector shall establish and maintain a matrix of sector key components and functions.

6.5.1.2. OEM will display the Status Matrix on the State EOC information board during pandemic operations.

6.5.1.3. State agency sector leads are responsible for updating status of the Matrix.

6.5.1.4. The Status Matrix will be a chart with color coded circles in each chart cell.

6.5.1.5. Colored circles will indicate the status of the sector component of function with:













Health Sector	Facilities	Staff	Transportation	Operations
Hospitals				
EMS				
Mass prophylaxis				

Figure 5 Example Matrixes for Health Sector

- Green = fully functional (70-100%),
- Yellow = partially functional (40-70%),
- Red = marginally functional (0-40%)
- Black= non-functional.