

RESPIRATORY VIRUSES HAVING PANDEMIC POTENTIAL

Public Health Preparedness, Surveillance, and Response Plan for Bexar
County and the City of San Antonio



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

Version 2
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This document is intended to provide guidance and is not prescriptive or comprehensive. Use judgment and discretion to determine the most appropriate actions at the time of an incident. These guidelines do not override local or regional plans, but are designed to complement those planning activities. This document does not prohibit any jurisdiction from implementing additional requirements or operating procedures within that jurisdiction.

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I. RECORD OF CHANGES

This section describes changes made to this document: when they were made, what they were, and who authorized them.

Use this table to record:

- Change number, in sequence, beginning with 1
- Date change was made to the document
- Description of change and rationale, if applicable
- Name of person who made the change

Change number	Date of change	Description	Change made by (PRINT NAME)
1	4/28/20	Added COVID-19 in Preface ; Pg 2	Bryan Miller
2	4/28/20	Added corona virus to Objects of the Plan ; Pg 2	Bryan Miller
3	4/28/20	Changed to abbreviations of COSA & Metro Health in Scope of the Plan ; Pg 2	Bryan Miller
4	4/28/20	Added social distancing of at least 6 feet in Disease Mitigation in Communities ; Pg 7	Bryan Miller
5	4/29/20	Added alternate care sites and two types additional info in Medical Care and Countermeasures ; Pg 7	Bryan Miller
6	4/29/20	Added Isolation Care Facilities and three tier info in Medical Care and Countermeasures ; Pg 8	Bryan Miller
7	4/29/20	Added Assess supplies on hand and order additional, if needed in Enhanced - Emergency Preparedness Program ; Pg 15	Bryan Miller
8	4/29/20	Added Start ICS forms and After-Action Report documentation in Enhanced - Emergency Preparedness Program ; Pg 15	Bryan Miller
9	4/29/20	Added implement medical symptom self-assessment tool in Increased - Communicable Disease ; Pg 16	Bryan Miller
10	4/29/20	Added implement Testing Taskforce in Increased - Communicable Disease ; Pg 16	Bryan Miller
11	4/29/20	Added Reassess supplies on hand and order additional, if needed in Increased - Emergency Preparedness Program ; Pg 18	Bryan Miller
12	4/29/20	Added Implement a Metro Health Hotline (210) 207-5779 in Increased - Emergency Preparedness Program ; Pg 18	Bryan Miller
13	4/29/20	Added Implement Community Health & Prevention Team in Increased - Emergency Preparedness Program ; Pg 18	Bryan Miller
14	4/29/20	Added Implement Drive Thru Testing in Increased - Emergency Preparedness Program ; Pg 18	Bryan Miller
15	4/29/20	Added Implement Congregate setting outreach & education in Increased - Emergency Preparedness Program ; Pg 18	Bryan Miller
16	4/29/20	Added Integrate COSA Department of Human Services into the response plan in Increased - Emergency Preparedness Program ; Pg 18	Bryan Miller
17	4/29/20	Added Prepare for CDC funds to supplement response and coordinate grant management activities in Increased - Emergency Preparedness Program ; Pg 18	Bryan Miller

18	4/29/20	Added Continue ICS forms and After-Action Report documentation in Increased - Emergency Preparedness Program ; Pg 18	Bryan Miller
19	4/29/20	Added Implement Medical Provider Outreach in Escalated - Communicable Disease ; Pg 21	Bryan Miller
20	4/29/20	Added Implement strategies for mass fatalities info in Escalated - Emergency Preparedness Program ; Pg 22	Bryan Miller
21	4/29/20	Added Utilize Sanitarians, Sherriff, Police, Code Compliance, and Center City Downtown Operations for Public Health Emergency compliance in Escalated - Emergency Preparedness Program ; Pg 22	Bryan Miller
22	4/29/20	Added Start to secure non-pharmaceutical interventions in Escalated - Emergency Preparedness Program ; Pg 22	Bryan Miller
23	4/29/20	Added Reassess supplies on hand and order additional, if needed in Escalated - Emergency Preparedness Program ; Pg 22	Bryan Miller
24	4/29/20	Added Continue ICS forms and After-Action Report documentation in Escalated - Emergency Preparedness Program ; Pg 22	Bryan Miller
25	4/29/20	Added Prepare for CDC funds to supplement response and coordinate grant management activities in Escalated - Emergency Preparedness Program ; Pg 22	Bryan Miller
26	4/29/20	Added implement all non-pharmaceutical interventions in Emergency - Emergency Preparedness Program ; Pg 25	Bryan Miller
27	4/29/20	Added Reassess supplies on hand and order additional, if needed in Emergency - Emergency Preparedness Program ; Pg 25	Bryan Miller
28	4/29/20	Added Continue and complete ICS forms and After-Action Report documentation in Emergency - Emergency Preparedness Program ; Pg 25	Bryan Miller
29	4/29/20	Added Prepare for CDC funds to supplement response and coordinate grant management activities in Emergency - Emergency Preparedness Program ; Pg 25	Bryan Miller
30	5/3/20	Added Vulnerable Population section in Roles and Responsibilities ; Pg 11	Carlos Rodrigez

II. PREFACE

An influenza pandemic is the most likely public health threat to occur that has the potential for high morbidity and mortality, as well as significant disruptions to normal activities over a broad area. Influenza viruses, as well as certain other respiratory viruses, are readily transmitted in a population, mutate frequently so that most of the population has little if any immunity to new strains, and cause severe illness and death. Recently, a novel coronavirus COVID-19, a novel strain of H7N9 influenza, a novel coronavirus, and the Middle Eastern Respiratory Syndrome coronavirus, have emerged; these viruses have been associated with high fatality rates.

This Public Health Preparedness, Surveillance, and Response Plan for Respiratory Viruses Having Pandemic Potential describes appropriate virus surveillance activities and responses for different levels of virus and other activity detected. The plan details specific activities for programs and executive leadership within Bexar County and the City of San Antonio (COSA), San Antonio Metropolitan Health District (Metro Health), and Texas Department of State Health Services (DSHS) and regional planning partners.

OBJECTIVES OF THE PLAN

- To describe appropriate activities for surveillance and control of respiratory viruses with pandemic potential, including influenza and coronavirus;
- To prompt surveillance and control activities appropriate for estimated virus transmission risk and severity levels;
- To prompt activation of the Regional Health Medical Operations Center (RHMOCC), and/or an Emergency Operations Center (EOC);
- To provide local public health agencies with a decision support system; and
- To define the roles and responsibilities of local and state public health entities tasked with pandemic influenza and other respiratory virus surveillance and response activities.

SCOPE OF THE PLAN

The plan focuses on the roles and responsibilities of different programs and areas within Bexar County and COSA, and Metro Health that would play a role during a novel respiratory virus outbreak or pandemic. The plan identifies five phases of an outbreak or pandemic and the existing conditions that define each phase.

PUBLIC HEALTH EMERGENCY PREPAREDNESS CAPABILITIES

This document addresses the following U.S. Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) capabilities:

- Community Preparedness
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing
- Medical Countermeasures Dispensing
- Non-Pharmaceutical Interventions
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation

III. EXECUTIVE SUMMARY

The purpose of this response plan is to share information within and outside of Metro Health regarding preparation for and response to pandemics caused by respiratory viruses, including influenza and related viruses.

ROLES AND RESPONSIBILITIES

This plan describes the following Metro Health responsibilities in preparation for and during a respiratory virus pandemic:

- To assist Bexar County/COSA with surveillance and epidemiologic data collection and interpretation, laboratory testing, risk communication, medical support, and other resources as appropriate
- To act as the local coordinating entity for laboratory testing, surveillance, case definitions, data analysis, and distribution of medical countermeasures
- To provide guidance regarding community mitigation decisions
- To act as liaison with other state and federal agencies

Further, this plan describes the following activities for Metro Health functions:

- To conduct routine, year-round influenza and respiratory virus surveillance activities
- To investigate human cases of novel influenza and other respiratory viruses in their jurisdiction
- To coordinate with local emergency management to share information using incident management communication infrastructures and to facilitate the fulfillment of public health and medical service support needs

OPERATIONAL ACTIVITIES

This document provides a plan for Metro Health responses to a respiratory virus outbreak or pandemic that is based on the scale of activity within Bexar County/COSA. Five phases of response based on increasing severity of an outbreak or pandemic—**Routine Operations, Enhanced Operations, Increased Readiness Operations, Escalated Operations, and Emergency Response**—are described. The key components ascertained to determine the severity level at a particular time include the following:

- Burden of human illness
- Geographic distribution of cases
- Travel-related status of human cases
- Presence of sustained human-to-human transmission
- Complexity of investigations
- Level of public or media attention
- Presence of animal cases

IV. BACKGROUND

Influenza is an acute infectious disease caused by one of three types of viruses, influenza A, B, and C. These viruses cause respiratory illness, which can be severe and even fatal, especially when accompanied by pneumonia. Generally, persons at extremes of age or who are immune compromised are at greatest risk for developing severe illness. In the U.S., 5-10 percent of the population gets influenza each year, and more than 200,000 are hospitalized for influenza-related complications. Influenza and pneumonia together rank about 8th every year among causes of mortality in the U.S.

Seasonal or “regular” influenza viruses circulate routinely in humans and are readily transmitted within populations, primarily through droplet spread when an infected person coughs or sneezes, but also by indirect contact with contaminated surfaces. All influenza viruses undergo small, continual mutations in their genetic compositions, called “antigenic drift.” These small changes are the reason that one or more of the influenza vaccine strains change each year and also why people should be vaccinated annually against influenza. Large mutations in the genetic material specifying surface proteins can also occur in influenza A viruses, through a process called “antigenic shift.” These large changes in the virus can lead to influenza pandemics.

Every year, the World Health Organization (WHO) recommends specific influenza virus strains for inclusion in seasonal influenza vaccines, based on international surveillance data. The U.S. Food and Drug Administration (FDA) bases its decision on which vaccine strains will be manufactured in the U.S. using the WHO recommendations. Vaccine manufacturers immediately begin the months-long process of vaccine production so that adequate quantities will be available before the influenza season begins.

Wild aquatic birds are the primary influenza A reservoir, but influenza A viruses also infect domestic poultry and other animals, such as swine. These animals may or may not develop illness when they are infected, depending on the species and the virus type. Different strains occur in various species of mammals and birds. Some influenza A viruses can “jump” from animal hosts to humans. This is most likely to occur when people live and work in close proximity to the animal hosts. A mutation in an influenza virus that normally circulates in avian or swine populations can make human infections with that virus strain possible. Mutations can also cause a viral strain that had previously spread only between animals to spread efficiently between humans as well. New strains of influenza viruses that jump from a non-human animal to humans and that also can be readily transmitted between humans have the potential for causing widespread epidemics and pandemics of influenza, with large numbers of fatalities. The 1918-1919 influenza pandemic is estimated to have caused 30-50 million deaths worldwide. Pandemics occur when immunity to a strain is absent in the majority of the population.

The virus most likely to cause a pandemic of respiratory illnesses is influenza A. However, other viruses, such as the Severe Acute Respiratory Syndrome-associated Coronavirus (SARS) and other coronaviruses, such as the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and 2019-Novel Coronavirus (COVID-2019) also have the potential to cause pandemics. Regardless of the respiratory virus responsible for the outbreak or pandemic, the response activities and decision making components described herein would be the same. In addition, the surveillance and epidemiology activities would be similar. This plan is sufficiently flexible to address a small outbreak of a novel virus, a severe influenza season, or a novel influenza pandemic.

V. ROLES AND RESPONSIBILITIES

LABORATORY SURVEILLANCE

Laboratory surveillance for influenza viruses in Texas involves a variety of activities. The activities described below are conducted at Metro Health facilities.

Metro Health as funded through DSHS and CDC provides human specimen collection materials, shipping, and testing at no charge for approved influenza laboratory surveillance participants. This includes designated local and DSHS Region 8 submitters.

As an integral part of CDC's influenza surveillance program, influenza data is conducted and reported to local submitters, Texas DSHS, and the CDC. Specimens are provided to CDC as requested to be further characterized for anti-viral resistance and vaccine efficacy.

Additionally, the Metro Health Laboratory Response Network (LRN) Laboratory is mandated to perform surveillance activities for novel and high consequence respiratory viruses as required in response to Public Health emergencies.

EPIDEMIOLOGIC SURVEILLANCE, INVESTIGATION, AND ANALYSIS

Influenza surveillance in Bexar County occurs October through May of each year. Metro Health epidemiologists routinely monitor information sources for potentially significant changes in respiratory virus activity in Bexar County, Texas, nationally, and worldwide. Communication occurs regularly with state and national respiratory virus surveillance partners.

Sentinel healthcare providers in Bexar County participate in the U.S. Outpatient ILINet. These providers report the number and proportion of outpatient visits for influenza-like illness (ILI) at their facilities weekly throughout the influenza season (October through May) to the CDC.

Seasonal influenza cases are not generally reported to Metro Health. Laboratory- confirmed cases of novel influenza are reportable by law in Texas, as are laboratory-confirmed cases with other emerging respiratory virus infections. Respiratory virus outbreaks are also reportable by law. Influenza-related deaths that occur among pediatric patients (children < 18 years of age) are also reportable in Texas. These cases must be laboratory-confirmed. Adult influenza-related deaths are not reportable in Bexar County or Texas.

Sentinel surveillance sites and laboratory surveillance partners report data weekly to Metro Health; data are compiled, analyzed to create the weekly influenza surveillance report. The Bexar County influenza report is posted weekly on the Metro Health website and is disseminated to medical community via email.

In addition, Metro Health reports influenza surveillance data weekly to the DSHS Health Service Regions (HSRs); the DSHS HSRs compile these data, along with the data they collect themselves, and submit them weekly to DSHS Emerging and Acute Infectious Disease Unit (EAIDU). DSHS EAIDU compiles, analyzes, and organizes the reported influenza and other respiratory virus surveillance data and produces the weekly Texas Influenza Surveillance Report. The state influenza report is posted weekly, year-round, on the DSHS website.

Metro Health will conduct enhanced or additional surveillance activities, particularly when unusual respiratory virus activity is detected.

The Texas Animal Health Commission (TAHC) also reports certain animal infections to DSHS Zoonosis Control Branch. The TAHC reports occurrences of H5 and H7 influenza in poultry, novel H1N1 influenza in swine, and any other novel influenza virus in livestock or poultry that has been associated with confirmed human illness.

COMMUNICATION

Metro Health is responsible for the communication of respiratory virus related information to the general public, local elected officials and the news media. The City and County will coordinate with DSHS on communications and messaging regarding respiratory viruses having pandemic potential.

Risk communications to the general public may include press releases, social media messaging, public service announcements, public education campaigns, and other forms of communication as outlined in Metro Health's Departmental Manual (DM) 11.1 Communication Policy.

Communication within Metro Health, between Metro Health and DSHS, and with other agencies within Bexar County is described in the appropriate areas of the operational section of this plan.

At the State level, the Center for Policy and External Affairs (CPEA) at DSHS Central Office is responsible for communication of respiratory virus related information to the general public, the news media, and the Legislature. CPEA also coordinates with DSHS HSRs and LHDs when appropriate for public risk communication. CPEA is also responsible for communicating and coordinating with other governmental agencies in the state, providing briefings and other materials for elected officials in Texas, and communicating with officials in other states and federal agencies.

INCIDENT MANAGEMENT

When an outbreak occurs, consideration is given to activating emergency response resources to assist in controlling the spread of disease. Depending on the size and circumstances of an outbreak, there might be no activation, partial activation, or full activation of the RHMOE or EOC. RHMOE or EOC support is typically requested when an outbreak is large enough that regular resources are strained and information sharing demands are high. The full response plan is detailed in the Metro Health's DM 9.4 Emergency Public Health Response.

The RHMOE or EOC may also be partially or fully activated during a public health emergency that requires collaboration with internal and/or external partner agencies such as city, county and regional entities. Staff in the Metro Health Public Health Emergency Preparedness (PHEP) Program, maintain the situational awareness during non-disaster times. They also communicate with regional partners to receive early warnings of potential RHMOE or EOC activations.

These regional partners, along with staff in other areas of Metro Health and DSHS Region 8, receive training in Incident Command System (ICS) structure and work in the RHMOE or EOC during a disaster. Staff members from impacted programs may be called to serve as subject matter experts (SMEs) to ensure situational awareness and provide necessary input to RHMOE

or EOC leadership decision making. The SMEs work in the RHMOE or EOC, or remotely from their work place. RHMOE or EOC staff manages outbreak response using ICS.

The RHMOE or EOC coordinates with the State Medical Operations Center (SMOC) during incidents and with Texas Division of Emergency Management, as well as other agencies, businesses, and organizations within and outside of the state to fulfill requests for response resources.

The SMOC coordinates communication with executive leadership at DSHS. The SMOC collects, shares as appropriate, and otherwise manages incoming and outgoing information during the outbreak or pandemic. It collects data on surveillance, epidemiology, vaccine and medical countermeasures, medical system impact, staff time worked, response cost, and other data as appropriate. Daily reports are generated using standard ICS forms and shared as deemed appropriate for the response. Requests from Metro Health for public health and medical surge support are also processed by the RHMOE, then to the SMOC as needed.

NON-PHARMACEUTICAL INTERVENTIONS

Disease Mitigation in Communities

Non-pharmaceutical intervention strategies reduce the risk of transmission by decreasing the probability of contact between infected and uninfected people and by decreasing the probability that contact will result in infection. These strategies can be applied at the individual or community level. Individual measures may include voluntary home isolation of ill persons; quarantine of well persons who have been exposed to ill persons; practicing good personal hand and respiratory hygiene including hand washing and cough etiquette, and routine cleaning of frequently touched surfaces and objects; and the use of respiratory protective devices (RPDs) such as masks or respirators, particularly for the healthcare workforce. Community-based measures include community activity restrictions such as implementing social distancing of at least 6 feet and restricting mass gatherings; early coordinated closures of childcare facilities, K-12 schools, and colleges and universities before a respiratory virus transmission becomes widespread; and workplace social distancing measures that reduce face-to-face contact among employees and between employees and customers. Executive leadership, epidemiology program staff, and other staff as appropriate make Metro Health decisions on community mitigation recommendations during a pandemic.

Medical Care and Countermeasures

During an outbreak or pandemic of a respiratory virus, healthcare systems will likely experience a surge in patients, shortages of equipment and supplies (including medications), and significant staff absenteeism. Metro Health provides medical and other resources aimed at reducing the impact of the disease on the population.

Metro Health can choose to activate its respiratory response plan, which may include the use of alternate care sites (ACS). Alternate care sites may include community facilities, such as churches and schools, or temporary facilities established in close proximity to a hospital or clinic. There are two possible types of ACS, 1) infectious and 2) noninfectious. When an alternate care site is established, the RHMOE or SMOC supports local response activities by providing supplemental medical equipment, supplies, or healthcare professionals, as appropriate and available. In the event that local or regional capacity to provide medical care during a pandemic is exceeded, Metro Health may activate its Medical Shelter Plan. This plan enables the use of local and state supported medical shelters as alternate or palliative care facilities.

Metro Health may also choose to activate Isolation Care Facilities (ICF) to assist with social distancing and/or quarantine of suspected or positive patients. There are three tiers: 1) First Responders and Healthcare workers, 2) symptomatic awaiting test or test positive and 3) high risk individual with chronic diseases with no where else to isolate.

DSHS and the Strategic National Stockpile (SNS) also store a limited amount of RPDs for the healthcare workforce and mechanical ventilators for the critically ill. When DSHS executive leadership and advisors decide it is appropriate, state resources are made available and federal resources may be requested.

Decisions may have to be made to ensure that certain high risk populations are prioritized to receive the medical care and countermeasures, based on available epidemiologic data. A system for distributing medical countermeasures through centers and providers are established around the city and county.

PHARMACEUTICAL INTERVENTIONS

Vaccine

When a new strain of influenza appears, available vaccines might confer partial immunity. For this reason, and also because full immunity is not achieved until about two weeks following vaccination, immunization against seasonal influenza is always recommended. When a novel non-influenza respiratory virus strain emerges, there will likely be little if any immunity in the population. Vaccination against seasonal influenza would not be expected to confer even partial immunity against the novel virus, but seasonal influenza immunization should be encouraged regardless because of the potential for serious illness resulting from dual infection.

In a normal influenza season, CDC distributes vaccine to states for public sector use, based on each state's influenza vaccine order submission. Private sector vaccine is ordered directly from the manufacturer or distributors. In Bexar County, public sector influenza vaccine is available for uninsured adults aged 19 years and older at Metro Health Immunization Clinics for a fee. For children 18 years of age or younger meeting certain eligibility requirements, influenza vaccine is available through the Texas Vaccines for Children (TVFC) providers. To be eligible for the TVFC program, children must be Medicaid-eligible, Alaskan Native, American Indian, enrolled in the Texas Children's Health Insurance Plan (CHIP) and a patient at a CHIP-billing facility, or be uninsured or underinsured. DSHS public sector influenza vaccine orders, which are determined through a survey of DSHS regional office staff, local health providers, and TVFC providers, are submitted to CDC. With the assistance of the DSHS Immunization Branch, Metro Health monitors the public vaccine supply within Bexar County by tracking doses ordered and administered by Metro Health's TVFC provider network.

In a respiratory virus pandemic situation, when available vaccines are ineffective or unavailable, it may take many months for an effective vaccine to be developed and distributed. If this occurs, there may be limited amounts of vaccine made available at periodic intervals. As a pandemic escalates, CDC would issue recommendations on priority groups for vaccination. DSHS would then consult its Vaccine Advisory Committee (VAC), which comprises DSHS medical experts, to determine prioritization of vaccination efforts based on CDC recommendations, as well as available medical evidence and disease surveillance data. Metro Health would work with DSHS once prioritization of vaccine is determined. The DSHS Immunization Branch would then determine the vaccine allocation and distribution plan based on the prioritizations recommended and consideration of high-risk populations served by medical providers, the number of vaccine doses available for distribution, and adjustments of provider vaccine orders. It is assumed that

CDC would allocate vaccine to the states based on population size and availability of vaccine.

Vaccine distribution would be conducted through normal distribution procedures for order submissions and direct vaccine shipments to medical providers. If the DSHS provider network is determined to be inadequate for meeting the plan, a system for distributing vaccine through pharmacies and private medical providers may be established, or the state's SNS plan may be activated. If necessary, the DSHS Pharmacy Branch may store and redistribute vaccine.

The DSHS Immunization Branch would be the source of vaccine distributed in the state. Submitted, evaluated, and approved vaccine orders would be sent to the federal vaccine distribution center, which would ship vaccine directly to providers. The DSHS Immunization Branch would also track the shipment and administration of vaccine, using existing seasonal vaccine ordering systems and ImmTrac2, the statewide immunization registry.

Metro Health is also responsible for tracking of vaccine adverse events and would continue to do so during a pandemic. The Vaccine Safety Coordinator responds to vaccine safety concerns and serves as a safety resource for healthcare providers and the general public. The Vaccine Safety Coordinator is the primary liaison between Metro Health, the state, and CDC. Additionally, the Texas Poison Control Center Network (TPCN) can be alerted and respond to adverse event calls. The health professionals at the poison control centers would provide treatment recommendations or refer calls to local emergency departments, as appropriate. In addition, Metro Health would receive email notifications (at a mailbox set up for a pandemic) of TPCN vaccine-related calls. When TPCN staff follows back with emergency departments, they would encourage hospital staff to complete a Vaccine Adverse Event Reporting System (VAERS) form, submit it to CDC, and notify Metro Health's Vaccine Safety Coordinator, if this had not already been done.

Antiviral medications

Persons exposed to influenza or with early symptoms of illness might avoid or reduce the severity of illness by taking an appropriate influenza antiviral (AV) medication. Some influenza antiviral medications are stored within the state, and more are stored at SNS sites around the country. For non-influenza viral respiratory outbreaks or potential outbreaks, particularly those that are novel, Metro Health will communicate information from CDC and other experts regarding any effective and available antiviral medications.

The possibility exists that a novel influenza or other respiratory virus could emerge and be found resistant to most or all available antiviral medications. Should this occur, any alternative treatment information provided to Metro Health would be communicated directly to the medical community and on the Metro Health website. Alternative treatment options might include an experimental treatment (antiviral or other) that is not approved by the FDA. Physicians would need to make a "compassionate use request" directly to the medication's manufacturer.

Other pharmaceutical interventions

Other pharmaceutical interventions, such as other medications, regimens or certain medical supplies (e.g., syringes, personal protective equipment) may be indicated depending on the severity and type of illness and resource availability. Medications and medical products may be available through the SNS or other vendors. A system for procurement, receipt, storage, distribution, tracking, returns, and disposition of pharmaceutical products may be required.

Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. Metro health will implement the principles below to add an equity lens to the preparedness plan:

Principle 1: Identifying, locating, and maintaining a profile of diverse racial/ethnic, immigrant, and limited English proficiency (LEP) populations within the community.

Principle 2: Establishing sustainable partnerships between community representatives and the public health preparedness system to assess, build, and sustain trust with diverse racial/ethnic, immigrant and LEP populations.

Principle 3: Engaging community representatives to design, implement, and evaluate emergency risk communication strategies, ensuring that they are culturally and linguistically appropriate.

Principle 4: Developing and testing drills and exercises that reflect the community and incorporate scenarios that explicitly involve culturally and linguistically diverse populations.

Principle 5: Building capacity within the public health preparedness system to respond to unique needs of diverse communities.

Principle 6: Measuring and evaluating emergency plans and actions from preparedness to recovery, ensuring the active involvement of participants from the public health preparedness system and the community in a continual process of review.

Principle 7: Coordinating information, resources, and actions across organizations and diverse communities to maximize compliance and adherence to preparedness practices.

Principle 8: Ensuring the availability of funds to develop and sustain activities that strengthen diverse communities' ability to prepare, respond to, and recover from emergency events.

VULNERABLE POPULATION

Complete a Vulnerable Population Assessment

Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with chronic health conditions, including severe mental illness. In addition, the systems identify individuals for the following:

- Functional Needs/Disabilities
- Deaf or Hard of Hearing
- Blind and Low Vision
- Physical/Mobility Disabilities
- Cognitive/Intellectual Disabilities

Metro Health understands that people with vulnerabilities may need access to special assistance and/or supplies. Personnel resources may also be available to assist with day to day functions via Metro Health Staff, San Antonio Fire Department, American Red Cross, Department of Human Services, Volunteer Organizations Active in Disaster (VOAD) and medical staffing contracts.

For translation services, Language Line, translation apps on Smart Phones or Medical Visual Language tools are made available to communicate one on one with someone needing assistance. Other translation services can be made available via Human Resources by utilizing the Translation Services Program. For the deaf population, the SAOEM contracts with Deaf Link to translate emergency messages.

Disaster Mental Health

Metro Health actively prepares for and responds to the mental health needs following a disaster or public health emergency. Metro Health is not a direct provider of traditional mental health care services (e.g. psychotherapy, clinical psychiatry, etc.). However, Metro Health has a vested interest in the protection of the public's physical and mental health, and will ensure that its overall public health preparedness and response plan integrates both physical and mental aspects of health. Metro Health will play a key role in mitigating the psychological consequences of a disaster by employing preventive measures during all phases of a disaster event. The preventive measures will be coordinated through the Center for Healthcare Services as the mental health authority for Bexar County. Other local partner resources consist of , University Health Systems, Emergency Hospital Disaster Group (EHDG) Mental Health Committee, and American Red Cross, Volunteer Organizations Active in Disasters (VOAD) that are involved in the local mental health disaster response, as well as non-governmental entities, some of which provide traditional and non-traditional mental health services.

VI. OPERATIONAL LEVELS AND RESPONSE ACTIVITIES

The operational activities of this pandemic influenza and other respiratory viruses control plan involve the following five levels: **routine, enhanced, increased readiness, escalated, and emergency response**. These operational levels are determined by assessments of human case counts, geographic distribution of cases, travel-related status of human cases, presence of sustained human-to-human transmission, complexity of investigations, and level of public or media attention. The specific data used to establish the current operational level should be determined, in part, by the jurisdiction to which it applies. Jurisdictional staff can use the data collected to estimate the level of pandemic influenza or other respiratory virus activity and determine the appropriate level of response. Appropriate responses for Metro Health at each operational level are also included. Metro Health will not have data for all of the variables. Metro Health will utilize appropriate interim guidance and tools provided by state and federal partners to ensure emerging best practices are followed regarding: education of the general public and healthcare providers; implementation of control measures; and, addition of enhanced surveillance activities.

Each operational level is first defined by the existing conditions for the variables specified above. All of these conditions do not need to be attained in order for a specific operational level to be reached. In addition, a change in a single condition does not necessarily cause the operational level to be raised. The conditions should be considered together when determinations are being made on appropriate response activities.

This plan does not include basic activities that are necessary in order to maintain readiness, such as annual reviews of planning documents, grant writing and other grant activities, training in surveillance and response, and related activities. It is expected that Metro Health will be conducting these preparatory activities without them being specifically mentioned herein.

As noted above, investigations are classified in this document as either complex or non-complex. A complex investigation is defined as an investigation in which one or more investigation activities (e.g., primary case investigations, contact investigations, control measures implementation, data analysis, laboratory testing, and public relations) exceed Metro Health's routine resources. This may result in the health department and/or program surging personnel and/or supplies, activating an ICS structure, and/or increasing coordination with other agencies. A non-complex investigation is defined as an investigation in which investigation activities are easily managed with routine health department or programmatic resources.

METRO HEALTH FUNCTIONS BY OPERATIONAL LEVELS

This section describes the response activities for Metro Health during the five operational levels mentioned above.

LOCAL HEALTH DEPARTMENT OPERATIONAL LEVELS AND INDICATORS						
		Routine Operations	Enhanced Operations	Increased Readiness Operations	Escalated Operations	Emergency Response Operations
Texas / United States / International		Normal respiratory virus season	Sporadic cases of human infection internationally without sustained human-to-human transmission	Sustained human-to-human transmission internationally	First non-international travel-related case (sustained transmission internationally) anywhere in the US	Sustained human-to-human transmission anywhere in the US
			Sporadic, travel-related case or isolated case with no secondary transmission in Texas	Isolated, non—travel-related case (no associated sustained transmission) in Texas requiring complex investigation	Multiple, non—travel-related cases in Texas	Widespread cases in Texas
Local Health Department		Normal respiratory virus season	Sporadic travel-related cases with non-complex investigations	Sporadic travel-related cases with complex investigations (e.g., MERS-CoV)	Multiple cases requiring complex case investigations	
			Single travel-related case in an adjacent jurisdiction or within the same HSR	Single non—travel-related case in the local jurisdiction or an adjacent jurisdiction	Multiple cases in the local jurisdiction or an adjacent jurisdiction	
		No to moderate levels of public or media attention	No to moderate levels of public or media attention	Increased levels of public or media attention	High to exceptional levels of public or media attention	

The purpose of this chart is to describe characteristics which may be considered when determining the appropriate operational level. These characteristics should be considered in totality, along with other available information. All characteristics do not need to be reached before moving to the next higher operational level, a change in any one characteristic does not necessarily result in an advancement to the next operational level. The operational level should be determined by the current situation.

ROUTINE OPERATIONS: Routine activities are focused on surveillance, education, and prevention during a normal respiratory virus season (e.g., no novel respiratory viruses are circulating or have been detected). Routine operations are handled at the programmatic level.

CONDITIONS IN LOCAL JURISDICTION

- No confirmed human cases of novel influenza or other respiratory virus identified in Bexar County
- No increased complexity of investigations for respiratory illnesses
- No to moderate public or media attention related to influenza or other respiratory virus

RESPONSE ACTIVITIES

Leadership

- Maintain regular communications with communicable disease control and prevention staff and ensure that leadership staff in Bexar County & COSA are aware of current conditions
- Promote and encourage preparedness activities within Bexar County & COSA for influenza and other viruses with pandemic potential

Communicable Disease

Laboratory Program

- Conduct seasonal influenza surveillance testing and support statewide influenza laboratory surveillance activities, as described in the [Texas Influenza Surveillance Handbook](#)

Epidemiology Program

- Conduct influenza and influenza-like illness (ILI) surveillance, analyze the data, and share the findings using routine reporting mechanisms, as described in the Texas Influenza Surveillance Handbook
- Submit specimens to the appropriate public health laboratory for any suspect human cases of novel influenza or other respiratory viruses of concern and monitor laboratory reports indicating possible confirmed cases, as described in the Texas Influenza Surveillance Handbook
- Monitor laboratory influenza reports and immediately investigate any suspect human cases of novel influenza or other respiratory viruses of concern, as described in the DSHS EAIDU Investigation Guidance for Novel Influenza
- Notify the HSR office when outbreaks of respiratory illnesses are identified or when suspect cases of novel influenza or other respiratory viruses of concern are being investigated

Immunization Program

- Promote seasonal influenza vaccine for everyone six months of age or older, based on current recommendations, and conduct other influenza prevention activities
- Provide educational information, outreach, pamphlets, newspaper articles to Metro Health clinic sites and TVFC providers
- Procure, receive, store, and distribute seasonal influenza vaccine for Metro Health employees
- Provide seasonal influenza vaccine and medical supplies for Metro Health employee immunization clinics
- Facilitate seasonal vaccination of health department staff and qualifying public sector clients



Handled at programmatic level

- Vaccinate qualifying TVFC and adult clients served by local public health clinic sites and TVFC or adult safety net providers
- Recruit providers to TVFC Program and ImmTrac2
- Manage immunization operations by monitoring vaccine inventory, approving vaccine orders for TVFC providers, and providing technical assistance TVFC provider offices. DSHS Region 8 would monitor Metro Health Immunization Clinics vaccine inventory, approve vaccine orders, and provide technical assistance
- Collaborate with Epidemiology Program to monitor surveillance findings
- Monitor vaccine safety with the VAERS and the Texas Poison Control Network
- Monitor vaccine storage and handling equipment (supplies, refrigerators, freezers, portable units)

Communications

- Conduct appropriate community outreach and public education
- Communicate with healthcare providers and other partners

Emergency Preparedness Program

- Promote influenza and other respiratory disease prevention, such as social distancing, hand hygiene, and respiratory etiquette



Handled at programmatic level

ENHANCED OPERATIONS: Enhanced activities are focused on surveillance, education, and prevention, as well as response to single imported cases of novel influenza or other respiratory virus with pandemic potential. Enhanced operations may be handled at the programmatic level or through virtual activation of the operations center.

CONDITIONS IN LOCAL JURISDICTION

- Sporadic confirmed, travel-related human cases of novel influenza or other respiratory virus detected in the local jurisdiction or in an adjacent jurisdiction
- No secondary transmission of novel influenza or other respiratory virus
- Non-complex investigation for human cases of novel influenza or other respiratory virus
- No to moderate public or media attention related to influenza or other respiratory viruses

RESPONSE ACTIVITIES

Leadership

Continue to:

- Maintain regular communications with communicable disease control and prevention staff and ensure that leadership staff in Bexar County & COSA are aware of current conditions
- Promote and encourage preparedness activities within Bexar County & COSA for influenza and other viruses with pandemic potential

Communicable Disease

Laboratory Program

- Ensure select specimens are forwarded to a LRN laboratory or to the DSHS laboratory, as requested by DSHS EAIDU

Continue to:

- Conduct seasonal influenza surveillance testing and support statewide influenza laboratory surveillance activities, as described in the Texas Influenza Surveillance Handbook

Epidemiology Program

- Immediately notify DSHS (by phone) of confirmed human cases of novel influenza or other respiratory viruses of concern and, when applicable, through the National Electronic Disease Surveillance System (NEDSS) within one business day of case confirmation
- Conduct contact investigations, if requested by DSHS EAIDU
- Enhance surveillance for influenza-like illness (ILI) for at least four (4) weeks following identification of novel influenza or other respiratory virus by actively following up with routine reporters
- Request DSHS assistance with appropriate needs, including investigations and data entry

Continue to:

- Conduct influenza and ILI surveillance, analyze the data, and share the findings using routine reporting mechanisms, as described in the Texas Influenza Surveillance Handbook
- Submit specimens to the appropriate public health laboratory for any suspect human cases of novel influenza or other respiratory viruses of concern and monitor laboratory reports indicating possible confirmed cases, as described in the [Texas Influenza Surveillance Handbook](#)



Handled at programmatic level OR virtual activation of operations center

- Immediately investigate any suspect human cases of novel influenza or other respiratory viruses of concern, as described in the DSHS EAIDU Investigation Guidance for Novel Influenza

Immunization Program

Continue to:

- Promote seasonal influenza vaccine for everyone six months of age or older, based on current recommendations, and conduct other influenza prevention activities
- Provide educational information, outreach, pamphlets, newspaper articles to Metro Health clinic sites and TVFC providers
- Procure, receive, store, and distribute seasonal influenza vaccine for Metro Health employees
- Provide seasonal influenza vaccine and medical supplies for Metro Health employee immunization clinics
- Facilitate seasonal vaccination of health department staff and qualifying public sector clients
- Vaccinate qualifying TVFC and adult clients served by local public health clinic sites and TVFC or adult safety net providers
- Recruit providers to TVFC Program and ImmTrac2
- Manage immunization operations by monitoring vaccine inventory, approving vaccine orders for TVFC providers, and providing technical assistance TVFC provider offices. DSHS Region 8 would monitor Metro Health Immunization Clinics vaccine inventory, approve vaccine orders, and provide technical assistance
- Collaborate with Epidemiology Program to monitor surveillance findings
- Monitor vaccine safety with the VAERS and the Texas Poison Control Network
- Monitor vaccine storage and handling equipment (supplies, refrigerators, freezers, portable units)

Communications

- Communicate and coordinate with local partners
- Provide information to local media representatives and encourage its distribution
- Partner with local community-based organizations to target high-risk populations for appropriate outreach campaigns
- Enhance community access to information

Continue to:

- Conduct community outreach and public education
- Communicate with healthcare providers

Emergency Preparedness Program

- Determine whether current response can be handled at a programmatic level or through a virtual activation of the operations center and proceed accordingly
- In collaboration with DSHS HSR-8 and STRAC, discuss non-pharmaceutical interventions to be implemented, if any
- Communicate with all partners within the jurisdiction to maintain situational awareness
- Assess supplies on hand and order additional, if needed
- Start ICS forms and After-Action Report documentation

Continue to:

- Promote influenza and other respiratory disease prevention, such as social distancing, hand hygiene, and respiratory etiquette



Handled at programmatic level OR virtual activation of operations center

INCREASED READINESS OPERATIONS: Increased readiness activities are adjusted in response to complex investigations into isolated novel influenza or other respiratory virus cases. Increased readiness operations may be handled through a virtual or limited activation of the operations center.

CONDITIONS IN LOCAL JURISDICTION

- Sporadic confirmed, non–travel-related human cases of novel influenza or other respiratory virus detected in the local jurisdiction or in an adjacent jurisdiction
- No sustained transmission of novel or other respiratory virus for local jurisdiction cases
- Complex investigations for human cases of novel influenza or other respiratory virus
- Increased public or media attention related to influenza or other respiratory viruses

RESPONSE ACTIVITIES

Leadership

- Maintain regular communications with Bexar County & COSA Leadership, STRAC, RHMOC and/or EOC, DSHS Region 8 area to maintain situational awareness
- Increase preparedness activities within Metro Health for influenza and other viruses with pandemic potential

Continue to:

- Maintain regular communications with communicable disease control and prevention staff

Communicable Disease

Laboratory Program

- Ensure select specimens are forwarded to a LRN laboratory or to the DSHS laboratory, as requested by DSHS EAIDU

Continue to:

- Conduct seasonal influenza surveillance testing and support statewide influenza laboratory surveillance activities, as described in the Texas Influenza Surveillance Handbook

Epidemiology Program

- DSHS HSR staff should assist LHDs, as needed
- Conduct data entry as needed and coordinate workflow for real-time data entry into NEDSS, as requested
- Analyze, map, and report influenza or other respiratory virus cases of concern data weekly
- Request assistance from SAFD Mobile Integrated Health (MIH) Unit as needed
- Implement medical symptom self-assessment tool via city website to triage community testing
- Implement Testing Taskforce

Continue to:

- Conduct influenza and influenza-like illness (ILI) surveillance, analyze the data, and share the findings using routine reporting mechanisms, as described in the [Texas Influenza Surveillance Handbook](#)
- Submit specimens to the appropriate public health laboratory for any suspect human cases of novel influenza or other respiratory viruses of concern and monitor laboratory reports indicating possible confirmed cases, as described in the [Texas Influenza Surveillance Handbook](#)



Virtual or limited activation of operations center

- Immediately investigate any suspect human cases of novel influenza or other respiratory viruses of concern, as described in the DSHS EAIDU Investigation Guidance for Novel Influenza
- Immediately notify DSHS by phone of confirmed human cases of novel influenza or other respiratory viruses of concern and, when applicable, through NEDSS within one business day of case confirmation
- Conduct contact investigations, if requested by DSHS EAIDU
- Enhance surveillance for ILI for at least four (4) weeks following identification of novel influenza or other respiratory virus by actively following up with routine reporters
- Request DSHS assistance with appropriate needs, including investigations and data entry

Immunization Program

- Coordinate with local jurisdiction and PHEP in preparation for mass vaccination clinics
- Distribute Metro Health guidance, based on DSHS and CDC recommendations, on prioritization of target groups for new influenza or other respiratory virus strain vaccine, if available
- Coordinate strategic discussions about vaccine allocations with DSHS and CDC
- Distribute information to TVFC providers regarding high-risk populations, and vaccine allocation and distribution
- Monitor and maintain inventory control and order additional supplies, as needed
- Develop a plan with other Metro Health staff to identify and recruit non-traditional vaccine providers
- Review plans with other Metro Health staff to receive, store, and distribute vaccines, medications, biologics requiring refrigeration and/or medical supplies
- Activate plans for distribution of any available pre-pandemic vaccine

Continue to:

- Promote seasonal influenza vaccine for everyone six months of age or older, based on current recommendations, and conduct other influenza prevention activities
- Provide educational information, outreach, pamphlets, newspaper articles to Metro Health clinic sites and TVFC providers
- Procure, receive, store, and distribute seasonal influenza vaccine for Metro Health employees
- Provide seasonal influenza vaccine and medical supplies for Metro Health employee immunization clinics
- Facilitate seasonal vaccination of health department staff and qualifying public sector clients
- Vaccinate qualifying TVFC and adult clients served by local public health clinic sites and TVFC or adult safety net providers
- Recruit providers to TVFC Program and ImmTrac2
- Manage immunization operations by monitoring vaccine inventory, approving vaccine orders for TVFC providers, and providing technical assistance TVFC provider offices. DSHS Region 8 would monitor Metro Health Immunization Clinics vaccine inventory, approve vaccine orders, and provide technical assistance
- Collaborate with Epidemiology Program to monitor surveillance findings
- Monitor vaccine safety with the VAERS and the Texas Poison Control Network
- Monitor vaccine storage and handling equipment (supplies, refrigerators, freezers, portable units)



Virtual or limited activation of operations center

Communications

Continue to:

- Communicate and coordinate with local partners
- Provide information to local media representatives and encourage its distribution
- Partner with local community-based organizations to target high-risk populations for appropriate outreach campaigns
- Enhance community access to information
- Conduct community outreach and public education
- Communicate with healthcare providers

Emergency Preparedness Program

- Determine whether current response can be handled through a virtual or limited activation of the operations center and proceed accordingly
- Implement and monitor non-pharmaceutical interventions
- Reassess supplies on hand and order additional, if needed
- Notify STRAC to prepare the Infectious Disease Response Unit (IDRU)
- Implement a Metro Health Hotline (210) 207-5779
- Implement Community Health & Prevention Team
- Implement Drive Thru Testing
- Implement Congregate setting outreach & education
- Integrate COSA Department of Human Services into the response plan
- Prepare for CDC funds to supplement response and coordinate grant management activities

Continue to:

- Communicate with all partners within Bexar County & COSA to maintain situational awareness
- Continue ICS forms and After-Action Report documentation



Virtual or limited activation of operations center

ESCALATED OPERATIONS: Escalated activities are adjusted in response to complex investigations into multiple novel influenza or other respiratory virus cases. Escalated operations are handled through a limited to full activation of the operations center.

CONDITIONS IN LOCAL JURISDICTION

- Multiple confirmed, non–travel-related human cases of novel influenza or other respiratory virus detected in the local jurisdiction or in an adjacent jurisdiction
- Sustained transmission of novel influenza or other respiratory virus internationally
- Complex investigations for human cases of novel influenza or other respiratory virus
- High levels of public or media attention related to influenza or other respiratory virus

RESPONSE ACTIVITIES

Leadership

Continue to:

- Maintain regular communications with Bexar County & COSA Leadership, STRAC, RHMOE and/or EOC, DSHS Region 8 area to maintain situational awareness
- Increase preparedness activities within Bexar County & COSA for influenza and other viruses with pandemic potential
- Maintain regular communications with communicable disease control and prevention staff

Communicable Disease

Laboratory Program

- Prepare to receive more than the usual number of specimens
- Adjust the amount of testing done, according to CDC and DSHS EAIDU recommendations (e.g., test more specimens or limit testing to specimens meeting criteria specified by CDC/DSHS EAIDU)

Continue to:

- Ensure select specimens are forwarded to the LRN laboratory or to the designated Public Health laboratory with requisite testing capability, as requested by CDC/DSHS EAIDU
- Conduct seasonal influenza surveillance testing and support statewide influenza laboratory surveillance activities, as described in the Texas Influenza Surveillance Handbook

Epidemiology Program

- Request additional resources, as needed for investigations or data entry
- Conduct case and contact investigations until directed otherwise by DSHS EAIDU

Continue to:

- Conduct influenza and influenza-like illness (ILI) surveillance, analyze the data, and share the findings using routine reporting mechanisms, as described in the Texas Influenza Surveillance Handbook
- Submit specimens to the appropriate public health laboratory for any suspect human cases of novel influenza or other respiratory viruses of concern and monitor laboratory reports indicating possible confirmed cases, as described in the Texas Influenza Surveillance Handbook



- Immediately investigate any suspect human cases of novel influenza or other respiratory viruses of concern, as described in the DSHS EAIDU Investigation Guidance for Novel Influenza (request from DSHS EAIDU)
- Immediately notify DSHS by phone of confirmed human cases of novel influenza or other respiratory viruses of concern and, when applicable, through NEDSS within one business day of case confirmation
- Enhance surveillance for ILI for at least four (4) weeks following identification of novel influenza or other respiratory virus cases by actively following up with routine reporters (consult DSHS EAIDU for criteria for continuing enhanced surveillance)
- Conduct data entry as needed and coordinate workflow for real-time data entry into NEDSS, as requested
- Analyze, map, and report influenza or other respiratory viruses of concern data weekly
- Utilize SAFD MIH Unit as needed
- Implement Medical Provider Outreach via Webex, email, phone in conjunction with Bexar County Medical Society

Immunization Program

- Coordinate with PHEP to hire temporary nurses and other healthcare workers to staff clinics, as needed
- Prepare for and conduct mass vaccination clinics, as needed, in coordination with PHEP and Metro Health staff
- Communicate regularly with DSHS Immunization Branch and CDC regarding high-risk populations, and vaccine allocation and distribution
- Work with DSHS ImmTrac2 staff to prepare to activate the emergency module within ImmTrac2 in order to track antivirals, immunizations, and medications distributed and administered during the emergency response effort

Continue to:

- Promote seasonal influenza vaccine for everyone six months of age or older, based on current recommendations, and conduct other influenza prevention activities
- Provide educational information, outreach, pamphlets, newspaper articles to Metro Health clinic sites and TVFC providers
- Procure, receive, store, and distribute seasonal influenza vaccine for Metro Health employees
- Provide seasonal influenza vaccine and medical supplies for Metro Health employee immunization clinics
- Facilitate seasonal vaccination of health department staff and qualifying public sector clients
- Vaccinate qualifying TVFC and adult clients served by local public health clinic sites and TVFC or adult safety net providers
- Recruit providers to TVFC Program and ImmTrac2
- Manage immunization operations by monitoring vaccine inventory, approving vaccine orders for TVFC providers, and providing technical assistance TVFC provider offices. DSHS Region 8 would monitor Metro Health Immunization Clinics vaccine inventory, approve vaccine orders, and provide technical assistance
- Collaborate with Epidemiology Program to monitor surveillance findings
- Monitor vaccine safety with the VAERS and the Texas Poison Control Network
- Monitor vaccine storage and handling equipment (supplies, refrigerators, freezers, portable units)



Communications

- Collaborate with HSR 8 and DSHS EAIDU staff to establish a set schedule for officially releasing updated case counts publicly
- Notify local hospitals, clinics, schools, long term care facilities, and healthcare providers of the situation
- Ensure state or national health alerts are forwarded, as appropriate

Continue to:

- Communicate and coordinate with local partners
- Provide information to local media representatives and encourage its distribution
- Partner with local community-based organizations to target high-risk populations for appropriate outreach campaigns
- Enhance community access to information
- Conduct community outreach and public education
- Communicate with healthcare providers

Emergency Preparedness Program

- Determine whether current response can be handled through a limited or full activation of the operations center and proceed accordingly
- Coordinate with appropriate RHMOE and EOC partners
- Implement strategies for mass fatalities in conjunction with Bexar County Medical Examiner, STRAC & DSHS HSR 8
- Utilize Sanitarians, Sheriff, Police, Code Compliance, and Center City Downtown Operations for Public Health Emergency compliance

Continue to:

- Start to secure non-pharmaceutical interventions
- Reassess supplies on hand and order additional, if needed
- Communicate with all partners within the RHMOE and EOC to maintain situational awareness
- Coordinate with STRAC to prepare the IDRUE as needed
- Continue ICS forms and After-Action Report documentation
- Prepare for CDC funds to supplement response and coordinate grant management activities



EMERGENCY RESPONSE OPERATIONS: Emergency response activities are highly elevated and include additional activities to control a pandemic or widespread epidemic of novel influenza or other respiratory virus. Emergency operations are handled through a full activation of the operations center.

CONDITIONS IN LOCAL JURISDICTION

- Multiple confirmed, non-travel-related human cases of novel influenza or other respiratory virus detected in the local jurisdiction or in an adjacent jurisdiction
- Sustained transmission of novel influenza or other respiratory virus inside the US
- Widespread human cases of novel influenza or other respiratory virus in Bexar County
- Complex investigations for human cases of novel influenza or other respiratory virus
- Exceptional levels of public or media attention related to influenza or other respiratory virus
- Multiple jurisdictions with multiple HSRs reporting emergency response activities

RESPONSE ACTIVITIES

Leadership

- Support emergency preparedness activities within Bexar County & COSA for influenza and other viruses with pandemic potential

Continue to:

- Maintain regular communications with Bexar County & COSA Leadership, STRAC, RHMOE and/or EOC, DSHS Region 8 area to maintain situational awareness
- Maintain regular communications with communicable disease control and prevention staff

Communicable Disease

Laboratory Program

Continue to:

- Prepare to receive more than the usual number of specimens
- Adjust the amount of testing done, according to CDC/DSHS EAIDU recommendations (e.g., test more specimens or limit testing to specimens meeting criteria specified by CDC/DSHS EAIDU)
- Ensure select specimens are forwarded to the LRN laboratory or to the designated Public Health laboratory with requisite testing capability, as requested by CDC/DSHS EAIDU

Epidemiology Program

- Collect aggregate surveillance data on hospitalizations and deaths

Continue to:

- Conduct case and contact investigations until directed otherwise by DSHS EAIDU
- Conduct influenza and influenza-like illness (ILI) surveillance, analyze the data, and share the findings using routine reporting mechanisms, as described in the Texas Influenza Surveillance Handbook
- Submit specimens to the appropriate public health laboratory for any suspect human cases of novel influenza or other respiratory viruses of concern and monitor laboratory reports indicating possible confirmed cases, as described in the Texas Influenza Surveillance Handbook
- Immediately investigate any suspect human cases of novel influenza or other respiratory viruses of concern, as described in the DSHS EAIDU Investigation Guidance for Novel Influenza (request from DSHS EAIDU)



- Immediately notify DSHS (by phone) of confirmed human cases of novel influenza or other respiratory viruses of concern and, when applicable, through NEDSS within one business day of case confirmation
- Conduct data entry as needed and coordinate workflow for real-time data entry into NEDSS, as requested
- Analyze, map, and report influenza or other respiratory viruses of concern data weekly
- Utilize SAFD MIH Unit as needed

Immunization Program

- Suspend eligibility criteria for DSHS-supplied seasonal vaccine, if appropriate
- Provide Metro Health and/or DSHS-supplied seasonal vaccine to priority high-risk populations and then to the general public, if appropriate
- Distribute Metro Health guidance, based on DSHS and CDC recommendations, on prioritization of target groups for new influenza or other respiratory virus strain vaccine, if available
- Recruit identified non-traditional vaccine providers
- Prepare to receive, store, and distribute vaccines, medications, biologicals requiring refrigeration and/or medical supplies
- Coordinate with DSHS ImmTrac2 staff to activate the emergency module within ImmTrac2 in order to track antivirals, immunizations, and medications distributed and administered to individuals during the emergency response effort
- Conduct mass vaccination clinics, as needed, in coordination with PHEP and Metro Health staff

Continue to:

- Coordinate with PHEP to hire temporary nurses and other healthcare workers to staff clinics, as needed
- Monitor and maintain inventory control and order additional supplies, as needed
- Promote seasonal influenza vaccine for everyone six months of age or older, based on current recommendations, and conduct other influenza prevention activities
- Provide educational information, outreach, pamphlets, newspaper articles to Metro Health clinic sites and TVFC providers
- Procure, receive, store, and distribute seasonal influenza vaccine for Metro Health employees
- Provide seasonal influenza vaccine and medical supplies for Metro Health employee immunization clinics
- Facilitate seasonal vaccination of health department staff and qualifying public sector clients
- Vaccinate qualifying TVFC and adult clients served by local public health clinic sites and TVFC or adult safety net providers
- Recruit providers to TVFC Program and ImmTrac2
- Manage immunization operations by monitoring vaccine inventory, approving vaccine orders for TVFC providers, and providing technical assistance TVFC provider offices. DSHS Region 8 would monitor Metro Health Immunization Clinics vaccine inventory, approve vaccine orders, and provide technical assistance
- Collaborate with Epidemiology Program to monitor surveillance findings
- Monitor vaccine safety with the VAERS and the Texas Poison Control Network
- Monitor vaccine storage and handling equipment (supplies, refrigerators, freezers, portable units)



Communications

Continue to:

- Communicate and coordinate with local partners
- Provide information to local media representatives and encourage its distribution
- Partner with local community-based organizations to target high-risk populations for appropriate outreach campaigns
- Enhance community access to information
- Conduct community outreach and public education
- Communicate with healthcare providers
- Collaborate with HSR and DSHS EAIDU staff to establish a set schedule for officially releasing updated case counts publicly
- Notify local hospitals, clinics, schools, long term care facilities, and healthcare providers of the situation
- Ensure state or national health alerts are forwarded, as appropriate

Emergency Preparedness Program

- Fully activate the RHMOOC and/or EOC
- Declare a local disaster, if appropriate
- Request state or federal resources, as applicable and according to protocols

Continue to:

- Implement all non-pharmaceutical interventions as needed
- Reassess supplies on hand and order additional, if needed
- Communicate with all partners within the RHMOOC and/or EOC to maintain situational awareness
- Coordinate with appropriate regional and state responding agencies
- Coordinate with STRAC to mobilize the IDRUC as needed
- Continue and complete ICS forms and After-Action Report documentation
- Prepare for CDC funds to supplement response and coordinate grant management activities



VII. APPENDIX I: ACRONYMS

ACS	Alternate Care Facility
CPEA	Center for Policy and External Affairs (DSHS)
CDC	U.S. Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program (Children's Medicaid)
DDC	Disaster District Committee (Texas)
DSHS	Department of State Health Services (Texas)
EAIDU	Emerging and Acute Infectious Disease Unit
EOC	Emergency Operations Center
ESF-8	Emergency Support Function #8
HHSC	Health and Human Services Commission
HSR	Health Service Region (DSHS)
ICS	Incident Command System
ICF	Isolation Care Facility
IDRU	Infectious Disease Response Unit
ILI	Influenza-Like Illness
ILINet	Influenza-Like Illness Surveillance Network
LHD	Local Health Department
LRN	Laboratory Response Network
MOU	Memorandum of Understanding
NEDSS	National Electronic Disease Surveillance System
PPE	Personal Protective Equipment
RAC	Regional Advisory Council (DSHS)
RHMOC	Regional Health and Medical Operations Center
RPD	Respiratory Protective Device
SME	Subject Matter Expert
SMOC	State Medical Operations Center (DSHS)
SNS	Strategic National Stockpile
STRAC	Southwest Texas Regional Advisory Council
TAHC	Texas Animal Health Commission
TPCN	Texas Poison Control Network
TVFC	Texas Vaccines for Children
VAERS	Vaccine Adverse Event Reporting System
WebEOC	Web Emergency Operations Center
WHO	World Health Organization

VIII. APPENDIX II: REFERENCES

Texas Influenza Surveillance Handbook

www.dshs.state.tx.us/idcu/disease/influenza/Texas-Influenza-Surveillance-Handbook/

Guidelines for Investigation and Control of Invasive, Respiratory and Vaccine Preventable Diseases

<http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589974579>

Federal Emergency Management Agency – Emergency Support Function #8 (ESF-8)

http://www.fema.gov/media-library-data/20130726-1825-25045-8027/emergency_support_function_8_public_health

[medical services annex 2008.pdf](#)

San Antonio Metropolitan Health District Departmental Manual 9.4 Emergency Public Health Response

San Antonio Metropolitan Health District Departmental Manual 11.1 Communications Policy

IX. APPENDIX III: CONTRIBUTORS

This section provides a list of individuals who contributed to the development of this document.

Communicable Disease Division	
Epidemiology	R. Espinoza C. Carmona
Immunization Program	M. Miller M. Groomer A. Ledezma
Laboratory Services Section	M. Wade
Environmental Health and Operations	
Public Health Emergency Preparedness	M. Martinez R. Pollok B. Miller G. Perez
Health Director's Office	M. Vigil

X. Appendix IV: Inventory Management

Eastside Clinic	210 N Mel Waiters Way	San Antonio, TX 78202	210-207-8894		
<u>Quantit y</u>	<u>Model/Description</u>	<u>Condition</u>	<u>Name</u>	<u>Asset ID</u>	<u>Notes</u>
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Vaccine 2	1045759	
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Vaccine 3	1045760	
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Vaccine 5	1045762	
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Vaccine 6	1045763	
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Vaccine 7	1045764	
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Vaccine 8	1045765	
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Downtown	986215	
1	Accuc ID Refrigerator/Freezer	Fair-power cord removed	Fridge 2	986214	
2	PXL ACUTEMP (Vaxipac) "DSHS"	Good, requires vaxipax bricks, or frozen water bottles, paper towels for freezer transport			
13	Vaxipac Bricks	Good			
1	PHCBI #1 Fridge	New		1004835	Calibration exp 3/14/21
1	PHCBI #2 Fridge	New		1004836	Calibration exp 3/14/21
1	SANYO MPR721R Medicoool Ref #1	Good	Outreach	936059	Calibration exp 3/22/20
1	SANYO Labcool Fridge	Good	ASN/PVT	936053	Calibration exp 3/22/20
1	SANYO Biomedical Freezer	Good	VFC/ASN/PVT/Outreach	936049	Calibration exp 3/20/20
1	SANYO MPR1411 Labcool Ref	Good	VFC	936050	Calibration exp 3/22/20
1	Stand alone Biomedical Freezer Model SFL6111W Serial 110500536	Good	PHEP Grant	936058	Calibration exp 3/20/20

1	SANYO Labcool Fridge	Good	VFC/ PHEP Grant	936052	Calibration exp 3/22/20
1	MedFreezer Stand Alone Freezer	New	VFC/ASN	1004846	Calibration exp 3/20/20
1	medium styrofoam box	Fair			
1	small styrofoam box	Fair			
1	Lab Research Product-LRP 3 Door	Good	VFC Program Empty Pin	949787	Calibration exp 3/22/20
4	Large styrofoam boxes				

Frank Garrett	1226 NW 18th St	San Antonio, TX 78207			210-207-8894
<u>Quantity</u>	<u>Model/Description</u>	<u>Condition</u>	<u>Name</u>	<u>Asset ID</u>	<u>Notes</u>
1	SANYO Medicoool Refrigerator	Good		936051	Calibration Exp 3/14/21
1	MedFreezer Stand Alone Freezer	Good		1004847	Calibration Exp 3/14/21
1	White Stand alone freezer	Good -Empty		916281	
1	Accuc ID Refrigerator/Freezer	Fair, NO PLUGS,digital thermometer does display readings on the outside	Fridge 3	986213	
1	Accuc ID Refrigerator/Freezer	Good-replaced AC/DC cord 10/16/19	Vaccine 1	1045758	
1	Grey Thermosafe Medium portable cooler	Fair, requires data logger, water bottles, bubble wrap for transport			
3	White Vaxi pax Acutemp (DSHS)	Good, requires vaxipax bricks, or frozen water bottles, paper towels for freezer transport			
3	Vaxipax Bricks	Good			
3	Large Styrofoam boxes	Good			
12	Small Styrofoam box	Good			
1	rolling cart	Good		791727	
1	rolling cart	Good		969834	

Downtown	111 Soledad Suite 600	San Antonio, TX 78205	210-207-3976		
<u>Quantity</u>	<u>Model/Description</u>	<u>Condition</u>	<u>Name</u>	<u>Asset ID</u>	<u>Notes</u>
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Vaccine 4	1045761	
1	Accuc ID Refrigerator/Freezer	New, power cord set complete	Vaccine 9	1045766	
1	Twinbird Free Piston Sterling Cooler	Fair	Vaccine 10	941585	
1	Dometic CFX28 Refrigerator/Cooler	New	Vaccine 11	1045834	
1	Dometic CFX28 Refrigerator/Cooler	New	Vaccine 12	1045835	
1	Dometic CFX28 Refrigerator/Cooler	New	Vaccine 13	1045836	
1	Dometic CFX28 Refrigerator/Cooler	New	Vaccine 14	1045837	
1	Dometic CDF11 Refrigerator/Cooler	New	Vaccine 15	1045833	
1	Dometic CDF11 Refrigerator/Cooler	New	Vaccine 16	1045832	
1	Dometic CDF11 Refrigerator/Cooler	New	Vaccine 17	1053103	
1	Dometic CDF11 Refrigerator/Cooler	New	Vaccine 18	1053104	
1	Dometic CDF11 Refrigerator/Cooler	New	Vaccine 19	1053109	
1	Dometic CDF11 Refrigerator/Cooler	New	Vaccine 20	1053110	
1	Micro Multi Cart	New	Cart 1	1053105	
1	Micro Multi Cart	New	Cart 2	1053106	
1	Micro Multi Cart	New	Cart 3	1053107	
1	Micro Multi Cart	New	Cart 4	1053108	
1	PXL ACUTEMP (Vaxipac)	Good, requires vaxipax bricks, or frozen water bottles, paper towels for freezer transport			
1	PXL ACUTEMP (Vaxipac)	Good, requires vaxipax bricks, or frozen water bottles, paper towels for freezer transport			
3	Accuvax Bricks	Good			
2	Rolls of bubble wrap	New			
2	Blue plastic cooler	Fair, requires bubble wrap, napkins and water bottles for transport			
3	carts				
3	dollies				

