6.1.17.3. HHS, in coordination with DHS, shall develop and test new point-of-care and laboratory-based rapid influenza diagnostics for screening and surveillance, within 18 months. Measure of performance: new grants and contracts awarded to researchers to develop and evaluate new diagnostics.

6.1.17.4. HHS shall increase access to standardized influenza reagents for use in influenza tests and research, within 6 months. Measure of performance: standardized influenza reagents distributed to domestic and international partners within 3 business days of a request.

6.2. Pillar Two: Surveillance and Detection

The ability to contain or delay the spread of pandemic influenza depends critically upon the early detection of outbreaks. Within the United States, we will work to establish surveillance systems and reporting mechanisms that provide continuous, real-time “situational awareness” to public health authorities at all levels of government. We will also work to enhance laboratory capacity, develop new and improved rapid diagnostic tests, and consolidate real-time analytical and modeling capabilities to support response activities.

a. Ensuring Rapid Reporting of Outbreaks

6.2.1. Support the development and sustainment of sufficient U.S. and host nation laboratory capacity and diagnostic reagents in affected regions and domestically, to provide rapid confirmation of cases in animals or humans.

6.2.1.1. HHS shall provide guidance to public health and clinical laboratories on the different types of diagnostic tests and the case definitions to use for influenza at the time of each pandemic phase. Guidelines for the current pandemic alert phase will be disseminated within 3 months. Measure of performance: dissemination on www.pandemicflu.gov and through other channels of guidance on the use of diagnostic tests for H5N1 and other potential pandemic influenza subtypes.

6.2.1.2. HHS shall ensure that testing by reverse transcriptase-polymerase chain reaction (RT-PCR) for H5N1 and other influenza viruses with pandemic potential is available at LRN laboratories and CDC within 3 months. Measure of performance: RT-PCR for H5N1 and other potential pandemic influenza subtypes and strains in use at CDC and LRN laboratories.

6.2.1.3. HHS, in coordination with DOD, VA, USDA, DHS, EPA, and other partners, in collaboration with its LRN Reference Laboratories, shall be prepared within 6 months to conduct laboratory analyses to detect pandemic subtypes and strains in referred specimens and conduct confirmatory testing, as requested. Measure of performance: initial testing and identification of suspect pandemic influenza specimens completed at LRN Reference and National Laboratories within 24 hours.

6.2.1.4. All Federal, State, local, tribal, and private sector medical facilities should ensure that protocols for transporting influenza specimens to appropriate reference...
laboratories are in place within 3 months. Measure of performance: transportation protocols for laboratory specimens detailed in HHS, DOD, VA, State, territorial, tribal, and local pandemic response plans.

6.2.1.5. State, local, and tribal entities should be prepared, in the event of a pandemic, to increase diagnostic testing for influenza and increase the frequency of reporting to CDC.

6.2.2. Advance mechanisms for “real-time” clinical surveillance in domestic acute care settings such as emergency departments, intensive care units, and laboratories to provide tribal, local, State, and Federal public health officials with continuous awareness of the profile of illness in communities, and leverage all Federal medical capabilities, both domestic and international, in support of this objective.

6.2.2.1. HHS shall be prepared to provide ongoing information from the national influenza surveillance system on the pandemic’s impact on health and the health care system, within 6 months. Measure of performance: surveillance data aggregated and disseminated every 7 days, or as often as the situation warrants, to DHS, Sector-Specific Agencies, and State, territorial, tribal, and local partners.

6.2.2.2. HHS, in coordination with Federal, State, local, tribal, and private sector partners, shall develop real-time (same-day) tracking capabilities of pneumonia or influenza hospitalizations and influenza deaths to enhance its surveillance capabilities at the onset of and during a pandemic, within 12 months. Measure of performance: real-time (same-day) nationwide hospital census and mortality tracking system is operational for use during a pandemic.

6.2.2.3. HHS, in coordination with DOD and VA, shall expand the number of hospitals and cities participating in the BioSenseRT program to improve the Nation’s capabilities for disease detection, monitoring, and situational awareness within 12 months. Measure of performance: number of hospitals (including DOD and VA facilities) participating in the BioSenseRT program increased to 350 hospitals in 42 cities.

6.2.2.4. HHS shall reduce the time between reporting of virologic laboratory data from State, local, tribal, and private sector partners and collation, analysis, and reporting to key stakeholders, within 6 months. Measure of performance: time delay between receipt of data and collation, analysis, and reporting of results of 7 days or less.

6.2.2.5. HHS shall increase the frequency of reporting and the number and geographic location of reporting health care providers from which outpatient surveillance data are collected through the Sentinel Provider Network (SPN), the Emerging Infections Program (EIP) influenza project, and the New Vaccine Surveillance Network (NVSN), within 6 months. Measure of performance: number of reporting healthcare providers increased to one or more per 250,000 population.

6.2.2.6. HHS shall improve the speed at which it performs mortality surveillance through the 122 Cities Mortality Reporting System within 3 months. Measure of
6.2.2.7. DHS, in collaboration with HHS, DOD, VA, USDA, and other Federal departments and agencies with biosurveillance capabilities and real-time data sources, shall enhance NBIS capabilities to ensure the availability of a comprehensive and all-source biosurveillance common operating picture throughout the Interagency, within 12 months. Measure of performance: NBIS provides integrated surveillance data to DHS, HHS, USDA, DOD, VA, and other interested interagency customers.

6.2.2.8. HHS, in coordination with DHS, DOD, and VA, and in collaboration with State, local, and tribal authorities, shall be prepared to collect, analyze, integrate, and report information about the status of hospitals and health care systems, health care critical infrastructure, and medical materiel requirements, within 12 months. Measure of performance: guidance provided to States and tribal entities on the use and modification of the components of the National Hospital Available Beds for Emergencies and Disasters (HAVBED) system for implementation at the local level.

6.2.2.9. DOD shall enhance influenza surveillance efforts within 6 months by: (1) ensuring that medical treatment facilities (MTFs) monitor the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) and provide additional information on suspected or confirmed cases of pandemic influenza through their Service surveillance activities; (2) ensuring that Public Health Emergency Officers (PHEOs) report all suspected or actual cases through appropriate DOD reporting channels, as well as to CDC, State public health authorities, and host nations; and (3) posting results of aggregated surveillance on the DOD Pandemic Influenza Watchboard; all within 18 months. Measure of performance: number of MTFs performing ESSENCE surveillance greater than 80 percent; DOD reporting policy for public health emergencies, including pandemic influenza completed.

6.2.2.10. State, local, and tribal public health departments should develop relationships with hospitals and health care systems within their jurisdictions to facilitate collection of real-time or near real-time clinical surveillance data from domestic acute care settings such as emergency departments, intensive care units, and laboratories.

6.2.2.11. State, local, and tribal public health departments should provide weekly reports on the overall level of influenza activity in their States or localities, with assistance from CDC epidemiologists and field officers posted within each State health department in collecting and reporting these data.

6.2.3. Develop and deploy rapid diagnostics with greater sensitivity and reproducibility to allow onsite diagnosis of pandemic strains of influenza at home and abroad, in animals and humans, to facilitate early warning, outbreak control, and targeting of antiviral therapy.
6.2.3.1. HHS, in coordination with DHS and DOD, shall work with pharmaceutical and medical device company partners to develop and evaluate rapid diagnostic tests for novel influenza subtypes including H5N1 within 18 months. Measure of performance: new investment in research to develop influenza diagnostics; new rapid diagnostic tests, if found to be useful, are available for influenza testing, including for novel influenza subtypes.

6.2.3.2. HHS, in coordination with DHS, DOD, and VA, shall compile an inventory of all research and product development work on rapid diagnostic testing for influenza and shall reach consensus on sets of requirements meeting national needs and a common test methodology to drive further private-sector investment and product development, within 6 months. Measure of performance: inventory developed and requirements paper disseminated.

6.2.3.3. HHS, in coordination with DOD, VA, and DHS, shall encourage and expedite private-sector development of rapid subtype- and strain-specific influenza point-of-care tests within 12 months of the publication of requirements. Measure of performance: rapid point-of-care test available in the marketplace within 18 months.

6.2.3.4. HHS-, DOD-, and VA-funded hospitals and health facilities shall have access to improved rapid diagnostic tests for influenza A, including influenza with pandemic potential, within 6 months of when tests become available.

6.2.3.5. State, local, and tribal public health departments should acquire and deploy rapid diagnostic tests that are specific and sensitive for pandemic influenza strains, as soon as those tests are available. Measure of performance: diagnostic tests, if found to be useful, are accessible to federally funded health facilities.

b. Using Surveillance to Limit Spread

6.2.4. Develop and exercise mechanisms to provide active and passive surveillance during an outbreak, both within and beyond our borders.

6.2.4.1. HHS, in coordination with DHS, DOD, VA, USDA, and DOS, shall be prepared, within 12 months, to continuously evaluate surveillance and disease reporting data to determine whether ongoing disease containment and medical countermeasure distribution and allocation strategies need to be altered as a pandemic evolves. Measure of performance: analyses of surveillance data performed at least weekly during an outbreak with timely adjustment of strategic and tactical goals, as required.

6.2.4.2. DHS, in coordination with Sector-Specific Agencies, HHS, DOD, DOJ, and VA, and in collaboration with the private sector, shall be prepared to track integrity of critical infrastructure function, including the health care sector, to determine whether ongoing strategies of ensuring workplace safety and operational continuity need to be altered as a pandemic evolves, within 6 months. Measure of performance: tracking system in place to monitor integrity of critical infrastructure function and operational continuity in near real time.
6.2.4.3. DOD and VA shall be prepared to track and provide personnel and beneficiary health statistics and develop enhanced methods to aggregate and analyze data documenting influenza-like illness from its surveillance systems within 12 months. Measure of performance: influenza tracking systems in place and capturing beneficiary clinical encounters.

6.2.5. Develop rapid-response modeling capability to improve decision making during a pandemic.

6.2.5.1. HHS, in coordination with DOD and DHS, shall develop and maintain a real-time epidemic analysis and modeling hub that will explore and characterize response options as a support to policy and decision makers within 6 months. Measure of performance: modeling center with real-time epidemic analysis capabilities established.

6.3. Pillar Three: Response and Containment

In approaching the problem of pandemic influenza, the U.S. Government endorses a layered strategy of response and containment. As outlined in the other chapters of this document, the United States is working with other nations and relevant international organizations to detect and contain outbreaks of animal influenza with pandemic potential with the aim of preventing its spread to humans. In the event of sustained and efficient human-to-human transmission of an influenza virus with pandemic potential, all reasonable actions to contain the epidemic at its source and to delay its introduction to the United States should be attempted. If such efforts fail, all instruments of national power will be directed to limiting or otherwise delaying the spread of disease; minimizing suffering and death; sustaining critical infrastructure and a Constitutional form of government; and reducing the economic and social effects of the pandemic.

a. Containing Outbreaks

6.3.1. Encourage all levels of government, domestically and globally, to take appropriate and lawful action to contain an outbreak within the borders of their community, province, State, or nation.

6.3.1.1. State, local, and tribal pandemic preparedness plans should address the implementation and enforcement of isolation and quarantine, the conduct of mass immunization programs, and provisions for release or exception.

6.3.2. Provide guidance, including decision criteria and tools, to all levels of government on the range of options for infection control and containment, including those circumstances where social distancing measures, limitations on gatherings, or quarantine authority may be an appropriate public health intervention.

6.3.2.1. HHS, in coordination with DHS, DOT, Education, DOC, DOD, and Treasury, shall provide State, local, and tribal entities with guidance on the combination, timing, evaluation, and sequencing of community containment strategies (including travel restrictions, school closings, snow days, self-shielding, and quarantine during a pandemic) based on currently available data, within 6 months, and update this guidance as additional data becomes available. Measure
of performance: guidance provided on community influenza containment measures.

6.3.2.2. HHS shall provide guidance on the role and evaluation of the efficacy of geographic quarantine in efforts to contain an outbreak of influenza with pandemic potential at its source, within 3 months. Measure of performance: guidance available within 72 hours of initial outbreak.

6.3.2.3. HHS, in coordination with DHS and DOD and in collaboration with mathematical modelers, shall complete research identifying optimal strategies for using voluntary home quarantine, school closure, snow day restrictions, and other community infection control measures, within 12 months. Measure of performance: guidance developed and disseminated on the use of community control.

6.3.2.4. As appropriate, DOD, in consultation with its Combatant Commanders (COCOM), shall implement movement restrictions and individual protection and social distancing strategies (including unit shielding, ship sortie, cancellation of public gatherings, drill, training, etc.) within their posts, installations, bases, and stations. DOD personnel and beneficiaries living off-base should comply with local community containment guidance with respect to activities not directly related to the installation. DOD shall be prepared to initiate within 18 months. Measure of performance: the policies/procedures are in place for at-risk DOD posts, installations, bases, stations, and for units to conduct an annual training evaluation that includes restriction of movement, shielding, personnel protection measures, health unit isolation, and other measures necessary to prevent influenza transmission.

6.3.2.5. All HHS-, DOD-, and VA-funded hospitals and health facilities shall develop, test, and be prepared to implement infection control campaigns for pandemic influenza, within 3 months. Measure of performance: guidance materials on infection control developed and disseminated on www.pandemicflu.gov and through other channels.

6.3.2.6. All health care facilities should develop, test, and be prepared to implement infection control campaigns for pandemic influenza, within 6 months.

6.3.2.7. HHS, in coordination with DHS, DOC, DOL, and Sector-Specific Agencies, and in collaboration with medical professional and specialty societies, shall develop and disseminate infection control guidance for the private sector, within 12 months. Measure of performance: validated, focus group-tested guidance developed, and published on www.pandemicflu.gov and in other forums.

6.3.3. **Emphasize the roles and responsibilities of the individual in preventing the spread of an outbreak, and the risk to others if infection control practices are not followed.**

6.3.3.1. HHS, in coordination with DHS, VA, and DOD, shall develop and disseminate guidance that explains steps individuals can take to decrease their risk of acquiring or transmitting influenza infection during a pandemic, within 3

6.3.3.2. HHS, in coordination with DHS, DOD, VA, and DOT and in collaboration with State, local, and tribal partners, shall develop and disseminate lists of social distancing behaviors that individuals may adopt within 6 months and update guidance as additional data becomes available. Measure of performance: guidance disseminated on www.pandemicflu.gov and through other channels.

b. Leveraging National Medical and Public Health Surge Capacity

6.3.4. Implement State, local, and tribal public health and medical surge plans, and leverage all Federal medical facilities, personnel, and response capabilities to support the national surge requirement.

6.3.4.1. Major medical societies and organizations, in collaboration with HHS, DHS, DOD, and VA, should develop and disseminate protocols for changing clinical care algorithms in settings of severe medical surge. Measure of performance: evidence-based protocols developed to optimize care that can be provided in conditions of severe medical surge.

6.3.4.2. HHS, in coordination with DHS, DOD, and VA, and in collaboration with States, localities, tribal entities, and private sector health care facilities, shall develop strategies and protocols for expanding hospital and home health care delivery capacity in order to provide care as effectively and equitably as possible, within 6 months. Measure of performance: guidance and protocols developed and disseminated.

6.3.4.3. HHS shall work with State Medicaid and SCHIP programs to ensure that Federal standards and requirements for reimbursement or enrollment are applied with the flexibilities appropriate to a pandemic, consistent with applicable law. Preliminary strategies shall be developed within 6 months. Measure of performance: draft policies and guidance developed concerning emergency enrollment in and reimbursement through State Medicaid and SCHIP programs during a pandemic.

6.3.4.4. DHS assets, including NDMS medical materiel and mobile medical units, and HHS assets, such as the USPHS Commissioned Corps and FMSs, shall be deployed in a manner consistent with pre-defined strategic considerations. Measure of performance: development, within 6 months, of strategic principles for deployment of Federal medical assets in a pandemic; consistency of deployments during a pandemic with these principles.

6.3.4.5. DHS shall activate NDMS teams, if available, to augment efforts of State, local, and tribal governments as part of the Federal response. Measure of performance: number of NDMS teams activated and deployed during a pandemic.

6.3.4.6. HHS shall deploy the USPHS Commissioned Corps and FMSs, if available and in combination or separately as circumstances warrant, to augment efforts of
State/local governments as part of the Federal response. Measure of performance: USPHS Commissioned Corps personnel trained on FMSs within 9 months; Commissioned Corps personnel and FMSs deployed within 72 hours of order to mobilize during a pandemic.

6.3.4.7. DOD shall enhance its public health response capabilities by: (1) continuing to assign epidemiologists and preventive medicine physicians within key operational settings; (2) expanding ongoing DOD participation in CDC’s EIS Program; and (3) within 18 months, fielding specific training programs for PHEOs that address their roles and responsibilities during a public health emergency. Measure of performance: all military PHEOs fully trained within 18 months; increase military trainees in CDC’s EIS program by 100 percent within 5 years.

6.3.4.8. All hospitals should be prepared to treat patients with pandemic influenza (i.e., equipped and ready to care for: (1) a limited number of patients infected with a pandemic influenza virus, or other novel strain of influenza, as part of normal operations; and (2) a large number of patients in the event of escalating transmission of pandemic influenza).

6.3.4.9. All hospitals and health care systems should develop, test, and be ready to employ business continuity plans and identify the critical links in their supply chains as well as sources of emergency.

6.3.4.10. All health care systems, individually or collaborating with other facilities to develop local or regional stockpiles maintained under vendor managed inventory systems, should consider stockpiling consumable critical medical materiel (including but not limited to food, fuel, water, N95 respirators, surgical and /or procedural masks, gowns, and ethyl-alcohol based gels) sufficient for the peak period of a pandemic wave (2-3 weeks).

6.3.5. **Activate plans to distribute medical countermeasures, including non-medical equipment and other material, from the Strategic National Stockpile and other distribution centers to Federal, State, local, and tribal authorities.**

6.3.5.1. HHS, in coordination with DHS, DOL, Education, VA, and DOD, shall develop and disseminate guidance and educational tools that explain steps individuals can take to decrease their risk of acquiring or transmitting influenza infection during a pandemic, within 6 months. Measure of performance: interim guidance disseminated on www.pandemicflu.gov and through VA, DOD, and other channels within 3 months; complementary educational tools on social distancing, personal hygiene, mask use, and other infection control precautions developed within 6 months.

6.3.5.2. HHS, in collaboration with State, local, and tribal governments, shall develop and disseminate recommendations for the use, if any, of antiviral stockpiles for targeted post-exposure prophylaxis in civilian populations, within 3 months. Measure of performance: States, localities, and tribal entities have received recommendations for incorporation into response plans.
6.3.5.3. HHS, in coordination with DHS, shall allocate and assure the effective and secure distribution of public stocks of antiviral drugs and vaccines when they become available. HHS and DHS are currently prepared to distribute stockpile as soon as countermeasures become available. Measure of performance: number of doses of vaccine and treatment courses of antiviral medications distributed.

6.3.6. **Address barriers to the flow of public health, medical, and veterinary personnel across State and local jurisdictions to meet local shortfalls in public health, medical, and veterinary capacity.**

6.3.6.1. Prior to the declaration of a public health emergency, State, local, and tribal public health authorities should examine existing Federal laws, regulations, and requirements, State public health and medical licensing laws, the provisions of interstate emergency management compacts and mutual aid agreements, and other legal and regulatory arrangements to determine the extent to which they address barriers to the flow of qualified public health and medical personnel across jurisdictional lines or between health care facilities.

c. **Sustaining Infrastructure, Essential Services, and the Economy**

6.3.7. **Determine the spectrum of infrastructure-sustainment activities that the U.S. military and other government entities may be able to support during a pandemic, contingent upon primary mission requirements, and develop mechanisms to activate them.**

6.3.7.1. HHS, in coordination with DHS, DOD, VA, and DOT, and as the lead for ESF #8, shall identify public health and medical capabilities required to support a pandemic response and work with other supporting agencies to identify and deploy or otherwise deliver the required capability or asset, if available. Measure of performance: inventory of public health and medical capabilities within 6 months; available public health or medical capabilities or assets deployed or delivered during a pandemic.

6.3.7.2. DOD and VA assets and capabilities shall be postured to provide care for military personnel and eligible civilians, contractors, dependants, other beneficiaries, and veterans and shall be prepared to augment the medical response of State, territorial, tribal, or local governments and other Federal agencies consistent with their ESF #8 support roles, within 3 months. Measure of performance: DOD and VA pandemic preparedness plans developed; in a pandemic, adequate health response provided to military and associated personnel.

6.3.7.3. VA shall develop draft emergency policies and directives allowing VA personnel and resources to be used for the treatment of non-veteran patients with pandemic influenza within 3 months. Measure of performance: emergency policies and directives drafted.

6.3.7.4. VA shall develop, test, and implement protocols and policies allowing VA personnel and resources to be used for the treatment of non-veteran patients during health emergencies, within 3 months. Measure of performance: protocols and policies developed and implemented.
6.3.7.5. DOD shall develop and implement guidelines defining conditions under which Reserve Component medical personnel providing health care in non-military health care facilities should be mobilized and deployed, within 18 months. Measure of performance: guidelines developed and implemented.

d. Ensuring Effective Risk Communication

6.3.8. Ensure that timely, clear, coordinated messages are delivered to the American public from authoritative sources at all levels of government and assist the governments of affected nations to do the same.

6.3.8.1. HHS, in coordination with DHS, DOD, and VA, shall develop and disseminate a risk communication strategy within 6 months, updating it as required. Measure of performance: implementation of risk communication strategy on www.pandemicflu.gov and elsewhere.

6.3.8.2. DOD and VA, in coordination with HHS, shall develop and disseminate educational materials, coordinated with and complementary to messages developed by HHS but tailored for their respective departments, within 6 months. Measure of performance: up-to-date risk communication material published on DOD and VA pandemic influenza websites, HHS website www.pandemicflu.gov, and in other venues.