

Louisiana  
Department  
of Health:  
Infectious  
Disease  
Annex



2019

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## Record of Changes

<b>Description of Change</b>	<b>Page(s) Affected</b>	<b>Date of Change</b>
Added LDH to cover page	cover page	2/18/19
Added Record of Changes	page 2	2/18/19
Updated EMS section	page 10	2/18/19
Created Public Health section	page 11	2/18/19
Added ESF-8 to Definitions	page 14	2/18/19
Misc. formatting changes	multiple	3/04/19

## Background

Infectious disease emergencies are incidents caused by biological agents, including organisms such as bacteria, or viruses with the potential for significant illness or death in the population causing disruption to healthcare and community activities above and beyond normal levels. Infectious disease emergencies may include naturally occurring outbreaks, emerging infectious diseases, and bioterrorism. The circumstances of infectious disease emergencies may vary by multiple factors including the etiologic agent involved, the disease severity or case fatality rate, population groups affected, intentionality (bioterrorism), and many others. Infectious disease emergencies may also be caused by biological agents found in the environment, or diagnosed in animals, that have the potential for transmission to humans (zoonosis).

The State of Louisiana, Louisiana Department of Health (LDH), Office of Public Health (OPH) Infectious Disease Epidemiology Section (ID Epi) is responsible for disease surveillance, conducting outbreak investigations, and recommending disease control measures based upon those investigations. The State Public Health Veterinarian in ID Epi coordinates the investigation and response to zoonotic diseases with the Louisiana Department of Agriculture Veterinary services and the veterinary community. ID Epi is supported by cooperative agreements between the state and the Centers for Disease Control and Prevention (CDC).

## Purpose

The purpose of the Infectious Disease Annex is to outline standard procedures and activities unique to infectious disease emergencies including: incident response actions, threat assessment, notification procedures, laboratory testing, joint investigative/response procedures, and activities related to recovery.

The intent of the annex is to provide general guidance to parish, State, and Federal Governments and all stakeholders in the preparation of plans. This document can be used as an annex to the Healthcare Coalitions' Response Plans.

This annex is not intended as a stand-alone plan. In addition to the core concepts and processes already established in the Louisiana EOP Base Plan, LDH OPH has developed disease-specific response plans for Pandemic Influenza and Ebola Virus and the CDC Category A pathogens. CDC states the US public health system and primary health care providers must be prepared to address various biological agents, including pathogens that are rarely seen in the United States. High priority agents include organisms that pose a risk to national security because they:

- can be easily disseminated or transmitted from person to person;
- result in high mortality rates and potential for major public health impact;
- might cause public panic and social disruptions; and

- imply special action for public health and medical capabilities.

Other infectious disease annexes may be developed as needed.

## Scope

An infectious disease emergency occurs when urgent and possibly extensive public health and medical interventions are needed to respond to and limit the spread of a biological threat that has the potential for significant morbidity and mortality in Louisiana.

Activities that may be implemented during an infectious disease emergency response include:

- Extensive coordination across city, regional, state and federal agencies and other organizations responding to a large public health emergency.
- Development and dissemination of distinct information for the medical community, and first responders, special and at-risk populations and the general public to improve decision making, dispel rumors, and promote public awareness.
- Disease and outbreak specific information to Health Care providers and Emergency Rooms on the disease/syndrome, signs and symptoms, PPE, infection control, laboratory considerations, treatment, and immediate reporting.
- Issuance of Public health disease containment measures such as infection contact tracing and prophylaxis, isolation of cases quarantine of contacts and persons possibly exposed, mass prophylaxis, and non-pharmacological measures such as social distancing.
- Coordination of medical care systems to improve consequence management for confirmed case(s) and their contacts:
  - symptomatic patients that enter the health care system
  - household and other contacts
  - Concerned but non-affected persons with similar symptoms
- Public health surge to insure epidemiological surveillance and accurate disease counts, investigative activities, and specialized laboratory testing.
- Requirement for collection and analysis of epidemiologic data to inform the development of operational guidelines and incident action plans.

Specific operational guidelines will be developed to address the unique aspects of a particular infectious disease to supplement this annex. Each incident will require tailored activation.

## Situations and Assumptions

### Situation

The responsibilities of the State of Louisiana in the control of infectious disease emergencies is to ensure that all persons who are suspected of having the disease are accurately diagnosed and that epidemiologically characterized so that disease control measures can be implemented as appropriate, to control preventable spread, and to ensure the most effective use of resources

Any confirmed or suspected infectious disease emergency that may pose disruption to the community can warrant the activation of this incident specific annex. Examples include Pandemic Influenza, clusters of meningitis, SARS, Ebola, and anthrax. Use of the annex is not dependent upon total patient numbers and is applicable whether the emergency is from natural or intentional causes.

### Assumptions

1. Local governments have the primary responsibility to provide initial emergency response and emergency management services within their jurisdiction.
2. State government may provide and/or augment emergency response services that exceed the capabilities of local governments as per the State EOP.
3. In response to an infectious disease emergency, the Governor may activate the State Emergency Response Plan under the command of the Director of GOHSEP.
4. State Emergency Operations Center will be activated to appropriate level.
5. Unified Command Group (UCG) will assemble immediately to set response actions in motion.
6. A National Incident Management System (NIMS) compliant Incident Command System (ICS) will be utilized to scale the response as needed to effectively manage and meet the incident objectives.
7. Emergency Support Function (ESF) 8 Public Health and Medical under leadership of the State Health Officer or his designee and LDH will act as medical lead and for:
  - directing development and dissemination of information for the medical community, responders, general public, and special populations and settings;
  - Public health disease containment measures;
  - Coordinating of medical care systems;
  - Epidemiological surveillance, investigative activities, and laboratory testing;
  - Collection and analysis of data; and
  - Issuing Public Health Emergency Declaration.
8. Joint Information Center (JIC) will be activated to:
  - Develop press releases
  - Develop responses that can be used by all agency Public Information Officers (PIO)
  - Provide aggressive factual information for sharing with the public/news media.
9. GOHSEP will conduct Parish conference calls immediately with affected parishes to facilitate exchange of information and guidance. GOHSEP will maintain

continual contact with affected parish officials and State and local response agencies ensuring an immediate and coordinated response.

10. Support requests for local and State agencies will be facilitated immediately via Web EOC.
11. An infectious disease emergency may last for weeks or months, so EOC staffing plans, continuity of operations plans, funding, workforce protection, and maintenance of everyday functions will be addressed to assure the sustainment of critical infrastructure and key assets.
12. Hospital-based Infection Preventionists will play a key role in coordination with IDEpi in recognition and preventing further spread of the infectious agent.

## Concept of Operations

### Key Stakeholders

- Centers for Disease Control and Prevention
- Department of Child and Family Services
- Emergency Support Function (ESF) partners
- Governor's Office of Homeland Security and Emergency Preparedness
- Hospitals
- Local Funeral Homes
- Local law enforcement agencies
- Louisiana Department of Health
- Louisiana Office of Public Health
- Louisiana Poison Control
- Louisiana State Police
- Parish 911/PSAP
- Parish Coroner's Offices
- Parish EMS
- Parish Fire Departments/Districts
- Parish Offices of Homeland Security and Emergency Preparedness
- Regional Healthcare Coalitions
- State and Federal ESF 8 partners
- State and Local Volunteer partners

### Key Elements

The key elements of an effective infectious disease emergency response require resource management considerations for:

- Rapid detection and reporting of outbreaks or presence of a biological agent transmissible to humans in the environment.

- Rapid dissemination of key safety information, appropriate personal protective equipment recommendations, and necessary medical precautions.
- Swift agent identification and laboratory confirmation.
- Epidemiologic investigation and identification of the possible populations at risk (to include animals, marine life, and plants)
- Assessment of how the agent is being transmitted, including the assessment of the efficiency of transmission and possible point sources.
- Consideration of use of the available prophylaxis and treatment resources.
- Consideration of short- and long-term public health, health care, human services, and mental health implications.
- Initiation of control and containment measures and evaluation of those efforts when possible.
- Identification of law enforcement implications/ coordinated assessment of threat.
- Augmentation and surging of local public health and medical resources.
- Informing and education of the population through coordinated public health and medical actions and messages.
- Dissemination of information to enlist risk communication assistance by responsible authorities for optimal dissemination, public support and compliance.
- Assessment of environmental contamination and cleanup/decontamination/proper disposal of bio-agents that persist in the environment, and provision of consultation on the safety of drinking water and food products that may be derived from directly or environmentally exposed animals, crops, plants and trees, or marine life.
- Tracking and preventing secondary or additional disease spread.
- Community-wide efforts to provide for administration of countermeasures as available and appropriate.

Each infectious disease emergency will require tailored activation and utilization of a framework as above. Plans can be adjusted to address scenarios varying by infectious disease agent, size, and/or overall severity.

The initial indication that a potential infectious disease emergency exists as recognized by public health authorities is generally a significant increase in the number of people becoming ill and presenting to local health care providers or one or more of the following:

- Alleged or confirmed threat of bioterrorism;
- Initial case(s) of an emerging infectious disease with potential for significant illness or death in the population;
- Waterborne or foodborne outbreak or threat;
- Small incident with possible widespread transmission; and
- Any actual or potential threat of large-scale infectious disease carried by travelers from other areas of the U.S. or world.

## Investigation

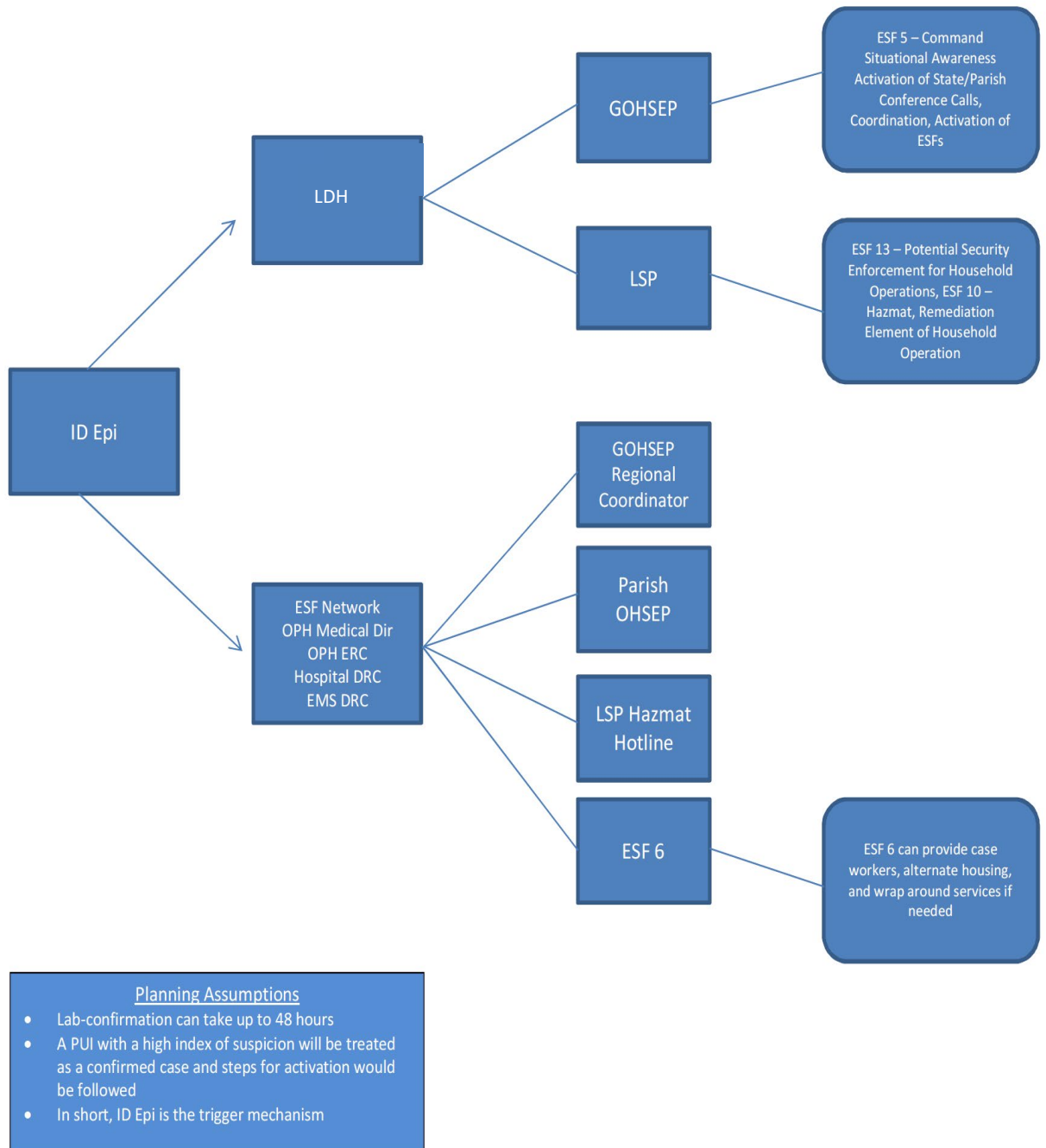
ID Epi receives and investigates all cases of reportable disease and reports of infectious disease outbreaks generated by the private and public sectors in the State. Outbreaks or epidemics are defined as the number of disease cases above what is normally expected in an area for a given time period. For certain diseases, numbers are not important and will raise a red flag for every health care professional and even a single case should warrant thorough public health investigation. For example, a single suspected case of pneumonic plague, Ebola or smallpox would immediately trigger an outbreak investigation and possibly constitute an infectious disease emergency. During any investigation, ID Epi works closely with the State public health laboratory to confirm a diagnosis. It is important to distinguish an epidemic from a pandemic. According to CDC, “Epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. Pandemic refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people”.

## Notifications

The need to notify internal and external partners will be determined by the circumstances of the emergency including the confirmed or suspected biological agent, the anticipated scope of the response, the size of the impacted populations, whether bioterrorism is suspected and whether there is an environmental component to the emergency.

Figure 1 provides an example of a State notification process for an infectious disease emergency.

Figure 1: Notification Process: Lab-Confirmed Case



## Activation and Mobilization

Once notified of a threat or disease outbreak that requires or potentially requires significant public health and medical assistance, GOHSEP requests activation of ESF 8 and convenes a meeting of its internal partners and the ESF 8 organizations to assess the situation and determine the appropriate public health and medical actions. GOHSEP will coordinate a meeting of all ESFs to identify nonmedical support, discussions, and response actions in support of ESF 8.

## Consequence Management

Public Health Operations will increase significantly following activation. The immediate task following any notification and activation is to identify the affected and vulnerable population and the geographic scope of the emergency. The initial public health and medical response includes some or all of the following actions:

- Targeted epidemiological investigation (e.g. contact tracing).
- Dissemination of key safety information and necessary medical precautions.
- Intensified surveillance within healthcare settings for patients with certain clinical signs and symptoms.
- Intensified collection and review of potentially related information (e.g., contacts with nurse call lines, laboratory test orders, school absences, and over-the-counter pharmacy sales, unusual increase in sick animals, wildlife deaths, and decreased commercial fish yields).
- Organization and potential deployment of Federal public health and medical response assets (in conjunction with State, tribal, territorial, and local officials) to include personnel, medical and veterinary supplies, and materiel (e.g., state caches, the Strategic National Stockpile (SNS) and the National Veterinary Stockpile (NVS)).

Depending on the infectious disease emergency, OPH may initiate:

- **Pharmaceutical Interventions:** a Point of Distribution (POD) strategy to manage the distribution of vaccines and/or prophylaxis and activation of additional resources such as the Strategic National Stockpile.
- **Non-pharmaceutical Interventions (NPI):** Community non-pharmaceutical interventions are actions that communities can take to help slow the spread of illness during an infectious disease outbreak. NPIs can help prevent disease and death, lower the impact of disease on the economy, and keep society functioning. Germs like flu viruses can spread easily in places where many people are in close contact with one another. Depending on the severity of the outbreak, in addition to practicing personal NPIs (covering coughs and sneezes, washing hands often, staying home when sick, cleaning surfaces and objects routinely, etc.) community leaders may take one or more of the following actions to increase space between people:
  - Platoon or shift work or school days to increase social distancing
  - Make sick leave policies more flexible.
  - Offer telework or remote-meeting options.
  - Close schools temporarily.

- Postponing or canceling mass gatherings.

Ongoing communications and preparedness planning between state, local, public health officials, school administrators, and business leaders will be important before, during and after an infectious disease emergency. It is important to establish relationships so that if an outbreak does occur, NPIs can be communicated and implemented early with optimal compliance.

As a critical part of the health care system, ***Emergency Medical Services*** providers will establish or follow certain activities related to the infectious diseases such as:

- Early prophylaxis and vaccination recommendations and methodologies for pre-hospital providers (as well as other public safety personnel)
- Early personal protective requirements for pre-hospital providers (as well as other public safety workers)
- Establishing, as appropriate and in conjunction with the State Health Officer, triage, evaluation protocols, infection control and modified patient care including destinations of certain patients
- Protocols for notification of ID Epi of suspected patients
- Transportation plan (route, time, entrance at receiving hospital, etc.)
- Protocols for care, transport, and evaluation of family members, others at scene
- Evaluate if hazardous material (hazmat) response to the scene is required
- Decontamination guidelines after transporting suspected or confirmed patients
- Follow-up and /or reporting measures for pre-hospital personnel caring for a suspected or confirmed patient

ESF 8 will facilitate communication with the ***Acute Medical Care Group*** including hospitals, private providers, and ambulatory surgery centers, etc. in the evaluation and treatment of known or suspected cases with timely guidance. This may need to occur before federal guidance is available. Topics where guidance is needed may include:

- a) Infection control measures for the agent in question
- b) Case definitions
- c) Reporting methods
- d) Specimen collection, handling and transport protocols
- e) Criteria for interpreting test results (including sensitivities and specificities)
- f) How to access Federal and State health information resources
- g) PPE guidelines
- h) Protocols for prophylaxis and vaccination of personnel
- i) Protocols for isolation and quarantine
- j) Protocols for treatment of patients including those exposed
- k) Printed information for dispensing to patients
- l) Protocols for cohorting of patients (as indicated)
- m) Protocols for disposal of contaminated waste

The ***Office of Public Health*** is will provide guidance for the following topics:

- a) Response for Household contacts including wrap-around provisions such as sustenance, laundry, pharmaceutical, family care items (diapers, etc.), financial, behavioral health, pet care, contaminated/potentially contaminated materials
- b) Response for Close Contacts
- c) Protocols for the handling of potentially infectious remains

The Regional Healthcare Coalitions are responsible for assisting with Infectious disease planning, response, and recovery at the regional level. See the additional regional plans for further detail.

Louisiana will follow international (e.g. the World Health Organization) and national recommendations for prophylaxis and treatment through frameworks provided by the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA).

#### Crisis Standards of Care

In the event an imbalance occurs in the patient care delivery system between resource availability and demand, implementation of an alternate crisis standards of care framework may be necessary. See the *State Hospital Crisis Standards of Care Guidelines in Disaster* document.

#### Fatality Management

Louisiana will follow federal government recommendations for safe management of human remains of laboratory confirmed cases of the infectious disease having public health implications as provided by the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA).

### Communication Plan

GOHSEP will establish and support the operations of the Joint Information Center (JIC). Once the JIC is operational, all media contacts and information should be handled through this center to ensure the distribution of consistent and accurate information. The JIC will:

- Issue local public health announcements and updated information on the outbreak and the response.
- Disseminate information about the infectious disease, its management, and the possible need for travel restrictions, isolation, quarantine and social distancing.
- Establish a “news desk operation” to coordinate and manage media relation activities.
- Provide a location for state, local, and federal communication and emergency response personnel to meet and work side-by-side in developing key messages, handling media inquiries, writing media advisories and briefing documents.
- Respond to frequently occurring questions by developing fact sheets, talking points (key messages) and question and answer documents.
- Coordinate requests for spokespersons and subject matter experts.

- Address other local/regional information requests related to the outbreak that require distribution to the media and the general public.
- Develop, coordinate and manage local websites, as required.
- Collaborate with the Bureau of Media and Communications to formulate and disseminate public messaging.

### Continuity of Operations Plan (COOP)

As the result of an infectious disease emergency, there is an increased likelihood that agencies and organizations will find it necessary to activate their Continuity of Operations (COOP) Plan. The Louisiana Basic Plan of the State EOP provides the guidelines that describe plans, procedures, arrangements, and agreements by which agencies can continue essential operations during an emergency. The COOP plans provide that the agency/program will continue to provide essential services despite possible reductions in staff, relocation to another facility, or other disruptions due to the emergency. All State agencies and departments have been tasked by GOHSEP to have updated COOP plans.

### Demobilization

Demobilization occurs in accordance with the State Emergency Operations Plan, with the following specific actions for an Infectious Disease Emergency:

1. Recommendations for ceasing prophylaxis may be required and disseminated to appropriate entities.
2. Recommendation for follow-up testing or ongoing disease surveillance may be required (e.g. for disease that can present in a delayed fashion after exposure).
3. Recommendations may be required for environmental testing groups evaluating facilities for rehabilitation.
4. Possible follow-up and tracking of exposed individuals or disease cases.

### Direction and Control

In response to an infectious disease emergency, the Governor will activate the State's Emergency Response Plan under the command of the Director of GOHSEP.

### Organization and Assignments of Responsibilities

For a LAB-CONFIRMED case of an infectious disease having public health implications, GOHSEP will immediately notify the Governor, all ESF partners, and parish OEP directors. The State Health Officer will provide a situation analysis and facilitate discussion of needed non-medical support services. ESF partners will be tasked to provide support as resource availability allows.

For example, for certain types of infectious diseases, it may be necessary to assess the extent of contamination and decontaminate victims, responders, animals, equipment, transportation conveyances, buildings, critical infrastructure, and large outdoor areas. Such decontamination

and related activities take place consistent with the roles and responsibilities, resources and capabilities and procedures contained in the ESF 8, ESF 10, and ESF 11.

The procedures in this annex are built on the core coordinating structures of the National Response Framework. The specific responsibilities of each department and agency are described in the respective ESF and Incident Annexes.

## Administration and Finance

State agencies will track all related emergency expenses with supporting documentation.

State agencies will absorb all cost for their statutory and ESF responsibilities and seek supplemental budget and funding as needed.

## Terms and Definitions

**CDC**

Centers for Disease Control and Prevention

**Confirmed Case**

Positive PCR lab test results from the CDC

**Contact Tracing**

Conducted by ID Epi Team and CDC Team; finding everyone who comes in direct contact with a sick patient

**DRC**

Designated Regional Coordinator

**EMS**

Emergency Medical Services

**ESF**

Emergency Support Function

**ESF-8**

State Emergency Support Function 8: Public Health and Medical

**EUA**

Emergency Use Authorization

**GOHSEP**

Governor's Office of Homeland Security and Emergency Preparedness

**Hazmat**

Hazardous Materials

**HHS**

Health and Human Services

**ID Epi**

Infectious Disease Epidemiology

**Isolation**

Symptomatic; and in isolated setting in a medical setting or in a home-setting

**LRN**

Laboratory Response Network

**LDH**

Louisiana Department of Health

**LSP**

Louisiana State Police

**OPH**

Office of Public Health

**OHSEP**

Office of Homeland Security and Emergency Preparedness

**Person under Investigation (PUI)**

A person who has clinical criteria for EVD and has the Epidemiological risk factors

**PPE**

Personal Protective Equipment

**PSAP**

Public safety answering point

**Quarantine (Confinement)**

Non-symptomatic: exposed to the disease: confined for the duration of the incubation period

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