

Subject: ASCA's H1N1 Flu Daily Update - Friday, May 1, 2009

Date: Friday, May 1, 2009 5:55 PM

From: Bob May <rmay@asca.net>

To: "ascamembers@asca.net" <ascamembers@asca.net>

Priority: High

Dear Members and others:

In a continuing effort to keep you informed about the current status of the Swine Flu Outbreak, we are providing the following new information as of Friday, May 1, 2009, 2:00 PM EDT. ASCA will also post bulletins on the "News" section of the ASCA website asca.net under 'Pandemic' as information becomes available. Please send us information about what your agency is doing that you wish to share with other members.

ASCA Members – you can access Correctional Pandemic Plans from 25 states on the 'Members Only' section of the ASCA website at the very bottom of the "**Surveys**" page. Each state's plan has a cover page that indicates the State's restriction on distribution. We hope that viewing other state's plan is helpful to your Pandemic Planning efforts.

ASCA Draft and Modified Pandemic Planning Checklist – With funding from BJA, ASCA has also been developing a Corrections Checklist for Pandemic Planning to assist corrections administrators to assess whether their Continuity of Operations Plans (COOPs) are sufficient to handle a pandemic emergency. Given the rapid spread of the recent outbreak of the so-called H1N1 virus, we thought it would be important to release to you a Summary of the Checklist items that you could use now to mitigate the effects of the impending H1N1 Influenza emergency. The attached modified and shortened Draft Summary Checklist is **not** meant to cover every matter that will need to be addressed if a flu epidemic occurs, or if it transforms into a full-blown pandemic. Rather, it is meant to serve as a way to assess your current medical emergency plans to ensure that they are ready should the H1N1 virus begin to have a major impact on your staff, their families, the prisoners in your charge, and ultimately the ability of your institutions to operate as they should. See the attached ASCA Pandemic Planning Checklist.

Included in Today's Update below:

CDC, BJA & WHO Updates

- FDA, FTC Warn Public of Fraudulent 2009 H1N1 Influenza Products_
 - CDC Daily Update 5/1/09 @ 11:00 AM ET
 - Antimicrobial Products Registered for Use Against Influenza A Viruses on Hard Surfaces Resources
 - What's New on the CDC's H1N1 Flu Site
- Secretary Sebelius Takes Two Key Actions On Strategic National Stockpile - Thursday, April 30, 2009
- Pan American Health Organization - EOC Situation Report #7
- FDA Patient Fact Sheets on Relenza and Tamiflu
- WHO Update #7 on Influenza A(H1N1), May 1, 2009
- NIOSH Safety and Health: Occupational Health Issues Associated with H1N1 Influenza Virus (Swine Flu)
- Printable Flyers on Smart Precautions for Work and Home
- State by State Websites for Swine Flu Information with Links
- BJA Information on Public Health Emergencies
- The National Institute of Corrections (NIC) is compiling various resources and alerts
- Psychological and Social Support for Workers during and Influenza Pandemic

Jurisdictional Updates

- Kentucky
- DeWitt County Jail, IL
- Illinois DOC
- Shelby County Sheriff's Office, TN

FDA, FTC Warn Public of Fraudulent 2009 H1N1 Influenza Products

The U.S. Food and Drug Administration and the Federal Trade Commission are alerting the public to be wary of Internet sites and other promotions for products that claim to diagnose, prevent, mitigate, treat or cure the 2009 H1N1 influenza virus. The agencies are also advising operators of offending web sites that they must take prompt action to correct and/or remove promotions of these fraudulent products or face enforcement action.

“Consumers who purchase products to treat the novel 2009 H1N1 virus that are not approved, cleared or authorized by the FDA for the treatment or prevention of influenza risk their health and the health of their families,” said Michael Chappell, acting FDA Associate Commissioner for Regulatory Affairs. “In conjunction with the Federal Trade Commission, the FDA has developed an aggressive strategy to identify, investigate, and take regulatory or criminal action against individuals or businesses that wrongfully promote purported 2009 H1N1 influenza products in an attempt to take advantage of the current flu public health emergency.”

Products that are offered for sale to the public with claims to diagnose, prevent, mitigate, treat, or cure infections caused by the H1N1 influenza virus that have not been proven to be safe and effective for these uses must be carefully evaluated. Many of these deceptive products are being sold over the Internet via illegitimate web sites. The operators of these web sites take advantage of the public’s concerns about H1N1 influenza and their desire to protect themselves and their families. These fraudulent products come in all varieties and could include dietary supplements or other food products, or products purporting to be drugs, devices or vaccines. Such fraudulent products will not prevent the transmission of the virus or offer effective treatments against infections caused by the H1N1 influenza virus. “The last thing any consumer needs right now is to be conned by someone selling fraudulent flu remedies,” said FTC Chairman

Jon Leibowitz. “The FTC will act swiftly against companies that resort to deceptive advertising.”

Consumers are urged to contact their health care providers or legitimate medical supply services if they have questions or concerns about medical products or personal protective equipment. Consumers are also urged to visit the FDA and Centers for Disease Control and Prevention web sites for more information about this emergency, and to determine which products the FDA has approved, cleared or authorized for use to diagnose, treat, prevent, mitigate or cure infections caused by H1N1 influenza virus.

Consumers should also visit FDA's web site for tips about how to protect themselves when buying medicines online:

<http://www.fda.gov/buyonlineguide/>

The two antiviral drugs approved by the FDA for treatment and prophylaxis of the 2009 H1N1 influenza virus are Tamiflu (oseltamivir phosphate) and Relenza (zanamivir). Tamiflu and Relenza, in addition to their approved labeling, have Emergency Use Authorizations that describe specific authorized uses during this public health emergency.

For more information about FDA-approved antiviral drugs for influenza, see <http://www.fda.gov/cder/drug/antivirals/influenza/default.htm>.

For more information on CDC recommendations regarding use of antiviral drugs against the current novel 2009 H1N1 influenza strain, see http://www.cdc.gov/swineflu/?s_cid=swineFlu_outbreak_001.

For more information about personal protective equipment see <http://www.fda.gov/cdrh/ppe/>.

At present, there are no licensed vaccines approved for this new H1N1 influenza virus.

Consumers are urged to report any suspected fraudulent products or criminal activity relating to FDA regulated products associated with H1N1 Flu Virus (Swine Flu), including the names of web sites that may be offering

these products for sale, to the FDA by visiting: <http://www.fda.gov/oci/flucontact.html>

CDC Daily Update 5/1/09 @ 11:00 AM ET

CDC continues to take aggressive action to respond to an expanding outbreak caused by H1N1 (swine flu). CDC's response goals are to reduce transmission and illness severity, and provide information to help health care providers, public health officials and the public address the challenges posed by this emergency.

U.S. Human Cases of Swine Flu Infection State

State	Number of Confirmed Cases	Deaths
Arizona	1	
California	13	
Colorado	2	
Delaware	4	
Illinois	3	
Indiana	3	
Kansas	2	
Kentucky	1	
Massachusetts	2	
Michigan	2	
Minnesota	1	
Nebraska	1	
Nevada	1	
New Jersey	5	
New York	50	
Ohio	1	
South Carolina	16	
Texas	28	1
Virginia	2	
Total Count	141 Cases	1 Death

As of May 1, 2009, 11:00 AM ET

CDC continues to issue and update interim guidance daily in response to the rapidly evolving situation. Early this morning, CDC provided interim guidance on school closures. Supplies from CDC's Division of the Strategic National Stockpile (SNS) are being sent to all 50 states and U.S. territories

to help them respond to the outbreak. In addition, the Federal Government and manufacturers have begun the process of developing a vaccine against this new virus.

Response actions are aggressive, but they may vary across states and communities depending on local circumstances. Communities, businesses, places of worship, schools and individuals can all take action to slow the spread of this outbreak. People who are sick are urged to stay home from work or school and to avoid contact with others, except to seek medical care. This action can avoid spreading illness further. For more information, go to: <http://www.cdc.gov/h1n1flu/>

Antimicrobial Products Registered for Use Against Influenza A Viruses on Hard Surfaces Resources

Information on this Web page (<http://www.epa.gov/oppad001/influenza-disinfectants.html>) will help you identify antimicrobial products that are registered by EPA to disinfect hard, non-porous surfaces that may be contaminated with the 2009-H1N1 flu. Currently, over 500 disinfectant products are registered for use on hard, non-porous surfaces against influenza A viruses. EPA believes, based on available scientific information, that the currently registered influenza A virus products will be effective against the 2009-H1N1 flu strain and other influenza A virus strains on hard, non-porous surfaces. For safe and effective use of these products, always follow label instructions for these products, paying special attention to the product's dilution rate (if applicable) and contact time. Choose a product whose label states that it is effective against "Influenza A virus" and lists your specific site of concern, such as: farm premises, hospitals and other healthcare facilities, schools, offices or homes.

As the CDC stresses, your first line of defense is to wash your hands frequently with soap and water or use an alcohol-based cleaner. These registered disinfectant products are for use on hard, non-porous surfaces, such as door knobs, handles, tables, floors, etc. EPA emphasizes that these products are not to be used on the skin or to be taken orally. More than 500

antimicrobial products (17 pp, PDF attached) are registered by EPA specifically for use against influenza A virus. This is not a complete list since some products may have different distributor or product names and may not be referenced. We will continue to update this list as more information becomes available. Approved products specifically have label information which states they provide effectiveness against "Influenza A virus."

What's New on the CDC's H1N1 Flu Site

Go to: <http://www.cdc.gov/h1n1flu/whatsnew.htm>

Secretary Sebelius Takes Two Key Actions On Strategic National Stockpile - Thursday, April 30, 2009

Contact: HHS Press Office @ (202)-690-6343

13 Million Treatment Courses Purchased to Replenish Stocks Sent to the States, 400,000 Treatment Courses Deployed to Mexico

Health and Human Services Secretary Kathleen Sebelius announced today that the Federal government will purchase an additional 13 million treatment courses to help fight influenza, including the 2009 H1N1 flu virus. The additional treatment courses will be added to the Strategic National Stockpile. The Secretary also announced that HHS began moving 400,000 treatment courses to Mexico to help slow the spread of the H1N1 virus.

"As this flu virus outbreak expands across the country, we have been taking necessary steps to ensure states have the resources they need," said Sebelius. "The 13 million additional treatment courses that we will purchase will allow us to replenish our national stockpile and further ensure we are prepared to provide the American people with the treatments they may need to stay healthy."

HHS has stockpiled approximately 50 million courses of antiviral drugs in the Strategic National Stockpile, and state stockpiles across the country include an additional 23 million more treatment courses. Earlier this week, HHS released a total of 11 million treatment courses to help all 50 states. Today HHS began moving 400,000 treatment courses to Mexico to help stop the spread of the virus. The 400,000 courses represent less than 1 percent of the total American stockpile.

As a result of today's action by the Secretary, HHS will spend an estimated \$251 million to refill the Strategic National Stockpile and replace the 11 million treatment courses offered to states and to purchase an additional two million treatment courses. These additional two million treatment courses will be used to replace those that have been provided to Mexico or could also be available to respond to other outbreak needs.

"Flu viruses don't stop at the border, and it is imperative we do whatever we can to slow the spread of the virus and help stop this outbreak," said Sebelius.

HHS will make Strategic National Stockpile experts available on a background briefing call at 7:15 PM to answer questions about today's actions.

Pan American Health Organization - EOC Situation Report #7, Influenza A/H1N1 In the Americas (Mexico, the United States, Canada)

- All countries should immediately activate their pandemic preparedness plans, and start implementing the elements designed for phase 5.
- Countries should remain on high alert for unusual outbreaks of influenza-like illness and severe pneumonia.
- The PAHO website (www.paho.org) is being constantly updated with new material, including situation reports, recommendations, and frequently-asked questions about the outbreak. The full report is

attached.

- Additional information can be found at: http://new.paho.org/hq/index.php?option=com_content&task=view&id=1290&Itemid=1

FDA Patient Fact Sheets on Relenza and Tamiflu

This web site contains links to several sources of general information about influenza. Because vaccination is the primary means of preventing and controlling influenza, links related to influenza vaccine are listed first, followed by links related to antiviral drugs that have been approved in the United States for influenza. After the vaccine and antiviral drug links, there is a list of web sites that provide additional influenza information from United States government agencies and the World Health Organization, and a list of contacts for further inquiries.

For details, go to: <http://www.fda.gov/cder/drug/antivirals/influenza/default.htm>

WHO Update #7 on Influenza A(H1N1) May 1, 2009

1 May 2009 -- 1 May 2009 -- The situation continues to evolve. As of 19:00 GMT, 1 May 2009, 13 countries have officially reported 365 cases of influenza A(H1N1) infection. The United States Government has reported 141 laboratory confirmed human cases, including one death. Mexico has reported 156 confirmed human cases of infection, including nine deaths. The following countries have reported laboratory confirmed cases with no deaths - Austria (1), Canada (34), China, Hong Kong, Special Administrative Region (1), Denmark (1), Germany (3), Israel (2), Netherlands (1), New Zealand (3), Spain (13), Switzerland (1) and the United Kingdom (8). For more information, go to: <http://www.who.int/csr/disease/swineflu/en/index.html>

The human influenza due to a novel subtype H1N1 - Influenza viruses are RNA viruses belonging to the Orthomyxoviridae family, with “myxo”

referring to the fact that they infect mucus membranes. The influenza viruses that cause human disease are divided into two types: A and B. Influenza A viruses can be classified into subtypes based on two surface proteins: hemagglutinin (H) and neuraminidase (N). At this time, 16 distinct haemagglutinins and 9 neuraminidases have been identified. Influenza A viruses can infect swine, equids, dogs, and other mammalian species, including humans, however, only birds have been found to host all of the hemagglutinin and neuraminidase combinations. The two subtypes which are most important causes of human influenza are A(H3N2) and A(H1N1), of which the former is currently associated with the greatest mortality. For more information, go to: <http://www.fao.org/ag/againfo/programmes/en/empres/AH1N1/Background.html>

NIOSH Safety and Health: Occupational Health Issues Associated with H1N1 Influenza Virus (Swine Flu)

The National Institute for Occupational Safety and Health (NIOSH) is coordinating with other parts of the U.S. Centers for Disease Control and Prevention (CDC) to address national health needs associated with preventing the spread of H1N1 Influenza Virus and providing information to workers and employers. NIOSH provides technical guidance for workers, including health-care and transportation workers, for whom job-related questions about exposure or infection may be an occupational concern. Also find (attached) Psychological and Social Support for Essential Service Workers During an Influenza Pandemic. For more information on H1N1 Influenza Resources for Workers, go to: <http://www.cdc.gov/niosh/topics/swineflu/>

Printable Flyers on Smart Precautions for Work and Home

Go to: www.cdc.gov/flu/protect/covercough.htm

State Swine Flu Information Site with Links

This site has links to; State Swine Flu Websites, State Press Releases, Fact Sheets, Health Alerts. Guidance to Schools, Guidance to Health Care Providers and Testing Guidelines. Go to: http://www.astho.org/templates/display_pub.php?pub_id=3797&admin=1

BJA Information on Public Health Emergencies

The Bureau of Justice Assistance (BJA) recognizes that public health emergencies, whether an epidemic or pandemic influenza, biological terrorist attack, or natural disaster with public health implications can threaten America's justice system and place the rule of law at risk. BJA has undertaken a broad-scope initiative to identify the critical planning and response objectives for local justice systems and to identify lessons learned and promising approaches in preparing the justice system for such emergencies. The goal of BJA's initiative is to ensure that the rule of law is upheld during any public health crisis, whether natural or manmade. This initiative's design parallels the major components of the justice system: law enforcement, courts, corrections, and communities. To view the latest issue of Justice Today with links to a variety of additional resources, go to: <http://bja.ncjrs.org/justicetoday/newsletter.html>

National Institute of Allergy and Infectious Diseases and 2009 H1N1 Influenza

- While the current outbreak of 2009 H1N1 influenza was unexpected, the Institute is well positioned to study this outbreak and contribute to efforts to combat the currently circulating H1N1 influenza virus.
- NIAID influenza experts are working with colleagues at the Centers for Disease Control and Prevention and throughout the government to

provide advice, knowledge, and support in the response to this outbreak. This includes working with our partners at the CDC, FDA and in industry on the next stages of making a vaccine against this novel virus. An immediate priority is the development and testing of a seed virus strain that could be produced in pilot lots by the private sector. The development of these seed viruses has already started as part of a pre-arranged plan. The NIAID clinical trials infrastructure -- called the Vaccine and Treatment Evaluation Units -- is at the ready to quickly evaluate pilot lots of vaccine candidates to determine safety and immunogenicity of the candidate vaccine.

- The currently circulating H1N1 virus is sensitive to the two major antiviral drugs in the U.S. Strategic National Stockpile – oseltamivir and zanamivir. However, experience tells us that drug resistance can occur and NIH is working to develop and test the next generation of flu antivirals. The CDC has new and sensitive diagnostics already available, including the M-Chip, which is a diagnostic tool developed with NIAID support. NIH research continues to support next-generation diagnostics. Read more about the M-Chip.
- Scientists in NIAID laboratories as well as NIAID grantees and contractors around the world have been studying diverse influenza viruses, contributing to the knowledge that will help us understand this current outbreak and lead to the development of new diagnostics, vaccines, and treatments.
- NIAID-supported research includes research to better understand the biology of influenza viruses. For example, researchers are studying the evolution, adaptation, and pathogenesis of swine influenza viruses as well as how influenza viruses are transmitted between animals, that is, from bird to swine or from swine to swine.
- Research also includes domestic and international surveillance to collect, identify, and sequence the genomes of influenza viruses circulating in wild and domestic swine.
- For example, researchers at the NIAID Centers of Excellence for Influenza Research and Surveillance (CEIRS) conduct influenza surveillance in animals and study influenza pathogenesis and the host response to the influenza virus. Read more.
- Researchers in laboratories on the NIH campus are studying the basic biology of influenza, including its pathogenesis, immunogenicity,

transmissibility and genetic variability. This research includes investigating host immune responses to the virus in animal models and in humans; developing vaccines to prevent influenza, especially strains with pandemic potential; and studying influenza epidemiology.

Read more at: <http://www3.niaid.nih.gov/>

The National Institute of Corrections (NIC) is compiling various resources and alerts

ONLINE RESOURCES include:

- Pandemic Flu Planning Checklist for Corrections Facilities, CDC, 2007
- Swine Flu Website, Centers for Disease Control and Prevention
- Pandemic Flu Website, U.S. Dept. of Health & Human Services
- Pandemic Alert, Association of State Corrections Administrators, April 26, 2009
- Swine Flu News Bulletin, American Correctional Association, April 29, 2009
- Flu and HIV Blog, AIDS.gov
- American Correctional Health Services Association Webpage
- Federal Bureau of Prisons Pandemic Influenza Plans, 2008
- Module 1: Surveillance and Infection Control
- Module 2: Antiviral Medications and Vaccines
- Module 3: Health Care Delivery
- Module 4: Care of Deceased

To access the information, go to <http://www.nicic.gov/SwineFlu>. (NIC will update this page frequently)

PSYCHOLOGICAL AND SOCIAL SUPPORT FOR ESSENTIAL SERVICE WORKERS DURING AN INFLUENZA PANDEMIC (see attached document)

Jurisdictional Updates

Kentucky Governor Beshear Announces First Swine Flu Cases Reported by Public Health

FRANKFORT, Ky. (April 30, 2009) Gov. Steve Beshear announced that the Kentucky Department for Public Health (DPH) will report one confirmed case and one probable case of swine flu to the Centers for Disease Control and Prevention (CDC) today. Specimen Will be Sent to CDC for Further Testing

The confirmed case involves a woman from Warren County who had recently traveled to Mexico. The patient is currently hospitalized in Georgia, and samples were submitted to CDC for confirmation by Georgia health officials. Officials from the Barren River Health District are actively investigating the circumstances of this case to determine whether any contacts of the patient may be ill or need preventive treatment.

The probable case that is being reported involves an infant from another area within the Barren River Health District who had been in close contact with an individual who recently traveled to Mexico. It is unrelated to the confirmed case. The child's family and other close contacts are being evaluated for illness and possible preventive treatment. The child has not been hospitalized. A sample from the patient has been sent to the CDC for further testing to determine whether swine flu is the cause of illness. The name of the county in which the patient resides will be released if the case is confirmed.

For more information individuals can visit <http://healthalerts.ky.gov> for information on swine flu and Kentucky, or follow KYHealthAlerts on Twitter to be notified when new information is posted at the Web site.

DeWitt County Jail, IL

CLINTON -- DeWitt County jail inmates no longer will receive visitors under new policies county jails are imposing to help prevent swine flu outbreaks.

Advanced Correctional Healthcare Inc. of Peoria issued new swine flu policies Wednesday to the jails for which it provides medical services, said Sgt. Mike Walker, the DeWitt County jail administrator. DeWitt and Livingston county jails are among its clients.

Among DeWitt County's 72 jail inmates, the new policies "seemed to be pretty well received so far," said Walker.

At the DeWitt and Livingston jails, newly booked prisoners will be asked a series of health questions and screened for flu-like symptoms.

While Walker said anyone suspected of being at risk in at his jail will be isolated and required to wear a mask, a Livingston County jail official said each case there will be evaluated in consultation with medical staff.

"A doctor for Advanced Correctional Healthcare will be on call and we will request guidance," said Ken White, chief sheriff's deputy for Livingston County. "We could possibly isolate them and or have them wear a mask, but we would have to wait for the doctor to make a determination."

White said he has been with the sheriff's department for 33 years and does not remember another time when such a protocol was instituted.

Livingston's jail uses a video conferencing system for visits, so officials deemed it safe to continue inmate visits. In DeWitt County, visitors and inmates speak to each other on telephones with glass between them.

Limiting visitation to attorneys will reduce the potential exposure of inmates and the public to the flu strain, said Walker. Lawyers also are asked the

health questions.

The McLean County jail, which has its own medical staff, has stocked up on masks and hand sanitizer as part of its precautionary plan, Sheriff Mike Emery said Wednesday.

Inmates who come down with flu-like symptoms are being monitored by nursing staff at the facility, he said.

Visitation has not stopped, but telephones in the visitation booths are wiped down after each visit, Emery said.

“I’m comfortable with the plan we have in place. We’re monitoring the situation daily as new information becomes available,” said Emery.

The Illinois Department of Corrections

Has no special protocols for swine flu, said department spokesman Derek Schnapp. “For any type of sickness for an offender, there is a health care staff within our facilities which follow public health guidelines,” Schnapp said. “We do stress cleanliness with offenders ... and we are aware of the situation and monitoring it at our facilities.”

Shelby County Sheriff’s Staff Taking Flu Precautions

MEMPHIS, TN -- Precautions are being taken to help ensure the health of Sheriff’s Office employees and inmates housed at the two Shelby County Jail facilities, the men’s jail at 201 Poplar Avenue and the women’s jail in east Memphis at 6201 Haley Road.

“Deputy Sheriffs, Corrections Deputies and other staff already use gloves and personal protection clothing when they come into contact with suspects or jail inmates who are ill. Commanders have reminded our staff about the

sometimes deadly effects of the N1N1 (Swine) Flu,” said Shelby County Sheriff Mark H. Luttrell, Jr.

All inmates entering the Shelby County Jail routinely receive medical screenings. Those in jail for several days receive physical examinations. Jailers and medical clinic employees are closely watching inmates to spot any signs of the disease.

Sheriff Luttrell and division chiefs continue to monitor around-the-clock developments about the flu. Should suspicious illnesses be noted, the Memphis and Shelby County Health Department and Shelby County Office of Preparedness will be contacted.

“So far, our staff has not come into contact with any persons displaying symptoms of the N1N1 (Swine) Flu. We continue to be on alert,” added Sheriff Luttrell.

Revisions responding to HHS clearance through Exec. Sec: November 21, 2008

PSYCHOLOGICAL AND SOCIAL SUPPORT FOR ESSENTIAL SERVICE WORKERS DURING AN INFLUENZA PANDEMIC

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**Antimicrobial Products Registered for
Use Against Influenza A Virus on Hard Surfaces**

**Office of Pesticide Programs
U.S. Environmental Protection Agency
Antimicrobials Division**

ASSOCIATION OF STATE CORRECTIONAL ADMINISTRATORS

Executive Officers			Regional Representatives	
<i>President</i> Larry Norris	<i>Vice President</i> Patricia Caruso		<i>Midwest</i> Roger Werholtz	<i>Northeast</i> Jeffrey Beard
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CORRECTIONS CHECKLIST FOR H1N1 FLU VIRUS PREPAREDNESS

May 1, 2009

In anticipation of the possibility that the Avian Flu would transform from a bird-to-human into a human-to-human contagion and cause an uncontrollable pandemic in our communities and in prison systems, ASCA, with funding from the Bureau of Justice Assistance, has been assembling expertise and guidance from medical, emergency response, corrections and other justice agencies to develop guidance for state prison operators about how to respond to an outbreak of pandemic influenza. The ASCA Pandemic Newsletter, together with frequent communiqués and updates you have been receiving from ASCA and the BJA Pandemic Consortium, have been a part of this effort.

ASCA has also been developing a Corrections Checklist for Pandemic Planning to assist corrections administrators to assess whether their Continuity of Operations Plans (COOPs) are sufficient to handle a pandemic emergency. This Checklist is based on an examination of pandemic emergency plans that have been developed and adopted by state corrections agencies, along with the advice of health experts and officials. The Checklist is in draft form and still under review.

Given the rapid spread of the recent outbreak of the so-called "swine flu" (here, and more correctly called the H1N1 Influenza virus) in the United States, and the elevation of the World Health Organization alert to Level 5 (an epidemic just short of a pandemic emergency), we at ASCA thought it would be important to release to you a summary of the Checklist items that you could use now to assess the adequacy of your medical emergency plans to mitigate the effects of the impending H1N1 Influenza emergency, should it reach your agency, and prepare for the very real possibility of this medical emergency developing into a pandemic.

The following Checklist clearly cannot cover every matter that will need to be addressed if a flu epidemic occurs, or if it transforms into a full-blown pandemic. Rather, it is meant to serve as a way to assess your current medical emergency plans to ensure that they are ready should the H1N1 virus begin to have a major impact on your staff, their



For public distribution
Thursday, April 30, 2009

EOC SITUATION REPORT #7

**Influenza A/H1N1 In the Americas
(Mexico, the United States, Canada)**

Summary

- All countries should immediately activate their pandemic preparedness plans, and start implementing the elements designed for phase 5.
- Countries should remain on high alert for unusual outbreaks of influenza-like illness and severe pneumonia.
- The PAHO website (www.paho.org) is being constantly updated with new material, including situation reports, recommendations, and frequently-asked questions about the outbreak.

Status of the Region

- The United States has confirmed a total of 109 human cases of influenza A/H1N1: 1 in Arizona, 14 in California, 1 in Indiana, 2 in Kansas, 2 in Massachusetts, 1 in Michigan, 1 in Nevada, 50 in New York City, 1 in Ohio, 10 in South Carolina and 26 in Texas.
- In Mexico, a total of 97 cases have been confirmed. Mexico has reported 1,918 suspected cases of influenza with severe pneumonia including 84 deaths. Hospital admission rates for suspected cases are slowing. 933 suspected cases are currently hospitalized.
- In Canada, 19 human cases of influenza A/H1N1 have been confirmed (2 in Alberta, 4 in the province of New Scotland, 6 in British Columbia and 7 in Ontario); some of them with recent trip history to Mexico.
- A daily epidemiological report is daily posted on the [PAHO website](#)¹.

Vaccine Recommendations

- There is still no vaccine for the new strain of influenza.
- There is no evidence that the seasonal influenza vaccine, currently being used, would provide any protective effect against the new influenza virus.
- Given that cases of seasonal influenza and pandemic influenza can occur at the same time, vaccination with the seasonal vaccine should continue in order to avoid cases of seasonal influenza.

¹ http://new.paho.org/hq/index.php?option=com_content&task=view&id=1239&Itemid=1091