

# Pandemic Influenza

## Community Mitigation Measures

Participant Guide



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## Learning Objectives

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After completing the workshop, the participants will have:

- Increased understanding of community mitigation measures to respond to an influenza pandemic, seasonal influenza epidemics or other public health emergency
- Increased understanding of the application of the principles of risk communication needed to communicate with the public and media during an influenza pandemic, seasonal influenza epidemics or other public health emergency
- Identified the key components of the decision-making process for use of community mitigation measures during an influenza pandemic, seasonal influenza epidemics or other public health emergency
- Practiced using the decision-making process for use of community mitigation measures

## Introduction

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Welcome!

This workshop, titled **Decision Making for Using Community Mitigation Measures: Planning for Influenza and Other Public Health Emergencies** is designed to provide local public health, Ministry of Health, and non-governmental organizations critical information about key considerations and decisions needed to use protective community mitigation measures during influenza pandemic or other public health emergencies.

Participants will receive learning materials, including a Pandemic Influenza Planning Tool Kit. We hope participants will use this information as part of pandemic planning activities and adapt the course materials into appropriate communication tools to prepare and respond to pandemics.

An evaluation will be conducted to measure the success of this program; we look forward to your feedback.

Thank you for attending the workshop!



Location: Port of Spain, Trinidad

# Agenda

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<b>Decision Making for Using Community Mitigation Measures:                      Planning for Influenza and Other Public Health Emergencies</b> <b>Train the Trainer Regional Workshop</b> 19–20 January 2011   Port of Spain, Trinidad   Time: 08:30 – 17:00 <b>Agenda–Day 1</b> Wednesday, 19 January 2011			
Time	Duration	Topic	Facilitator
08:30-09:00	30 min.	Registration and Pre Workshop Questionnaire	Visions, USA
09:00-09:20	20 min.	Welcome and Opening Ceremony	Dr. Bernadette Theodore-Gandi, PAHO/WHO, PWR/TRT  Dr. Emily Kahn CDC , Atlanta  Ms. Sandra Jones, Permanent Secretary , Ministry of Health, TRT
09:20-09:50	30 min.	Introduction of Special Guests, Workshop Faculty, Staff, and Participants	Dr. Emily Kahn Dr. Alfonso Contreras
09:50-09:55	5 min.	Review of Agenda, Purpose of the Workshop, Workshop Objectives, and Tool Kit Inventory	Dr. Emily Kahn Ms. Sheri Hester
09:55-11:10	1 hour, 15 min.	Disease Surveillance and Best Practices Panel and Discussion	Panel members - Dr. Eldonna Boisson (30 min. presentation and panel moderator) - Ms. Leslie Edwards (15 min.) - Dr. Clive Brown (15 min.)  Discussion (15 min.) All
11:10-11:25	15 min.	Morning Break	All
11:25-12:15	50 min.	Community Mitigation Strategies: Purpose, Components, Key Partnerships, and Decision Making	Ms. Lisa Koonin
12:15-12:30	15 min.	Question and Answer Session	All
12:30-12:50	20 min.	Group Photo	All

12:50-13:50	1 hour	Lunch Break	All
13:50-14:20	30 min.	Community Mitigation Strategies: A Review of the Evidence	Dr. Ricardo Basurto-Davila
14:20-14:30	10 min.	Question and Answer Session	All
14:30-15:10	40 min.	Key Components Communicating With the Media and Public During a Pandemic or Other Public Health Emergency	Ms. Amanda McWhorter
15:10-15:25	15 min.	Question and Answer Session	Ms. Amanda McWhorter
15:25-15:35	10 min.	Afternoon Break	All
15:35-15:55	20 min.	Interactive Session: Community Mitigation Measures Training Tool	Dr. Emily Kahn
15:55-16:25	30 min.	Small Group Discussion: Community Mitigation Measures Training Tool	All
16:25-16:55	30 min.	Readout and Discussion: Community Mitigation Measures Training Tool	Dr. Emily Kahn Ms. Amanda McWhorter All
16:55-17:00	5 min.	Day 2 Preview	Dr. Alfonso Contreras
17:00		Adjourn	All

**Decision Making for Using Community Mitigation Measures:  
Planning for Influenza and Other Public Health Emergencies  
Train the Trainer Regional Workshop  
19–20 January 2011 | Port of Spain, Trinidad | Time: 08:00 – 16:30**

**Agenda–Day 2  
Thursday, 20 January 2011**

<b>Time</b>	<b>Duration</b>	<b>Topic</b>	<b>Facilitator</b>
08:00-08:15	15 min.	Welcome, Review of Day 2 Agenda and Introduction of Faculty	Dr. Alfonso Contreras
08:15-08:35	20 min.	Community Mitigation Measures in the Caribbean Region	Dr. Robert Lee
08:35-08:55	20 min.	Lessons Learned from the Influenza Pandemic	Dr. Robert Lee
08:55-09:15	20 min.	Protecting the Health of Healthcare Workers: Experience From the Americas	Ms. Marie-Claude Lavoie
09:15-09:30	15 min.	Questions and Discussion	Ms. Marie-Claude Lavoie
09:30-09:45	15 min.	Instructions and Objectives for Table-Top Exercise	Dr. Alfonso Contreras
09:45-10:00	15 min.	Morning Break	All
10:00-10:40	40 min.	Table-Top Exercise – Part 1. Presenting a Case Scenario Assigning Roles and Responsibilities 1. Local Government 2. School Community 3. Health Workers 4. Civil Society Organizations 5. Media and Coordinating Communications	Dr. Alfonso Contreras All
10:40-10:50	10 min.	Questions and Discussion	All
10:50-11:20	30 min.	Table-Top Exercise – Part 2. Each Group Will Prepare a Strategy to Relate to the Other Groups	All
11:20-12:00	40 min.	Table-Top Exercise – Part 3. Real Time Story Development, Free Interaction Among Groups	All
12:00-13:00	1 hour	Working Lunch	All
13:00-13:40	40 min.	Table-Top Exercise – Part 4. Tuning to Local News, Educating the Public and Working with the Media	All
13:40-14:00	20 min.	Plenary Discussion – Drawing Lessons from the Table-Top	All

		Exercise	
14:00-14:15	15 min.	Afternoon Break	All
14:15-14:35	20 min.	Table-Top Exercise – Part 5. Social Mobilization, Risk & Behavior Change Communication, From Practice to Theory	Dr. Alfonso Contreras
14:35-14:45	10 min.	Questions and Discussion	All
14:45-15:05	20 min.	Preview of FluKit – Community Planning and Response to Pandemic Influenza	Ms. Marie-Claude Lavoie
15:05-15:15	10 min.	Questions and Discussion	All
15:15-15:45	30 min.	Next Steps and Post Workshop Follow-Up	Dr. Emily Kahn Dr. Eldonna Boisson
15:45-16:00	15 min.	Wrap-up of Day 2, Post Workshop Questionnaire, and End of Course Evaluation	Dr. Emily Kahn Ms. Sheri Hester
16:00-16:30	30 min.	Presentation of Certificates	All
16:30		Workshop Adjourns – Goodbye and Safe Travels!	All

## Faculty Biographies

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**Emily Kahn, PhD, MPH, MA**

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Senior Epidemiologist

Community Interventions for Infection Control Unit

Division of Global Migration and Quarantine

National Center for Emerging and

Zoonotic Infectious Diseases

U.S. Centers for Disease Control and Prevention

Dr. Emily Kahn began her career with CDC as a member of the Epidemic Intelligence Service (EIS) in 1997, assigned to the Bureau of Epidemiology at the Texas Department of Health. She worked with state, regional, and local health officials to identify, investigate and develop solutions for acute and chronic health.

In 1999, Dr. Kahn joined the Community Guide Branch of the Division of Prevention Research and Analytic Methods at CDC as a staff scientist. She developed and oversaw the systematic review of community-based interventions to promote physical activity for the U.S. Preventive Services Task Force on Community Preventive Services. In addition, Dr. Kahn was the co-chair of a working group that developed new methods and guidelines for conducting meta-analyses within the context of reviews of community-based interventions.

She also has many years of experience leading the development of new surveillance strategies and mechanisms for newborn conditions, including birth defects, newborn hearing screening, and screening for metabolic and genetic conditions and conducting research into causes and effects of maternal morbidity and fetal deaths.

Dr. Kahn is currently a senior epidemiologist with the Community Interventions for Infection Control Unit at the U.S. Centers for Disease Control and Prevention, where she serves as science coordinator and leads research efforts into the effectiveness of community strategies in mitigating the impact of influenza pandemics. She received a Master of Public Health degree in 1994 and a Doctor of Philosophy degree in Epidemiology in 1997, both from the University of Minnesota.



**Alfonso Contreras, MD, MPH**

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Regional Advisor in Health Promotion and  
Communication

Pan American Health Organization  
World Health Organization

Dr. Alfonso Contreras serves as the primary behavior change and communication specialist for the implementation and support of development communication and social mobilization projects in the Pan American Health Organization (PAHO) Regional Office for the Americas.

He is a behavioral scientist with a medical degree and specialized training in Family and Community Medicine. As a Fulbright Scholar, Dr. Contreras completed his Masters program in Health Behavior and Health Education at the University of North Carolina at Chapel Hill.

He has more than 15 years of international experience in building capacity and assisting countries in the design and implementation of national communication and behavior change (CBC) programs. He gained experience as a public health practitioner working as director of a Municipal Health Center in a suburban city near Madrid, Spain. Then working for several academic institutions, Dr. Contreras conducted behavioral research studies on smoking and taught the use of behavioral frameworks for the design and evaluation of CBC in many workshops for countries in the Americas. As a CBC Technical officer for the USAID-funded BASICS project on child survival, he assisted the implementation of national CBC programs in Honduras (COMSAIN), Senegal (PIC) and El Salvador (COSIN).

Currently at PAHO, he is responsible for the monitoring of risk and preventive factors through the Global School-based Student Health Survey and the implementation of the Health Promoting Schools initiative. Also, he is part of the PAHO's Emergency Operation Task Force for the Pandemic H1N1 and the current Cholera epidemic on issues involving behavior change communication and social mobilization.



**Sheri Hester, MS, AHIP, CHIS**

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Project Manager, Health Education  
Health Communication and Technical Training  
Health and Safety Research and Evaluation  
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Ms. Sheri Hester assists with international training and education activities at the Oak Ridge Institute for Science and Education (ORISE), a U.S. Department of Energy institute managed by Oak Ridge Associated Universities, a university consortium leveraging the scientific strength of nearly 100 major research institutions to advance science and education by partnering with government agencies, national laboratories, and private industry.

Ms. Hester has partnered with the U.S. Centers for Disease Control and Prevention (CDC) on a broad range of projects, including pandemic influenza planning and response train the trainer workshops on business continuity and community mitigation in Asia, Central America, South America, and Africa; media monitoring for influenza and other vaccine preventable infectious diseases; and conducting focus groups with refugee populations. Ms. Hester has developed and conducted training for the National Library of Medicine's (NLM) medical, HIV/AIDs, toxicological, and environmental sciences databases at more than 30 Historically Black Colleges and Universities/Minority Educational Institutions, faith-based organizations, and professional society meetings. Ms. Hester has represented NLM at more than 60 professional society meetings.

Ms. Hester has a Master of Science in Library Science from the University of Tennessee concentrating in science research, and a Bachelor of Arts degree in Political Science, History, and Philosophy. She has earned the Academy of Health Information Professionals and the Consumer Health Information Specialist credentials.



**Eldonna Boisson, PhD, MS**

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Advisor, Disease Surveillance and Epidemiology

Caribbean Epidemiology Centre

Pan American Health Organization

World Health Organization

Dr. Eldonna Boisson is an epidemiologist serving 21 English- and Dutch- speaking Caribbean countries. She works with Ministries of Health to provide technical support to national and regional programs in the areas of epidemiology, surveillance, statistics, outbreak investigation and the production and dissemination of health information.

In 1986 she completed a Bachelor of Science degree in Biochemistry at the University of Calgary, Canada. In 1994 she received a Master of Science degree in Medical Demography from the London School of Hygiene and Tropical Medicine in London, England and in 1998 she received the Doctor of Philosophy degree from the same institution.

Dr. Boisson is currently working as an Advisor in Disease Surveillance and Epidemiology with the Pan American Health Organization, based at the Caribbean Epidemiology Centre (CAREC/PAHO/WHO) in Trinidad and Tobago, where she was previously employed as the Manager of the Epidemiology Division. Prior to that, she was employed as a Research Fellow at the London School of Hygiene and Tropical Medicine, England; and a Clinical Scientist at the Public Health Laboratory Services, Communicable Disease Surveillance Centre (CDSC), England.

She has been published in regional and international journals, has contributed to the development of several surveillance guidelines, and has delivered many presentations at national, regional and international forums.



**Leslie Edwards, MS**

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Caribbean Epidemiology Centre

Ms. Leslie Edwards is the Epidemiology Manager of the Caribbean Epidemiology Centre (CAREC) where she supports communicable disease surveillance activities including influenza, vectorborne diseases, syndromic surveillance, public health emergencies, and outbreak investigations.

Prior to joining CAREC, she was an Epidemiologist with the U.S. Centers for Disease Control and Prevention (CDC), based in Guyana, with a focus on HIV/AIDS and tuberculosis surveillance, treatment and prevention programs. She was the Chief of the Division of Outbreak Investigations at the Maryland Department of Health in the United States and worked as an Emergency Department Nurse at a community hospital in Baltimore, Maryland.

Ms. Edwards received a Masters degree in Infectious Disease Epidemiology from the Johns Hopkins Bloomberg School of Public Health, and a Bachelors degree in Nursing from the University of Maryland.



**Clive M. Brown, MBBS, MPH, MS**

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Associate Director for Science (Acting)  
Division of Global Migration and Quarantine  
National Center for Emerging and  
Zoonotic Infectious Diseases  
U.S. Centers for Disease Control and Prevention

Dr. Clive M. Brown has been with the U.S. Centers for Disease Control and Prevention for 15 years and is currently the Associate Director for Science in the Division of Global Migration at CDC. Dr. Brown obtained a medical degree from the University of the West Indies, Jamaica and completed his clinical training at Cornwall Regional Hospital. Before coming to the United States, he worked as the Medical Officer of Health for the parish of St. James in Jamaica. He received a MPH in Epidemiology in 1992 from Columbia University, New York and also has a Master of Science in Health Systems Management from the University of London.

Dr. Brown was a CDC Epidemic Intelligence Service Officer (class of 1993) assigned to the State of Delaware. Subsequent to EIS, his Preventive Medicine Residency, and an 18-month stint with PAHO's Caribbean Epidemiology Center, Dr. Brown spent 11 years in the Air Pollution and Respiratory Health Branch at the National Center for Environmental Health where he helped start CDC's asthma activities which eventually led to the CDC Asthma Program. Before leaving the Air Pollution Branch, Dr. Brown started developing the Branch's approach to addressing asthma-related health disparities.

Since joining the Division of Global Migration and Quarantine, Dr. Brown has taken the lead for ensuring an ethical framework relating to the control of infectious diseases among travelers and is working with the CDC Public Health Ethics Committee to establish such a process. Dr. Brown played a role in the development and clearance of CDC guidance documents for community mitigation and port of entry requirements and for travelers and the travel industry.



**Lisa M. Koonin MN, MPH**

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Senior Advisor

Influenza Coordination Unit

Office of Infectious Diseases

U.S. Centers for Disease Control and Prevention

Ms. Lisa M. Koonin currently serves as the Senior Advisor for the Influenza Coordination Unit at the U.S. Centers for Disease Control and Prevention (CDC) and the Lead for Pandemic Influenza Medical Care and Countermeasures planning and response. In this role, Ms. Koonin provides leadership and coordination for the planning and utilization of key medical countermeasures for a pandemic (such as antiviral medications), clinical care guidance, infection control strategies, and worker safety issues during a pandemic.

She also provides direction for innovative initiatives linking public health agencies and the private sector for improving community-level emergency preparedness. Ms. Koonin has been a leader in the U.S. Government's efforts to include private sector businesses in pandemic planning and response and serves as CDC's Lead for private sector pandemic influenza planning and response.

Ms. Koonin contributed to the development of the U.S. National Strategy for Pandemic Influenza Implementation Plan, and actively serves on the White House National Security Staff's Pandemic Interagency Policy Council and the Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events. She has authored several U.S. Government pandemic planning and response guidance documents. Ms. Koonin also recently served in a leadership role as part of CDC's 2009 H1N1 Flu Response. Ms. Koonin is a frequent lecturer at national and international meetings on pandemic preparedness. Since 2007, she has led workshops about emergency preparedness and pandemic response in the United States as well as in Asia, Africa, Australia, Canada, the Caribbean, Central America, and South America.

Ms. Koonin has been with CDC since 1987. Prior to her current position she served as Chief of Reproductive Health Surveillance, Director of the Office of Healthcare Partnerships, and Branch Chief for Public and Private Partnerships. Prior to her employment with CDC, Ms. Koonin spent 10 years in a variety of nurse practitioner, clinical, and faculty nursing leadership positions. Ms. Koonin is a Family Nurse Practitioner and Epidemiologist and earned a Master of Nursing degree and a Master of Public Health degree from Emory University.



**Ricardo Basurto-Davila, PhD, MS**

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Prevention Effectiveness Fellow

National Center for Immunization and  
Respiratory Diseases

U.S. Centers for Disease Control and Prevention

Dr. Ricardo Basurto-Davila is a Prevention Effectiveness Fellow at the Influenza Division of the Centers for Disease Control and Prevention, where he has conducted several studies on the effectiveness and costs of interventions to mitigate the transmission of the influenza virus. He received a Doctor of Philosophy degree in Policy Analysis in 2009 from the Pardee RAND Graduate School. In his dissertation, he analyzed differences in health status between non-Hispanic Whites, Mexican Americans, and Mexican immigrants, and he assessed the evidence supporting several hypotheses regarding changes over time in the health of immigrants.

Between 2003 and 2009, as a Doctoral Fellow at the RAND Corporation, Dr. Basurto-Davila participated in a variety of research projects with topics ranging from health disparities and social determinants of health to hospital preparedness for public health emergencies and international experiences in catastrophic disaster preparedness and response.

Dr. Basurto-Davila also received a Master's degree in Economics from the University of Texas in 2003, and he worked for the Mexican Ministry of the Economy between 1998 and 2000. He obtained a bachelor's degree in Economics in 1997 from the Monterrey Institute of Technology in Mexico.



**Amanda McWhorter MPH, CHES**

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Health Education Specialist  
Quarantine Training and Education Team  
Division of Global Migration and Quarantine  
Quarantine and Border Health Services Branch  
U.S. Centers for Disease Control and Prevention

Ms. Amanda McWhorter is a health education specialist for the U.S. Centers for Disease Control and Prevention (CDC). Ms. McWhorter manages health education and communication projects as the Deputy Team Lead for the Quarantine Training and Education team. She guides large-scale efforts to reach key partners across the United States ports of entry with training and communication.

Ms. McWhorter brings experience in emergency response and in preparedness planning, implementation, and evaluation. She contributed to the CDC response to the novel H1N1 influenza pandemic as a member of the Quarantine Communications Team, and advised and trained on qualitative and quantitative research to understand the outbreak. Also, she has spearheaded projects to recognize and address the training, education, and communication needs of federal agencies and private sector organizations to better protect public health during an emergency.

Ms. McWhorter is a Certified Health Education Specialist with a background in communications and public broadcasting, and has a Master's degree in Public Health from the University of Michigan. She joined the CDC in 2006.



**Robert Lee, MD, MPH**

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Manager, PAHO Emergency Operations Centre  
Coordinator for Avian Influenza Prevention and  
Preparedness, Caribbean and South America  
Pan American Health Organization  
World Health Organization

Dr. Robert Lee established and manages the Emergency Operations Centre at the Pan American Health Organization in Washington, D.C. He is also the PAHO coordinator for Avian Influenza Prevention and Pandemic Preparedness in the Caribbean and Central America. He has more than 20 years of public health experience and his focus has been on epidemiology and developing programmatic interventions against HIV in the Caribbean.

Between 1989 and 1996, Dr. Lee helped establish the first HIV AIDS clinic for the Ministry of Health in collaboration with the Medical Research Foundation in Port of Spain, Trinidad. From 1996 to 2000, he was in charge of the National Surveillance Unit in the Ministry of Health conducting the first evaluation of HIV AIDS surveillance with the Caribbean Epidemiology Centre and identifying the preponderance of infections among young women and confirming the epidemiological shift of the epidemic to the general population.

In 2000, Dr. Lee joined the Caribbean Epidemiology Centre to establish a novel surveillance system using the Internet and family practitioners in three Caribbean countries and later to work as an epidemiologist in the HIV AIDS program.

In 2004, after Hurricane Ivan hit Grenada, Dr. Lee joined a PAHO team to establish outbreak surveillance and to assist in relief work. In 2005, during the Hurricane Katrina response, he was deployed as a PAHO observer to the U.S. Centers for Disease Control in Atlanta. Dr. Lee earned a Medical degree at the University of Edinburgh Medical School, and received a Master of Public Health degree from Columbia University in New York.



**Marie-Claude Lavoie, BSc(OT), MSPH**

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Workers' Health Program

Area of Sustainable Development and  
Environmental Health

Pan American Health Organization

World Health Organization

Ms. Marie-Claude Lavoie joined the Pan American Health Organization (PAHO), regional office for the Americas of the World Health Organization (WHO), in 2007. She is the regional technical officer in workers' health. She is involved in projects and initiatives aiming to improve the health and safety of workers across the region.

Ms. Lavoie is currently working on a regional initiative to protect and promote the health of healthcare workers. One of her main areas of interest is the effect of the physical and organizational environment on the health of workers. She serves as secretary of the Scientific Committee on Occupational Health for Health care Workers of the International Commission on Occupational Health (ICOH).

Ms. Lavoie graduated from Ottawa University with a degree in occupational therapy, after which she worked as an occupational therapist in Northern British Columbia and the Canadian Arctic, serving at the community level with children and adults with disabilities. She also holds a Master's degree in Population and Public Health from Simon Fraser University in Vancouver, Canada.

## Supplemental Resources

### KEY DECISIONS

FOR IMPLEMENTING COMMUNITY MITIGATION MEASURES DURING A PANDEMIC

#### Everyday Precautions

Washing hands often with soap and water

Covering nose and mouth with a tissue when coughing or sneezing

Avoiding touching eyes, nose or mouth

Staying home when ill with flu-like symptoms

Getting the flu vaccine if and when it is available

Regularly cleaning surfaces and items that are frequently touched

Use the information in this document to help determine the number, type, and intensity of community mitigation strategies for reducing the spread of influenza. What you choose to do will depend on your goals, the extent and severity of disease, and your capacity to prevent, mitigate, and treat influenza.

#### OVERRIDING PRINCIPLES



- Set and prioritize goals
  - Reduce transmission overall or in specific settings
  - Protect public health overall or those at highest risk
  - Maintain community functioning
- Make collaborative decisions using local information
- Match strategies to outbreak severity
- Use multiple strategies and start strategies early
- Reduce negative effects
- Communicate openly and frequently

#### BEFORE A PANDEMIC: BUILD A FOUNDATION



- Is a flexible influenza pandemic plan in place? Has it been reviewed, tested, and revised recently? Has it been updated based on experience with the 2009 H1N1 pandemic?
- Does the planning process include participants from national, state/territorial, and local government, as well as from multiple fields such as healthcare, public health, education, business, NGO, and faith-based organizations?
- Who are the decision-makers that can implement strategies?
- Which agencies or officials are authorized to implement stricter measures such as closing schools? Are they involved in pandemic planning?
- What legal authorities and policies need to be considered in the planning?
- Are there systems for gathering data on influenza-related illness, hospitalizations, and deaths?
- Do policies allow workers to miss work when they are sick or to care for a sick family member?
- What effect would missing work have on families? What support is available to help families?
- How well and quickly can plans and recommendations be communicated to the population?

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## DURING A PANDEMIC: SELECT AND START STRATEGIES

### Community Mitigation Measures to Consider

#### For any level of severity:

Asking ill people to stay home

#### For a more severe pandemic consider adding these measures:

Asking exposed people to stay home

Closing schools or suspending classes

Restricting travel

Allowing more space between people at work and in the community

Recommending people wear facemasks

Cancelling large gatherings

### Examine the Epidemiology

- What is the extent of the spread of influenza-related illness? Local? Regional? National? Global?
  - Who is most affected? Consider age groups, regions, etc.
  - How are schools, businesses, or other settings being affected?
  - What is the rate of outpatient visits for influenza-like illness?
- How severe is the disease being caused by influenza virus?
  - What percent of people with influenza-like illness are hospitalized?
  - What percent of hospitalized patients need intensive-care-unit admission or advanced care?
  - How many deaths are occurring and among which groups?

### Consider Health Care

- Are health care providers and hospitals able to accommodate the influenza-like, illness-related visits they are receiving?
- Are there enough resources such as staff, hospital beds and ventilators? Is there enough capacity in emergency departments and intensive care units to accommodate increased demand?
- Is there enough medicine to treat persons at high risk for influenza-related complications?

### Implement Strategies

- Do strategies need to be implemented in a particular order? If so, what should be done first?
- Are changes to legal authority or policy needed? If so, how feasible are these changes?
- How long will specific strategies take to get started? For how long can they be sustained?
- What resources are needed and available to implement the strategies?
- What obstacles could decrease the effectiveness of the strategies?
- What are public concerns about influenza-like illness? Do social norms and public opinion support or hinder specific strategies under consideration?
- What communication efforts can be used to explain the need for the strategies to the public? What communication efforts can be used to stop rumors and misinformation and spread correct information?
- How can the expected benefits be measured?
- What negative effects could occur? How could they be reduced?

## AFTER A PANDEMIC: STOP AND EVALUATE STRATEGIES

- What are the triggers for stopping strategies?
- How difficult will it be to stop strategies? Should some strategies continue to be used?
- What are the plans for returning to normal operations?
- How well were strategies implemented? How effective were they in reaching the goals?
- How will lessons learned be applied to future planning?

### For More Information

[www.cdc.gov](http://www.cdc.gov)  
[www.who.org](http://www.who.org)  
[www.flu.gov](http://www.flu.gov)

## MESSAGE MAP WORKSHEET FOR WRITING KEY MESSAGES WITH SUPPORTING DETAILS

Message Map Template		
Specific Audience:		
Specific Question or Concern:		
Key Message 1	Key Message 2	Key Message 3
Supporting Information 1-A	Supporting Information 2-A	Supporting Information 3-A
Supporting Information 1-B	Supporting Information 2-B	Supporting Information 3-B
Supporting Information 1-C	Supporting Information 2-C	Supporting Information 3-C

<b>Message Map Template</b>		
Specific Audience:		
Specific Question or Concern:		
<b>Key Message 1</b>	<b>Key Message 2</b>	<b>Key Message 3</b>
<b>Supporting Information 1-A</b>	<b>Supporting Information 2-A</b>	<b>Supporting Information 3-A</b>
<b>Supporting Information 1-B</b>	<b>Supporting Information 2-B</b>	<b>Supporting Information 3-B</b>
<b>Supporting Information 1-C</b>	<b>Supporting Information 2-C</b>	<b>Supporting Information 3-C</b>

## Single Overriding Communications Objective

What are the three or four facts or statistics you would like the public to remember as a result of reading or hearing about this story? (Write one in each triangle below)

Key point or objective you want to accomplish by doing the interview.

Primary Audience:

Secondary Audience:

## Key Chain Questions

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### 15 Key Questions Activity

#### Key Questions:

1. What are the core community mitigation measures?
2. How can community mitigation measures reduce the effects of flu?
3. What are the issues to consider in deciding when to use community mitigation measures?
4. What is social distancing and how do you help people to do it?
5. What are ways to reduce the secondary effects of community mitigation measures?
6. What can families do during a pandemic to help stay healthy?
7. How can you communicate to and educate your community in a timely manner?
8. How can you encourage ill workers to stay home during a pandemic?
9. How would you plan for people who have to care for ill family members?
10. How can schools help students and staff avoid the flu while keeping daily school activities going?
11. What are ways to reduce the secondary effects of closing schools?
12. How can schools prepare for a possible pandemic?
13. What can be done to maintain key public health and other services during a pandemic?
14. What can be done to help people to plan and prepare at home for a pandemic?
15. Which community partners should you engage in pandemic planning and response?

# Tool Kit Inventory

Item	Tools
Participant Guide	Important Workshop Information and References
Decision Making for Using Community Mitigation Measures: Planning for Influenza and Other Public Health Emergencies	Slides
Case Study	Scenario for Group Activity
<p><b>Planning Tools in Tool Kit</b></p> <p><b>*items that are in electronic files on CD and USB Flash drive only</b></p>	<p><b>Businesses</b></p> <ul style="list-style-type: none"> <li>• APEC Pandemic Flu Planning Guide for SMEs (Pandemic)*</li> <li>• CDC Preparing for the Flu Business Communication Toolkit (H1N1)*</li> <li>• Developing a Business Continuity Pandemic Plan: 7 Steps (Pandemic)</li> <li>• International Labor Organization (ILO) Business Continuity Planning: Guidelines for Small and Medium-Sized Enterprises (Pandemic)*</li> <li>• PAHO Leadership During a Pandemic: What Your Municipality Can Do: Maintenance of Essential Services (Pandemic)*</li> <li>• Resources for Working with Businesses for Pandemic Planning (Pandemic)</li> <li>• U.S. Department of Labor (DOL) DOL and Department of Health and Human Services (HHS) Guidance on Preparing Workplaces for an Influenza Pandemic (Pandemic)*</li> <li>• WHO Whole-of-Society Pandemic Readiness: WHO guidelines for pandemic preparedness and response in the nonhealth sector (Pandemic)*</li> </ul> <p><b>Communications</b></p> <ul style="list-style-type: none"> <li>• Message Map Worksheet for Writing Key Messages with Supporting Details Template</li> <li>• PAHO Leadership During a Pandemic: What Your Municipality Can Do: Communications Plan* Implementation for a Severe Pandemic (Pandemic)*</li> <li>• Single Overriding Communications Objective (SOCO) Diagram Template</li> <li>• WHO 7 Steps to Effective Media Communication During Public Health Emergencies</li> </ul>

Item	Tools
	<p style="text-align: center;"><b>Community Mitigation</b></p> <ul style="list-style-type: none"> <li>• CDC Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States (Pandemic) (in the process of being updated)*</li> <li>• CDC Community Mitigation Decision Tool (Pandemic)</li> <li>• CDC Plan Now To Be Ready for the Next Flu Pandemic Fact Sheet (Pandemic)*</li> <li>• CDC The Next Flu Pandemic What To Expect Pandemic Fact Sheet (Pandemic)*</li> <li>• CIDRAP Community Mitigation Strategies (Pandemic)*</li> <li>• PAHO Leadership During a Pandemic: What Your Municipality Can Do (Pandemic)*</li> <li>• PAHO Leadership During a Pandemic: What Your Municipality Can Do: Annotated Index of Tools (Pandemic)*</li> <li>• PAHO Leadership During a Pandemic: What Your Municipality Can Do: Matrix: Tools for Preparedness, Response, and Recovery (Pandemic)*</li> <li>• PAHO Leadership During a Pandemic: What Your Municipality Can Do: Non-Pharmaceutical Interventions (NPIs): Actions to Limit the Spread of the Pandemic in Your Municipality (Pandemic)*</li> <li>• WHO Pandemic Influenza Preparedness and Mitigation in Refugee and Displaced Populations (Pandemic)*</li> <li>• WHO Pandemic Influenza Preparedness and Mitigation in Refugee and Displaced Populations Training Modules (Pandemic)*</li> <li>• WHO Pandemic Influenza Prevention and Mitigation in Low Resource Communities: Summary (Pandemic)</li> </ul> <p style="text-align: center;"><b>Faith-Based Organizations</b></p> <ul style="list-style-type: none"> <li>• CDC Faith-Based and Community Organizations Pandemic Influenza Preparedness Checklist (Pandemic)*</li> </ul> <p style="text-align: center;"><b>Mass Gatherings</b></p> <ul style="list-style-type: none"> <li>• WHO Interim Planning Considerations for Mass Gatherings (H1N1)*</li> </ul> <p style="text-align: center;"><b>Resources</b></p> <ul style="list-style-type: none"> <li>• PAHO Leadership During a Pandemic: What Your Municipality Can Do: Resources (Pandemic)</li> </ul>

Item	Tools
	<p style="text-align: center;"><b>Schools</b></p> <ul style="list-style-type: none"> <li>• CDC Preparing for the Flu Higher Education Communication Toolkit (H1N1)*</li> <li>• CDC Preparing for the Flu Schools K-12 Communication Toolkit (H1N1)*</li> <li>• WHO Reducing Transmission in School Settings (H1N1)</li> </ul>
<b>Posters</b>	<ul style="list-style-type: none"> <li>• CDC Cover Your Cough (Community)</li> <li>• CDC Cover Your Cough (has no CDC logo on it)</li> <li>• CDC Cover Your Cough (Healthcare)</li> <li>• CDC Do You Feel Sick? (Seasonal Flu)</li> <li>• CDC Stop, Wash, and Go (Seasonal Flu)</li> <li>• CDC Travel-Sized (Seasonal Flu)</li> <li>• WHO How to Handwash</li> </ul>
<b>Supplemental Activity: 15 Key Questions and Answers</b>	Key Ring: A Job Aid for Trainers
<b>Purell Hand Sanitizer</b>	Hand Wipes
<b>Electronic Versions of All Workshop Slides and Training Materials for Train the Trainer Information Sharing Purposes</b>	USB Drive and CD
<b>Temporary Website for Most Current Version of Slides After Workshop</b>	<a href="http://www.orau.gov/hsc/downloads/CDC-PAHO">http://www.orau.gov/hsc/downloads/CDC-PAHO</a>
<p><i>The items listed above are part of the Tool Kit Standard Inventory, but the intent of the Tool Kit is to collect and build more resources over time to help in your Pandemic Influenza Planning Community Mitigation Measures expertise and to enhance your Train the Trainer efforts.</i></p>	

## Glossary

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**Absenteeism Rate.** Proportion of employed persons absent from work at a given point in time or over a defined period of time.

**Antiviral.** A medication that may be used to treat people who have been infected by a virus to help limit the impact of some symptoms and reduce the potential for serious complications. People who are in high risk groups are often given antiviral drugs because of their increased potential to develop additional health issues.

**CDC.** Centers for Disease Control and Prevention, the U.S. government agency at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. CDC is one of 13 major operating components of the Department of Health and Human Services.

**Childcare.** Childcare programs discussed in this guidance include 1) centers or facilities that provide care to any number of children in a nonresidential setting, 2) large family childcare homes that provide care for seven or more children in the home of the provider, and 3) small family childcare homes that provide care to six or fewer children in the home of the provider.

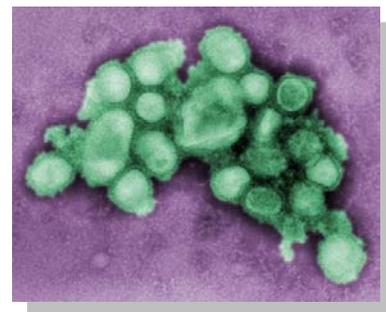
**Children.** Children are often defined as 17 years of age or younger unless an age is specified or 12 years of age or younger if teenagers are specified.

**Colleges.** Post-high school educational institutions.

**Community mitigation measure.** A strategy for implementation at the community level designed to slow or limit the transmission of a pandemic influenza virus. The core community mitigation measures are good hygiene, especially covering coughs and sneezes and washing hands often; isolation; household quarantine; school dismissal; and social distancing.

**Contagious.** A disease that is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in the form of droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

**Epidemic.** The rapid spread of a disease that infects some or many people in a community or region at the same time.

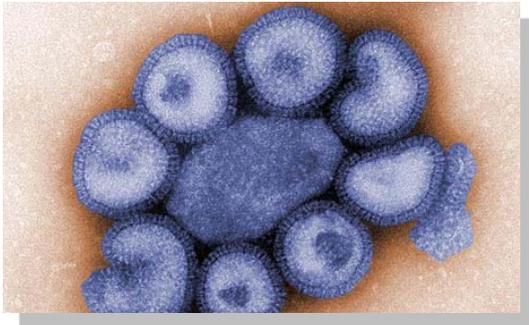


**H1N1 pandemic influenza.** A new influenza virus causing illness in humans, first detected in humans in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. On June 11, 2009, the World Health Organization (WHO) signaled that a pandemic of 2009 H1N1 flu was underway.

**Hand Hygiene.** Washing hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective. If soap and water are not available and alcohol-based products are not allowed, other hand sanitizers that do not contain alcohol may be useful.

**Household quarantine.** A community mitigation measure that asks household members or the primary care giver of an ill person to stay home.

**Infection Control.** Hygiene and protective measures to reduce the risk of transmission of an infectious agent from an infected person to uninfected persons (e.g., hand hygiene, cough etiquette, use of personal protective equipment, such as face masks and respirators, and disinfection).



**Influenza (flu).** A contagious respiratory illness caused by particular strains of viruses.

**Isolation.** The physical separation of people who are ill with a contagious disease from those who are healthy. As a mitigation measure, the community asks ill people to stay home.

**Non-Pharmaceutical Intervention (NPI).** A mitigation measure implemented to reduce the spread of an infectious disease (e.g., pandemic influenza) but one that does not include pharmaceutical products, such as vaccines and medicines. Examples include social distancing and infection control measures.

**Pandemic.** A global outbreak of a disease.

**Pandemic Influenza.** A global influenza outbreak. An influenza pandemic occurs when a new influenza A virus emerges for which there is little or no immunity in the human population, begins to cause serious illness, and then spreads easily person-to-person worldwide.

**Prophylactic.** A medical procedure or practice that prevents or protects against a disease or condition (e.g., vaccines, antibiotics, drugs).

**Quarantine.** The physical separation of healthy people who have been exposed to a contagious disease—for a period of time—from those who have not been exposed.

**Schools.** A general term that can refer to public and private elementary, middle, secondary, and post-secondary (colleges and universities) locations where students learn.

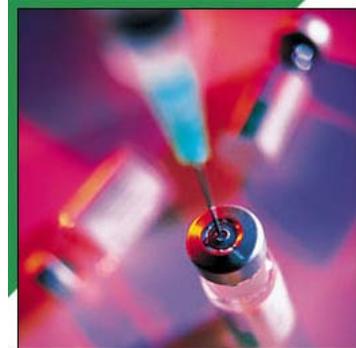
**School dismissal.** A community mitigation measure that involves dismissing children from schools, closing childcare facilities, and keeping kids and teens from gathering and mixing in the community.

**Seasonal Flu.** A contagious respiratory illness caused by influenza (flu) viruses that occur every year. It affects an average of 5 to 20 percent of the U.S. population by causing mild to severe illness, and in some instances can lead to death. Most people have some immunity, and a vaccine is usually available.

**Social Distancing.** A community mitigation measure to increase the space between people and decrease the frequency of contact among people. A community may impose limits on social (face-to-face) interaction to reduce exposure to and transmission of a contagious disease. These limitations could include, but are not limited to, closing locations and canceling events where people gather, such as theaters, places of worship, and sporting events, and allowing people to work at home or changing work schedules.

**Telework.** Refers to activity of working away from the usual workplace (often at home) through telecommunication or other remote access means (e.g., computer, telephone, cellular phone, fax machine).

**Vaccine.** An injection, usually of an innocuous (weak or killed) form of the virus that stimulates the production of antibodies by the immune system to help prevent or create resistance to an infection. Vaccines are usually given as a preventive measure. A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.



**Virus.** Any one of various simple submicroscopic parasites of plants, animals, and bacteria that often cause disease and that consist essentially of a core of RNA or DNA surrounded by a protein coat. Unable to replicate without a host cell, viruses are typically not considered living organisms.

**WHO.** World Health Organization, an agency of the United Nations established in 1948 to further international cooperation in improving health conditions.

Notes: