

Surveillance Plan

Maine Pre-pandemic

- q Periodically review and revise Surveillance Plan as appropriate.

Maine Level I

(Alert Period)

- q Test for influenza per normal lab protocol.
- q Increase surveillance at triage, physician offices, and outpatient services by checking for influenza-like illness **year round**.
- q Establish electronic monitoring of the following areas:
 - Numbers of individuals treated for influenza.
 - Numbers of employees treated for influenza.
 - Numbers of all hospitalized admissions for influenza.
 - Numbers of mortality cases from influenza and/or complications of influenza.
- q Add members of Pandemic Influenza Response Team to HAN.
- q Review and educate on HAN notification system:
 - When a HAN fax arrives during regular hours, the ER Secretary immediately notifies the FMH COO's office and confirms that he or she has received it.
 - When a HAN fax arrives during off-hours, the ER Secretary immediately notifies the Clinical Coordinator and confirms that he or she has received it. The Clinical Coordinator contacts the Administrator On-Call to alert him or her when appropriate.

Maine Levels II & III

(Evidence of pandemic flu outside the United States)

- q Assemble and brief the Pandemic Influenza Response Team within 48 hours of notification of pandemic flu outside the United States.
- q Ask any individuals who present with influenza-like symptoms whether they have recently traveled in a country where bird flu has been identified.
- q Require testing for patients who present with influenza-like symptoms and have recently traveled to a country where bird flu has been identified.
- q Establish with all areas their surveillance capabilities and that they are aware of heightened surveillance level.
- q Test patients and employees and report cases per the following criteria:
 1. Testing for avian influenza A (H5N1) is indicated for **hospitalized** patients with
 - Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, **AND**

- History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans
2. Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with Maine CDC for **hospitalized or ambulatory** patients with:
 - Documented temperature of >100.4°F with one or more of the following: cough, sore throat, shortness of breath, **AND**
 - History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.
 3. If *any* of the above criteria are met, immediately call the Maine State CDC Disease Reporting and Consultation line at 1-800-851-5821 (24 hours a day)
- q Implement a system for early detection and treatment of healthcare personnel who might be infected with the pandemic strain of influenza. (See *Occupational Health Plan.*)

Maine Levels II & III

(Evidence of pandemic flu in the United States)

- q Continue with steps outlined above.
- q Influenza Preparedness Coordinator convenes and briefs Pandemic Influenza Response Team within eight hours of notification of pandemic flu in the United States.
- q Pandemic Influenza Response Team contacts Administrator On-Call, who should consider implementing Hospital Incident Command System. (HICS)
- q Test for influenza with split specimen being obtained on all individuals with influenza-like symptoms (patients and employees).
- q Notify employees to report their flu-like symptoms immediately to Occupational Health or ER (during off-hours) for testing.
- q Pandemic Influenza Response Team meets as determined by pandemic activity.

Maine Levels II & III

(Evidence of pandemic flu in local area)

- q See steps outlined in Maine Level IV below.

Maine Level IV

(Increased and sustained transmission in the general population)

- q Contact the FMH COO (during the day) or the Administrator-on-Call or the Clinical Coordinator (during off-hours).

- q Establish Incident Command / Open the Hospital Command Center
- q Activate the Emergency Preparedness Plan of FMH
- q Contact the Maine State CDC and Franklin Emergency Management Agency.
- q Prior to reporting to their workstations, all staff will be screened by the taking of their temperature and will be questioned about having any flu-like symptoms with information recorded (see *Occupational Health Plan*).
- q Measure vaccine availability (see *Pandemic Influenza Medications Plan*).
- q Monitor phone calls to Flu Hotline to determine where staffing and other resources are needed.
- q View Maine CDC web page (www.mainepublichealth.gov) for influenza surveillance reports that summarizes current surveillance information.
- q Check reports, HAN, news, for hospitals with pandemic influenza cases to determine potential local impact.

Post-Pandemic Period (Maine Level V)

(Evidence of influenza activity returned to pre-pandemic level)

- q Continue surveillance activity as per *Alert level* in anticipation of second-wave influenza
- q Gather electronic numbers to report how many individuals treated for influenza.
- q Gather electronic numbers to report how many employees treated for influenza.
- q Gather electronic numbers of all mortality cases from influenza and/or complications of influenza.
- q Gather electronic numbers for all hospitalized admissions for influenza.
- q Conduct evaluation of how surveillance plan worked.
- q Assess the effectiveness of vaccine and antiviral distribution.