



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4781 1-800-852-3345 Ext. 4781
Fax: 603-271-7623 TDD Access: 1-800-735-2964

HEALTH OFFICERS' ROLE WITH H1N1 (SWINE) INFLUENZA

BACKGROUND

H1N1 (Swine) Influenza is a highly contagious acute respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. Morbidity tends to be high and mortality low in pigs.

Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu have occurred. Most commonly, these cases occur in people with direct exposure to pigs (e.g. children near pigs at a fair or workers in the swine industry). In addition, there have been cases of human-to-human spread of swine flu.

The symptoms of swine flu in people are similar to the symptoms of regular human seasonal influenza and include fever, lethargy, lack of appetite, and coughing. Some people with swine flu have also reported having a runny nose, sore throat, nausea, vomiting and diarrhea.

Typically, influenza viruses can be directly transmitted from pigs to people and from people to pigs. Human infection with flu viruses from pigs are most likely to occur when people are in close proximity to infected pigs, such as in pig barns and livestock exhibits housing pigs at fairs. Human-to-human transmission of swine flu can also occur. This is thought to occur in the same way as seasonal flu occurs in people, which is mainly person-to-person transmission through coughing or sneezing of people infected with the influenza virus. People can become infected when they touch surfaces and then touch their mouth or nose.

People with swine influenza virus infection should be considered potentially contagious one day before disease onset and as long as they are symptomatic and possible for up to 7 days following the onset of illness. Children, especially younger children, might be contagious for longer periods.

Swine influenza viruses are not transmitted by eating food. You cannot get swine influenza from eating pork or pork products. Eating properly handled and cooked pork and pork products is safe. Cooking pork to an internal temperature of 160 degrees Fahrenheit kills any contaminants that may be of concern.

Swine Flu, like seasonal flu, can vary from severity in people from mild to severe. Between 2005 until January 2009, 12 human cases of swine flu were detected in the U.S. with no deaths occurring. However, swine flu infection can be very serious. In September 1988, a previously healthy 32-year-old pregnant woman in Wisconsin was hospitalized for pneumonia after being infected with swine flu and died 8 days

later. A swine flu outbreak at Fort Dix, New Jersey occurred in 1976 that caused more than 200 cases with serious illness in several people and one death.

While there is no vaccine currently available to protect against swine flu, there are a number of daily actions a person can take to help prevent the spread of germs that cause respiratory illnesses like influenza:

- Cover your nose and mouth with a tissue when you cough or sneeze and cough into your sleeve.
- Wash your hands often with soap and water, especially after you cough or sneeze.
- Try to avoid close contact with sick people.
- Avoid sharing eating utensils.
- Get plenty of sleep, exercise, and eat a healthy diet.
- If you get sick with influenza, stay home from work or school and limit contact with others to keep from infecting them.

ROLES OF THE HEALTH OFFICER

Notification and Communications

In the event that there is a human-to-human transmission of the H1N1 (swine) influenza virus situation, health officers would be receiving Health Alert Network (HAN) notices from the Department of Health and Human Services (DHHS) notifying them of the current events.

The HAN is a communication tool that is widely used by DHHS to communicate with its partners for public health purposes. It is a 24/7/365 comprehensive and integrated health emergency communications system. It provides communication capacity at local and state health and safety departments. The New Hampshire HAN includes more than 5000 contacts. The HAN ensures that public health professionals and key response partners have relevant and timely access to information. If you are not currently receiving Health Alerts, please contact the Bureau of Disease Control Health Alert Network Coordinator at (603) 271-4596.

Municipal Response

The health officer is part of the community response and, therefore, part of the community's Incident Command Structure (ICS) and should be working with the Emergency Management Director as part of the ICS response. As the public health official within the ICS structure your individual roles and responsibilities could be as follows, based on the direction of your community's Incident Commander.

- Act as a liaison, for public health information, between local, regional, and State contacts through your local Emergency Operations Center (EOC) when it is activated. If the local EOC is not activated remain in communication with the Multi-Agency Coordinating Entity (MACE) (see below for more information).
- Assist in mobilizing regional resources through the MACE.
- When requested by the Commissioner of the DHHS through the MACE, assist in the isolation and quarantine efforts, closure of buildings and other community containment activities.

- When requested by the Commissioner, assist with locating contacts within a community or a region in the event of an outbreak.
- Assist your community to locate citizens that may be homebound.
- Assist DHHS in public education efforts, including identifying potential audiences for public education; distributing fact sheets and other educational information throughout town, and informing citizens regarding where local services (e.g. mental health, local welfare) can be accessed.
- Follow up on collecting information and data that the MACE may need in its response efforts in the event of a public health emergency.
- Participate in after-action meetings to discuss the public health emergency response and make recommendations for improvements.

THE ROLE AND INTEGRATION OF MULTIAGENCY COORDINATION ENTITIES DURING PUBLIC HEALTH EMERGENCIES IN NEW HAMPSHIRE

This guidance has been developed by NH DHHS, Division of Public Health Services (DPHS), and NH Homeland Security and Emergency Management (HSEM), to assist All Health Hazards Region (AHHR) planners, including municipal officials. The purpose of this guidance is to describe the role, functions, and interagency communication pathways for MACE during public health emergencies.

Background:

- AHHRs receive funding from DPHS and HSEM to develop regional public health emergency response plans. This region-based approach is intended to prepare for large-scale public health events that would require a response that exceeds the capability and capacity of individual municipalities.
- Municipal officials are essential participants in the AHHR planning process along with regional partners such as hospitals, service providers from across the health care spectrum, community-based agencies serving those with functional needs and many others.
- AHHR plans and functional annexes are intended to be complementary to the health and medical component Emergency Support Function #8 (ESF #8) of Local Emergency Operations Plans (LEOP).

MACE Function and Operations:

Requests for Resources

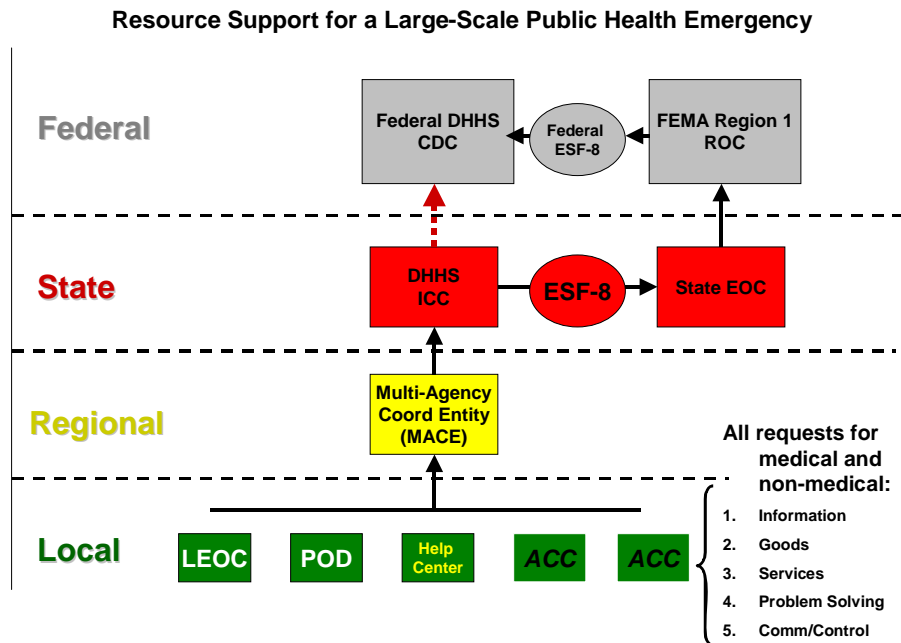
- Receive and coordinate requests for goods and services from municipal Emergency Management Directors (EMDs) on behalf of their town of any municipal-specific needs during public health emergencies.
- Receive and coordinate requests for goods and services from Incident Commanders at Acute Care Centers (ACC), Points of Dispensing (POD), Neighborhood Emergency Help Centers (NEHC) and other operational components as described in the AHHR Public Health Emergency Response Plan (PHERP).
- When a determination is made that state support is needed, communicate a request for support to the NH DHHS Incident Command Center (ICC). The ICC will analyze and prioritize the request.

The ICC will coordinate with the State Emergency Operations Center (SEOC) to respond to the request.

Communications

- Receive and disseminate to AHHR partners press releases and supporting materials issued by the DHHS Public Information Office (PIO) or the State SEOC.
- Receive and disseminate medical and treatment protocols and guidance from the DHHS ICC to Incident Commanders at the appropriate ACCs, PODs, NEHCs, etc.
- Coordinate and collaborate with the DHHS PIO to develop press releases and supporting materials to ensure accurate and consistent messaging.

Model for MACE Operations During Public Health Emergencies



MACE Operations During Simultaneous Emergencies

As previously discussed, at this time activation of a MACE will be recognized by NH state officials only during public health emergencies. Should events occur simultaneously that are both public health and non-public health in nature, the public health emergency response (for example, an infectious disease outbreak requiring mass vaccination) will be based on the AHHR PHEP. This would result in MACE activation.

Municipal LEOPs would be activated to respond to a simultaneous non-public health event (for example, a fire that required mutual aid agreements to be activated).