
DoD Pandemic Influenza Planning and Preparedness

Col Don Adams

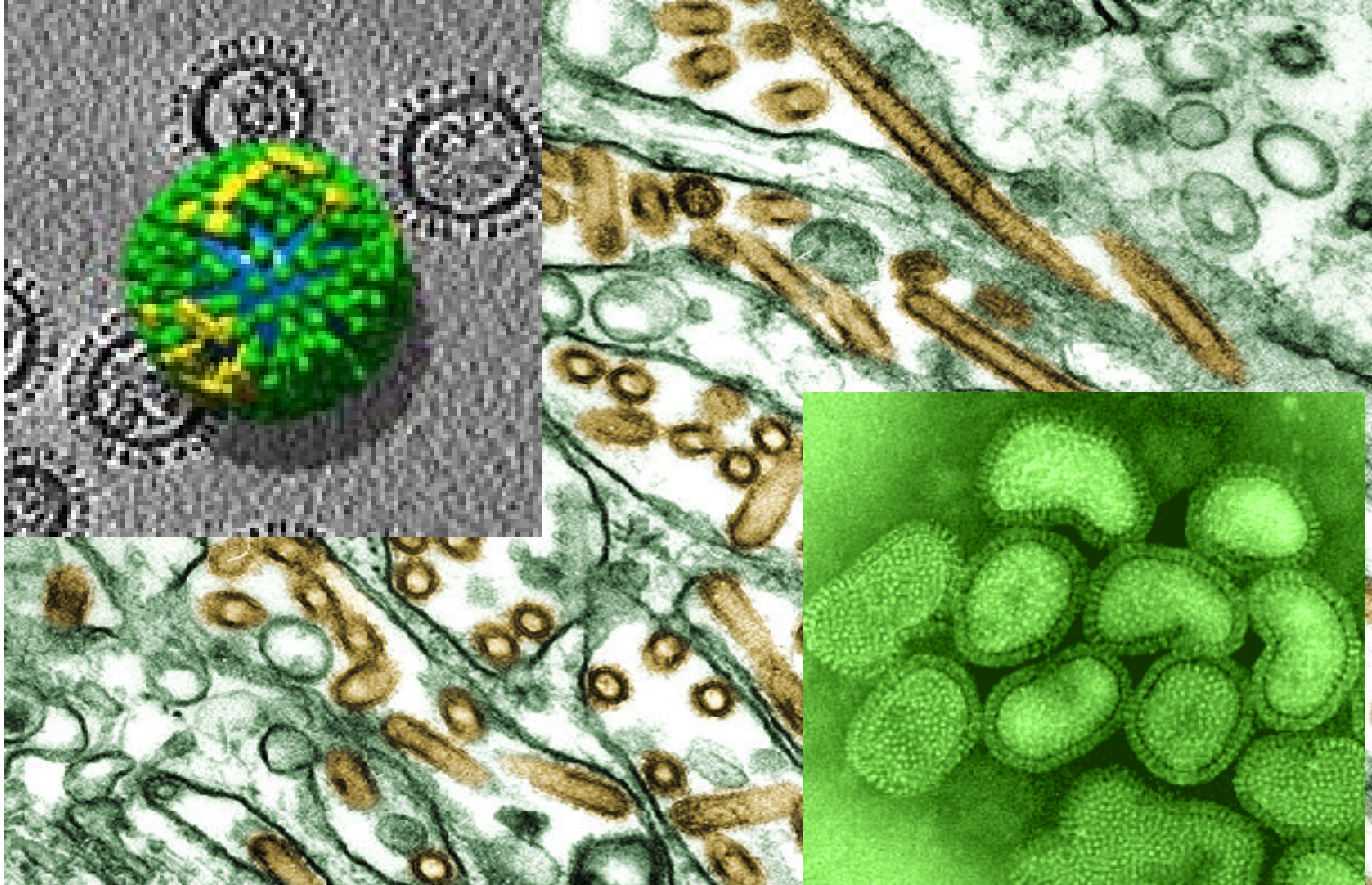
ACP-DC

11 August 2009

Agenda

- **Pandemic Influenza**
- **Planning Assumptions & Considerations**
- **Goals**
- **Conclusion**

We Can NOT Prevent This



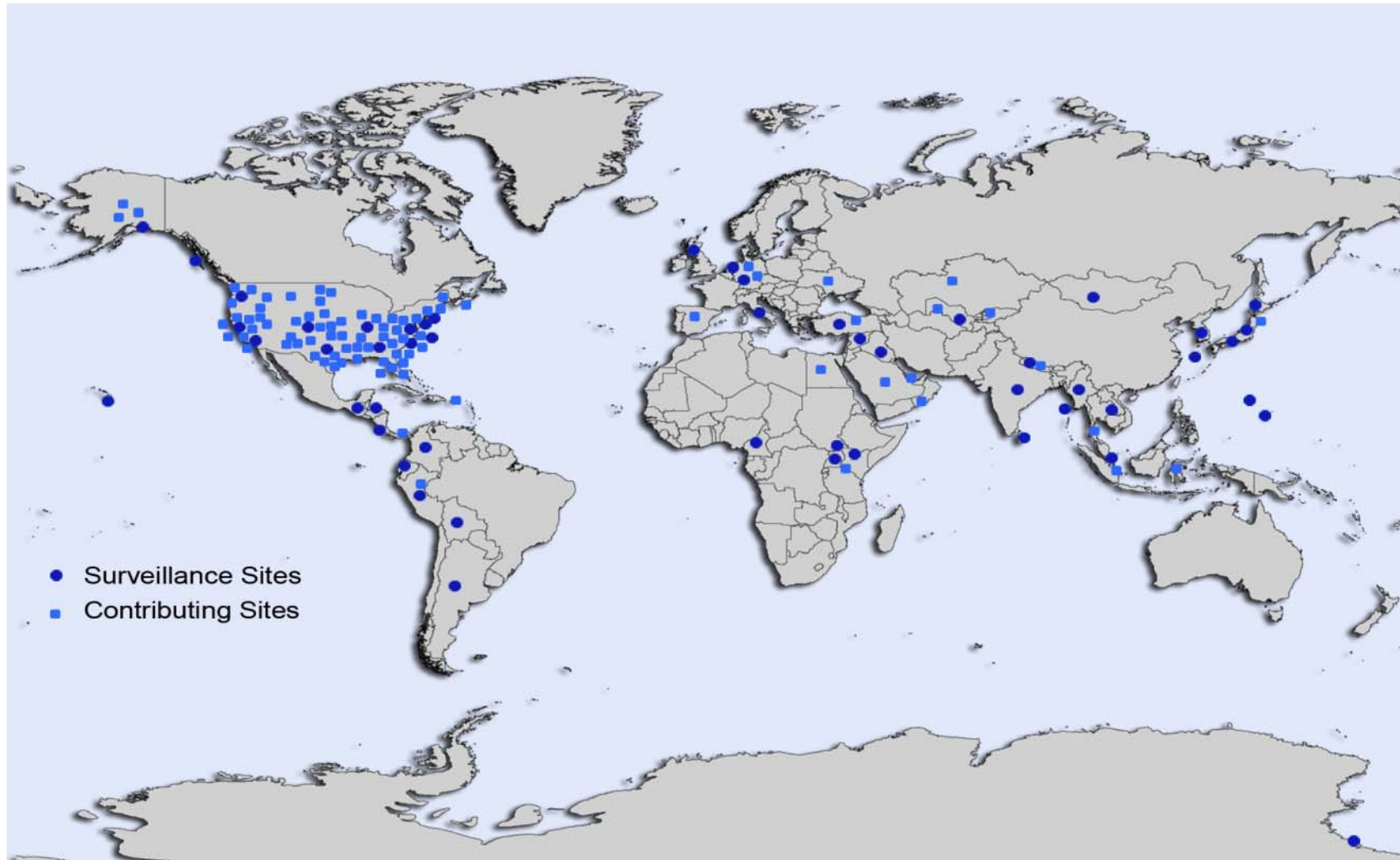
Extrapolating 1918 to 2007

Severe Pandemic in the U.S.	
Illness	90 million (30%)
Outpatient medical care	45 million (50%)
Hospitalization	9, 900,000
ICU care	1,485,000
Mechanical ventilation	745,500
Deaths	1,903,000

Surveillance

- **DoD has a unique influenza surveillance system that provides a global perspective of seasonal influenza and emerging pandemics**
- **System uses data from patient encounters and laboratory analysis**
 - Patient encounters include all DoD Military Medical Treatment Facilities
 - Laboratory surveillance encompasses over 200 sites in over 50 countries

Participation



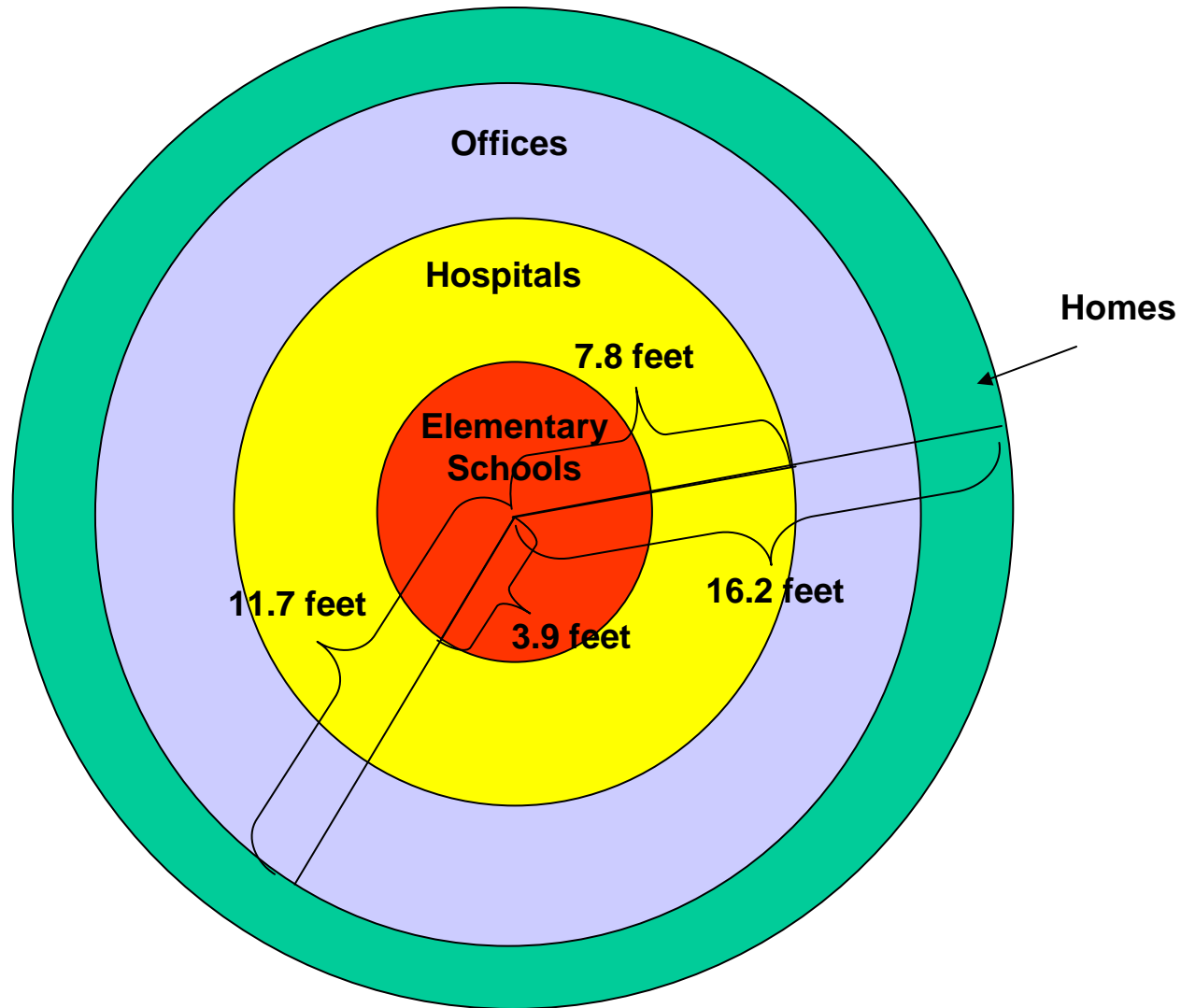
Layered Approach

- **No one measure will be effective but in combination a pandemic can be effectively mitigated**
- **First step is non-pharmacologic measures**
 - Social Distancing & Infection Control Measures
 - Magic 3-foot ZONE OF DANGER
 - Cancel social gatherings & avoid crowds
 - Hand Washing – make Lady Macbeth look like a slob
 - Isolation – Stay at home if you are sick
 - Quarantine – If someone at home is sick all family member also stay home
 - Close Schools – probably one of the most effective strategies
 - Masks

Social Distancing

- **Close Schools**
 - Keep children and teens at home
 - Use distance learning technologies if possible
- **Cancellation of mass gatherings**
- **Alternatives to face-to-face contact at work**
- **Telework**
- **Staggered work hours**
- **Increase distance between people and decrease number of contacts**

Comparison of Social Density



Pandemic COOP – What's Different

- Pandemic is an “environment” in which we must continue to operate, not an “event” bounded by time and/or location
- Pandemics do not destroy/degrade infrastructure, therefore have different facility & IT issues
- COOP to alternate sites reduces space between individuals which is counter-productive in a pandemic environment
- Pandemics may last a year or longer
- Existing COOP plans generally not designed for nor appropriate for the unique aspects of a pandemic environment

National Plan Assumptions

- **Pandemic expected to have multiple waves each lasting between 6-12 weeks**
- **Specific vaccine not available for first 6 to 9 months**
- **Estimate 20-35% ill, 3% hospitalized, fatality rate 1%**
- **Up to 40% absenteeism rate nationwide**
- **In accordance with existing agreements, and in limited circumstances, DoD will provide support to local medical efforts**

Pandemic Planning Considerations

- **Ensure well established lines of communication between leaders and employees**
 - Clear lines of succession provided for each mission essential function
- **Identify activities that are well suited to telework and test procedures regularly**
- **Develop policies for anti-viral medication and vaccine distribution**
- **Conduct periodic exercises to test plans, policies, and procedures to identify vulnerabilities and best practices**

Planning Guidance

- **Provide DoD and Pentagon Reservation Preparedness work plan:**
 - Identify Mission Essential Functions (MEFs), including those requiring access to classified information
 - Develop and document “lines of succession”
 - Improve Force Protection Measures
 - Institute Social Distancing Mechanisms
 - Telework/shift work/dispersion of work
 - Determine Information Management Requirements to support social distancing
 - Ensure Personnel Accountability/Recall Procedures

Goals

- **Components are prepared for PI situations**
 - MEFs and lines of succession are identified
 - Triggering mechanisms for community-based mitigation are defined and publicized
 - Civilian personnel vaccine prioritization is in place
 - Adequate vaccine supply is available
 - Telework is instituted and practiced
 - Updated Human Capital, Health Affairs, Information Technology and Installation Emergency Management guidance is available
 - Information Technology alternatives are optimized to support social distancing for both unclassified and classified access
 - Personnel can be accounted for and uniformly notified of crises
- **Pentagon Reservation is kept open**

MEF and Succession Plans

- **Goal: Component MEFs and lines of succession identified and Business Process Analysis (BPA) completed**
- **Actions:**
 - Component MEF identification
 - PI-focused/Modified BPA developed
 - Bi-weekly status check
 - Weekly MEF/BPA Workshops

Force Health Protection

- **Goals:**

- Triggering mechanisms for community-based mitigation defined
- Civilian personnel vaccine prioritization in place
- Adequate vaccine supply is available

- **Actions:**

- "Triggers" sub-working group established -- Not 'cookbook;" innumerable virus/human/workplace input variables
- Funding allocated for purchase of vaccine
- Monitor vaccine and other countermeasures dynamics
 - Vaccine unlikely to be available until late October/early November
 - Initial Tamiflu resistance has been noted abroad (this is not unexpected)

Telework

- **Goal: Telework is instituted and practiced throughout the Department**
- **Actions:**
 - New telework coordinator IDed
 - Identification of best practices/obstacles
 - Development of a plan for increased usage
 - Enhanced policy being drafted
 - Marketing materials being drafted

IT Alternatives

- **Goal:** Information Technology alternatives are optimized to support social distancing for both unclassified and classified access
- **Actions:**
 - Investigating creation of a “trusted environment” on personal/home computers via special “boot CD”
 - Investigate establishment of work centers w/SIPRNET connectivity

Pentagon Preparedness

- **PI Preparedness Briefings ongoing**
- **Pentagon Area CIO Council assessing the Pentagon IT enterprise capability in support of Pentagon Service/Agency telework requirements**
- **PFPA is leading the effort to look for better electronic mass notification and accountability tools for the Pentagon population**

Conclusions

- **Work remains to translate strategic vision into operational continuity plans**
- **All Components need to develop tailored policies and procedures regarding absences, sick leave, medication distribution, lines of succession, etc.**
- **Each Component needs to develop mechanism for identifying employee status (sick, caring for family member, teleworking, etc.)**
- **Implementation of employee education program**
- **Continuous exercising of the above critical for successful continuity of operations**

We Can NOT Prevent This

