

APPENDIX 4 COMMUNITY DISEASE CONTAINMENT

I. AGENCIES

Primary Agency

- Johnson County Health Department (JCHD)

Supporting Agencies

- Johnson County Emergency Management & Homeland Security (JCEMHS)
- Johnson County Medical Action (Med-Act)
- Johnson County Environmental Department (JCED)
- Johnson County Sheriff's Office (JCSO)
- Johnson County hospitals
 - Children's Mercy South
 - Menorah Medical Center
 - Olathe Medical Center
 - Overland Park Regional Medical Center
 - St. Luke's South
 - Shawnee Mission Medical Center
- Kansas Department of Health & Environment (KDHE)

II. INTRODUCTION

The Community Disease Containment Appendix provides Johnson County Health Department with guidance and direction for reducing or minimizing person-to-person spread of disease by separating individuals with disease or at an increased risk for developing disease from individuals at lower risk. It also assists in the documentation of large scale disease investigations. (See Attachment **II** - *Disease Investigation protocols*).

III. PURPOSE

This appendix may be used during communicable disease outbreaks to assist decision makers in implementing community containment measures, which may require individuals to be separated from the general population. This appendix and the "Kansas Community Containment Isolation/Quarantine Tool Box" (KCCI/QTB) (binder can be found in the PHEP library) contain information and tools needed to implement a range of measures necessary in the case of an outbreak of infectious disease. The tools within the KCCI/QTB include flow charts, statutes, regulations, sample forms, and protocols for performing the tasks associated with community disease containment. The Kansas Isolation and Quarantine statute K.S.A. 65-129 (found in Section V of the KCCI/QTB) provides a template for control efforts in the case of large-scale outbreaks of naturally occurring diseases such as pandemic influenza, Severe Acute Respiratory

Syndrome (SARS) and/or artificially introduced biological agents in connection with bioterrorism.

There are other options that may be utilized beyond individual isolation and quarantine. These options are also addressed within this appendix. The effectiveness of these measures will rely upon the understanding and active cooperation of community partners, government agencies, businesses, and the public.

This appendix covers the basic principles of surveillance, investigation, and the functions of participating agencies during disasters requiring disease containment measures. Active surveillance methods will be introduced once an anomaly has been identified through passive surveillance systems. Investigation will take place using the existing epidemiology staff at the Johnson County Health Department (JCHD) (See *Attachment V*). All participating agencies will be alerted to the situation and briefed for action.

IV. SCOPE

In accordance with Centers for Disease Control and Prevention (CDC) and Kansas Department of Health and Environment (KDHE) requirements, this guide will be reviewed at least annually to ensure accurate and updated information. Changes will be posted on the “Record of Review and Update” found at the front of the Biological Incident Annex (BIA).

No single strategy for limiting the spread of infectious disease is possible or appropriate for all types of disease outbreaks. Because each outbreak will be situationally dependant, specific strategies need to be flexible, adaptable and developed on a “case-by-case” basis. The primary tools of infection control, isolation, quarantine, community restrictions, and sheltering can be used separately or in combination to limit the spread of disease. Epidemiological investigation principles will be used to determine the course of action. This may include the use of mass prophylaxis dispensing operations (See *Appendix 1: Dispensing and Vaccination*). Decision makers will employ the least restrictive means necessary to limit exposure and/or disrupt transmission of the disease.

V. PLANNING ASSUMPTIONS AND CONSIDERATIONS

- The response to an occurrence of a public health emergency or incident, or terrorism incident is dependent on the credibility, scope, and nature of the incident.
- A public health emergency large enough to require the activation of this plan will generate the assistance and support from KDHE, CDC, and other federal agencies necessary to support the operations described in this plan.
- JCHD is assigned the responsibility of protecting the health of the citizens of its jurisdiction.
- A public health emergency would be a multi-disciplinary, multi-jurisdictional event

requiring broad interagency planning and response approaches, as well as cooperative partnerships between federal, state, and local governments.

- Parents of exposed children (who may normally be placed in facility quarantine/isolation) may wish to care for their children at home and will be allowed to do so if they can provide adequate medical care and follow appropriate isolation and quarantine guidelines.
- In some cases, officials will consider requests from family members to enter a quarantined facility or area in order to be with family members. In extreme circumstances such as imminent death of a person in isolation, family members will be permitted into isolation, provided that they use appropriate protective equipment and enter quarantine following the visit.
- Hospitals will identify individuals in quarantine or isolation to JCHD.
- Needs of special populations will be considered in the response process. As resources are available, special actions and/or solutions may be considered.
- Measures will be taken to reduce the risk of spreading infection among prison populations. Recommendations to correctional facility's may be to cancel outside visits, require protective gear among prisoners and employees, adjust sentences, shift prisoner locations, and develop alternate protocols for prisoner transportation.

VI. CONCEPT OF OPERATIONS

A. Surveillance

Surveillance provides a means for early detection of excessive or unexpected cases of disease, or increased use of services. To be most effective, surveillance activities require the assistance of private physician's offices, schools, nursing homes, industry settings, emergency medical services, pharmacies, hospitals, and other community partners. Should special surveillance activities need to be implemented, JCHD will initiate direct contact with hospitals, physicians, and laboratories.

- The Disease Containment Division Director (DCDD) is responsible for coordinating all infectious disease surveillance activities.
- JCHD has established a duty officer function for the twenty-four hour/seven days a week reporting of odd or out of the ordinary disease or other public health related activity (*Attachment [REDACTED] - Duty Officer Phone Description and Protocol*).
- JCHD also participates in the Terrorism Early Warning (TEW) of Greater Kansas City

I. Passive Surveillance

Johnson County's current surveillance capability is primarily based on a passive reporting system. Health care providers, laboratories, and hospitals send reportable disease information either by mail, fax, or via telephone to the health department per state laws and regulations.

- a. Kansas Electronic Disease Surveillance System (KS-EDSS) – The Kansas Electronic Disease Surveillance System (KS-EDSS) is a secure, web-based system. KS-EDSS is available to JCHD staff that perform disease reporting and investigation. KS-EDSS has a core system, case management for

Tuberculosis (TB), sexually transmitted diseases (STDs), HIV/AIDS and lead poisoning, outbreak management, and electronic laboratory reporting (ELR).

- b. X-Sentinel – The X-Sentinel is a, web-based cross-jurisdictional disease report sharing and regional health surveillance system. This will improve the transfer of disease reports among the local public health agencies, enhance the early detection of disease outbreaks, and use regional data for epidemiologic investigations and subsequent informed public health response.
- c. Syndromic Surveillance – This is based on pre-defined symptoms or syndromes reported by pre-identified sentinel locations throughout the county. JCHD is currently conducting syndromic surveillance through:
 - i. A select group of hospitals within Johnson County. This surveillance can be expanded to all hospitals during an increased threat which warrants such actions.
 - ii. *FirstWatch™ Ambulance Run Surveillance System* – An early warning syndromic and biological surveillance system designed to monitor real time EMS data for abnormalities that may indicate a stealth biological attack or other significant public health emergency. When a CDC threshold is exceeded on the FirstWatch™ system, alerts are sent to the PHEP and DC staff via e-mail.
- d. All schools are requested to report to JCHD a raise in absenteeism of 15% of the total school size in one day. Additionally, they are requested to report an increase in absenteeism rates of 5% or greater from one day to the next.

II. Active Surveillance

The Disease Containment program of JCHD has the capability to telephone or fax individual health care providers to assess current situations. This will be implemented during any potential public health emergency or incident.

B. Command and Control

The command and control of a public health emergency or incident will be dependent on the nature of the emergency. Factors such as duration, nature, severity, and impact of the event on local resources will affect the structure of the command and control system utilized in response.

Implementation of this appendix will require cooperation between local, state, and possibly federal authorities. K.S.A 65-129 provides the local county health officer or the state health officer with the authority to declare necessary containment measures. At any given time during the containment process, Johnson County will activate the required level or levels of community containment measures based upon the scope of the threat represented by a particular infectious disease agent, its mode of transmission and control, and its anticipated impact on the community.

Johnson County uses the Incident Command System in accordance with National Incident Management System (NIMS) requirements. The Incident Command System (ICS) will be used in all situations that require the activation of this annex.

- JCEMHS is the lead county agency for coordinating the overall preparedness and response to any terrorist act, including bioterrorism.
- JCHD is the lead county agency for public health issues related to disasters.
- These two departments (JCEMHS and JCHD) will work together closely to ensure the adequacy of the county's public health emergency preparedness and response efforts.
- JCHD staff must be trained, on a regular basis, to be properly prepared to respond to a public health emergency or incident.
- Unified Command (UC) will be utilized when appropriate.
- Health and medical resources will be coordinated through the Johnson County Emergency Operations Center (JC EOC).

C. Status reports

- JCHD will provide status report information to KDHE for each operational period identified by the incident commander.
- Data collected includes, but is not limited to:
 - Number of cases (confirmed, probable, suspect).
 - Number of deaths.
 - Quarantine status.
 - Isolation status.
 - Laboratory status.
 - Resources on hand.
 - Resources needed.
 - Facility information (power, sanitation).
 - Communications status.
- WebEOC will be utilized to the greatest extent in relation to management of the incident and status reports.

D. Essential Goods and Services During Isolation and Quarantine

Coordinate with JCEMHS to activate the infrastructure to possibly provide essential goods and services to persons in quarantine and isolation. Addressing essential needs is important to induce compliance and requisite to enforce compliance, particularly in the case of large-scale outbreaks that may require expansive or prolonged disease exposure control measures. Authorities must be capable of meeting the needs of those who cannot do so independently.

Essential goods are goods that are required to maintain life, health, and general well being and are usually categorized into three tiers: 1) basic life requirements; 2) general health and sanitation needs; and 3) compliance-enhancing goods and services.

Essential services are those that meet daily needs and must be maintained during a crisis—including communications, utilities/heating, and sanitation.

E. Operational Implementation

The Johnson County Health Officer and/or designees shall implement the various community containment measures as indicated by the nature of the infectious disease agent and the scope and magnitude of the anticipated impact on the community.

F. Special Populations

JCHD will coordinate with JCEMHS and representatives of the community partners dealing with special needs populations to help ensure that individuals with special needs have access to essential goods and services during a public health emergency or incident requiring the implementation of community disease containment measures as is feasible.

G. Determining End of Isolation and Quarantine Period

(See Attachment **II** - Isolation/Quarantine protocols).

VII. ROLES AND RESPONSIBILITIES

A. Johnson County Health Department (JCHD) will:

Leadership Functions

- Provide leadership and direction in responding to a public health emergency or incident to regional leaders and elected officials as is consistent with the authority of the JCHD Health Officer.
- Activate the public health emergency response notification process (*Appendix 3: Communication, IV. Command and Control, D. Alert and Notification*).

Epidemiology/Surveillance Functions

- Evaluate and continually assess the situation and make recommendations.
- Establish and coordinate human and environmental surveillance systems and provide epidemiological surveillance, case investigation, and follow-up to control infectious disease, including acts of bioterrorism, and outbreaks of food borne illness.
- Develop appropriate prevention strategies.
- Assist KDHE in determining the source of the outbreak.
- Recommend and initiate disease containment measures.
- Report notifiable diseases and outbreaks to KDHE.

Protective Functions

- Ensure identified health department employees are trained and knowledgeable about personal protective equipment (PPE).
- Set up and manage mass dispensing or vaccination clinics as necessary (*Appendix 1: Dispensing and Vaccination*).
- Identify and protect the population(s) at risk as reasonable.

- Coordinate with and provide technical assistance to organizations that provide services and support to vulnerable populations on an ongoing basis in their public health planning and response activities.
- Contact law enforcement if disease outbreak is suspected of being a deliberate act.

Coordinate and direct disease containment activities:

- Social distancing and other control measures required by an outbreak of disease.
- Isolate and quarantine as required/recommended.

Health Officer (Medical Advisor):

- Participate in the planning process.
- Issue quarantine orders, if warranted.
- Issue isolation orders, if warranted.
- Review state health recommendations and modify, if appropriate.
- Serve in an advisory capacity to the Local Board of Health (Board of County Commissioners).
- Be responsible for the investigation of each case of acute infectious or communicable disease (K.S.A. 65-202).
- Use all known measures to prevent the spread of the disease (K.S.A. 65-202).

B. Johnson County Emergency Management and Homeland Security (JCEMHS) will:

- Manage EOC Operations.
- Provide logistics coordination.
- Coordinate mutual aid resources.
- Request Kansas Army National Guard to augment local law enforcement, if needed.

C. Johnson County Medical Action (Med-Act) will:

- Provide patient transport for symptomatic citizens based on their plans and protocols.
- Assist with triage of patients in various settings.
- Respond to emergency medical incidents in the field.
- Provide initial patient assessment, treatment triage, and transport of ill or injured patients.

D. Johnson County Environmental Department will:

- Establish environmental surveillance system.
- Assist with epidemiological investigation, if needed.
- Be aware of any environmental issues concerning those in quarantine or isolation.

E. Johnson County Sheriff's Office will:

- Provide security and legal enforcement of isolation and quarantine.

F. Johnson County hospitals will:

- Have beds available for isolation and quarantine, if needed.
- Maintain training and experience with isolation and quarantine procedures and issues.
- Participate in any isolation and quarantine law enforcement activities at the hospital facility, as needed.

G. Kansas Department of Health & Environment (KDHE) will:

- The Kansas Division of Health and Environmental Laboratories (KDHEL) maintain Kansas' involvement in disease surveillance coordinated by the CDC.
- The Bureau of Epidemiology and Disease Prevention (BEDP) and KDHEL assume primary responsibility for implementing virologic, morbidity, and mortality surveillance components in Kansas and compliance with future recommendations for surveillance enhancement.
- If efficient person-to-person transmission of a novel virus is confirmed, KDHEL and the Laboratory Response Network (LRN) have plans in place to test substantially more specimens than usual. CDC will provide guidance to assist with triage of specimens for appropriate testing.

VIII. ADMINISTRATION AND SUPPORT

Refer to *BIA Section VI Administration and Support*

IX. AUTHORITIES

Refer to *BIA Section VII Authorities*

X. ACRONYM/TERM DEFINITION LIST

BEDP	Bureau of Epidemiology and Disease Prevention
BT	Bioterrorism
CDC	Centers for Disease Control and Prevention
DC	Disease Containment
DCDD	Disease Containment Division Director
DMORT	Disaster Mortuary Operations Team
EDSS	Electronic Disease Surveillance System
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF	Emergency Support Function
HAN	Health Alert Network
ICS	Incident Command System
JCEMHS	Johnson County Emergency Management and Homeland Security
JCHD	Johnson County Health Department
JIC	Joint Information Center
KCCI/QTB	Kansas Community Containment Isolation/Quarantine Tool Box
KDHE	Kansas Department of Health and Environment
KDHEL	Kansas Department of Health and Environment Laboratory
LEOP	Local Emergency Operation Plan
LHD COOP	Local Health Department Continuity of Operations Plan
LRN	Laboratory Response Network
NIMS	National Incident Management System
PHEP	Public Health Emergency Program
PHIX	Public Health Information Exchange
PPE	Personal Protective Equipment
TEW	Terrorism Early Warning
SNS	Strategic National Stockpile
WHO	World Health Organization
LDS	Local Distribution Site