Operational Communication and Coordination Plan
Utah All-Hazards Response Plan

DRAFT
Revised July 2010

Date last reviewed and approved: ____/____/_____

By: ________________________________

Revised 11/23/09 HKS
Table of Contents

Purpose......................................................................................................................................................... 3
Situation Description .................................................................................................................................. 3
Planning Assumptions ............................................................................................................................... 3
Concept of Operations .............................................................................................................................. 4
Key Partners and Responsibilities .............................................................................................................. 6
Identification of Responsibilities ................................................................................................................ 6
Plan Development and Maintenance ......................................................................................................... 10
Authorities and References ...................................................................................................................... 12
Glossary .................................................................................................................................................... 12

OPERATIONAL COORDINATION & COMMUNICATION PLAN: PANDEMIC INFLUENZA
ANNEX......................................................................................................................................................... 13
Purpose

The purpose of the Operational Communication and Coordination Plan (OCCP) is to clearly describe how communications and coordination among state and local health agencies, and other health-related partner agencies, will be handled in the case of a major public health emergency. It is also to identify communications and coordination responsibilities for the Utah Department of Health (UDOH) and the various partner agencies that will be involved in any public health emergency response. The plan will:

- Identify how a coordinated approach to response will be maintained across various agencies;
- Establish efficient mechanisms for decision-making during a public health emergency that will support coordinated approaches, but allow for sufficient local flexibility; and
- Describe how partners will be notified of important events and how they will be kept informed of the current status and related response efforts.

Situation Description

During the development of a serious public health emergency, it will be necessary to implement an effective approach to communication and coordination between the UDOH and partner agencies. This will assure that partners are kept informed of the status of events, and will enable decision-making to occur with all available information. The OCCP will outline an approach to communication between UDOH and partner public health and healthcare-related agencies as appropriate, and will enable a mechanism for providing information in an Incident Command System structure from health agencies to a joint/unified command as necessary. Regular, frequent communication at different phases/stages/levels will be needed, and it is necessary to also define how ad-hoc messages and coordination may occur at different points as well. Effective communications and coordination will enable health-related agencies to work together to anticipate, characterize, contain, and mitigate an emergency in Utah as quickly as possible.

Planning Assumptions

This plan is based on the following assumptions:
1. Communications and coordination needs will vary depending on the type of emergency activity occurring.
2. The OCCP will serve as a tool to operationalize communications sections of other public health emergency response plan functional annexes and plans.
3. Various communication tools will be addressed within the OCCP, and triggers for their use will be included (e.g. Utah Notification and Information System (UNIS), WebEOC, listserv messages, conference calls, etc).
4. Back-up mechanisms for communication and coordination are an important consideration and will be incorporated into the OCCP.
5. This plan is an inter-agency plan. Each agency/partner organization included within the scope of the OCCP has specific responsibilities outlined in the plan.
   a. Each listed agency/partner organization will have its own communication and coordination plan that should be consistent with, and fit within, the OCCP.
b. Each agency/partner organization will assure internal communication with key personnel within that agency, unless other means of notifying those individuals is specifically included in this plan. In most cases, only one contact position, the Public Information Officer (PIO), is identified for each partner agency/organization in the OCCP. The PIO will be responsible for notifying others within that agency/organization, and should provide back-up persons and contact information to be included in the plan to assure someone can be reached for notifications. PIO contacts can be found within the Public and Risk Communication Plan.
c. Each agency/partner organization will include documentation of internal notification procedures as an appendix to this plan.
d. Each agency/partner organization will actively participate in notification of other agencies as specified in this plan. (Note: the OCCP serves as an outline for when communication should take place, but is not comprehensive in identifying partners and agencies that should be contacted at the local level.)

6. Decision-making mechanisms will be addressed within the OCCP as they pertain to decisions that will/should be made by the UDOH and health-related agencies. For example, the OCCP describes the Unified Area Command, which will coordinate decision-making across jurisdictions for areas of response.

7. Communication and coordination outside of the health-related agencies listed are outside of the scope of the OCCP; they will be coordinated by the Utah Division of Homeland Security and/or through coordination by the joint/unified command once established.

8. The OCCP should be periodically reviewed and updated; procedures for this are included within the OCCP under Plan Development and Maintenance.

**Concept of Operations**

Preparedness UNIS (Utah Notification and Information System) Administrators are responsible for managing and coordinating communications and alerting activities during actual or potential emergency conditions, using established communication processes and procedures. Primary responsibility for the assessment and determination of communication requirements will rest with the Division of Family Health and Preparedness.

The Utah Notification and Information System (UNIS) is a secure notification and communication system that is used to notify and exchange important information with registered users within organizations and with local and state agencies, organizations, and disciplines promoting partnerships statewide. UNIS also allows users to post and share information in the document library on a secure web site. UNIS is tested at least quarterly.

Notifications can be received by phone, email, and text messaging to cell phones. Each user selects individual notification preferences so that notifications will only be sent to the device(s) desired. Notifications are not sent when minor events occur. Notifications are sent when major events occur and there is a need to know to respond to an event.

The ability to send notifications via UNIS can be given to interested emergency response agencies in the state. Each agency can set up an administrator that will be able to sent notifications to select users. Notifications are sent by logging onto the UNIS web site, composing a message, and selecting which group(s) of users to send it to.
The UDOH and other state partners will consider any functional kind of communication in order to respond appropriately. These could include public messages through radio stations, religious organizations, volunteer organizations, paper, drivers and couriers.

The Utah Department of Health follows the Incident Command Structure as required under the National Incident Management System in accordance with Presidential Decision Directive #5 (referred to as HSPD-5). HSPD-5 originated to establish a comprehensive emergency management system which addresses both domestic crisis management and domestic consequence management as a single function in an attempt to "prevent, prepare for, respond to, and recover from [domestic] terrorist attacks, major disasters and other emergencies (Office of Press Secretary, 2003).

Upon full activation, by the Executive Director’s Office (EDO), the Preparedness UNIS Administrators will be alerted and assume responsibility for implementation of alerts and communications to essential UDOH employees. EDO, in consultation with Emergency Management will determine the requirements to sustain continuing communication efforts during and after an emergency, disaster or catastrophic event.

Deactivation will be determined by the extent of the current response and recovery actions and at the discretion of the EDO in consultation with UDOH Emergency Management. Some elements of communications may continue to be operational to support recovery efforts, which could last for an extended amount of time.

**NOTE: PHIN compliance**

The UDOH has made significant progress in implementing PHIN-compliant public health information systems to support preparedness and response. Utah's Health Alert Network (UNIS) system has received both the Direct Alerting and Cascade Alerting certifications. By doing so the UNIS system is fully compliant with all PHIN requirements. UDOH is currently in the process of developing a National Electronic Disease Surveillance System (UT-NEDSS). As part of the development process the UT-NEDSS system will complete the applicable PHIN certifications. UDOH will continue working with the CDC until UDOH is fully PHIN-compliant with all systems.
Key Partners and Responsibilities

For a complete listing of contacts for partners refer to the Public and Risk Communication Plan.

Identification of Responsibilities

**National Partners**

*U.S. Department of Health and Human Services, Centers for Disease Control and Prevention*
- Provide national and worldwide surveillance data.
- Provide guidance to UDOH and other state health departments for testing, mitigation measures, communication strategies, etc.

- Work with the Utah Department of Public Safety, Division of Homeland Security in the event that a federal disaster is declared.

*U.S. Department of Defense, Hill Air Force Base*
- Provide treatment to ill staff and residents.
- Assist with disease surveillance as resources allow.
- Assist with security as needed.

**State Partners**

*Governor’s Office*
Responsibilities include:
- Coordinate state preparedness efforts.
- Make decisions on high-level issues with serious implications and/or high visibility (e.g. recommendations on shifts in vaccine or antiviral distribution plans).

Partners include:
Governor’s Pandemic Advisory Committee
- Guide ongoing preparedness efforts and decision-making during a pandemic.
- Make recommendations on high-level issues with serious implications and/or high visibility (e.g. recommendations on shifts in vaccine or antiviral distribution plans).

*Utah Department of Health (UDOH)*
Responsibilities include:
- The UDOH is responsible for communications with all federal health-related partners, e.g. Centers for Disease Control and Prevention.
- Distribute announcement summarizing surveillance results as needed.
- Notify health care providers (in collaboration with local health departments), including hospitals and laboratories, if evidence of viral activity is present; notifying bordering state health departments when warranted
- Communicate and coordinate with Centers for Disease Control and Prevention regarding surveillance, prevention, and other activities.
• Coordinate media contact regarding human disease and pandemic influenza activity with human health implications when the information has statewide implications.
• Coordinate with the Utah Division of Homeland Security if needed.
• Communicate with Governor and state level policymakers regarding human health aspects of pandemic influenza, in cooperation with the Utah Department of Agriculture and Food and the Utah Division of Wildlife Resources.

Partners include:
Utah Department of Public Safety, Utah Highway Patrol
• Provide security to the National Guard during transportation of Strategic National Stockpile.
Utah National Guard
• Civil support team: Assist with emergency communications, laboratory testing, etc.
• Transport the Strategic National Stockpile.
• Coordinate with Utah Highway Patrol for security of the Strategic National Stockpile during transportation.
Utah Department of Transportation
• Coordinate with Utah Highway Patrol and the National Guard to ensure that roads are in working condition for transportation of the Strategic National Stockpile.
State of Utah Office of Education
• Coordinate with UDOH to develop standardized recommendations and guidelines for school pandemic influenza planning.
• Coordinate with UDOH to implement other recommendations as needed (e.g. assistance with administration of vaccines, etc.)
• Address teacher pay issues in the event of school closures.
• Address issues associated with schools receiving state funds for pupil services and reimbursements in the event of school closures.
Governor’s Office of Community and Culture
• UDOH will identify the appropriate contact in the organization.
• Assist with special population issues (i.e., ethnic, Indian, blind, and disabled populations).
Utah Department of Human Services
• Assist with mental health services, including crisis counselors.
• Assist with special population issues (i.e. disabled and aging populations).
• Provide for the healthcare needs of the offending juvenile population.
Utah Department of Workforce Services
• Augment personnel to increase workforce capacity.
• Assist with special population issues (i.e., unemployed, welfare, and food stamp populations).
Utah Department of Human Resource Management
• Assist with development of leave policies, flexible work schedules, etc. to support mitigation measures.
Utah Department of Corrections
• Coordinate a pandemic response with UDOH and local health departments to minimize community impact.
• Provide for the health care needs of our offender population.
• Ensure continued operations to protect public safety.
Utah Transportation Agency
• Assist with issues involving persons that rely on public transportation.
• Assist with mass evacuation plans, if necessary.
• Coordinate with local health departments and governments as needed.

Utah Funeral Director’s Association
• Work with UDOH and local health departments to plan for excess death capacity.
• Develop guidelines for mitigation of transmission at funerals.

Utah Board of Regents
• Coordinate with UDOH to develop standardized recommendations and guidelines for school pandemic influenza planning.
• Coordinate with UDOH to implement other recommendations as needed (e.g. assistance with administration of vaccines, etc.).

Utah Volunteer Organizations Active in Disasters
• Contact and activate local, state and national voluntary resources as needed.

Utah Health Care Association
• Assist with special population issues (i.e. persons living in long-term care and rehabilitation facilities).
• Assist with education and preparedness efforts among long-term care and rehabilitation facilities.

Utah Association for Home Care
• Assist with special population issues (i.e. persons receiving home health care).
• Assist with education and preparedness efforts among home health agencies, nurses, and therapists.

Utah Hospitals and Health Systems Association
• Assist with education and preparedness efforts among hospitals and healthcare systems.
• Assist in developing pandemic influenza healthcare policy.

Association of Utah Community Health
• Assist with special population issues (i.e. the medically underserved population).
• Provide treatment to ill patients.
• Assist with disease surveillance as resources allow.
• Assist with education and preparedness efforts among Community-Based Health Centers.

Utah Tribal Emergency Response Coordinators Committee
• Assist tribal entities with coordination of response efforts.
• Act as a liaison between UDOH and Utah tribes.

Utah Association of Counties
• Coordinate preparedness and response efforts among Utah counties.

Utah League of Cities and Towns
• Coordinate preparedness and response efforts among Utah municipal governments.
• Provide information, training and technical assistance to local officials.

*Utah Department of Public Safety, Division of Homeland Security*
Responsibilities include:
• Coordinate the local, regional, or statewide emergency response, in conjunction with UDOH, if required under epidemic conditions.
• Work with the Private Sector Coordinating Council to communicate and coordinate with business and industry/retailer partners
• Plan and respond to the need for stockpiling supplies based on
• Serve as a liaison with the Federal Emergency Management Agency in the event that a federal disaster has been declared.

Partners include:
Business and Industry/Retailers
• Work with the Private Sector Coordinating Council to communicate and coordinate with Homeland Security and other partners.
• Plan and respond to the need for stockpiling supplies based on
  o Recommendations/guidance for individuals and families, and/or
  o Information on symptoms people are experiencing, etc.

Utah Department of Agriculture and Food
Responsibilities include:
• Conduct surveillance for disease in animals as part of the statewide system to detect influenza.
• Conduct testing of animal specimens for diagnosis of influenza, as resources allow.
• Communicate with Governor and state level policymakers regarding domestic animal health aspects of influenza, in cooperation with UDOH and the Utah Division of Wildlife Resources.
• Notify UDOH of any cases, conduct associated epidemiological investigations, and share investigation findings with partners.

Partners include:
Veterinarians
• Respond to an influenza by providing healthcare to birds and animals.

Utah Department of Natural Resources, Division of Wildlife Resources
Responsibilities include:
• Notify UDOH of bird die-offs and intentional bird poisonings.
• Communicate with Governor and state level policymakers regarding wild bird health aspects of influenza, in cooperation with UDOH and the Utah Department of Agriculture and Food.
• Serve as a liaison with the US Fish and Wildlife Service.

Local Partners
Local Health Departments
Responsibilities include:
• Identify and communicate with special target groups and populations in their jurisdictions, for example groups that are religious in nature, private universities and trade schools, individual nursing homes and home health agencies, daycare centers, etc.
• Identify communities that may require translation of materials within the local health department and plan for translation.
• Immediately notify UDOH and other agencies if reports of cases of human disease are received.
• When necessary, coordinate media requests with UDOH PIO.
• Coordinate media contact regarding human disease and pandemic influenza activity with human health implications when the information has local implications.
• Notify jurisdictional health care providers, including hospitals and laboratories, if evidence of viral activity is present.
• Conduct activities to prevent human exposure to pandemic influenza infection within jurisdiction, in coordination with UDOH, as resources allow.
• Coordinate with the Utah Division of Homeland Security if needed.
• Identify facilities that can serve as temporary morgues.

Partners include:
The following organizations and groups exist on a local level, and are therefore out of the scope of the state Operational Communications and Coordination Plan. However, they will play a key role in pandemic planning and/or response, and local health departments are encouraged to include them in their individual county planning.
• School districts
• Private schools
• Daycare centers
• Free-standing ambulatory care centers
• Long-term care facilities
• Aging services agencies
• Residential living centers (e.g. JobCorps)
• Cultural/ethnic/faith-based organizations
• Correctional facilities
• Laboratories
• Hospitals and Urgent Care Centers
• Clinics
• Physicians and other medical providers

Plan Development and Maintenance

This plan was created by the Operational Communications and Coordination Plan (OCCP) workgroup, which is a sub-group of the Pandemic Influenza Workgroup. The OCCP workgroup included representatives from Intermountain Health, Utah’s Local Health Departments, the UDOH, the Utah Division of Homeland Security, and the American Red Cross, Salt Lake Chapter. The plan was developed using the West Nile Virus Communications Plan as a basis. The workgroup met every two weeks to discuss progress on the plan and provide feedback and direction for its development. Progress was noted in the Pandemic Influenza Workgroup meetings, and the plan was given to the overall workgroup for feedback as well.

The UDOH Epidemiology & Preparedness Programs will maintain the OCCP. The OCCP Workgroup will ensure that the plan is reviewed and updated, with input from partners as needed, at least annually by ~June 1 of each year.

In addition, the Preparedness Program staff will update the contact list annex as it becomes available from the Preparedness Program. The OCCP-specific contact list will be updated at least annually by ~June 1 of each year.
An email notification will be sent via Groupwise to the key partner organization contacts listed when the OCCP is updated. An updated version will be posted to the overall Utah Pandemic Influenza Response Plan website (www.pandemicflu.utah.gov).
Authorities and References


Utah Pandemic Influenza Response Plan

Utah Pandemic Influenza Enhanced Surveillance Plan

Utah Pandemic Influenza Response Plan: Community Mitigation Plan

Glossary

BEMS Bureau of Emergency Management Services
CCL Communication Coordinator Liaison
DOHNET Department of Health Network (UDOH Intranet)
EDO Executive Director’s Office
OCCP Operational Communications and Coordination Plan
OPIM Office of Public Information & Marketing
PH Access Public Health Access
PIO Public Information Officer
UDOH Utah Department of Health
UNIS Utah Notification and Information System
WebEOC Web Emergency Operation Center
WHO World Health Organization
Utah Pandemic Influenza Response Plan
Operational Communication and Coordination Plan: Pandemic Influenza
ANNEX

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Table of Contents

Purpose ............................................................................................................................................ 1
Situation Description ...................................................................................................................... 1
Planning Assumptions .................................................................................................................... 1
Concept of Operations .................................................................................................................... 2
Communication Tools and Actions to Occur During Different Phases/Stages/Levels ............ 6
Notification Procedures .............................................................................................................. 17
Key Partners and Responsibilities ................................................................................................ 19
Identification of Responsibilities ............................................................................................... 23
Plan Development and Maintenance ............................................................................................ 28
Authorities and References .......................................................................................................... 29
Glossary ........................................................................................................................................ 29
Appendix A: WHO Pandemic Periods and Phases, U.S. Federal Response Stages, and Utah
Pandemic Response Levels ......................................................................................................... 30
Appendix B: Agency Contact Points ........................................................................................... 30
Purpose

The purpose of the Utah Pandemic Influenza Response Plan Operational Communication and Coordination Plan (OCCP): Pandemic Influenza Annex is to clearly describe how communication and coordination among state and local health agencies, and other health-related partner agencies, will be handled in the case of a serious influenza outbreak. It is also to identify communication and coordination responsibilities for the Utah Department of Health (UDOH) and the various partner agencies that will be involved in responding to a pandemic. The plan will:

- Identify how a coordinated approach to responding to a pandemic will be maintained across various agencies;
- Establish efficient mechanisms for decision-making during that will support coordinated approaches, but allow for sufficient local flexibility; and
- Describe how partners will be notified of important events and how they will be kept informed of the current illness status and related response efforts.

Situation Description

During the development of a serious influenza outbreak, it will be necessary to implement an effective approach to communication and coordination between the UDOH and partner agencies. This will assure that partners are kept informed of the status of events, and will enable decision-making to occur with all available information. The OCCP will outline an approach to communication between UDOH and partner public health and healthcare-related agencies as appropriate, and will enable a mechanism for providing information in an Incident Command System structure from health agencies to a joint/unified command as necessary. Regular, frequent communication at different phases/stages/levels of the pandemic will be needed, and it is necessary to also define how ad-hoc messages and coordination may occur at different points as well. Effective communication and coordination will enable health-related agencies to work together to anticipate, characterize, contain, and mitigate a pandemic in Utah as quickly as possible.

Planning Assumptions

This plan is based on the following assumptions:

1. Communication and coordination needs will vary depending on the type of influenza activity occurring; for this reason, World Health Organization (WHO) phases/federal stages/Utah levels will be incorporated into the plan.
2. The OCCP will serve as a tool to operationalize communication sections of other Pandemic Influenza Plan functional annexes and plans (e.g. Surveillance Plan, Community Mitigation Plan, etc.).
3. Various communication tools will be addressed within the OCCP, and triggers for their use will be included (e.g. Utah Notification and Information System (UNIS), WebEOC, listserv messages, conference calls, etc).
4. Back-up mechanisms for communication and coordination are an important consideration and will be incorporated into the OCCP.

5. This plan is an inter-agency plan. Each agency/partner organization included within the scope of the OCCP has specific responsibilities outlined in the plan.
   a. Each listed agency/partner organization will have its own communication and coordination plan that should be consistent with, and fit within, the OCCP.
   b. Each agency/partner organization will assure internal communication with key personnel within that agency, unless other means of notifying those individuals is specifically included in this plan. In most cases, only one contact position is identified for each partner agency/organization in the OCCP. That person will be responsible for notifying others within that agency/organization, and should provide back-up persons and contact information to be included in the plan to assure someone can be reached for positive notifications.
   c. Each agency/partner organization will include documentation of internal notification procedures as an appendix to this plan.
   d. Each agency/partner organization will actively participate in notification of other agencies as specified in this plan. *(Note: the OCCP serves as an outline for when communication should take place, but is not comprehensive in identifying partners and agencies that should be contacted at the local level.)*

6. Decision-making mechanisms will be addressed within the OCCP as they pertain to decisions that will/should be made by the UDOH and health-related agencies. For example, the OCCP describes the Unified Area Command, which will coordinate decision-making across jurisdictions for areas of response such as surveillance, community mitigation (e.g., school closure), administration of antiviral medications or vaccine according to priority groups, and application of triage protocols.

7. Communication and coordination outside the health-related agencies listed are outside of the scope of the OCCP; they will be coordinated by the Utah Division of Homeland Security and/or through coordination by the joint/unified command once established.

8. The OCCP (including *Appendix B: Agency Contact Points*) should be periodically reviewed and updated; procedures for this are included within the OCCP under *Plan Development and Maintenance*.

**Concept of Operations**

The unique aspect of a pandemic as a disaster is the time period over which the disaster is spread. Because a pandemic can last from a few months up to a year, communications capabilities and protocols are not the same as with a disaster that lasts from a few hours to a few weeks.

A key aspect of a pandemic is the surveillance and monitoring phase of the disaster. This phase may be very short in duration or may have several months of lead time to prepare for a pandemic that affects Utah. During this phase, constant communication among all Bureau leadership, EDO (Executive Director’s Office) and Emergency Management will be conducted using email, phone contact and face to face meetings. When the pandemic reaches the stage that requires full activation of the UDOH DOC (Disaster Operations Center) along with activation of the UDOH Pandemic plan, communications will mirror the emergency communications procedures.
contained in the All-Hazards Operational Coordination and Communication Plan. Activation
and deactivation will be done in consultation with Emergency Management and the Executive
Leadership within the Utah Department of Health.

Upon full activation, by the Executive Director’s Office (EDO), the Preparedness UNIS (Utah
Notification and Information System) Administrators will be alerted and assume responsibility
for implementation of alerts and communications to essential UDOH employees. EDO, in
consultation with Emergency Management will determine the requirements to sustain continuing
communication efforts during and after an emergency, disaster or catastrophic event.

The Utah Notification and Information System (UNIS) is a secure notification and communication
system that is used to notify and exchange important information with registered users within
organizations and with local and state agencies, organizations, and disciplines promoting partnerships
statewide. UNIS also allows users to post and share information in the document library on a secure
web site. UNIS is tested at least quarterly.

Notifications can be received by phone, email, and text messaging to cell phones. Each user selects
individual notification preferences so that notifications will only be sent to the device(s) desired.
Notifications are not sent when minor events occur. Notifications are sent when major events occur
and there is a need to know to respond to an event.

The ability to send notifications via UNIS can be given to interested emergency response agencies in
the state. Each agency can set up an administrator that will be able to sent notifications to select users.
Notifications are sent by logging onto the UNIS web site, composing a message, and selecting which
group(s) of users to send it to.

The UDOH and other state partners will consider any functional kind of communication in order
to respond appropriately. These could include public messages through radio stations, religious
organizations, volunteer organizations, paper, drivers and couriers.

Preparedness UNIS Administrators are responsible for managing and coordinating
communications and alerting activities during actual or potential emergency conditions, using
established communication processes and procedures. Primary responsibility for the assessment
and determination of communication requirements will rest with the Division of Family Health
and Preparedness.

The Utah Department of Health follows the Incident Command Structure as required under the
National Incident Management System in accordance with Presidential Decision Directive #5
(referred to as HSPD-5). HSPD-5 originated to establish a comprehensive emergency
management system which addresses both domestic crisis management and domestic
consequence management as a single function in an attempt to "prevent, prepare for, respond to,
and recover from [domestic] terrorist attacks, major disasters and other emergencies (Office of
Press Secretary, 2003).

Deactivation will be determined by the extent of the current response and recovery actions and at
the discretion of the EDO in consultation with UDOH Emergency Management. Some elements
of communications may continue to be operational to support recovery efforts, which could last for an extended amount of time. As pandemics are unique among disasters, the recovery phase of the disaster may include surveillance for a new wave of the pandemic, which in turn, would cause this plan to be fully activated again.

Public Health Emergency Advisory Committee (PHEPAC)
In their final report to the Governor, the Governor’s Taskforce for Pandemic Influenza Preparedness recommended a Governor’s Public Health Emergency Advisory Committee (PHEPAC) be established. The purpose of this committee is to guide ongoing preparedness efforts and decision-making during a serious influenza outbreak. The committee will be composed of an Advisory Policy Group and technical advisory group(s) that may be permanent or ad hoc.

PHEPAC
The group will make recommendations to the Governor regarding high-level policy issues with serious implications and/or high visibility (e.g. recommendations on shifts in vaccine or antiviral distribution plans). Although vaccine and antiviral distribution plans are already being developed, there may be a need to alter these plans based on available epidemiological and scientific data regarding the particular pandemic influenza strain. This group will focus on critical policy decisions, and should include a strong emphasis on communicating the decision-making process and decisions to the public. The group meeting frequency and mechanism is to be determined.

Pandemic Influenza Technical Advisory Groups
These will be ad hoc and composed of subject matter experts/consultants as needed. Currently two technical advisory groups (TAG) have been established: 1) Community TAG and 2) Public Health TAG. It is expected that membership will vary over time depending on the situation and need. These groups will be charged with reviewing information and developing recommendations to be reviewed by the PHEPAC. The groups’ meeting frequencies have been quarterly or in the event of a major pandemic, on an as-needed basis to accomplish the mission of the group.

Incident Command
It is anticipated that an incident command system will be established in most or all communities in Utah. Utah’s local health departments, as lead agencies for health response, will have key roles or be the lead agency in those structures. Most response activities will be directed at the local level using those Incident Command System structures.

Unified Area Command
Area command was developed to oversee management of multiple incidents or a very large incident with multiple incident management systems. By definition, a pandemic is a global event that to some extent will affect all communities in Utah. As outlined elsewhere in this plan, certain aspects of response should be conducted in a uniform and coordinated way across all 12 local health jurisdictions in Utah. These activities include surveillance, community mitigation (e.g., school closure), administration of antiviral medications or vaccine according to priority
groups, and application of triage protocols. State representatives for the Unified Area Command will include the Utah Department of Health policy group and the State Epidemiologist or designee. Local health department representatives will include the local health officers or designees. The Unified Area Command will most likely begin meeting when the world enters WHO Phase 6, US Stage 3, Utah Level A (Widespread transmission in humans outside North America). This will allow for decisions to be made in advance so that the implementation system can be promptly executed once a trigger is reached.

Multi-agency Coordination System
UDOH will utilize its Multi-agency Coordination System plan to facilitate communications and coordination among the many entities that will be responding in different ways to an influenza pandemic.

Role of Communication Coordinator Liaison (CCL)
The main role of this position is to assure that all internal key groups, and specific external partners (2-1-1, Poison Control), will have a streamline mechanism of coordinating and communicating pertinent information in a timely, unified, and effective method. For a more in-depth description of the roles and responsibilities of the CCL, refer to Annex I: UDOH Internal Communication and Coordination Plan.
Communication Tools and Actions to Occur During Different Phases/Stages/Levels

The following table/matrix describes the type of communication tools that should be considered at each different phase/stage/level of a pandemic in Utah. It also outlines communications activities expected at different levels of severity during a pandemic, utilizing the WHO Pandemic Periods and Phases, U.S. Federal Response Stages, and Utah Pandemic Response Levels.

<table>
<thead>
<tr>
<th>WHO Phases &amp; Descriptions</th>
<th>U.S. Federal Stages and Description</th>
<th>Utah Pandemic Response Levels and Description</th>
<th>Communication tools to use</th>
<th>Back-up communication tools</th>
<th>Frequency of communication mechanism(s)</th>
<th>Specific responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-Pandemic Period</td>
<td>0</td>
<td>Use WHO Period</td>
<td>*Conference calls and in-person meetings among major partners to coordinate communication procedures when necessary. It is the duty of the CCL to take minutes and ensure posting on PHAccess. Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication. Dissemination of surveillance information through Web site updates and listserv messages. CLL will use PHAccess to store meeting minutes. Groupwise will be utilized to set up e-mail groups (secure and non-secure) for dissemination of technical and non-technical information.</td>
<td>UNIS GoToMeeting</td>
<td>In-person meetings as necessary Communicable Disease Health Educator ensures Web site updates are posted Communicable Disease Health Educator responsible for list server messages sent out as needed on the Infectious Disease Listserv and Pandemic Listserv. (Groupwise HL Pandemic, HL Micro)</td>
<td>UDOH organizes pandemic influenza workgroup meetings and/or conference calls as needed; local health departments, clinicians and other partners will participate in meetings UDOH maintains and updates pandemic influenza Web site and sends out list server messages Local health departments establish communication mechanisms with local partners and disseminate information as needed UDOH establishes communication mechanisms with state and federal partners and disseminate information as needed</td>
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</tbody>
</table>
*NOTE: Conference calls are specified as a primary tool for communication. It is important to establish the conference call mechanism ahead of time if possible, because meetings upon short notice will not always be possible and effective conference calls require practice. A site for in-person meeting may also be established in addition to a conference call mechanism, allowing participants to choose the most effective means of participation.

<p>| Phase 2 – Circulating animal virus poses human risk | 0 | Use WHO Period | *Conference calls and in-person meetings among major partners to coordinate communication procedures when necessary. It is the duty of the CCL to take minutes and ensure posting on PHAccess. Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication. (Inclusion of animal health partners if pandemic originated through animal exposure) Dissemination of surveillance information through Web site updates and list server messages CCL will use PHAccess to store meeting minutes Groupwise will be utilized to set up e-mail groups (secure and non-secure) for dissemination of technical and non-technical information | UNIS GoToMeeting In-person meetings as necessary Communicable Disease Health Educator ensures Web site updates are posted Communicable Disease Health Educator is responsible for list server messages sent out as needed on the Infectious Disease Listserv and Pandemic Listserv. (Groupwise HL Pandemic; HL Micro) | UDOH organizes pandemic influenza workgroup meetings and/or conference calls as needed; local health departments, clinicians and other partners will participate in meetings UDOH maintains and updates pandemic influenza Web site and sends out list server messages Local health departments establish communication mechanisms with local partners and disseminate information as needed UDOH establishes communication mechanisms with state and federal partners and disseminate information as needed |</p>
<table>
<thead>
<tr>
<th>Phase 3 – Human disease, no or limited human-to-human transmission</th>
<th>0</th>
<th>New domestic animal outbreak in at-risk country</th>
<th>Use Federal Response Stages</th>
<th>UNIS GoToMeeting</th>
<th>In-person meetings as needed</th>
<th>Communicable Disease Health Educator ensures Web site updates are posted</th>
<th>Communicable Disease Health Educator is responsible for list server messages sent out as needed on the Infectious Disease Listserv and Pandemic Listserv. (Groupwise HL Pandemic; HL Micro)</th>
<th>UDOH organizes pandemic influenza workgroup meetings and/or conference calls as needed; local health departments, clinicians and other partners will participate in meetings</th>
<th>UDOH maintains and updates pandemic influenza Web site and sends out list server messages</th>
<th>Local health departments establish communication mechanisms with local partners and disseminate information as needed</th>
<th>UDOH establishes communication mechanisms with state and federal partners and disseminate information as needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Conference calls and in-person meetings among major partners to coordinate communication procedures when necessary. It is the duty of the CCL to take minutes and ensure posting on PHAccess.</em></td>
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<td>Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication.</td>
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<tr>
<td>Inclusion of animal health partners</td>
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<td>Dissemination of surveillance information through Web site updates and list server messages</td>
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<td>CCL will use PHAccess to store meeting minutes</td>
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<td>Groupwise will be utilized to set up e-mail groups (secure and non-secure) for dissemination of technical and non-technical information</td>
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<tr>
<td>Phase 4 – Increased human-to-human transmission</td>
<td>1</td>
<td>Suspected human outbreak overseas</td>
<td>Use Federal Response Stages</td>
<td>*Conference calls and in-person meetings among major partners to coordinate communication procedures when necessary. It is the duty of the CCL to take minutes and ensure posting on PHAccess. Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication. Inclusion of animal health partners Dissemination of surveillance information through Web site updates and list server messages CCL will use PHAccess to store meeting minutes Groupwise will be utilized to set up e-mail groups (secure and non-secure) for dissemination of technical and non-technical information Specific media messaging as necessary</td>
<td>UNIS GoToMeeting</td>
<td>UNIS alerts (e-mail) for major activity developments In-person meetings as needed Communicable Disease Health Educator ensures Web site updates are posted Communicable Disease Health Educator is responsible for list server messages sent out as needed on the Infectious Disease Listserv and Pandemic Listserv. (Groupwise HL Pandemic; HL Micro Media messages are released as needed</td>
<td>UDOH organizes and conducts UNIS alerts UDOH organizes pandemic influenza workgroup meetings and/or conference calls as needed; local health departments, clinicians and other partners will participate in meetings UDOH maintains and updates pandemic influenza Web site and sends out list server messages Local health departments disseminate information to local partners as needed; UDOH disseminates information to state and federal partners as needed UDOH coordinates with LHD/PIOs to prepares media messages and conduct briefings</td>
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Phase 5 – Significant human-to-human transmission

<table>
<thead>
<tr>
<th>2</th>
<th>Confirmed human outbreak overseas</th>
<th>Use Federal Response Stages</th>
<th>Use of 800 MHz radios when applicable</th>
<th>UNIS alerts (e-mail) for major activity developments</th>
<th>UDOH, local health departments, and other agencies organize and conduct UNIS alerts</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>*Conference calls and in-person meetings among major partners to coordinate communication procedures when necessary. It is the duty of the CCL to take minutes and ensure posting on PHAccess. Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication. Dissemination of surveillance information through Web site updates and list server messages CLL will use PHAccess to store meeting minutes Groupwise will be utilized to set up email groups (secure and non-secure) for dissemination of technical and non-technical information Specific media messaging Use of UNIS to convey major developments</td>
<td>Mass faxing to physicians and public health providers</td>
<td>In-person meetings as directed Communicable Disease Health Educator ensures Web site updates are posted Communicable Disease Health Educator responsible for list server messages sent out as needed on the Infectious Disease Listserv and Pandemic Listserv. (Groupwise HL Pandemic; HL Micro). Media messages are released as needed</td>
<td>UDOH organizes pandemic influenza workgroup meetings and/or conference calls as needed; local health departments, clinicians and other partners will participate in meetings UDOH maintains and updates pandemic influenza website and send out list server messages Local health departments disseminate information to local partners as needed; UDOH disseminates information to state and federal partners as needed UDOH prepares media messages and conducts briefings</td>
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</table>

*NOTE: Radio frequency lists will be held at the Incident Command Center.*
<table>
<thead>
<tr>
<th>Phase 6 - Increased and sustained transmission in general population</th>
<th>3</th>
<th>Widespread human outbreaks, multiple locations overseas</th>
<th>A</th>
<th>Widespread human outbreaks, multiple locations overseas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levels determined by UDOH Policy Group</td>
<td>Specific media releases with surveillance information</td>
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<tr>
<td>Conference calls and in-person meetings among major partners to coordinate communication procedures when necessary. It is the duty of the CCL to take minutes and ensure posting on PHAccess. Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication. Dissemination of surveillance information through Web site updates and list server messages CLL will use PHAccess to store meeting minutes Groupwise will be utilized to set up email groups (secure and non-secure) for dissemination of technical and non-technical information Specific media messaging Use of UNIS to convey major developments UNIS and WebEOC to record status updates in a secure, web-based environment</td>
<td>UNIS alerts for major activity developments In-person meetings when necessary Use of 800 MHz radios when applicable Mass faxing to physicians and public health providers</td>
<td>UNIS and WebEOC to record status updates in a secure, web-based environment</td>
<td>UDOH, local health departments, and other agencies organize and conduct UNIS alerts</td>
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<tr>
<td>Communicable Disease Health Educator ensures Web site updates are posted Communicable Disease Health Educator responsible for list server messages sent out as needed on the Infectious Disease Listserv and Pandemic Listserv. (Groupwise HL Pandemic; HL Micro). Media messages are released as needed Status/situation updates are posted to a secure site for internal public-health partners use twice weekly or as needed</td>
<td>UDOH organizes pandemic influenza workgroup meetings and/or conference calls as needed; local health departments, clinicians and other partners will participate in meetings</td>
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<tr>
<td>Local health departments disseminate information to local partners as needed; UDOH disseminates information to state and federal partners as needed</td>
<td>UDOH maintains and updates pandemic influenza Web site and sends out list server messages</td>
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<tr>
<td>UDOH coordinates with LHD/PIOs to prepare media messages and conduct briefings</td>
<td>UDOH will implement a limited Unified Area Command if necessary</td>
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<tr>
<td>Phase 6 - Increased and sustained transmission in general population</td>
<td>4</td>
<td>First human case in N. America</td>
<td>B</td>
<td>Human case(s) N. America, without detection in Utah</td>
</tr>
</tbody>
</table>

♦NOTE: Frequency of conference calls, website updates, list server messages, and media briefings may vary and depend on demand and available resources to address these items.
<table>
<thead>
<tr>
<th>Phase 6 - Increased and sustained transmission in general population</th>
<th>5</th>
<th>Spread throughout U.S.</th>
<th>C</th>
<th>Detection of human cases in Utah</th>
<th>Specific media releases with surveillance information</th>
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<td>• Use of 800 MHz radios when applicable</td>
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<td>• Mass faxing to physicians and public health providers</td>
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<td>• Use of HAM radios when applicable</td>
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<td>Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication.</td>
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<td></td>
<td>UNIS alerts for major activity developments</td>
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<tr>
<td>Dissemination of surveillance information through Web site updates and list server messages</td>
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<td></td>
<td>• Conference calls as necessary to coordinate activities</td>
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<tr>
<td>CLL will use PHAccess to store meeting minutes</td>
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<td>• Regularly scheduled Web site updates as necessary</td>
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<td>Groupwise will be utilized to set up email groups (secure and non-secure) for dissemination of technical and non-technical information</td>
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<td>• List server messages sent out on the Infectious Disease Listserv and Pandemic Listserv as frequently as necessary</td>
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<td>Specific media messaging</td>
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<td></td>
<td>• Media messages coordinated between the UDOH PIO and LHD PIOs released as needed</td>
</tr>
<tr>
<td>Use of UNIS to convey major developments</td>
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<td></td>
<td>• Status/situation updates are posted to a secure site for internal public-health partner use twice weekly or as needed</td>
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<tr>
<td>UNIS and WebEOC to record status updates in a secure, web-based environment</td>
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<td>• Media briefings as often as required to meet demand</td>
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<td>Same as Utah Level B, and:</td>
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<td>UDOH assesses backup communication needs and implements necessary mechanisms</td>
</tr>
<tr>
<td>Phase 6 - Increased and sustained transmission in general population</td>
<td>5</td>
<td>Spread throughout U.S.</td>
<td>Established epidemic(s) in Utah</td>
<td>Use of PHAccess to store meeting minutes</td>
<td>PHAccess to store meeting minutes</td>
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</table>

*Conference calls and in-person meetings among major partners to coordinate communication procedures. It is the duty of the CCL to take minutes and ensure posting on PHAccess.

Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication.

Dissemination of surveillance information through Web site updates and list server messages

CLL will use PHAccess to store meeting minutes

Groupwise will be utilized to set up email groups (secure and non-secure) for dissemination of technical and non-technical information

Specific media messaging

Use of UNIS to convey major developments

UNIS and WebEOC to record status updates in a secure, web-based environment
| Phase 6 - Increased and sustained transmission in general population | 6 | Recovery/preparation for subsequent waves | E | After epidemic wave in Utah (prior to end of pandemic or a subsequent wave) | *Conference calls and in-person meetings among major partners to coordinate communication procedures as necessary. It is the duty of the CCL to take minutes and ensure posting on PHAccess. Specific conference calls may be held with clinicians throughout the state. Notifications of conference calls will be promoted through the listserv and would provide another opportunity for two-way communication. Dissemination of surveillance information through Web site updates and list server messages CLL will use PHAccess to store meeting minutes Groupwise will be utilized to set up email groups (secure and non-secure) for dissemination of technical and non-technical information Specific media messaging Use of UNIS to convey major developments Use of 800 MHz radios when applicable Mass faxing to physicians and public health providers UNIS and WebEOC to record status updates in a secure, web-based environment | Use of HAM radios when applicable | Use of UNIS alerts for major activity developments In-person meetings as directed Communicable Disease Health Educator ensures Web site updates are posted Communicable Disease Health Educator responsible for list server messages sent out as needed on the Infectious Disease Listserv and Pandemic Listserv. (Groupwise HL Pandemic; HL Micro). Media and internal governmental briefings as needed Daily radio communication Daily mass faxing Status/situation updates are posted to a secure site for internal public-health partners as needed | Same as Utah Level D |
NOTE: PHIN compliance

The UDOH has made significant progress in implementing PHIN-compliant public health information systems to support preparedness and response. Utah's Health Alert Network (UNIS) system has received both the Direct Alerting and Cascade Alerting certifications. By doing so the UNIS system is fully compliant with all PHIN requirements. UDOH is currently in the process of developing a National Electronic Disease Surveillance System (UT-NEDSS). As part of the development process the UT-NEDSS system will complete the applicable PHIN certifications. UDOH will continue working with the CDC until UDOH is fully PHIN-compliant with all systems.
Notification Procedures

WHO Phase 1
- Please refer to the previous matrix.

WHO Phase 2
- Please refer to the previous matrix.

Federal Stage 0
- Please refer to the previous matrix.

Federal Stage 1
- Please refer to the previous matrix.

Federal Stage 2 (Confirmed human outbreak overseas)
- UDOH Epidemiology sets up and convenes conference calls and/or meetings with public health and healthcare partners as appropriate for the developing events.
- UDOH Public Information Officer (PIO) works with UDOH Epidemiology to draft specific media messages; messages are sent to local health department PIOs for review/comment, and then disseminated.
- UDOH Epidemiology posts appropriate information to websites. Local health departments and other partner agencies are encouraged to do the same.

Utah Level A (Widespread human outbreaks, multiple locations overseas)
- UNIS alert sent to partner agencies.
- UNIS coordinator sets up a “folder” in UNIS to post information to. Appropriate permissions are given.
- UDOH Epidemiology sets up and convenes conference calls and/or meetings with public health and healthcare partners as appropriate for the developing events.
- UDOH PIO works with UDOH Epidemiology to draft specific media messages; messages are sent to local health department PIOs for review/comment, and then disseminated. UDOH Epidemiology will assist with drafting messages to include surveillance data as needed.
- UDOH Epidemiology posts appropriate information to websites. Local health departments and other partner agencies are encouraged to do the same.
- (Backup) – UDOH Bureau of Emergency Medical Services (BEMS) and/or the Executive Director’s Office (EDO) informs UDOH staff to activate 800 MHz radios. Local health departments and other partners may consider doing the same.
- (Backup) – UDOH Epidemiology coordinates with the UDOH Immunization Program and local health departments to use mass faxing to physicians.

Utah Level B (Identification of first human case in North America)
- UNIS alert sent to partner agencies and posted to the UNIS website.
- UDOH Epidemiology sets up and convenes conference calls and/or meetings with all partners.
- UDOH PIO works with UDOH Epidemiology to draft specific media messages; messages are sent to local health department PIOs for review/comment, and then
disseminated. UDOH Epidemiology will assist with drafting messages to include surveillance data as needed.

- UDOH Epidemiology posts appropriate information to websites. Local health departments and other partner agencies are encouraged to do the same.
- (Backup) – UDOH BEMS&P and/or EDO informs UDOH staff to activate 800 MHz radios. Local health departments and other partners may consider doing the same.
- (Backup) UDOH Epidemiology coordinates with the UDOH Immunization Program and local health departments to use mass faxing to physicians.

Utah Level C (Identification of first human case in Utah)

- Commercial laboratory or Utah Public Health Laboratory notifies UDOH Epidemiology of case.
- UDOH Epidemiology notifies local health departments (who notifies involved health care provider and does case investigation).
- UDOH Epidemiology sets up and convenes conference calls and/or meetings with public health and healthcare partners as appropriate for the developing events.
- Local health departments coordinates with UDOH Epidemiology and UNIS coordinator to prepare and send a UNIS alert to involved agencies and posts message to UNIS website.
- Local health department PIOs will coordinate a joint media release with UDOH Epidemiology, the UDOH PIO, and other agencies as needed. UDOH Epidemiology will draft specific media messages with the UDOH PIO to include surveillance data.
- The contact person at each agency is responsible for contacting others within the agency according to the communication plan of the agency.
- UDOH Epidemiology posts appropriate information to websites. Local health departments and other partner agencies are encouraged to do the same.
- (Backup) – UDOH BEMS and/or EDO informs UDOH staff to activate 800 MHz radios. Local health departments and other partners may consider doing the same.
- (Backup) – UDOH Epidemiology coordinates with the UDOH Immunization Program and local health departments to use mass faxing to physicians.
- (Backup) – UDOH works with Utah Department of Public Safety to activate HAM radio operators as needed.
- EDO to disseminate employee notification via groupwise and on DOHNET alerting employees of where to locate essential information regarding the unfolding pandemic.

Utah Level D (Established epidemics in Utah)

- UDOH Epidemiology sets up and convenes conference calls with public health and healthcare partners as appropriate for the developing events.
- Local health departments coordinate with UDOH Epidemiology and UNIS coordinator to prepare and send UNIS alerts to involved agencies as needed, and post messages to the UNIS website.
- Local health department PIOs will coordinate joint media releases with UDOH Epidemiology, the UDOH PIO, and other agencies as needed. UDOH Epidemiology will assist with surveillance data for specific media messages.
- The contact person at each agency is responsible for contacting others within the agency according to the communication plan of the agency.
• UDOH Epidemiology posts appropriate information to websites. Local health departments and other partner agencies are encouraged to do the same.
• UDOH BEMS and/or EDO informs UDOH staff to activate 800 MHz radios. Local health departments and other partners may consider doing the same.
• UDOH Epidemiology coordinates with the UDOH Immunization Program and local health departments to use mass faxing to physicians.
• (Backup) – UDOH works with Utah Department of Public Safety to activate HAM radio operators as needed.
• EDO to disseminate employee notification via groupwise and on DOHNET alerting employees of where to locate essential information regarding the unfolding pandemic.

Utah Level E (Recovery/preparation for subsequent waves)
• UDOH Epidemiology sets up and convenes conference calls and/or meetings with public health and healthcare partners as appropriate for the developing events.
• Local health departments coordinate with UDOH Epidemiology and UNIS coordinator to prepare and send UNIS alerts to involved as needed, and post messages to the UNIS website.
• Local health departments will coordinate media releases with UDOH and other agencies as needed. UDOH Epidemiology will assist with surveillance data for specific media messages.
• The contact person at each agency is responsible for contacting others within the agency according to the communication plan of the agency.
• UDOH Epidemiology posts appropriate information to websites. Local health departments and other partners may consider doing the same.
• UDOH BEMS&P and/or EDO informs UDOH staff to activate 800 MHz radios. Local health departments and other partners may consider doing the same.
• UDOH Epidemiology coordinates with the UDOH Immunization Program and local health departments to use mass faxing to physicians.
• (Backup) – UDOH works with Utah Department of Public Safety to activate HAM radio operators as needed.

Key Partners and Responsibilities

<table>
<thead>
<tr>
<th>Organization/Agency</th>
<th>Principal responsibilities</th>
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<tbody>
<tr>
<td><strong>National Agencies</strong></td>
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<tr>
<td>U.S. Department of Health and Human Services</td>
<td>Human health – national, consultation</td>
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<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>U.S. Department of Defense Hill Air Force Base</td>
<td>Security; special populations (Hill Air Force Base staff and residents)</td>
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<tr>
<td>Multi-organization</td>
<td>Governor’s Pandemic Advisory Committee</td>
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<td>Governor’s Pandemic Advisory Policy Group</td>
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<td>Pandemic Influenza Technical Advisory Group</td>
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<td>Advise on policy-level decisions</td>
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<thead>
<tr>
<th>State Agencies</th>
<th>Governor’s Office</th>
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<tr>
<td></td>
<td>State governance, policy</td>
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<td>Utah Department of Health (UDOH)</td>
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<td>Executive Director’s Office</td>
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<td>State Epidemiologist</td>
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<td>Bureau of Epidemiology</td>
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<td>Immunization Program</td>
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<td>Utah Public Health Laboratory</td>
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<td>Office of Public Information and Marketing</td>
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<td>Preparedness Program</td>
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<td>Bureau of Emergency Medical Services</td>
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<td>State Nursing Director</td>
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<td>Bureau of Childcare Licensing</td>
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<td>Bureau of Facilities Licensing</td>
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<td>Center for Multicultural Health</td>
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<td>Ethnic Health Advisory Committee</td>
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<td>Office of the Medical Examiner</td>
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<td>Human health issues</td>
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<td>Utah Department of Public Safety</td>
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<td>Division of Homeland Security</td>
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<td>Emergency and disaster response (state level)</td>
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<td>Utah Department of Agriculture and Food</td>
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<td>State Veterinarian</td>
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<td>Public Information Officer</td>
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<td>Veterinary Diagnostic Laboratories</td>
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<td>Domestic animal health issues</td>
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<td>Utah Department of Natural Resources</td>
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<td>Division of Wildlife Resources</td>
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<td>Public Information Officer</td>
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<td>Wild animal health issues</td>
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<td>Utah National Guard</td>
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<td>Emergency and disaster response and management</td>
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<td>Utah State Office of Education</td>
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<td>Public Information Officer</td>
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<td>School issues (state level K-12, public and private)</td>
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<tr>
<td>Governor’s Office of Community and</td>
<td>Special population issues</td>
</tr>
<tr>
<td>Culture</td>
<td>Utah Department of Human Services</td>
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<td></td>
<td>Mental health issues; youth corrections</td>
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<td>issues; aging services issues</td>
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<td>Special population issues (e.g. homeless)</td>
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<td>Entity</td>
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</tr>
<tr>
<td>Utah Transportation Authority</td>
<td>Public transportation; mass evacuation</td>
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<tr>
<td><strong>Other State-level Organizations</strong></td>
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<tr>
<td>Utah Funeral Director’s Association</td>
<td>Mortuary issues</td>
</tr>
<tr>
<td>Utah Board of Regents</td>
<td>School issues (state level public colleges and universities)</td>
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</tr>
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</tr>
<tr>
<td>Association of Utah Community Health</td>
<td>Special populations issues</td>
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</tr>
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</tr>
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<tr>
<td>Utah League of Cities and Towns</td>
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<td>Human health issues</td>
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<td>- Nursing directors/staff</td>
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<td>- Immunization program staff</td>
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<td>- Public Information Officers</td>
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<td>- Risk Communication Coordinators</td>
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<td>- Regional Epidemiologists</td>
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<td>- Medical Reserve Corps</td>
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<td>Human health and special populations issues (e.g. homeless, underinsured, migratory workers)</td>
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<td>Local special populations issues</td>
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<td>Cultural/ethnic/faith-based organizations</td>
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<td>University Neuropsychiatric Institute</td>
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<td>Utah Trucking Association</td>
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<td>Medical supply organization(s)</td>
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See *Appendix B: Agency Contact Points* for communications and coordination.
Identification of Responsibilities

National Partners
*U.S. Department of Health and Human Services, Centers for Disease Control and Prevention*
- Provide national and worldwide surveillance data.
- Provide guidance to UDOH and other state health departments for testing, mitigation measures, communication strategies, etc.

- Work with the Utah Department of Public Safety, Division of Homeland Security in the event that a federal disaster is declared.

*U.S. Department of Defense, Hill Air Force Base*
- Provide treatment to ill staff and residents.
- Assist with disease surveillance as resources allow.
- Assist with security as needed.

State Partners
*Governor’s Office*
Responsibilities include:
- Coordinate state preparedness efforts.
- Make decisions on high-level issues with serious implications and/or high visibility (e.g. recommendations on shifts in vaccine or antiviral distribution plans).

Partners include:
Governor’s Pandemic Advisory Committee
- Guide ongoing preparedness efforts and decision-making during a pandemic.
- Make recommendations on high-level issues with serious implications and/or high visibility (e.g. recommendations on shifts in vaccine or antiviral distribution plans).

*Utah Department of Health (UDOH)*
Responsibilities include:
- The UDOH is responsible for communications with all federal health-related partners, e.g. Centers for Disease Control and Prevention.
- Distribute a weekly announcement summarizing surveillance results.
- Notify health care providers (in collaboration with local health departments), including hospitals and laboratories, if evidence of viral activity is present; notifying bordering state health departments when warranted
- Communicate and coordinate with Centers for Disease Control and Prevention regarding surveillance, prevention, and other activities.
- Coordinate media contact regarding human disease and pandemic influenza activity with human health implications when the information has statewide implications.
- Coordinate with the Utah Division of Homeland Security if needed.
- Communicate with Governor and state level policymakers regarding human health aspects of avian and pandemic influenza, in cooperation with the Utah Department of Agriculture and Food and the Utah Division of Wildlife Resources.
Partners include:
Utah Department of Public Safety, Utah Highway Patrol
- Provide security to the National Guard during transportation of Strategic National Stockpile.
Utah National Guard
- Civil support team: Assist with emergency communications, laboratory testing, etc.
- Transport the Strategic National Stockpile.
- Coordinate with Utah Highway Patrol for security of the Strategic National Stockpile during transportation.
Utah Department of Transportation
- Coordinate with Utah Highway Patrol and the National Guard to ensure that roads are in working condition for transportation of the Strategic National Stockpile.
State of Utah Office of Education
- Coordinate with UDOH to develop standardized recommendations and guidelines for school pandemic influenza planning.
- Coordinate with UDOH to implement other recommendations as needed (e.g. assistance with administration of vaccines, etc.)
- Address teacher pay issues in the event of school closures.
- Address issues associated with schools receiving state funds for pupil services and reimbursements in the event of school closures.
Governor’s Office of Community and Culture
- UDOH will identify the appropriate contact in the organization.
- Assist with special population issues (i.e., ethnic, Indian, blind, and disabled populations).
Utah Department of Human Services
- Assist with mental health services, including crisis counselors.
- Assist with special population issues (i.e. disabled and aging populations).
- Provide for the healthcare needs of the offending juvenile population.
Utah Department of Workforce Services
- Augment personnel to increase workforce capacity.
- Assist with special population issues (i.e., unemployed, welfare, and food stamp populations).
Utah Department of Human Resource Management
- Assist with development of leave policies, flexible work schedules, etc. to support mitigation measures.
Utah Department of Corrections
- Coordinate a pandemic response with UDOH and local health departments to minimize community impact.
- Provide for the health care needs of our offender population.
- Ensure continued operations to protect public safety.
Utah Transportation Agency
- Assist with issues involving persons that rely on public transportation.
- Assist with mass evacuation plans, if necessary.
- Coordinate with local health departments and governments as needed.
Utah Funeral Director’s Association
- Work with UDOH and local health departments to plan for excess death capacity.
- Develop guidelines for mitigation of transmission at funerals.
Utah Board of Regents
- Coordinate with UDOH to develop standardized recommendations and guidelines for school pandemic influenza planning.
- Coordinate with UDOH to implement other recommendations as needed (e.g. assistance with administration of vaccines, etc.).

Utah Volunteer Organizations Active in Disasters
- Contact and activate local, state and national voluntary resources as needed.

Utah Health Care Association
- Assist with special population issues (i.e. persons living in long-term care and rehabilitation facilities).
- Assist with education and preparedness efforts among long-term care and rehabilitation facilities.

Utah Association for Home Care
- Assist with special population issues (i.e. persons receiving home health care).
- Assist with education and preparedness efforts among home health agencies, nurses, and therapists.

Utah Hospitals and Health Systems Association
- Assist with education and preparedness efforts among hospitals and healthcare systems.
- Assist in developing pandemic influenza healthcare policy.

Association of Utah Community Health
- Assist with special population issues (i.e. the medically underserved population).
- Provide treatment to ill patients.
- Assist with disease surveillance as resources allow.
- Assist with education and preparedness efforts among Community-Based Health Centers.

Utah Tribal Emergency Response Coordinators Committee
- Assist tribal entities with coordination of response efforts.
- Act as a liaison between UDOH and Utah tribes.

Utah Association of Counties
- Coordinate preparedness and response efforts among Utah counties.

Utah League of Cities and Towns
- Coordinate preparedness and response efforts among Utah municipal governments.
- Provide information, training and technical assistance to local officials.

Utah Department of Public Safety, Division of Homeland Security
Responsibilities include:
- Coordinate the local, regional, or statewide emergency response, in conjunction with UDOH, if required under epidemic conditions.
- Work with the Private Sector Coordinating Council to communicate and coordinate with business and industry/retailer partners
- Plan and respond to the need for stockpiling supplies based on
  - Recommendations/guidance for individuals and families, and/or
  - Information on symptoms people are experiencing, etc.
- Serve as a liaison with the Federal Emergency Management Agency in the event that a federal disaster has been declared.

Partners include:
Business and Industry/Retailers
• Work with the Private Sector Coordinating Council to communicate and coordinate with Homeland Security and other partners.
• Plan and respond to the need for stockpiling supplies based on
  o Recommendations/guidance for individuals and families, and/or
  o Information on symptoms people are experiencing, etc.

_Utah Department of Agriculture and Food_
Responsibilities include:
• Conduct surveillance for disease in animals as part of the statewide system to detect avian influenza.
• Conduct testing of animal specimens for diagnosis of avian influenza, as resources allow.
• Communicate with Governor and state level policymakers regarding domestic animal health aspects of avian influenza, in cooperation with UDOH and the Utah Division of Wildlife Resources.
• Notify UDOH of any cases, conduct associated epidemiological investigations, and share investigation findings with partners.

Partners include:
Veterinarians
• Respond to an avian influenza by providing healthcare to birds and animals.

_Utah Department of Natural Resources, Division of Wildlife Resources_
Responsibilities include:
• Notify UDOH of bird die-offs and intentional bird poisonings.
• Communicate with Governor and state level policymakers regarding wild bird health aspects of avian influenza, in cooperation with UDOH and the Utah Department of Agriculture and Food.
• Serve as a liaison with the US Fish and Wildlife Service.

_Local Partners_
_Local Health Departments_
Responsibilities include:
• Identify and communicate with special target groups and populations in their jurisdictions, for example groups that are religious in nature, private universities and trade schools, individual nursing homes and home health agencies, daycare centers, etc.
• Identify communities that may require translation of materials within the local health department and plan for translation.
• Immediately notify UDOH and other agencies if reports of cases of human disease are received.
• Immediately notify UDOH PIO of media requests.
• Coordinate media contact regarding human disease and pandemic influenza activity with human health implications when the information has local implications.
• Notify jurisdictional health care providers, including hospitals and laboratories, if evidence of viral activity is present.
• Conduct activities to prevent human exposure to avian and/or pandemic influenza infection within jurisdiction, in coordination with UDOH, as resources allow.
• Coordinate with the Utah Division of Homeland Security if needed.
• Identify facilities that can serve as temporary morgues.

Partners include:
The following organizations and groups exist on a local level, and are therefore out of the scope of the state Operational Communications and Coordination Plan. However, they will play a key role in pandemic planning and/or response, and local health departments are encouraged to include them in their individual county planning.

• School districts
• Private schools
• Daycare centers
• Free-standing ambulatory care centers
• Long-term care facilities
• Aging services agencies
• Residential living centers (e.g. JobCorps)
• Cultural/ethnic/faith-based organizations
• Correctional facilities
• Laboratories
• Hospitals and Urgent Care Centers
• Clinics
• Physicians and other medical providers
Plan Development and Maintenance

This plan was created by the Operational Communications and Coordination Plan (OCCP) workgroup, which is a sub-group of the Pandemic Influenza Workgroup. The OCCP workgroup included representatives from Intermountain Health, Utah’s Local Health Departments, the UDOH, the Utah Division of Homeland Security, and the American Red Cross, Salt Lake Chapter. The plan was developed using the West Nile Virus Communications Plan as a basis. The workgroup met every two weeks to discuss progress on the plan and provide feedback and direction for its development. Progress was noted in the Pandemic Influenza Workgroup meetings, and the plan was given to the overall workgroup for feedback as well.

The UDOH Epidemiology & Preparedness Programs will maintain the OCCP. The OCCP Workgroup will ensure that the plan is reviewed and updated, with input from partners as needed, at least annually. In the event that the plan must be activated, the plan will be immediately evaluated and updated if needed.

In addition, the Preparedness Program staff will update the contact list annex as it becomes available from the Preparedness Program. The OCCP-specific contact list will be updated at least annually.
Authorities and References


Utah Pandemic Influenza Response Plan

Utah Pandemic Influenza Enhanced Surveillance Plan

Utah Pandemic Influenza Response Plan: Community Mitigation Plan

Glossary

BEMS&P Bureau of Emergency Medical Services and Preparedness
EDO Executive Director’s Office
OCCP Operational Communications and Coordination Plan
PIO Public Information Officer
UDOH Utah Department of Health
UNIS Utah Notification and Information System
WHO World Health Organization
### Appendix A: WHO Pandemic Periods and Phases, U.S. Federal Response Stages, and Utah Pandemic Response Levels

<table>
<thead>
<tr>
<th>WHO Phases &amp; Descriptions</th>
<th>U.S. Federal Stages and Description</th>
<th>Utah Pandemic Response Levels and Description</th>
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<tbody>
<tr>
<td><strong>Inter-Pandemic Period</strong></td>
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<tr>
<td>Phase 1 – No new influenza viruses in humans</td>
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<td>Use WHO Period</td>
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<tr>
<td>Phase 2 – Circulating animal virus poses human risk</td>
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<td><strong>Pandemic Alert Period</strong></td>
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<td>Phase 3 – Human disease, no or limited human-to-human transmission</td>
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<td>New domestic animal outbreak in at-risk country</td>
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<td>Phase 4 – Increased human-to-human transmission</td>
<td>1</td>
<td>Suspected human outbreak overseas</td>
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<td>Phase 5 – Significant human-to-human transmission</td>
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<td>Confirmed human outbreak overseas</td>
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<tr>
<td><strong>Pandemic Period</strong></td>
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<td>Phase 6 - Increased and sustained transmission in general population</td>
<td>3</td>
<td>Widespread human outbreaks, multiple locations overseas</td>
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<td></td>
<td>4</td>
<td>First human case in N. America</td>
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<td></td>
<td>5</td>
<td>Spread throughout U.S.</td>
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<td></td>
<td>6</td>
<td>Recovery/preparation for subsequent waves</td>
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</tbody>
</table>

### Appendix B: Agency Contact Points

As outlined within the complete Utah Department of Health OCCP: Pandemic Influenza Annex.