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Draft Interim Zika Concept of Operations Plan - Executive Summary
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The draft New Jersey Interim Zika Concept of Operations Plan (“Interim Zika Plan”) generally follows the principles contained within the *State of New Jersey Emergency Operations Plan*, the *State of New Jersey Emergency Support Function 8 (NJESF 8) Annex: Public Health and Medical Services*, and the *NJDOH Pandemic Influenza Plan*.

Structure of the Interim Zika Plan: The draft Interim Zika Plan includes the following sections:

- Introduction (Background, Executive’s Priority and Scope)
- Situation and Assumptions
- Concept of Coordination
- New Jersey State Agencies
- Concept of Operations
- Additional Resources and Appendices

Executive’s Priority: The priority of the Interim Zika Plan is to promote the overall goal of disease prevention and the health and well-being of New Jersey’s resident and visitor populations through the following objectives and activities:

- **Monitoring and Surveillance:** Document and evaluate routine and enhanced surveillance and prevention activities, relevant to Zika virus disease (“Zika”) and at-risk populations (i.e., pregnant women and potentially exposed infants). Examples of activities include:
 - Conduct ongoing Zika surveillance to identify human cases and at-risk populations
 - Provide laboratory testing of human clinical samples
 - Conduct investigations relevant to the Centers for Disease Control and Prevention (CDC) U.S. Zika Pregnancy Registry and provide links to services for at-risk pregnant women
 - Conduct investigations relevant to the New Jersey Birth Defect Registry (BDR) to allow timely access to appropriate early intervention services
 - Provide mosquito pool testing to support New Jersey Department of Environmental Protection (NJDEP) and county mosquito control agency surveillance activities

- Convene the Vector-borne Disease Working Group (VBDWG), including bimonthly interagency meetings
- Conduct inventory of health care facility capacity for at-risk populations (e.g., neonatal intensive care units)
- **Communications and Outreach:** Ensure Zika-related education materials, outreach campaigns and other resources are consistent, valid, and relevant and are designed and delivered in a culturally and linguistically appropriate manner to reach a large diverse audience. Examples of activities include:
 - Design, implement and evaluate the #ZapZika public and provider awareness campaign delivered through the New Jersey Department of Health (NJDOH) website, social media pages, public service announcements (PSA), informational videos and poster displays
 - Partner with the New Jersey Poison and Education Information System (NJPIES) to provide a call center for Zika-related inquiries from the general public and healthcare providers, with 24/7 available and translation capacity
 - Provide regular updates to guidance documents, protocols and phone scripts for public health and healthcare providers
 - Develop, deliver and disseminate presentations for stakeholder groups to share during community events, targeting at-risk groups (e.g., pregnant women)
 - Write and disseminate technical bulletins for laboratory sample submission
 - Provide translated FAQs and posters to partners and post on the NJDOH website in languages such as English, Spanish, Portuguese, and Creole
 - Assemble and distribute Zika Prevention Kits (ZPKs) to at-risk pregnant women traveling to areas where Zika transmission is occurring
- **Emergency Preparedness and Operations:** Maintain Zika situational awareness with internal and external partners, and address surge capacity protocols for emergency operations related to limited local transmission and widespread (i.e., outbreak) activity. Examples of activities include:
 - Develop, evaluate and (if applicable) exercise a Zika Concept of Operations Plan
 - Coordinate routine situational awareness briefings, including weekly executive briefings during mosquito season
 - Implement a Zika Workshop for local partners in public health and mosquito control
 - Deliver monthly Zika conference calls to public health and healthcare partners
 - Interface with emergency preparedness partners in other federal, state and local agencies
- **Financial:** Ensure financial accountability of funding for Zika activities. Examples of activities include:
 - Track use of existing federal grant funds for Zika initiatives
 - Identify new funding opportunities

- Assist programs in documenting need for funding based on escalated activities, if applicable

Situation and Assumptions:

NJDOH Deputy Commissioner Dr. Arturo Brito is the lead for the NJDOH Zika Virus Executive Policy Group, which provides the strategic framework for managing activities across all levels of government, as well as nongovernmental partners. Dr. Brito coordinates closely with NJDEP Deputy Commissioner David Glass, as well as executive leaders from other State departments. Programs within NJDOH are collaborating with local public health, health care and community partners throughout the state.

Key assumptions of the draft Interim Zika Plan are as follows:

- Imported (i.e., travel-related) cases will continue to be confirmed in New Jersey and Zika will remain a priority concern primarily for pregnant women, women seeking pregnancy and infants born to women who were infected with Zika while pregnant.
- Although the primary mosquito vector for Zika (*Aedes aegypti*) is not found in New Jersey, a competent and possibly efficient mosquito vector for Zika (*Aedes albopictus*) is found in New Jersey; local transmission may occur, but will likely be very limited.
- Human disease surveillance will improve as Zika testing expands, mosquito population surveillance will continue as local mosquito control agencies conduct routine and enhanced operations, and mosquito prevention and abatement activities will increase as local mosquito control agencies and public health continue to collaborate on using human disease and mosquito population surveillance data to target response activities.
- Although Zika and mosquito prevention efforts will need to escalate in warmer months in New Jersey to reduce the potential for local transmission, Zika efforts will be ongoing as the population in New Jersey is diverse and the risk of travel-related exposure is present year-round.

Concept of Operations: The draft Interim Zika Plan recognizes four levels of operations; each level has distinct activities, generally building on those from the prior level(s), and escalation is detailed as follows:

- **Steady State (normal) Operations (Level 1):** Preparatory phase to design, implement, and evaluate capabilities used in successive levels; also refers to ongoing activities relevant to travel-related risk (i.e., threat of local transmission is not present).
- **Enhanced Steady State Operations (Level 2):** Risk of local transmission is present in New Jersey. The start of mosquito season signals the transition from Level 1 to Level 2.
- **Limited Emergency Operations (Level 3):** Local transmission in New Jersey has occurred. The identification of suspected or confirmed locally-acquired Zika signals the transition from Level 2 to Level 3.

- **Emergency Operations (Level 4)**: Multiple or widespread local transmission in New Jersey has occurred. The identification of multiple counties with locally-acquired Zika signals the transition from Level 3 to Level 4.

The following key concepts are present in the draft Interim Zika Plan:

- Locally-transmitted Zika is defined as a confirmed case of Zika that is not due to travel to an area of ongoing transmission, sexual transmission, congenital exposure, laboratory exposure or exposure to a contaminated blood transfusion.
- The CDC has an Emergency Response Team (CERT) that can be requested by the NJDOH, in the event of local transmission. If requested, the CERT will provide operational support to NJDOH and local public health agencies if local transmission occurs in New Jersey. The CERT has subject matter experts in the areas of epidemiology, pregnancy and birth defects, vector control, laboratory, and communications.
- NJDOH has a Zika emergency response team that largely mirrors the CERT; in the event CDC assistance has been requested, the NJDOH Zika emergency response team will liaise to the CERT. The NJDOH Zika emergency response team is a highly trained group of public health professionals that can be deployed in event of confirmed local transmission of Zika virus, and includes subject matter experts in the areas of epidemiology, risk communication, health education, emergency preparedness and operations, pregnancy and birth defects, and laboratory.
- The NJDOH Division of Family Health Services has already received and, with assistance from other NJDOH programs and local partners, assembled ZPKs. The ZPKs include prevention materials for at-risk pregnant women, such as insect repellent, education materials and condoms. A limited number of ZPKs have been provided to local partners to distribute to pregnant women at risk for travel-associated Zika; the remaining ZPKs have been stockpiled for distribution should local transmission be identified in New Jersey.

While providing a structure of procedures and guidelines, at no time is the draft Interim Zika Plan intended to inhibit the use of experience and common sense when determining the actions and resources needed to protect and serve the residents of and visitors to the State of New Jersey. The details described in the draft Interim Zika Plan may or may not apply to specific situations, and discretion must be used in each situation to determine the best course of action. The draft Interim Zika Plan serves as guidance but is not intended to replace the best judgment of those who are directly handling a specific incident response.