

Pandemics will be assigned to one of five discrete categories of increasing severity (Category 1 to Category 5).

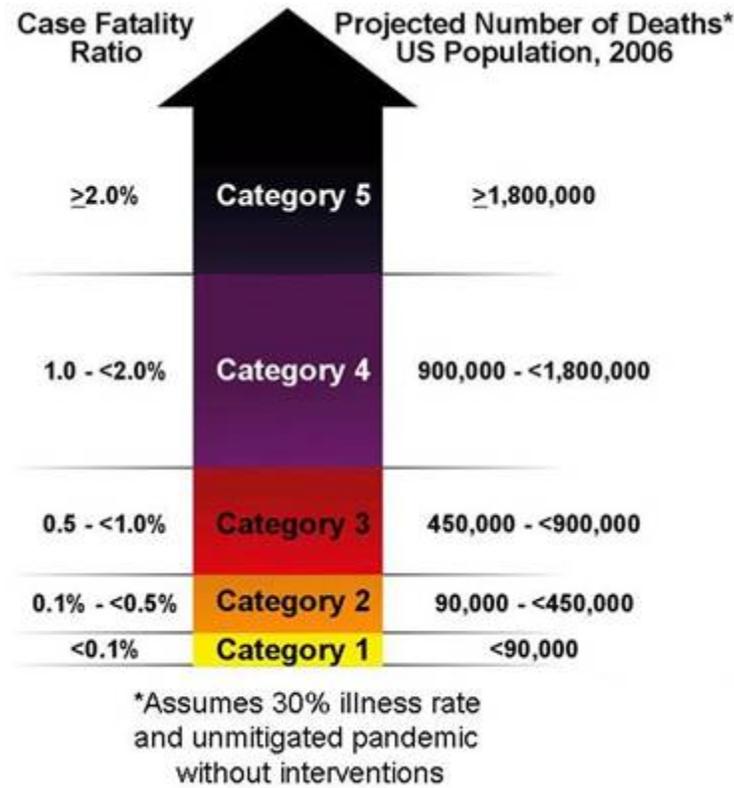


Figure 2 Pandemic Influenza Severity Index

## 5.0 Assumptions

This Plan provides for common assumptions to ensure that governmental and private sectors are provided a standard framework for pandemic planning and response. This consistency is necessary for the development of a universal New Jersey plan that accounts for the interdependence of sectors during routine and emergency operations.

### Federal Assumptions

1. An influenza pandemic will most likely originate overseas and not in the United States.
2. Susceptibility to the pandemic influenza virus will be nearly universal.
3. Efficient and sustained person-to-person transmission will signal an imminent pandemic.
4. The clinical disease attack rate will likely be 30 percent or higher. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill within a community.

5. Some persons will become infected, but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
6. The typical incubation period (interval between infection and onset of symptoms) for influenza will be approximately 2 days.
7. Persons who become infected will shed the virus and may transmit infection as much as a day before the onset of illness. Persons will transmit infection for at least 5 days after the onset of symptoms. Children will shed the greatest amount of the virus and are likely to pose the greatest risk for disease transmission.
8. On average, each infected person will transmit infection to approximately two other people.
9. Fifty percent of those who become ill will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, this proportion could be higher.
10. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus, the effectiveness and availability of antivirals and the availability of vaccine.
11. Risk groups for severe and fatal infection cannot be predicted with certainty, but will likely include infants, the elderly, pregnant women, and persons with chronic medical conditions.
12. Rates of absenteeism in workplaces will depend on the severity of the pandemic. In a severe pandemic, absenteeism in a community will reach 40 percent during the peak weeks of the pandemic, with lower rates of absenteeism during the weeks before and after the peak
13. Certain public health measures (closing schools, quarantining household contacts of infected individuals, sheltering in place) will increase rates of absenteeism in workplaces.
14. In an affected community, a pandemic will last about 6 to 8 weeks; however, the imposition of community containment measures, in addition to possibly lessening the case/day numbers, may extend the length of the pandemic.
15. Multiple waves of illness may occur with several months in between waves.

## **Public Health Assumptions**

The Department of Health and Senior Services is the lead planning agency for development of these assumptions.

1. Influenza-like illness (ILI) surveillance is being conducted.
2. Communication systems among federal, state and local health care partners are in place.
3. Up to 50 percent of the population will be affected either through illness, caring for those with illness, or changing lifestyle in response to the pandemic.
4. No vaccine for at least 6 months and then there will be limited quantities available on a periodic basis.

5. There will be a supply of antivirals and will be effective if taken in a timely fashion.
6. Antivirals may be effective as a means of prophylaxis if available in enough quantities to support this use.
7. Limited vaccines when available, will be distributed to target groups.
8. The Governor will declare a Public Health Emergency and may declare a State of Emergency, depending on the severity of the pandemic.
9. Support and response services will be required for an extended period of time (months).
10. There will be a large number of hospitalizations and deaths.
11. Medical supplies and staff will be limited.
12. The State will need to be self-sufficient (uncertain federal support).
13. Both health providers/responders and the public will experience significant stress and will require mental health services
14. Quarantine may be effective under some circumstances.
15. Travel restrictions will not be effective.

### **State Assumptions**

The initial focus of the State pandemic influenza plan is a statewide health response aimed at reducing morbidity and mortality, and effecting Continuity of Government (COG) to ensure civil and societal stabilization. The assumptions of this section reflect this focus. However, once the core Plan is drafted, the New Jersey Office of Homeland Security and Preparedness (OHSP) will expand the effort to the private and volunteer sectors which may include modifications to the assumptions with subsequent addressing of operational tasks. OHSP accepts this responsibility and considers this a living document designed for update and modifications.

### **Pandemic Influenza Continuum**

In addressing a Pandemic Influenza continuum, this Plan provides **two** major conditions.

1. Novel influenza virus with **minimal** human-to-human transmission.
2. Novel influenza virus with **sustained** human-to-human transmission.

### **Novel Influenza Virus**

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| <ol style="list-style-type: none"> <li>1. Risk Communications will play a critical role in preparing the community for a pandemic and will play a critical role in education, direction and allay of fear during a pandemic</li> <li>2. The State will develop in advance of a pandemic, a prioritized list of prophylaxis/treatment based on essential services with focus on reduction of morbidity, mortality and maintenance of business continuity. Until the State develops its own list, New Jersey will use the recommendations developed by the federal government</li> </ol> |
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3. No human vaccine prior to a pandemic
4. If Avian Influenza (**NJ Situation 2** page 7) presents in US/NJ, this may impact the general population through reductions in travel, food supply and economic manifestations. State agencies responding to the Avian Influenza may have expended resources necessary for a subsequent influenza pandemic response

**Figure 3 Assumptions during a Novel Influenza Virus outbreak with minimal human to human transmissions**

### **Pandemic**

1. Clinical Disease attack rate will be 30% of the population during the pandemic, 30-50% reduction in workforce (sick/scared/care of others)
2. Community/Regional illness will last 6 to 8 weeks, up to 12 weeks
3. Multiple waves are likely
4. Large numbers of deaths

### **Response**

1. Support for goods and services to include medical supplies, medical staff, vaccine and antivirals is uncertain
2. Federal and EMAC support is tentative
3. Vendor support for all classes of supply, food, fuel, repair parts etc may not be available.
4. Using current technology, no human vaccine for at least 6 months/limited vaccine for 6 months subsequent to production
5. Communication exchange is critical
6. The private sector ability to deliver goods and services will be compromised if they do not receive timely information
7. Public concerns of fear/anger/civil and social unrest
8. Social distancing orders likely
9. Overwhelmed health system
10. Isolation and quarantine likely required
11. First Responders are concerned about their families

### **COOP/COG**

1. Viability of State, county, local agencies and private sector's COOP/COG plans is untested
2. Many people do not prepare, or they do so only if they feel there is an imminent threat
3. State ESFs may not provide full guidance for response

### **Legal/Ethical**

1. Legal authority and legal support system is identified prior to Pandemic

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| 2. Ethical issues will begin to surface as decisions are made about vaccine, antiviral medications, and medical interventions, deceased |
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**Figure 4 Assumptions during Novel influenza virus with sustained human-to-human transmission**

## **6.0 Responsibilities**

### **6.1. State Government**

#### **General**

1. Develop a statewide influenza preparedness and response plan.
2. Include public and private, health and non-health, agencies in influenza pandemic planning.
3. Integrate public and private, health and non-health capabilities and requirements into the influenza pandemic plan.
4. Establish state pharmaceutical and pandemic health support stockpiles with distribution chains able to augment existing public and private logistical chains.
5. Develop a comprehensive pre-pandemic crisis communication and public information plan for statewide distribution and implementation.
6. Develop Continuity of Government plans that address a pandemic situation.

#### **Office of the Governor**

1. Direct and ensure the development, completion and implementation of the New Jersey State Pandemic Influenza Plan.
2. Determine essential state governmental functions during periods of reduced staffing and pandemic outbreak.
3. Determine state government workforce policies to include leave and pay, alternate worksite authorizations, mandatory sick leave, and decisions to implement social distancing in the governmental workplace.
4. Authorize statewide social distancing policies to include cessation of public gathering and school closure.
5. Approve for activation of select New Jersey Pandemic Influenza Plan components.
6. Convene Cabinet Level meetings as required.
7. Approve of essential service priorities.
8. Approve of mass prophylaxis, vaccination, and treatment priorities.
9. Engage professional and labor organizations in advance of a pandemic to coordinate acceptable and feasible response activities.

#### **New Jersey Office of Homeland Security Preparedness (OHSP)**

1. Coordinate state agency efforts in the development of a New Jersey State Pandemic Influenza Plan.