
**Department of Defense
Office of the Assistant Secretary of Defense
Homeland Defense**

**Department of Defense Implementation Plan for
Pandemic Influenza**



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MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
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SUBJECT: Department of Defense Implementation Plan for Pandemic Influenza

Enclosed is the Department of Defense (DoD) Implementation Plan for Pandemic Influenza. This Plan implements the White House *Implementation Plan for the National Strategy for Pandemic Influenza*. It provides additional planning guidance to the Services and Combatant Commands for preparation and response to an outbreak of Pandemic Influenza.

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Attachment:
As stated

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DEPARTMENT OF DEFENSE IMPLEMENTATION PLAN FOR PANDEMIC INFLUENZA

“Together we will confront this emerging threat and together, as Americans, we will be prepared to protect our families, our communities, this Great Nation, and our world.”

- President George W. Bush,
National Strategy for Pandemic Influenza

PURPOSE

The Secretary of Defense’s principal responsibility in responding to a pandemic will be to protect U.S. interests at home and abroad. This implementation plan sets forth Department of Defense (DoD) guidance and addresses key policy issues for pandemic influenza planning. This guidance will enable the Combatant Commanders, Military Departments, and DoD agencies to develop plans to prepare for, detect, respond to, and contain the effects of a pandemic on military forces, DoD civilians, DoD contractors, dependents, and beneficiaries. Additionally, plans will address the provision of DoD assistance to civil authorities both foreign and domestic. Finally, attention to the key security concerns, such as humanitarian relief and stabilization operations that may arise as a result of a pandemic, will be addressed.

BACKGROUND

The President issued the *National Strategy for Pandemic Influenza* in November 2005 to guide “our preparedness and response to an influenza pandemic with the intent of (1) stopping, slowing or otherwise limiting the spread of a pandemic to the United States; (2) limiting the domestic spread of a pandemic, and mitigating disease, suffering and death; and (3) sustaining infrastructure and mitigating impact to the economy and the functioning of society.”¹

The *National Strategy* is built upon three pillars “to address the full spectrum of events that link a farmyard overseas to a living room in America.”² They are:

¹ Homeland Security Council, *National Strategy for Pandemic Influenza*, (November: 2005), p. 2.

² Ibid, p. 3.

Pillar #1: Preparedness and Communication

These are activities that should be undertaken before a pandemic to ensure preparedness and the communication of roles and responsibilities to all levels of government, segments of society and individuals, including:

- Planning for a Pandemic
- Communicating Expectations and Responsibilities
- Producing and Stockpiling Vaccines, Antivirals, and Medical Materiel
- Establishing Distribution Plans for Vaccines and Antivirals
- Advancing Scientific Knowledge and Accelerating Development of Countermeasures
- Developing a common operating picture (COP) for disease surveillance.

Pillar #2: Surveillance and Detection

These are the domestic and international systems that provide continuous “situational awareness” to ensure the earliest warning possible of outbreaks among animals and humans to protect the population, including:

- Ensuring International Transparency and Rapid Reporting of Outbreaks
- Using Surveillance to Limit Spread

Pillar #3: Response and Containment

These are the actions to limit the spread of the outbreak among humans and to mitigate the health, national security, social, and economic impacts of a pandemic, including:

- Containing Outbreaks
- Leveraging National Medical and Public Health Surge Capacity
- Sustaining Infrastructure, Essential Services, and the Economy
- Ensuring Effective Risk Communication

IMPLEMENTATION OF THE NATIONAL STRATEGY

Implementation Plan

In May 2006, the President issued the *Implementation Plan for the National Strategy for Pandemic Influenza* that provides a directive framework to the *National Strategy* and assigns preparedness and response tasks to Federal departments and agencies and describes U.S. Government (USG) expectations of non-Federal entities, including State and local governments, the private sector, international partners, and individuals.

The *Implementation Plan for the National Strategy* acknowledges that because preparedness for a pandemic requires the establishment of infrastructure and capacity, a process that can take years, significant steps must be taken now. It also makes clear that every segment of society must be involved in the preparations, as well as the response. For this reason, significant steps must be taken now.³

Interagency Tasks and Plan Organization

The National Implementation Plan translates the *National Strategy* into over 300 tasks that will allow all Federal departments and agencies to engage fully their personnel and resources by taking specific, coordinated steps to achieve the goals of the *National Strategy*. Because preparedness and response activities also depend upon entities outside of the Federal government, it also outlines expectations of non-federal stakeholders in the United States and abroad.

If efforts to contain human-to-human transmission of a potential pandemic influenza outbreak at its source fail, the resources of the USG will not be sufficient to prevent the spread of a pandemic across the nation. Accordingly, the USG will use all instruments of national power to address the pandemic threat. Any effective response will require the full participation of all levels of government and the private sector.

The *Implementation Plan for the National Strategy* is organized into functional areas that address the full range of consequences of a pandemic: Federal Government Response for a Pandemic; International Efforts; Transportation and Border Security; Protection of Human Health; Protection of Animal Health; Law Enforcement, Public Safety, and Security; and Protection of Personnel and Ensuring Continuity of Operations. These chapters are further divided to reflect each of the three pillars that comprise the *National Strategy for Pandemic Influenza*.

Priority Actions

The HSC conducted an assessment of the Implementation Plan tasks and identified thirteen priority action areas.⁴ While DoD will work to implement all of the tasks assigned in the National Implementation Plan, particular attention will be paid to implementing the tasks that address the following areas in a timely manner. They are:

1. **Advance International Cooperation.** Secure international commitment to transparency, scientific cooperation, rapid reporting of human and animal cases, and sharing of data and viral isolates.

³ Homeland Security Council, “*Implementation Plan for the National Strategy for Pandemic Influenza*”, p. 7.

⁴ Homeland Security Council, “Priority Actions in the Implementation for the National Strategy for Pandemic Influenza,” May, 2006.

2. **Build International Capacity.** Provide technical assistance to build veterinary and public health capacity in at-risk countries and to detect and contain animal and human outbreaks of avian influenza, including the development and exercise of preparedness plans.
3. **Ensure Rapid Response.** Develop USG capability to respond rapidly, either independently or in support of an international response, to animal or human outbreaks of influenza with pandemic potential for purposes of assessment and containment. Support development and implementation of World Health Organization (WHO) and the United Nations Food and Agriculture Organization (FAO)/World Animal Health Organization (OIE) strategy and capacity for international response and containment of animal and human outbreaks of influenza with pandemic potential and pandemic influenza.
4. **Ensure Early Warning and Situational Awareness.** Enhance avian influenza surveillance in humans, wild birds, and poultry.
5. **Establish a Border and Transportation Strategy.** Develop a comprehensive border and transportation strategy that strikes a balance between efficacy of interventions to limit the spread of disease and the economic and societal consequences, international implications, and operational feasibility of these interventions.
6. **Establish Screening Protocols and Implementation Agreements.** Establish arrangements with international partners to limit voluntarily travel and establish screening for travelers from affected areas.
7. **Ensure Effective Risk Communication.** Implement educational and risk communication programs to increase national and international awareness of the risks of avian influenza, and appropriate behaviors to reduce these risks. Ensure that timely, accurate, and credible information is provided by spokespeople at all levels of government during an outbreak.
8. **Provide Guidance on Maximizing Surge Capacity with Available Resources.** Develop and share with State, local, and tribal public health officials, and the medical community, strategies for optimizing the allocation of scarce medical resources during periods of severe medical surge, and mechanisms for incorporating additional healthcare providers within defined settings.
9. **Provide Comprehensive Guidance on Community Shielding.** Develop for State, local, and tribal partners a template for community containment that builds upon data available from state-of-the art modeling, and scientific understanding of influenza biology and patterns of transmission.
10. **Provide Clear Guidance for the Private Sector and Institutions.** Develop pandemic planning guidance for private sector, Federal, State, local and tribal entities.

11. **Develop Rapid Diagnostics.** Support development of rapid, sensitive, and accurate diagnostic tests, to be used in the clinical setting and for screening.
12. **Establish Stockpiles of Vaccine and Antivirals.** Build stockpiles of pre-pandemic vaccine and antiviral medications and define strategies for their use.
13. **Advance Technology and Production Capacity for Influenza Vaccine.** Develop cell-based vaccines manufacturing methods and increase domestic vaccine production capacity.

DEPARTMENT OF DEFENSE IMPLEMENTATION

Preparing and responding to a pandemic influenza will require an active, layered defense. This active, layered defense is global, integrating seamlessly, U.S. capabilities in the forward regions of the world, in approaches to the U.S. territory, and within the United States. It is a defense in depth.⁵ It will include assisting partner countries to prepare for and detect an outbreak, respond should one occur, and manage the key second-order effects that could lead to an array of challenges. The top priority is the protection of DoD forces, comprised of the military, DoD civilians and contractors performing critical roles, as well as the associated resources necessary to maintain readiness. Also, it is critical to ensure DoD is able to sustain mission assurance and the ability to meet our strategic objectives. Priority consideration is also given to protect the health of DoD beneficiaries and dependents.

Planning Assumptions

- Developed countries will be quicker in preparing for, detecting, and responding to outbreaks than less developed countries.
- Some Coalition partners, allies, and host nation governments will request military assistance and training from the USG for pandemic influenza preparedness, surveillance and detection, and response.
- An efficient human-to-human outbreak will most likely occur outside of the United States and may not be contained effectively.
- A pandemic outbreak will last between 6-12 weeks and multiple pandemic waves will follow.
- Pandemics travel in waves; not all parts of the world will be affected at the same time or affected to the same degree (e.g., multiple waves).

⁵ Department of Defense, "Strategy for Homeland Defense and Civil Support," (June 2005).

- DoD can expect requests from interagency partners to support civilian mortuary affairs operations.
- If a pandemic influenza starts outside the United States, it will enter the U.S. at multiple locations and spread quickly to other parts of the country.
- A pandemic in the United States could result in 20-35% of the population becoming ill, 3% being hospitalized, and a fatality rate of 1%.
- A vaccine (pandemic specific strain) will not be available for distribution for a minimum of 6-9 months after the clinical confirmation of sustained human-to-human pandemic influenza transmission.
- State, tribal and local jurisdictions will be overwhelmed and unable to provide or ensure the provision of essential commodities and services.
- Infected people, confirmed (when possible) or suspected, will not be transported to any facilities beyond the affected area unless their medical condition demands movement.
- International and inter-state transportation will be restricted to contain the spread of the virus.
- Voluntary, community-based measures, such as limiting public gatherings, closing schools, and minimum manning procedures, are most effective to limit exposure to the disease if implemented before or at the onset of the event. Quarantine and other movement restrictions, especially if the restrictions are involuntary, will have minimal effect on the spread of the disease due to a very short incubation period and the ability of asymptomatic individuals to shed the virus.
- The provision of routine security services for the protection of critical infrastructure will require Federal augmentation.
- Military and civilian medical treatment facilities will be overwhelmed.
- Military treatment facilities and other installation support functions will be short staffed due to the use of some uniformed providers providing support elsewhere.
- DoD will conduct Non-Combatant Evacuation Operations (NEOs) of non-infected individuals from areas abroad experiencing outbreaks.
- DoD will be called upon to assist in the transportation of American citizens living abroad if deemed necessary by public health officials or the U.S. State Department.
- In accordance with existing agreements, and in limited circumstances, under Immediate Response Authority, DoD will provide support to local communities' medical efforts

with personnel, equipment, pharmaceuticals, supplies, and facilities within DoD capabilities, as requested.

- Under applicable authorities, DoD will assist civil authorities in the event of a pandemic.
- DoD reliance on "just-in-time" procurement will compete adversely with U.S. and foreign civilian businesses for availability of critical supplies.
- DoD will support security and possibly staffing of National Critical Infrastructure at all levels (e.g., air traffic control, security for National critical infrastructure, etc.).
- DoD Reserve component forces will need to be quickly mobilized to provide surge capabilities, especially in the areas of medical, transportation, and logistics.

Planning Priorities

DoD will take all necessary actions to prepare for and respond to pandemic influenza. Under the National Implementation Plan, department and agencies focus on four areas: (1) protection of the health and safety of personnel and resources, (2) determination of essential functions and services and the maintenance of each in a pandemic influenza outbreak, (3) support to Federal, State, and local governments, and (4) effective communications. The DoD plan will include a fifth area – support to international partners and international stability and security. The DoD Implementation Plan will address each of the five planning priorities under the three pillars of the national strategy.

Stages of the Federal Government Response

The World Health Organization (WHO) pandemic phases provide succinct statements about the global risk for a pandemic and provide benchmarks against which to measure global response capabilities (See Annex B, Force Health and Protection). In order to describe the Federal Government approach to the pandemic response, however, it is more useful to characterize the stages of an outbreak in terms of the immediate and specific threat a pandemic virus poses to the U.S. population. The National Implementation Plan (Chapter 3) provides a framework for Federal Government actions:

- Stage 0: New Domestic Animal Outbreak in At-Risk Country
- Stage 1: Suspected Human Outbreak Overseas
- Stage 2: Confirmed Human Outbreak Overseas
- Stage 3: Widespread Human Outbreaks in Multiple Locations Overseas
- Stage 4: First Human Case in North America
- Stage 5: Spread throughout United States
- Stage 6: Recovery and Preparation for Subsequent Waves

A common and uniform phasing construct will be essential to DoD planning. The Joint Staff will provide more detailed planning guidance for the synchronization of and phasing integration into Combatant Command planning.

Critical Planning Categories

The following nineteen Critical Planning Categories should be considered in DoD PI plans. These categories were developed from the five HSC planning priorities and the thirteen HSC priority areas (in parenthesis), and are based on DoD capabilities. Each HSC priority area is aligned with one or more DoD Critical Planning Categories. Each task will include planning factors for Reserve component forces as appropriate. These tasks are:

- **Category #1: Intelligence** (Advance International Cooperation, Ensure Early Warning/Situational Awareness, Ensure Effective Risk Communication).
- **Category #2: Force Protection** (Establish Stockpiles of Vaccines, Establish a Border/Transportation Strategy, Provide Comprehensive Guidance on Community Shielding).
- **Category #3: Biosurveillance, Disease Detection and Information Sharing** (Ensure Rapid Response, Ensure Early Warning/Situational Awareness, Establish Screening Protocols and Implementation Agreements, Provide Comprehensive Guidance on Community Shielding, Develop Rapid Diagnostics, Advanced Technology/Production for Influenza Vaccine).
- **Category #4: Interagency Planning Support** (Establish a Border/Transportation Strategy, Ensure Rapid Response, Ensure Effective Risk Communication, Provide Guidance on Maximizing Surge Capacity, Provide Clear Guidance for Private Sector/Institutions).
- **Category #5: Surge Medical Capability to Assist Civil Authorities** (Lab, Public Health Teams, Diagnostics, Medical Personnel) (Provide Guidance on Maximizing Surge Capacity, Develop Rapid Diagnostics, Establish Stockpiles of Vaccine).
- **Category #6: Medical Care to U.S. Forces** (Establish Stockpiles of Vaccine).
- **Category #7: Patient Transport and Strategic Airlift** (Establish a Border/Transportation Strategy, Establish Stockpiles of Vaccine and support evacuation of non-infected individuals).
- **Category #8: Installation Support to Civilian Agencies** (Advance International Cooperation, Ensure Rapid Response, Ensure Early Warning/Situational Awareness).
- **Category #9 Bulk Transport of Pharmaceuticals/Vaccines** (Establish Stockpiles of Vaccine).
- **Category #10: Security in Support of Pharmaceutical/Vaccine Production (Critical Infrastructure Protection (CIP))** (Establish Stockpiles of Vaccine).

- **Category #11: Security in Support of Pharmaceutical/Vaccine Distribution** (Establish Stockpiles of Vaccine).
- **Category #12: Communications Support to Civil Authorities** (Ensure Early Warning/Situational Awareness, Interoperability and Communication Assurance).
- **Category #13: Quarantine Assistance to U.S. Civil Authorities** (Ensure Rapid Response).
- **Category #14: Military Assistance for Civil Disturbances** (Establish a Border/Transportation Strategy).
- **Category #15: Mission Assurance: Defense Industrial Base** (Advance Technology/Production Capacity for Influenza Vaccine).
- **Category #16: Mortuary Affairs** (Ensure Rapid Response).
- **Category #17: Continuity of Operations & Continuity of Government** (Establish a Border/Transportation Strategy, Provide Clear Guidance for Private Sector/Institutions).
- **Category #18: Support to International Allies and Non-Governmental Organizations (NGOs)** (Advance International Cooperation, Build International Capacity, Ensure Rapid Response, Establish Screening Protocols, Ensure Effective Risk Communication, Provide Clear Guidance for Private Sector/Institutions).
- **Category #19: Public Affairs Support to Civil Authorities** (Ensure Effective Risk Communication).

Critical Planning Category Alignment with National Strategy Pillars and Priorities

Each DoD Critical Planning Category is aligned below to a national strategy pillar. A category can be aligned with more than one national pillar, if appropriate. DoD Tasks are further aligned with each task from the National Implementation Plan at Annex A, DoD Pandemic Influenza Preparedness and Response Task Matrix.

Pillar #1: Preparedness and Communications

- **Force Health Protection and Readiness (DoD Category #2: Force Protection).** The priority of DoD health service support assets will be to ensure sufficient personnel, equipment, facilities, materiel, and pharmaceuticals are ready to provide the highest possible level of health support and preserve worldwide operational effectiveness of DoD forces, civilians, contractors, dependents, and beneficiaries (See Annex C, Force Health and Protection).
- **Pandemic Phases.** DoD's health support activities with respect to pandemic influenza are correlated to the six phases of a pandemic as described by the WHO (reference b) and the phases outlined in the Homeland Security Council, National Strategy for Pandemic Influenza Implementation Plan, (reference w).

- . DoD will utilize these guidelines to the maximum extent possible, but will do so in an advisory capacity only. Within each of these phases are the three pillars of the National Strategy that form the basis of DoD's health service support activities both domestically and abroad.
- **Medication Recommendations and Guidance.** Specific recommendations and guidance for immunizations (reference b) and the distribution of anti-viral medications (reference e) have been developed. Modifications to this guidance will be released during the course of the pandemic, as required. Planning and coordination activities have been conducted with other Federal departments, including the Department of Agriculture and the Department of Health and Human Services (DHHS). DoD established a medical WATCHBOARD that can be accessed on the Internet (<https://fhp.osd.mil/aiWatchboard/index.html>) to provide the latest information as well as links to other sources of information. DoD is coordinating closely with the DHHS to obtain supplies of influenza vaccine when it becomes available. Additionally, DoD is working to obtain reliable sources of medical supply items such as personal protective equipment for patients, caregivers, and health care providers.
- **Continuity of Essential Functions and Services (DoD Category #17: Continuity of Operations & Continuity of Government).** National policy requires DoD to develop a comprehensive continuity of operations (COOP) program to ensure the continuation of essential functions during any emergency or situation that may disrupt normal operations, and in conjunction with other government departments and agencies, to preserve the overall continuity of government (COG). Unlike other catastrophic events, an influenza pandemic has no direct affect on an organization's communications or physical infrastructure, but will affect directly its personnel. Therefore, it is critical that DoD focus planning efforts on the potential impact of an influenza pandemic on its personnel and the ability to continue essential functions.
- **Defense Support to Civil Authorities.** DoD established the Pandemic Influenza Task Force (PITF) to coordinate within DoD and with other Federal departments and agencies. Additionally, Combatant Commanders and Military Departments are currently developing plans that include preparatory actions in support of international partners, under applicable authorities, and as directed by the President and/or the Secretary of Defense.
 - **DoD Category #4: Interagency Planning Support.** DoD will plan appropriately for homeland defense and domestic contingency missions, as well as provide planning support to interagency partners for domestic support operations.
 - **DoD Category #9: Bulk Transportation of Pharmaceuticals/Vaccines.** DoD will provide distribution of medical supplies and medications in support of pandemic influenza preparedness and response efforts, when directed by the

President or upon approval by the Secretary of Defense of a request from a Federal department or agency.

- **DoD Category #10: Security in Support of Pharmaceutical/Vaccine Production, DoD #11: Security in Support of Pharmaceutical/Vaccine Distribution.** Consistent with applicable laws, DoD will provide security in support of pharmaceutical/vaccine production and distribution efforts, when directed by the President or upon approval by the Secretary of Defense of a request from a Federal department or agency.
- **DoD Category #15: Mission Assurance: Defense Industrial Base.** As appropriate, DoD will coordinate with the private sector on all issues concerning the Defense Industrial Base in the event of a pandemic influenza.
- **Communications.** DoD will prepare communication plans and provide communication support at the tactical, operational, and strategic levels in support of DoD personnel and civil authorities, as required.
 - **DoD Category #12: Communications Support to Civil Authorities.** As resources permit, DoD will provide communications equipment support with associated training to civil authorities as requested in preparation for and during a pandemic influenza outbreak.
 - **DoD Category #19: Public Affairs Support to Civil Authorities.** DoD will coordinate all public affairs guidelines and messages for a pandemic influenza outbreak with interagency partners.
- **Support to International Partners (DoD Category #18: Support to International Allies and NGOs).** In coordination with the Department of State (DoS), DoD will provide support to host nations and militaries as resources are available and as requested. Combatant Commanders and Military Departments will develop plans that include preparatory actions in support of international partners, under applicable authorities and as directed by the President and/or the Secretary of Defense.
 - **Improve Military Relations.** Continue efforts to improve military relations with host nation military partners by providing assistance in preparing, mitigating, and responding to a potential pandemic influenza.
 - **Assess Military Preparedness.** Propose and support bi-lateral and multi-lateral assessments of “high-risk country” military preparedness. Depending on the individual needs of the host nation military, these assessments can include reviewing their national military pandemic influenza plans, assessing their military lab diagnostic and surveillance capacity, assessing their military response capacity for containing and managing outbreaks, determining their military capacity for avian influenza information management and reviewing their military public awareness campaign.

- **Support Pandemic Influenza (PI) Training and Exercises.** Provide limited support of training activities and exercises that develop host nation military pandemic influenza response plans and development of rapid response teams. In addition, this support can assist training of military health personnel in pandemic influenza infection control and case management, quarantine operations, and developing of a military public response campaign.
- **Assist with Protective Equipment Procurement.** Provide limited assistance to host nation militaries in procuring personal protective equipment (animal and human control), laboratory diagnostic equipment, portable field assay testing equipment, passive and active animal and human surveillance equipment, and essential disease information communication equipment.

Pillar #2: Surveillance and Detection. DoD is continually conducting influenza surveillance at laboratories within the United States and on its installations worldwide. Policies have been developed, or are under development, to enhance detection capabilities at the lowest possible level. Information systems are in place that can identify outbreaks of disease in deployed forces. Detailed planning and execution tasks are located in the Intelligence Annex (Part of Annex B is Classified Confidential/NOFORN (C/NF) –Disseminated Separately).

- **Force Health Protection and Readiness.**
 - **DoD Category #1: Intelligence.** Intelligence derived from the collection, evaluation, analysis, and interpretation of foreign medical, bio-scientific, infectious disease, and environmental information. The intelligence is of interest to strategic medical planning and operations for the preservation of readiness and the formation of assessments of foreign medical capabilities in both military and civilian sectors (See Annex B, Intelligence (Part of Annex B is Classified Confidential/NOFORN (C/NF) –Disseminated Separately)).
 - **DoD Category #3: Biosurveillance, Disease Detection, and Information Sharing.** The ongoing, systematic collection of health data essential to the evaluation, planning, and implementation of public health practice, integrated closely with the timely dissemination of data as required by higher authority.
- **Defense Support to Civil Authorities.** DoD currently conducts medical surveillance and detection domestically and abroad in coordination with the appropriate Federal departments and agencies.
- **Communications.** DoD will ensure that surveillance and detection assets are integrated into interagency reporting protocols and procedures. This integration will provide effective dissemination of information and timely warning to DoD forces and civil authorities in the event of a suspected pandemic influenza outbreak.

- **DoD Category #12: Communications Support to Civil Authorities.** As resources permit, DoD will provide communications equipment support with associated training to civil authorities as requested in preparation for a pandemic influenza outbreak.
- **DoD Category #19: Public Affairs Support to Civil Authorities.** DoD will coordinate all public affairs guidelines and messages for a pandemic influenza outbreak with interagency partners.
- **Support to International Partners (DoD Task #18: Support to International Allies and Non-Governmental Organizations).** DoD currently conducts medical surveillance and detection domestically and abroad in coordination with the appropriate Federal departments and agencies. Detailed planning and execution tasks are located in the Intelligence Annex (Part of Annex B is Classified (C/NF) –disseminated separately).

Pillar #3: Response and Containment. DoD will ensure policies and guidelines are in place to limit the spread of a pandemic influenza outbreak and to mitigate health, national security, economic, and social impacts. Examples include: Clinical guidelines concerning the screening, diagnosis, treatment, and management of patients with confirmed infection or suspected exposure to pandemic influenza have been developed (reference b) along with policy guidance for commanders to exercise emergency health powers.

- **Force Health Protection and Readiness (DoD Category #6: Medical Care to U.S. Forces).** The priority of DoD health service support assets will be to ensure sufficient personnel, equipment, facilities, materiel, and pharmaceuticals are ready to provide the highest possible level of health support and preserve worldwide operational effectiveness of DoD forces, contractors, dependents, and beneficiaries (See Annex C, Force Health and Protection).
- **Continuity of Essential Functions and Services (DoD Category #17: Continuity of Operations & Continuity of Government).** DoD will execute the appropriate continuity of operations and continuity of government policies and procedures in the event of a pandemic influenza outbreak. Departments and agencies will have specific plans to mitigate the effects of absenteeism within their subordinate commands and organizations.
- **Defense Support to Civil Authorities.** DoD will provide support to a civil authority responding to a pandemic influenza when directed by the President or upon approval, by the Secretary of Defense, of a request from a Federal department or agency. This assistance may include support to containment operations.
 - **DoD Category #5: Surge Medical Capability to Assist Civil Authorities.** DoD may provide medical surge capability to other Federal, State, or local agencies when requested or directed to by the President or Secretary of Defense (See Annex C, Force Health and Protection).

- **DoD Category #7: Patient Transport and Strategic Airlift.** DoD will provide transportation support to civilian communities in support of a pandemic influenza preparedness and response efforts, when directed by the President, or upon approval by the Secretary of Defense, of a request from a Federal department or agency.
 - **DoD Category #8: Installation Support to Civilian Agencies.** DoD will provide support to civilian communities in support of pandemic influenza preparedness and response efforts, when directed by the President, or upon approval by the Secretary of Defense, of a request from a Federal department or agency.
 - **DoD Category #10: Security in Support of Pharmaceutical/Vaccine Production, DoD #11: Security in Support of Pharmaceutical/Vaccine Distribution.** Consistent with applicable laws, DoD will provide security in support of pharmaceutical/vaccine production and distribution efforts, when directed by the President, or upon approval by the Secretary of Defense, of a request from a Federal department or agency.
 - **DoD Category #13: Quarantine Assistance to U.S. Civil Authorities.** When directed by the President, DoD may assist U.S. civil authorities responsible for isolating and/or quarantining groups of people in order to minimize the spread of disease during an influenza pandemic. Isolation is a commonly used public health practice for the separation and restriction of movement of ill persons to stop the spread of a contagious illness. People in isolation may be cared for in their homes, in hospitals, or at designated health care facilities. Isolation is primarily used on an individual level, but may be applied to populations. It is often voluntary, but may be mandatory. Quarantine, in contrast, applies to the separation and restriction of movement of well persons presumed to have been exposed to a contagion. Quarantine may be enacted at a home or other residential facility. It may also be voluntary or mandatory.
 - **DoD Category #14: Provide Defense Assistance for Civil Disturbances.** When directed by the President, DoD will provide support to civil authorities in the event of a civil disturbance. DoD will augment civilian law enforcement efforts to restore and maintain order in accordance with existing statutes.
 - **DoD Category #16: Mortuary Affairs.** Mortuary Affairs (MA) capabilities within DoD are extremely limited. When directed by the President, or upon approval by the Secretary of Defense, of a request from a Federal department or agency, DoD can provide search, recovery, receiving, processing, and can coordinate evacuation of remains of the deceased.
- **Communications.**

- **DoD Category #12: Communications Support to Civil Authorities.** As resources permit, DoD will provide communications equipment support with associated training to civil authorities as requested in the event of a pandemic influenza outbreak.
- **DoD Category #19: Public Affairs Support to Civil Authorities.** DoD will coordinate all public affairs guidelines and messages for a pandemic influenza outbreak with Interagency partners.
- **Support to International Partners.** DoD will provide support in response to a pandemic influenza when directed by the President, or upon approval by the Secretary of Defense, of a request from a Federal department or agency. This assistance may include support to containment operations and stability operations.

Pre-Scripted Requests for Assistance

During pandemic influenza planning, the DoD assigned Office of Primary Responsibility (OPR) will coordinate with primary federal agencies to determine pre-identified gaps that DoD can fill based upon analysis within their own Pandemic Influenza response plans. The analysis to determine gaps must be done by those federal agencies with interagency leads for the 19 DoD categories. Upon completion of the analysis, the primary federal agency will nominate potential Request for Assistance (RFA's) with a capability statement that supports possible requests for assistance from domestic civil authorities. The DoD OPRs will further task Combatant Commanders through the Joint Staff to develop, prior to an incident, a "pre-scripted request for assistance matching DoD capability with pre-determined interagency gaps. These pre-scripted requests for assistance are not pre-approved requests.

OASD(HD) will provide supervision of the overall effort, along with the Joint Staff. Members of the working group will include appropriate stakeholders from DoD and interagency partners.

Pandemic Influenza Task Force

In November 2005, the Deputy Secretary of Defense directed that a pandemic task force be established within DoD. The Assistant Secretary of Defense for Homeland Defense (ASD(HD)) was named as the lead for the Pandemic Influenza Task Force (PITF). The Assistant Secretary of Defense for Health Affairs (ASD(HA)) is supporting the effort as the Department's lead for health service support for pandemic influenza preparedness and response. The PITF is charged with the coordination and implementation of policies and plans which will (1) prepare for, detect, respond to, and contain the effects of a pandemic on military forces, DoD civilians, contractors, dependents, and beneficiaries; (2) ensure the Department's continued ability to protect American interests at home and abroad; and (3) be prepared to render appropriate assistance to civilian authorities in the United States (to include Commonwealths, Territories, and Possessions).⁶

⁶ Department of Defense memorandum, subject: "Avian Influenza Pandemic Task Force", November 2005.

- **Roles and Responsibilities.** The ASD(HD) serves as the principal civilian advisor to the Deputy Secretary of Defense for all matters concerning pandemic influenza preparedness and response, as well as coordinates all efforts of the PITF. These efforts will include coordination of pandemic influenza preparedness, mitigation, and response policy within DoD and among appropriate interagency, international, governmental and non-government agencies and host nation partners.
 - ASD(HA) will serve as the principal civilian advisor to the Deputy Secretary of Defense for health service support for pandemic influenza preparedness and response.
 - Office of the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict (ASD(SO/LIC)) will provide policy oversight of the DoD Pandemic Influenza bilateral and multilateral international partnership capacity building program.

- **Other Task Force Representatives.** Other representatives include the Office of the Under Secretary of Defense for Intelligence (USD(I)), Office of the Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)), the Under Secretary for Personnel and Readiness (USD(P&R)), Assistant Secretary of Defense for Public Affairs (ASD(PA)), the Joint Staff, and Combatant Commanders. Military Departments, Defense Agencies, and other DoD entities will be directed to support Task Force efforts as required.

CONCLUSION

The *Implementation Plan for the National Strategy for Pandemic Influenza* provided guidance for Federal departments and agencies to implement preparedness and response tasks for a pandemic influenza outbreak. In response, DoD developed this document to provide planning and implementation guidance to the Office of the Secretary of Defense, Combatant Commanders, Military Departments, and DoD Agencies. A recent article published by the Centers for Disease Control and Prevention remarked that "...the H5N1 influenza threat is viewed with disturbing complacency; a frequently heard statement is 'since the virus has not adapted to continuing human-to-human transmission by now, it is unlikely to do so in the future.' Such complacency is akin to living on a geologic fault line and failing to take precautions against earthquakes and tsunamis."⁷

It is imperative that DoD develop policies and plans that provide for an active, layered defense and coordinate with our Federal partners to ensure that governments at all levels domestically and abroad are prepared to face a pandemic threat.

⁷ Centers for Disease Control and Prevention, *Emerging Infectious Diseases*, "H5N1 Outbreaks and Enzootic Influenza," January 2006, p. 3.

ANNEXES

- A – DoD Pandemic Influenza Preparedness and Response Task Matrix
- B – Intelligence (Annex is Classified (C/NF) –Disseminated Separately)
- C – Force Health and Protection
- D – Continuity of Operations/Continuity of Government
- E – Public Affairs
- F – Definitions
- G – References

ANNEX A, DEPARTMENT OF DEFENSE PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE TASKS

PURPOSE

This annex lists all tasks assigned to the Department of Defense (DoD) in the *National Implementation Plan for the National Strategy for Pandemic Influenza*. It additionally assigns tasks to primary and supporting offices within the Department.

There are 114 total tasks of which 31 have DoD in the primary role (in red), and 83 with DoD in a supporting role (in blue).

Offices of Primary Responsibility (OPR) will begin assigned actions or begin coordination of tasks upon receipt of this framework. OPRs will coordinate all actions with other appropriate offices within the Office of the Secretary of Defense, as well as Joint Staff and/or Military Services and DoD Agency counterparts, as appropriate. OPR abbreviations are:

- USD (P&R) – Office of the Under Secretary for Personnel and Readiness
- HD - Office of the Assistant Secretary of Defense for Homeland Defense
- HA - Office of the Assistant Secretary of Defense for Health Affairs
- SOLIC - Office of the Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict
- NGB – National Guard Bureau

PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE TASK MATRIX

DOD Planning Category	National Plan Action Number	Actions	Timeframe (Months)	Interagency Leads	DOD OPR	DOD Role
Support to International Allies and NGOs	4.1.1.3	<p>Conduct Military-Military Assistance Planning</p> <p>DOD, in coordination with DOS and other appropriate Federal agencies, host nations, and regional alliance military partners, shall, within 18 months: (1) conduct bilateral and multilateral assessments of the avian and pandemic preparedness and response plans of the militaries in partner nations or regional alliances such as NATO focused on preparing for and mitigating the effects of an outbreak on assigned mission accomplishment; (2) develop solutions for identified national and regional military gaps; and (3) develop and execute bilateral and multilateral military-to-military influenza exercises to validate preparedness and response plans. Measure of performance: all countries with endemic avian influenza engaged by U.S. efforts; initial assessment and identification of exercise timeline for the military of each key partner nation completed.</p>	18	DOD DOS	SOLIC	Primary Agency
Support to International Allies and NGOs	4.1.2.6.	<p>Priority Country Military-Military Infection Control Training</p> <p>DOD, in coordination with DOS, host nations, and regional alliance military partners, shall assist in developing priority country military infection control and case management capability through training programs, within 18 months. Measure of performance: training programs carried out in all priority countries with increased military infection control and case management capability.</p>	18	DOD DOS	SOLIC	Primary Agency

Biosurveillance, Disease Detection and Information Sharing	4.1.8.4.	Open Source Information Sharing HHS and DOD, in coordination with DOS, shall enhance open source information sharing efforts with international organizations and agencies to facilitate the characterization of genetic sequences of circulating strains of novel influenza viruses within 12 months. Measure of performance: publication of all reported novel influenza viruses which are sequenced.	12	HHS DOD DOS	HA	Primary Agency
Biosurveillance, Disease Detection and Information Sharing	4.2.2.5.	Inpatient and Out patient Disease Surveillance DOD shall develop active and passive systems for inpatient and outpatient disease surveillance at its institutions worldwide, with an emphasis on index case and cluster identification, and develop mechanisms for utilizing DOD epidemiological investigation experts in international support efforts, to include validation of systems/tools and improved outpatient/inpatient surveillance capabilities, within 18 months. Measure of performance: monitoring system and program to utilize epidemiological investigation experts internationally are in place.	18	DOD	HA	Primary Agency
Biosurveillance, Disease Detection and Information Sharing	4.2.2.6.	Monitoring Health of Military Forces Worldwide DOD shall monitor the health of military forces worldwide to include the appropriate monitoring of Reserve component forces (CONUS and OCONUS bases, deployed operational forces, exercises, units, etc.), and in coordination with DOS, coordinate with allied, coalition, and host nation public health communities to investigate and respond to confirmed infectious disease outbreaks on DOD installations, within 18 months. Measure of performance: medical surveillance "watchboard" reports show results of routine monitoring, number of validated outbreaks, and results of interventions.	18	DOD DOS	HA	Primary Agency

Biosurveillance, Disease Detection and Information Sharing	4.2.2.7.	Assist with Influenza Surveillance in Host Nations DOD, in coordination with DOS and with the cooperation of the host nation, shall assist with influenza surveillance of host nation populations in accordance with existing treaties and international agreements, within 24 months. Measure of performance: medical surveillance “watchboard” expanded to include host nations.	24	DOD DOS	HA coord with SOLIC	Primary Agency
Biosurveillance, Disease Detection and Information Sharing	4.2.3.8.	Develop/Enhance DoD Network of Overseas Infrastructure DOD, in coordination with HHS, shall develop and refine its overseas virologic and bacteriologic surveillance infrastructure through Global Emerging Infections Surveillance and Response System (GEIS) and the DOD network of overseas labs, including fully developing and implementing seasonal influenza laboratory surveillance and an animal/vector surveillance plan linked with WHO pandemic phases, within 18 months. Measure of performance: animal/vector surveillance plan and DOD overseas virologic surveillance network developed and functional.	18	DOD HHS	HA	Primary Agency
Biosurveillance, Disease Detection and Information Sharing	4.2.3.9.	Refinement of DoD Laboratory Methods DOD, in coordination with HHS, shall prioritize international DOD laboratory research efforts to develop, refine, and validate diagnostic methods to rapidly identify pathogens, within 18 months. Measure of performance: completion of prioritized research plan, resources identified, and tasks assigned across DOD medical research facilities.	18	DOD HHS	HA	Primary Agency

Support to International Allies and NGOs	4.2.3.10.	Assess Foreign Country Military Lab Capacity DOD shall work with priority nations' military forces to assess existing laboratory capacity, rapid response teams, and portable field assay testing equipment, and fund essential commodities and training necessary to achieve an effective national military diagnostic capability, within 18 months. Measure of performance: assessments completed, proposals accepted, and funding made available to priority countries.	18	DOD	SOLIC Coord with HA	Primary Agency
Public Affairs Support to Civil Authorities	4.2.4.2.	Combatant Command Public Health Reports for Area Personnel DOD shall incorporate international public health reporting requirements for exposed or ill military international travelers into the Geographic Combatant Commanders' pandemic influenza plans within 18 months. Measure of performance: reporting requirements incorporated into Geographic Combatant Commanders' pandemic influenza plans.	18	DOD	HA	Primary Agency
Installation Support to Civilian Agencies	4.3.2.2.	Identify DoD Facilities to Serve as Points of Entry from Outbreak Countries DOD, in coordination with DOS, HHS, DOT, and DHS, will limit official DOD military travel between affected areas and the United States. Measure of performance: DOD identifies military facilities in the United States and OCONUS that will serve as the points of entry for all official travelers from affected areas, within 6 months.	6	DOD DOS HHS DOT DHS	HD	Primary Agency
Force Protection Patient Transport and Strategic Lift Military Assistance for Civil Disturbances	5.1.1.5.	Assessment of Military Support for Transportation and Borders DOD, in coordination with DHS, DOT, DOJ, and DOS, shall conduct an assessment of military support related to transportation and borders that may be requested during a pandemic and develop a comprehensive contingency plan for Defense Support to Civil Authorities, within 18 months. Measure of performance: Defense Support to Civil Authorities plan in place that addresses emergency transportation and border support.	18	DOD DHS DOT DOJ DOS	HD	Primary Agency

Force Protection	5.3.4.8.	<p>Strategic Military Deployment Use of Airports and Seaports</p> <p>DOD, in coordination with DHS and DOS, shall identify those domestic and foreign airports and seaports that are considered strategic junctures for major military deployments and evaluate whether additional risk-based protective measures are needed, within 18 months. Measure of performance: identification of critical air and seaports and evaluation of additional risk-based procedures, completed.</p>	18	DOD DHS DOS	HD	Primary Agency
<p>Military Assistance for Civil Disturbances</p> <p>Bulk Transport of Pharmaceuticals /Vaccines</p> <p>Patient Transport and Strategic Lift</p>	5.3.5.5.	<p>Monitor and Report on Military Assets Requested for Border Protection</p> <p>DOD, when directed by Secretary of Defense and in accordance with law, shall monitor and report the status of the military transportation system and those military assets that may be requested to protect the borders, assess impacts (to include operational impacts), and coordinate military services in support of Federal agencies and State, local, and tribal entities. Measure of performance: when DOD activated, regular reports provided, impacts assessed, and services coordinated as needed.</p>		DOD	HD	Primary Agency
<p>Medical Care to US Forces</p> <p>Surge Medical Capability to Assist Civil Authorities</p>	6.1.6.3.	<p>Conduct Medical Materiel Requirements Gap Analysis</p> <p>DOD, as part of its departmental implementation plan, shall conduct a medical materiel requirements gap analysis and procure necessary materiel to enhance Military Health System surge capacity, within 18 months. Measure of performance: gap analysis completed and necessary materiel procured.</p>	18	DOD	HA	Primary Agency

Medical Care to US Forces Surge Medical Capability to Assist Civil Authorities	6.1.6.4.	Maintain Antiviral and Vaccine Stockpiles HHS, DOD, VA and the States shall maintain antiviral and vaccine stockpiles in a manner consistent with the requirements of FDA's Shelf Life Extension Program (SLEP) and explore the possibility of broadening SLEP to include equivalently maintained State stockpiles, within 6 months. Measure of performance: compliance with SLEP requirements documented; decision made on broadening SLEP to State stockpiles.	6	HHS DOD VA	HA	Primary Agency
Medical Care to US Forces Surge Medical Capability to Assist Civil Authorities	6.1.7.4.	Establish Stockpiles of Vaccine Against H5N1 DOD shall establish stockpiles of vaccine against H5N1 and other influenza subtypes determined to represent a pandemic threat adequate to immunize approximately 1.35 million persons for military use within 18 months of availability. Measure of performance: sufficient vaccine against each influenza virus determined to represent a pandemic threat in DOD stockpile to vaccinate 1.35 million persons.	18	DOD	HA	Primary Agency
Medical Care to US Forces Surge Medical Capability to Assist Civil Authorities	6.1.9.3.	Procure 2.4 Million Antiviral Medications DOD shall procure 2.4 million treatment courses of antiviral medications and position them at locations worldwide within 18 months. Measure of performance: aggregate 2.4 million treatment courses of antiviral medications in DOD stockpiles.	18	DOD	HA	Primary Agency
Medical Care to US Forces Surge Medical Capability to Assist Civil Authorities	6.1.13.8.	Supply Military Units/Bases with Influenza Medication DOD shall supply military units and posts, installations, bases, and stations with vaccine and antiviral medications according to the schedule of priorities listed in the DOD pandemic influenza policy and planning guidance, within 18 months. Measure of performance: vaccine and antiviral medications procured; DOD policy guidance developed on use and release of vaccine and antiviral medications; and worldwide distribution drill completed.	18	DOD	HA	Primary Agency

Medical Care to US Forces Surge Medical Capability to Assist Civil Authorities	6.2.2.9.	Enhance Public Health Response Capabilities DOD shall enhance influenza surveillance efforts within 6 months by: (1) ensuring that medical treatment facilities (MTFs) monitor the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) and provide additional information on suspected or confirmed cases of pandemic influenza through their Service surveillance activities; (2) ensuring that Public Health Emergency Officers (PHEOs) report all suspected or actual cases through appropriate DOD reporting channels, as well as to CDC, State public health authorities, and host nations; and (3) posting results of aggregated surveillance on the DOD Pandemic Influenza Watchboard and (4) ensuring that the Reserve components have a mechanism in place to report actual or suspected cases to the respective Services,; all within 18 months. Measure of performance: number of MTFs performing ESSENCE surveillance greater than 80 percent; DOD reporting policy for public health emergencies, including pandemic influenza completed.	18	DOD	HA	Primary Agency
Biosurveillance, Disease Detection and Information Sharing	6.2.3.4.	Access to Improved Rapid Diagnostic Tests HHS-, DOD-, and VA-funded hospitals and health facilities shall have access to improved rapid diagnostic tests for influenza A, including influenza with pandemic potential, within 6 months of when tests become available. Measure of performance: diagnostic tests, if found to be useful, are accessible to federally funded health facilities.	6	HHS DOD VA	HA	Primary Agency
Biosurveillance, Disease Detection and Information Sharing	6.2.4.3.	Provide Health Statistics on Influenza-Like Illnesses DOD and VA shall be prepared to track and provide personnel and beneficiary health statistics and develop enhanced methods to aggregate and analyze data documenting influenza-like illness from its surveillance systems within 12 months. Measure of performance: influenza tracking systems in place and capturing beneficiary clinical encounters.	12	DOD VA	HA	Primary Agency

Force Protection	6.3.2.4.	<p>DoD Guidance to Personnel Protective Measures</p> <p>As appropriate, DOD, in consultation with its Combatant Command commanders, shall implement movement restrictions and individual protection and social distancing strategies (including unit shielding, ship sortie, cancellation of public gatherings, drill, training, etc.) within their posts, installations, bases, facilities, and stations. DOD personnel and beneficiaries living off-base should comply with local community containment guidance with respect to activities not directly related to the installation. DOD shall be prepared to initiate within 18 months. Measure of performance: the policies/procedures are in place for at-risk DOD posts, installations, bases, stations, and for units to conduct an annual training evaluation that includes restriction of movement, shielding, personnel protection measures, health unit isolation, and other measures necessary to prevent influenza transmission.</p>	18	DOD	HA	Primary Agency
Medical Care to US Forces	6.3.2.5.	<p>Implement Infection Control Campaigns</p> <p>All HHS-, DOD-, and VA-funded hospitals and health facilities shall develop, test, and be prepared to implement infection control campaigns for pandemic influenza, within 3 months. Measure of performance: guidance materials on infection control developed and disseminated on www.pandemicflu.gov and through other channels.</p>	3	HHS DOD VA	HA	Primary Agency

Biosurveillance, Disease Detection and Information Sharing	6.3.4.7.	<p>Enhance Influenza Surveillance Reporting Techniques</p> <p>DOD shall enhance its public health response capabilities by: (1) continuing to assign epidemiologists and preventive medicine physicians within key operational settings; (2) expanding ongoing DOD participation in CDC's Epidemic Intelligence Service (EIS) Program; and (3) within 18 months, fielding specific training programs for PHEOs that address their roles and responsibilities during a public health emergency and (4) ensuring that the Reserve components have a mechanism in place to report actual or suspected cases to their respective Services. Measure of performance: all military PHEOs fully trained within 18 months; increase military trainees in CDC's EIS program by 100 percent within 5 years; ASD(RA) completion of RC reporting policy.</p>	18	DOD	HA	Primary Agency
Medical Care to US Forces Surge Medical Capability to Assist Civil Authorities	6.3.7.2.	<p>Be Prepared to Augment State/Local Government Medical Response</p> <p>DOD and VA assets and capabilities shall be postured to provide care for military personnel and eligible civilians, contractors, dependants, other beneficiaries, and veterans and shall be prepared to augment the medical response of State, territorial, tribal, or local governments and other Federal agencies consistent with their ESF #8 support roles, within 3 months. Measure of performance: DOD and VA pandemic preparedness plans developed; in a pandemic, adequate health response provided to military and associated personnel.</p>	3	DOD VA	USD-P&R	Primary Agency
Medical Care to US Forces	6.3.7.5.	<p>Reserve Medical Personnel Mobilization</p> <p>DOD shall develop and implement guidelines defining conditions under which Reserve Component medical personnel providing health care in non-military health care facilities should be mobilized and deployed, within 18 months. Measure of performance: guidelines developed and implemented.</p>	18	DOD	USD-P&R	Primary Agency

Force Protection Public Affairs Support to Civil Authorities	6.3.8.2.	Update Risk Communication Material DOD and VA, in coordination with HHS, shall develop and disseminate educational materials, coordinated with and complementary to messages developed by HHS but tailored for their respective departments, within 6 months. Measure of performance: up-to-date risk communication material published on DOD and VA pandemic influenza websites, HHS website www.pandemicflu.gov, and in other venues.	6	DOD VA HHS	HA	Primary Agency
Military Assistance for Civil Disturbances Security in Support of Pharmaceutical/ Vaccine Production(CIP)	8.1.2.5.	National Guard Training for State Law Enforcement DOD, in consultation with DOJ and the National Guard Bureau, and in coordination with the States as such training applies to support of State law enforcement, shall assess the training needs for National Guard forces in providing operational assistance to State law enforcement under either Federal (Title 10) or State (Title 32 or State Active Duty) in a pandemic influenza outbreak and provide appropriate training guidance to the States and Territories for units and personnel who will be tasked to provide this support, within 18 months. Measure of performance: guidance provided to all States.	18	DOD DOJ	HD	Primary Agency
Force Protection Surge Medical Capability to Assist Civil Authorities Communications Support to Civil Authorities Public Affairs Support to Civil Authorities Military Assistance for Civil Disturbances Bulk Transport of Pharmaceuticals	8.1.2.6.	Requests for Assistance from States/Governors DOD, in consultation with DOJ, shall advise State Governors of the procedures for requesting military equipment and facilities, training and maintenance support as authorized by 10 U.S.C. §§ 372-74, within 6 months. Measure of performance: all State governors advised.	6	DOD DOJ	HD NGB	Primary Agency

/Vaccines Patient Transport and Strategic Lift						
Quarantine Assistance to U.S. Civil Authorities	8.3.2.1.	<p>Plans for Quarantine Enforcement</p> <p>DOJ, DHS, and DOD shall engage in contingency planning and related exercises to ensure they are prepared to maintain essential operations and conduct missions, as permitted by law, in support of quarantine enforcement and/or assist State, local, and tribal entities in law enforcement emergencies that may arise in the course of an outbreak, within 6 months. Measure of performance: completed plans (validated by exercise(s)) for supporting quarantine enforcement and/or law enforcement emergencies.</p>	6	DOJ DHS DOD	HD	Primary Agency
Support to International Allies and NGOs	4.1.1.1.	<p>International and Regional Response Exercises</p> <p>DOS, in coordination with HHS, USAID, DOD, and DOT, shall work with the Partnership, the Senior UN System Coordinator for Avian and Human Influenza, other international organizations (e.g., WHO, World Bank, OIE, FAO) and through bilateral and multilateral initiatives to encourage countries, particularly those at highest risk, to develop and exercise national and regional avian and pandemic response plans within 12 months. Measure of performance: 90 percent of high-risk countries have response plans and plans to test them.</p>	12	DOS HHS USAID DOD DOT	SOLIC	Support Agency

Biosurveillance, Disease Detection and Information Sharing	4.2.2.3.	<p style="text-align: center;">Expand DoD Unit/Team Surveillance Capabilities</p> <p>HHS, in coordination with DOD, shall provide support to Naval Medical Research Unit (NAMRU) 2 in Jakarta, Indonesia and Phnom Penh, Cambodia, the Armed Forces Research Institute of Medical Sciences in Bangkok, Thailand, and NAMRU-3 in Cairo, Egypt to expand and expedite geographic surveillance of human populations at-risk for H5N1 infections in those and neighboring countries through training, enhanced surveillance, and enhancement of the Early Warning Outbreak Recognition System, within 12 months. Measure of performance: reagents and technical assistance provided to countries in the network to improve and expand surveillance of H5N1 and number of specimens tested by real-time processing.</p>	12	HHS DOD	HA	Support Agency
Support to International Allies and NGOs	4.3.1.1.	<p style="text-align: center;">Coordinate Overseas U.S. Response Capabilities</p> <p>DOS, in coordination with HHS, USDA, USAID, and DOD, shall coordinate the development and implementation of U.S. capability to respond rapidly to assess and contain outbreaks of avian influenza with pandemic potential abroad, including coordination of the development, training and exercise of U.S. rapid response teams; and coordination of U.S. support for development, training and exercise of, and U.S. participation in, international support teams. Measure of performance: agreed operating procedures and operational support for U.S. rapid response, and for U.S. participation in international rapid response efforts, are developed and function effectively.</p>		DOS HHS USDA USAID DOD	SOLIC	Support Agency

Support to International Allies and NGOs	4.3.1.3.	<p>Deploy Investigative Surveillance Teams for Potential Outbreaks</p> <p>HHS, in coordination with DOS, and the WHO Secretariat, and USDA, USAID, DOD, as appropriate, shall rapidly deploy disease surveillance and control teams to investigate possible human outbreaks through WHO's GOARN network, as required. Measure of performance: teams deployed to suspected outbreaks within 48 hours of investigation request.</p>		HHS DOS USDA USAID DOD	HA	Support Agency
Support to International Allies and NGOs	4.3.1.4.	<p>Coordinate U.S. Participation in International Response</p> <p>DOS, in coordination with HHS, and the WHO Secretariat, and USDA, USAID, DOD, as appropriate, shall coordinate United States participation in the implementation of the international response and containment strategy (e.g., assigning experts to the WHO outbreak teams and providing assistance and advice to ministries of health on local public health interventions, ongoing disease surveillance, and use of antiviral medications and vaccines if they are available). Measure of performance: teams deployed to suspected outbreaks within 48 hours of investigation request.</p>		DOS HHS USDA USAID DOD	SOLIC	Support Agency
Support to International Allies and NGOs	4.3.1.5.	<p>Rapid Response Teams Abroad for Technical Assistance</p> <p>USDA and USAID, in coordination with DOS, HHS, and DOD, and in collaboration with relevant international organizations, shall support operational deployment of rapid response teams and provide technical expertise and technology to support avian influenza assessment and response teams in priority countries as required. Measure of performance: all priority countries have rapid access to avian influenza assessment and response teams; deployment assistance provided in each instance and documented in a log of technical assistance rendered.</p>		USDA USAID DOS HHS DOD	HA	Support Agency

Bulk Transport of Pharmaceuticals /Vaccines	4.3.1.7.	<p>Develop International Assistance Distribution Plan</p> <p>DOS, in coordination with and drawing on the expertise of USAID, HHS, and DOD, shall work with the international community to develop, within 12 months, a coordinated, integrated, and prioritized distribution plan for pandemic influenza assistance that details a strategy for (1) strategic lift of WHO stockpiles and response teams, (2) theater distribution to high-risk countries, (3) in-country coordination to key distribution areas, and (4) establishment of internal mechanisms within each country for distribution to urban, rural, and remote populations.</p> <p>Measure of performance: commitments by countries that specify their ability to support distribution, and specify the personnel and material for such support.</p>	12	DOS DOD USAID HHS	SOLIC	Support Agency
Biosurveillance, Disease Detection and Information Sharing	4.3.2.1.	<p>Implement Passenger Screening Protocols</p> <p>DOS, in coordination with DHS, HHS, DOD, and DOT, and in collaboration with foreign counterparts, shall support the implementation of pre-existing passenger screening protocols in the event of an outbreak of pandemic influenza. Measure of performance: protocols implemented within 48 hours of notification of an outbreak of pandemic influenza.</p>	None	DOS DHS HHS DOD DOT	HD	Support Agency
Bulk Transport of Pharmaceuticals /Vaccines	4.3.3.1.	<p>Deliver Countermeasures to Affected Countries</p> <p>DOS, in coordination with HHS, USAID, USDA, and DOD, shall work with the Partnership to assist in the prompt and effective delivery of countermeasures to affected countries consistent with U.S. law and regulation and the agreed upon doctrine for international action to respond to and contain an outbreak of influenza with pandemic potential. Measure of performance: necessary countermeasures delivered to an affected area within 48 hours of agreement to meet request.</p>		DOS HHS USAID USDA DOD	SOLIC	Support Agency

Support to International Allies and NGOs	4.3.6.1.	<p>Communicate U.S. Foreign Policy Objectives for International Response</p> <p>DOS, in coordination with HHS, USAID, USDA, DOD, and DHS, shall lead an interagency public diplomacy group to develop a coordinated, integrated, and prioritized plan to communicate U.S. foreign policy objectives relating to our international engagement on avian and pandemic influenza to key stakeholders (e.g., the American people, the foreign public, NGOs, international businesses), within 3 months. Measure of performance: number and range of target audiences reached with core public affairs and public diplomacy messages, and impact of these messages on public responses to avian and pandemic influenza.</p>	3	DOS HHS USAID USDA DOD DHS	SOLIC	Support Agency
Patient Transport and Strategic Lift	5.1.1.1.	<p>Establish Transportation Planning Assumptions</p> <p>DHS and DOT shall establish an interagency transportation and border preparedness working group, including DOS, HHS, USDA, DOD, DOL, and DOC as core members, to develop planning assumptions for the transportation and border sectors, coordinate preparedness activities by mode, review products and their distribution, and develop a coordinated outreach plan for stakeholders, within 6 months. Measure of performance: interagency working group established, planning assumptions developed, preparedness priorities and timelines established by mode, and outreach plan for stakeholders in place.</p>	6	DHS DOT DOS HHS USDA DOD DOL DOC	HD	Support Agency

Biosurveillance, Disease Detection and Information Sharing	5.1.1.2.	<p>Support Interagency Modeling Group</p> <p>HHS and DHS, in coordination with the National Economic Council (NEC), DOD, DOC, U.S. Trade Representative (USTR), DOT, DOS, USDA, Treasury, and key transportation and border stakeholders, shall establish an interagency modeling group to examine the effects of transportation and border decisions on delaying spread of a pandemic, and the associated health benefits, the societal and economic consequences, and the international implications, within 6 months.</p> <p>Measure of performance: interagency working group established, planning assumptions developed, priorities established, and recommendations made on which models are best suited to address priorities.</p>	6	HHS DHS NEC DOD DOC USTR DOT DOS USDA TREASURY	HD	Support Agency
COOP/COG	5.1.1.3.	<p>Assess Ability to Maintain Federal Transport and Border Services</p> <p>DHS and DOT, in coordination with DOD, HHS, USDA, Department of Justice (DOJ), and DOS, shall assess their ability to maintain critical Federal transportation and border services (e.g., sustain National Air Space, secure the borders) during a pandemic, revise contingency plans, and conduct exercises, within 12 months. Measure of performance: revised contingency plans in place at specified Federal agencies that respond to both international and domestic outbreaks and at least two interagency exercises carried out to test the plans.</p>	12	DHS DOT DOD HHS USDA DOJ DOS	HD	Support Agency

Interagency Planning Support	5.1.1.4.	<p>Operational Plans for Inbound Traffic at Borders or for Mass Migration</p> <p>DHS and DOT, in coordination with DOD, HHS, USDA, USTR, DOL, and DOS, shall develop detailed operational plans and protocols to respond to potential pandemic-related scenarios, including inbound aircraft/vessel/land border traffic with suspected case of pandemic influenza, international outbreak, multiple domestic outbreaks, and potential mass migration, within 12 months. Measure of performance: coordinated Federal operational plans that identify actions, authorities, and trigger points for decision-making and are validated by interagency exercises.</p>	12	DHS DOT DOD HHS USDA USTR DOL DOS	HD	Support Agency
Bulk Transport of Pharmaceuticals /Vaccines	5.1.1.6.	<p>Assess Federal Emergency Transport Capacity</p> <p>DOT, in coordination with DHS, DOD, DOJ, HHS, DOL, and USDA, shall assess the Federal Government's ability to provide emergency transportation support during a pandemic under NRP ESF #1 and develop a contingency plan, within 18 months. Measure of performance: completed contingency plan that includes options for increasing transportation capacity, the potential need for military support, improved shipment tracking, potential need for security and/or waivers for critical shipments, incorporation of decontamination and workforce protection guidelines, and other critical issues.</p>	18	DOT DHS DOD DOJ HHS DOL USDA	HD	Support Agency
Interagency Planning Support	5.1.2.5.	<p>Develop Options for Commodity/Services Shortages</p> <p>DHS and DOT, in coordination with DOD and States, shall develop a range of options to cope with potential shortages of commodities and demand for essential services, such as building reserves of essential goods, within 20 months. Measure of performance: options developed and available for State, local, and tribal governments to refine and incorporate in contingency plans.</p>	20	DHS DOT DOD	HD	Support Agency

Support to International Allies and NGOs	5.1.4.3.	<p>Decontamination Guidelines</p> <p>HHS, in coordination with DHS, DOT, DOD, Environmental Protection Agency (EPA), and transportation and border stakeholders, shall develop and disseminate decontamination guidelines and timeframes for transportation and border assets and facilities (e.g., airframes, emergency medical services transport vehicles, trains, trucks, stations, port of entry detention facilities) specific to pandemic influenza, within 12 months. Measure of performance: decontamination guidelines developed and disseminated through existing DOT and DHS channels.</p>	12	HHS DHS DOT DOD EPA	HD	Support Agency
Biosurveillance, Disease Detection and Information Sharing	5.2.1.1.	<p>Review Transportation & Border Protocols for Quarantine Diseases</p> <p>HHS and USDA, in coordination with DHS, DOT, DOS, DOD, DOI, and State, local, and international stakeholders, shall review existing transportation and border notification protocols to ensure timely information sharing in cases of quarantinable disease, within 6 months. Measure of performance: coordinated, clear interagency notification protocols disseminated and available for transportation and border stakeholders.</p>	6	HHS USDA DHS DOT DOS DOD DOI	HD	Support Agency
Surge Medical Capability to Assist Civil Authorities	5.2.2.1.	<p>Develop Human Influenza Diagnostic Tests</p> <p>DHS, in coordination with HHS and DOD, shall deploy human influenza rapid diagnostic tests with greater sensitivity and specificity at borders and ports of entry to allow real-time health screening, within 12 months of development of tests. Measure of performance: diagnostic tests, if found to be useful, are deployed; testing is integrated into screening protocols to improve screening at the 20-30 most critical ports of entry.</p>	12	DHS HHS DOD	HA	Support Agency

Biosurveillance, Disease Detection and Information Sharing	5.2.3.1.	<p>Implement Protocols for Retrieving Traveler Health Information</p> <p>DHS, in coordination with HHS, DOT, DOS, and DOD, shall work closely with domestic and international air carriers and cruise lines to develop and implement protocols (in accordance with U.S. privacy law) to retrieve and rapidly share information on travelers who may be carrying or may have been exposed to a pandemic strain of influenza, within 6 months. Measure of performance: aviation and maritime protocols implemented and information on potentially infected travelers available to appropriate authorities.</p>	6	DHS HHS DOT DOS DOD	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	5.2.4.5.	<p>Develop Protocols to Divert International Air/Maritime Traffic</p> <p>DOT and DHS, in coordination with HHS, DOD, DOS, airlines/air space users, the cruise line industry, and appropriate State and local health authorities, shall develop protocols to manage and/or divert inbound international flights and vessels with suspected cases of pandemic influenza that identify roles, actions, relevant authorities, and events that trigger response, within 12 months. Measure of performance: interagency response protocols for inbound flights completed and disseminated to appropriate entities.</p>	12	DOT DHS HHS DOD DOS	HD	Support Agency

Biosurveillance, Disease Detection and Information Sharing	5.2.4.6.	<p>Develop Protocols for Aircraft/Maritime Crews to Identify Influenza</p> <p>HHS, in coordination with DHS, DOT, DOS, DOD, air carriers/air space users, the cruise line industry, and appropriate State and local health authorities, shall develop en route protocols for crewmembers onboard aircraft and vessels to identify and respond to travelers who become ill en route and to make timely notification to Federal agencies, health care providers, and other relevant authorities, within 12 months. Measure of performance: protocols developed and disseminated to air carriers/air space users and cruise line industry.</p>	12	HHS DHS DOT DOS DOD	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	5.2.5.1.	<p>Develop Safe Loading/Unloading Protocols for Cargo Shipments</p> <p>HHS and DHS, in coordination with DOS, DOT, DOD, DOL, and international and domestic stakeholders, shall develop vessel, aircraft, and truck cargo protocols to support safe loading and unloading of cargo while preventing transmission of influenza to crew or shore-side personnel, within 12 months. Measure of performance: protocols disseminated to minimize influenza spread between vessel, aircraft, and truck operators/crews and shore-side personnel.</p>	12	HHS DHS DOS DOT DOD DOL	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	5.3.1.2.	<p>Develop Screening Protocols at U.S. Ports of Entry</p> <p>DOS, in coordination with DOT, HHS, DHS, DOD, air carriers, and cruise lines, shall work with host countries to implement agreed upon pre-departure screening based on disease characteristics and availability of rapid detection methods and equipment. Measure of performance: screening protocols agreed upon and put in place in countries within 24 hours of an outbreak.</p>		DOS DOT HHS DHS DOD	HA	Support Agency

Biosurveillance, Disease Detection and Information Sharing	5.3.1.5.	<p>Develop Screening Protocols at U.S. Ports of Entry</p> <p>DHS, in coordination with DOT, HHS, DOS, DOD, USDA, appropriate State and local authorities, air carriers/air space users, airports, cruise lines, and seaports, shall implement screening protocols at U.S. ports of entry based on disease characteristics and availability of rapid detection methods and equipment. Measure of performance: screening implemented within 48 hours upon notification of an outbreak.</p>		DHS DOT HHS DOS DOD USDA	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	5.3.1.6.	<p>Implement Response/Screening Protocols at U.S. Domestic Airports</p> <p>DHS, in coordination with DOT, HHS, USDA, DOD, appropriate State, and local authorities, air carriers and airports, shall consider implementing response or screening protocols at domestic airports and other transport modes as appropriate, based on disease characteristics and availability of rapid detection methods and equipment. Measure of performance: screening protocols in place within 24 hours of directive to do so.</p>		DHS DOT HHS USDA DOD	HA	Support Agency
Mission Assurance: Defense Industrial Base	5.3.4.7.	<p>Work with Commercial Maritime Fleets to Ensure Continuous Service</p> <p>DHS, in coordination with DOS, DOT, DOD, and the Merchant Marine, shall work with major commercial shipping fleets and the international community to ensure continuation of maritime transport and commerce, including activation of plans, as needed, to provide emergency medical support to crews of vessels that are not capable of safe navigation. Measure of performance: maritime transportation capacity meets demand and vessel mishaps remain proportional to number of ship movements.</p>		DHS DOS DOT DOD	HD	Support Agency

Public Affairs Support to Civil Authorities	5.3.6.2.	<p>Guidance for Personal/Business Travel</p> <p>DHS and DOT, in coordination with DOS, DOD, HHS, USDA, DOI, and State, local, and tribal governments, shall provide the public and business community with relevant travel information, including shipping advisories, restrictions, and potential closing of domestic and international transportation hubs. Measure of performance: timely, consistent, and accurate traveler information provided to the media, public, and business community.</p>		DHS DOT DOS DOD HHS USDA DOI	HA	Support Agency
Medical Care to U.S. Forces	6.1.1.3.	<p>Emergency Response Training</p> <p>DHS, in coordination with HHS, DOJ, DOT, and DOD, shall be prepared to provide emergency response element training (e.g., incident management, triage, security, and communications) and exercise assistance upon request of State, local, and tribal communities and public health entities within 6 months. Measure of performance: percentage of requests for training and assistance fulfilled.</p>	6	DHS HHS DOJ DOT DOD	HD	Support Agency
Surge Medical Capability to Assist Civil Authorities	6.1.2.2.	<p>Develop Interagency Strategy for Deployment of Federal Medical Personnel</p> <p>HHS, in coordination with DHS, DOD, and VA, shall develop a joint strategy defining the objectives, conditions, and mechanisms for deployment under which NDMS assets, U.S. Public Health Service (PHS) Commissioned Corps, Epidemic Intelligence Service officers, and DOD/VA health care personnel and public health officers would be deployed during a pandemic, within 9 months. Measure of performance: interagency strategy completed and tested for the deployment of Federal medical personnel during a pandemic.</p>	9	HHS DHS DOD VA	HA	Support Agency

Bulk Transport of Pharmaceuticals /Vaccines	6.1.2.3.	<p>Develop Protocols for distribution of Critical and non-Critical Medical Materiel</p> <p>HHS, in coordination with DHS, DOT, DOD, and VA, shall work with State, local, and tribal governments and leverage Emergency Management Assistance Compact agreements to develop protocols for distribution of critical medical materiel (e.g., ventilators) in times of medical emergency within 6 months. Measure of performance: critical medical material distribution protocols completed and tested.</p>	6	HHS DHS DOT DOD VA	HA	Support Agency
Interagency Planning Support	6.1.2.4.	<p>Guidance for Allocating Scarce Medical Resources</p> <p>HHS, in coordination with DOD and VA, in collaboration with medical professional and specialty societies, within their domains of expertise, shall develop guidance for allocating scarce health and medical resources during a pandemic, within 6 months. Measure of performance: guidance developed and disseminated.</p>	6	HHS DOD VA	HA	Support Agency
Surge Medical Capability to assist Civil Authorities (Lab, Public Health Teams, Diagnostics, Medical Personnel)	6.1.2.7.	<p>Develop Guidance on the role of the Medical Reserve Corps</p> <p>HHS, in coordination with DHS, DOD, VA and the USA Freedom Corps and Citizen Corps programs, shall prepare guidance for local Medical Reserve Corps coordinators describing the role of the Medical Reserve Corps during a pandemic, within 3 months. Measure of performance: guidance materials developed and published on Medical Reserve Corps website (www.medicalreservecorps.gov).</p>	3	HHS DHS DOD VA	HA	Support Agency

Public Affairs Support to Civil Authorities	6.1.3.1.	<p>Test Federal Public Health Emergency Communications Plan</p> <p>HHS, in coordination with DHS, DOS, DOD, VA, and other Federal partners, shall develop, test, and implement a Federal Government public health emergency communications plan (describing the government’s strategy for responding to a pandemic, outlining U.S. international commitments and intentions, and reviewing containment measures that the government believes will be effective as well as those it regards as likely to be ineffective, excessively costly, or harmful) within 6 months.</p> <p>Measure of performance: containment strategy and emergency response materials completed and published on www.pandemicflu.gov; communications plan implemented.</p>	6	HHS DHS DOS DOD VA	HA	Support Agency
Public Affairs Support to Civil Authorities	6.1.3.3.	<p>Select and Retain Credible Medical Spokespersons</p> <p>HHS, in coordination with DHS, DOD, and the VA, and in collaboration with State, local, and tribal health agencies and the academic community, shall select and retain opinion leaders and medical experts to serve as credible spokespersons to coordinate and effectively communicate important and informative messages to the public, within 6 months. Measure of performance: national spokespersons engaged in communications campaign.</p>	6	HHS DHS DOD VA	HA	Support Agency
Surge Medical Capability to Assist Civil Authorities	6.1.6.1.	<p>Develop Strategic National Stockpile Guidance</p> <p>HHS, in coordination with DOD, VA, and State, local, and tribal partners, shall define the mix of antiviral medications to include in the Strategic National Stockpile (SNS) and State stockpiles and develop recommendations for how the different agents are to be used, within 6 months. Measure of performance: development of policy concerning the selection, relative proportions, and use of antiviral medications in SNS and State stockpiles.</p>	6	HHS DOD VA	HA	Support Agency

Surge Medical Capability to Assist Civil Authorities	6.1.6.2.	<p>Define Medical Materiel Stockpile Requirement</p> <p>HHS, in coordination with DOD, VA, and State, local, and tribal partners, shall define critical medical material requirements for stockpiling by the SNS and States to respond to the diversity of needs presented by a pandemic, within 9 months. Measure of performance: requirements defined and guidance provided on stockpiling.</p>	9	HHS DOD VA	HA	Support Agency
Surge Medical Capability to Assist Civil Authorities	6.1.10.2.	<p>Assess DoD Authorities for Procuring Medical Countermeasures Quickly</p> <p>HHS, in coordination with DHS, DOD, VA, DOC, DOJ, and Treasury, shall assess within whether use of the Defense Production Act or other authorities would provide sustained advantages in procuring medical countermeasures, within 6 months. Measure of performance: analytical report completed on the advantages/disadvantages of invoking the Defense Production Act to facilitate medical countermeasure production and procurement.</p>	6	HHS DHS DOD VA DOC DOJ TREASURY	HD	Support Agency
Security in Support of Pharmaceutical/ Vaccine Distribution	6.1.13.1.	<p>Exercise Countermeasure Distribution Plans at State/Local Level</p> <p>HHS, in coordination with DHS, DOD, VA, and DOJ, and in collaboration with State, local, and tribal partners and the private sector, shall ensure that States, localities, and tribal entities have developed and exercised pandemic influenza countermeasure distribution plans, and can enact security protocols if necessary, according to pre-determined priorities (see below) within 12 months. Measures of performance: ability to activate, deploy, and begin distributing contents of medical stockpiles in localities as needed established and validated through exercises.</p>	12	HHS DHS DOD VA DOJ	HA	Support Agency

Surge Medical Capability to Assist Civil Authorities	6.1.13.2.	<p>Coordinate Stockpile Asset Use</p> <p>HHS, in coordination with DOD, VA, States, and other public sector entities with antiviral drug stockpiles, shall coordinate use of assets maintained by different organizations, within 12 months. Measure of performance: plans developed for coordinated use of antiviral stockpiles.</p>	12	HHS DOD VA	HA	Support Agency
Bulk Transport of Pharmaceuticals /Vaccines	6.1.13.4.	<p>Distribution Plans for Countermeasure Stockpiles</p> <p>HHS, in coordination with DOD, VA, and in collaboration with State, local, and tribal governments and private sector partners, shall assist in the development of distribution plans for medical countermeasure stockpiles to ensure that delivery and distribution algorithms have been planned for each locality for antiviral distribution. Goal is to be able to distribute antiviral medications to infected patients within 48 hours of the onset of symptoms within 12 months. Measure of performance: distribution plans developed.</p>	12	HHS DOD VA	HA	Support Agency
Bulk Transport of Pharmaceuticals /Vaccines	6.1.13.5.	<p>Develop Pre-Pandemic Vaccine Plans</p> <p>HHS, in coordination with DHS, DOS, DOD, DOL, VA, and in collaboration with State, local, and tribal governments and private sector partners, shall develop plans for the allocation, distribution, and administration of pre-pandemic vaccine, within 9 months. Measure of performance: department plans developed and guidance disseminated to State, local, and tribal authorities to facilitate development of pandemic response plans.</p>	9	HHS DHS DOS DOD DOL VA	HA	Support Agency

Bulk Transport of Pharmaceuticals /Vaccines	6.1.13.7.	<p>Test Medical Materiel Distribution Plans</p> <p>HHS, in coordination with DHS, DOT, DOD, and VA, shall work with State, local, and tribal governments and private sector partners to develop and test plans to allocate and distribute critical medical materiel (e.g., ventilators with accessories, resuscitator bags, gloves, face masks, gowns) in a health emergency, within 6 months. Measure of performance: plans developed, tested, and incorporated into department plan, and disseminated to States and tribes for incorporation into their pandemic response plans.</p>	6	HHS DHS DOT DOD VA	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	6.1.13.9.	<p>Track Adverse Vaccine Reactions</p> <p>HHS, in coordination with DOD, VA, and in collaboration with State, territorial, tribal, and local partners, shall develop/refine mechanisms to: (1) track adverse events following vaccine and antiviral administration; (2) ensure that individuals obtain additional doses of vaccine, if necessary; and (3) define protocols for conducting vaccine- and antiviral-effectiveness studies during a pandemic, within 18 months. Measure of performance: mechanism(s) to track vaccine and antiviral medication coverage and adverse events developed; vaccine- and antiviral-effectiveness study protocols developed.</p>	18	HHS DOD VA	HA	Support Agency

Bulk Transport of Pharmaceuticals /Vaccines	6.1.14.1.	<p>Develop Objectives for Stockpiles Pre-Pandemic and Pandemic</p> <p>HHS, in coordination with DHS and Sector-Specific Agencies, DOS, DOD, DOJ, DOL, VA, Treasury, and State/local governments, shall develop objectives for the use of, and strategy for allocating, vaccine and antiviral drug stockpiles during pre-pandemic and pandemic periods under varying conditions of countermeasure supply and pandemic severity within 3 months. Measure of performance: clearly articulated statement of objectives for use of medical countermeasures under varying conditions of supply and pandemic severity.</p>	3	HHS DHS DOS DOD DOJ DOL VA TREASURY DOT USDA DOE DOI EPA	HA	Support Agency
Medical Care to U.S. Forces	6.1.14.2.	<p>Prioritize Vaccine Distribution to Personnel</p> <p>HHS, in coordination with DHS and Sector-Specific Agencies, DOS, DOD, DOL, VA, Treasury, and State/local governments, shall identify lists of personnel and high-risk groups who should be considered for priority access to medical countermeasures, under various pandemic scenarios, according to strategy developed in compliance with 6.1.14.1, within 9 months. Measure of performance: provisional recommendations of groups who should receive priority access to vaccine and antiviral drugs established for various scenarios of pandemic severity and medical countermeasure supply.</p>	9	HHS DHS DOS DOD DOL VA TREASURY DOT USDA DOE DOI EPA	HA	Support Agency
Bulk Transport of Pharmaceuticals /Vaccines	6.1.14.3.	<p>Establish Flexible Countermeasure Distribution Processes</p> <p>HHS, in coordination with DHS and Sector-Specific Agencies, DOS, DOD, DOL, and VA, shall establish a strategy for shifting priorities based on at-risk populations, supplies and efficacy of countermeasures against the circulating pandemic strain, and characteristics of the virus within 9 months. Measure of performance: clearly articulated process in place for evaluating and adjusting pre-pandemic recommendations of groups receiving priority access to medical countermeasures.</p>	9	HHS DHS DOS DOD DOL VA TREASURY DOT USDA DOE DOI EPA	HA	Support Agency

Medical Care to U.S. Forces	6.1.14.4.	<p>Identify Priority Public Groups for Countermeasures</p> <p>HHS, in coordination with DHS and Sector-Specific Agencies, DOS, DOD, DOL, VA, and Treasury, shall present recommendations on target groups for vaccine and antiviral drugs when sustained and efficient human-to-human transmission of a potential pandemic influenza strain is documented anywhere in the world. These recommendations will reflect data from the pandemic and available supplies of medical countermeasures. Measure of performance: provisional identification of priority groups for various pandemic scenarios through interagency process within 2-3 weeks of outbreak.</p>		HHS DHS DOS DOD DOL VA TREASURY DOT USDA DOE DOI EPA	HA	Support Agency
Surge Medical Capability to Assist Civil Authorities	6.2.1.3.	<p>Be Prepared to Conduct Lab Analysis</p> <p>HHS, in coordination with DOD, VA, USDA, DHS, EPA, and other partners, in collaboration with its LRN Reference Laboratories, shall be prepared within 6 months to conduct laboratory analyses to detect pandemic subtypes and strains in referred specimens and conduct confirmatory testing, as requested. Measure of performance: initial testing and identification of suspect pandemic influenza specimens completed at LRN Reference and National Laboratories within 24 hours.</p>	6	HHS DOD VA USDA DHS EPA	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	6.2.2.3.	<p>Expand Number of Hospitals/Cities in BioSense RT Program</p> <p>HHS, in coordination with DOD and VA, shall expand the number of hospitals and cities participating in the BioSenseRT program to improve the Nation's capabilities for disease detection, monitoring, and situational awareness within 12 months. Measure of performance: number of hospitals (including DOD and VA facilities) participating in the BioSenseRT program increased to 350 hospitals in 42 cities.</p>	12	HHS DOD VA	HA	Support Agency

Biosurveillance, Disease Detection and Information Sharing	6.2.2.7.	<p>Enhance National Biosurveillance Integration System Common Operating Picture</p> <p>DHS, in collaboration with HHS, DOD, VA, USDA and other Federal departments and agencies with biosurveillance capabilities and real-time data sources, will enhance NBIS capabilities to ensure the availability of a comprehensive and all-source biosurveillance common operating picture throughout the Interagency, within 12 months. Measure of performance: NBIS provides integrated surveillance data to DHS, HHS, USDA, DOD, VA, and other interested interagency customers.</p>	12	DHS HHS DOD VA USDA	HD	Support Agency
Biosurveillance, Disease Detection and Information Sharing	6.2.2.8.	<p>Collect and Report Health Care System Information</p> <p>HHS, in coordination with DHS, DOD, and VA, and in collaboration with State, local, and tribal authorities, shall be prepared to collect, analyze, integrate, and report information about the status of hospitals and health care systems, health care critical infrastructure, and medical materiel requirements, within 12 months. Measure of performance: guidance provided to States and tribal entities on the use and modification of the components of the National Hospital Available Beds for Emergencies and Disasters (HAvBED) system for implementation at the local level.</p>	12	HHS DHS DOD VA	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	6.2.3.1.	<p>Develop Rapid Diagnostic Tests</p> <p>HHS, in coordination with DHS and DOD, shall work with pharmaceutical and medical device company partners to develop and evaluate rapid diagnostic tests for novel influenza subtypes including H5N1 within 18 months. Measure of performance: new investment in research to develop influenza diagnostics; new rapid diagnostic tests, if found to be useful, are available for influenza testing, including for novel influenza subtypes.</p>	18	HHS DHS DOD	HA	Support Agency

Biosurveillance, Disease Detection and Information Sharing	6.2.3.2.	<p>Inventory Research on Rapid Diagnostic Testing</p> <p>HHS, in coordination with DHS, DOD, and VA, shall compile an inventory of all research and product development work on rapid diagnostic testing for influenza and shall reach consensus on sets of requirements meeting national needs and a common test methodology to drive further private-sector investment and product development, within 6 months. Measure of performance: inventory developed and requirements paper disseminated.</p>	6	HHS DHS DOD VA	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	6.2.3.3.	<p>Expedite Private-Sector Development of Influenza Testing</p> <p>HHS, in coordination with DOD, VA, and DHS, shall encourage and expedite private-sector development of rapid subtype- and strain-specific influenza point-of-care tests within 12 months of the publication of requirements. Measure of performance: rapid point-of-care test available in the marketplace within 18 months.</p>	18	HHS DOD VA DHS	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	6.2.4.1.	<p>Evaluate Disease Reporting as Pandemics Evolve</p> <p>HHS, in coordination with DHS, DOD, VA, USDA, and DOS, shall be prepared, within 12 months, to continuously evaluate surveillance and disease reporting data to determine whether ongoing disease containment and medical countermeasure distribution and allocation strategies need to be altered as a pandemic evolves. Measure of performance: analyses of surveillance data performed at least weekly during an outbreak with timely adjustment of strategic and tactical goals, as required.</p>	12	HHS DHS DOD VA USDA DOS	HA	Support Agency

Mission Assurance: Defense Industrial Base	6.2.4.2.	<p>Track Integrity of Critical Infrastructure/Health Care Facilities</p> <p>DHS, in coordination with Sector-Specific Agencies, HHS, DOD, DOJ, and VA and in collaboration with the private sector, shall be prepared to track integrity of critical infrastructure function, including the health care sector, to determine whether ongoing strategies of ensuring workplace safety and operational continuity need to be altered as a pandemic evolves, within 6 months. Measure of performance: tracking system in place to monitor integrity of critical infrastructure function and operational continuity in near real time.</p>	6	DHS HHS DOD DOJ VA DOL TREASURY DOT USDA DOE DOI EPA	HD	Support Agency
Biosurveillance, Disease Detection and Information Sharing	6.2.5.1.	<p>Support Epidemic and Modeling Hub/Center</p> <p>HHS, in coordination with DOD and DHS, shall develop and maintain a real-time epidemic analysis and modeling hub that will explore and characterize response options as a support to policy and decision makers within 6 months. Measure of performance: modeling center with real-time epidemic analysis capabilities established.</p>	6	HHS DOD DHS	HA	Support Agency
Interagency Planning Support	6.3.2.1.	<p>Guidance on Community Containment Strategies</p> <p>HHS, in coordination with DHS, DOT, Education, DOC, DOD, and Treasury, shall provide State, local, and tribal entities with guidance on the combination, timing, evaluation, and sequencing of community containment strategies (including travel restrictions, school closings, snow days, self-shielding, and quarantine during a pandemic) based on currently available data, within 6 months, and update this guidance as additional data becomes available. Measure of performance: guidance provided on community influenza containment measures.</p>	6	HHS DHS DOT EDUCATION DOC DOD TREASURY	HA	Support Agency

Biosurveillance, Disease Detection and Information Sharing	6.3.2.3.	<p>Research Voluntary Home/Community Quarantine Measures</p> <p>HHS, in coordination with DHS and DOD and in collaboration with mathematical modelers, shall complete research identifying optimal strategies for using voluntary home quarantine, school closure, snow day restrictions, and other community infection control measures, within 12 months. Measure of performance: guidance developed and disseminated on the use of community control.</p>	12	HHS DHS DOD	HA	Support Agency
Interagency Planning Support	6.3.3.1.	<p>Guidance for Individuals to Reduce Exposure Risk</p> <p>HHS, in coordination with DHS, VA, and DOD, shall develop and disseminate guidance that explains steps individuals can take to decrease their risk of acquiring or transmitting influenza infection during a pandemic, within 3 months. Measure of performance: guidance disseminated on www.pandemicflu.gov and through VA and DOD channels.</p>	3	HHS DHS VA DOD	HA	Support Agency
Public Affairs Support to Civil Authorities	6.3.3.2.	<p>Disseminate Social Distancing Behavior Guidance</p> <p>HHS, in coordination with DHS, DOD, VA, and DOT and in collaboration with State, local, and tribal partners, shall develop and disseminate lists of social distancing behaviors that individuals may adopt within 6 months and update guidance as additional data becomes available. Measure of performance: guidance disseminated on www.pandemicflu.gov and through other channels.</p>	6	HHS DHS DOD VA DOT	HA	Support Agency
Medical Care to U.S. Forces	6.3.4.1.	<p>Optimize Care Under Medical Surge Conditions</p> <p>Major medical societies and organizations, in collaboration with HHS, DHS, DOD, and VA, should develop and disseminate protocols for changing clinical care algorithms in settings of severe medical surge. Measure of performance: evidence-based protocols developed to optimize care that can be provided in conditions of severe medical surge.</p>		HHS DHS DOD VA	HA	Support Agency

Surge Medical Capability to Assist Civil Authorities	6.3.4.2.	<p>Develop Protocols for Expanded Hospital/Home Care</p> <p>HHS, in coordination with DHS, DOD, and VA, and in collaboration with States, localities, tribal entities, and private sector health care facilities, shall develop strategies and protocols for expanding hospital and home health care delivery capacity in order to provide care as effectively and equitably as possible, within 6 months. Measure of performance: guidance and protocols developed and disseminated.</p>	6	HHS DHS DOD VA	HA	Support Agency
Public Affairs Support to Civil Authorities	6.3.5.1.	<p>Education Tools to Reduce Individual Risk</p> <p>HHS, in coordination with DHS, DOL, Education, VA, and DOD, shall develop and disseminate guidance and educational tools that explain steps individuals can take to decrease their risk of acquiring or transmitting influenza infection during a pandemic, within 6 months. Measure of performance: interim guidance disseminated on www.pandemicflu.gov and through VA, DOD, and other channels within 3 months; complementary educational tools on social distancing, personal hygiene, mask use, and other infection control precautions developed within 6 months.</p>	6	HHS DHS DOL Education VA DOD	HA	Support Agency
Surge Medical Capability to Assist Civil Authorities	6.3.7.1.	<p>Identify Medical Capabilities Under ESF #8</p> <p>HHS, in coordination with DHS, DOD, VA, and DOT, and as the lead for ESF #8, shall identify public health and medical capabilities required to support a pandemic response and work with other supporting agencies to identify and deploy or otherwise deliver the required capability or asset, if available. Measure of performance: inventory of public health and medical capabilities within 6 months; available public health or medical capabilities or assets deployed or delivered during a pandemic.</p>	6	HHS DHS DOD VA DOT	HA	Support Agency

Public Affairs Support to Civil Authorities	6.3.8.1.	Risk Communication Strategy HHS, in coordination with DHS, DOD, and VA, shall develop and disseminate a risk communication strategy within 6 months, updating it as required. Measure of performance: implementation of risk communication strategy on www.pandemicflu.gov and elsewhere.	6	HHS DHS DOD VA	HA	Support Agency
Support to International Allies and NGOs	7.1.1.1.	Develop Response Plans with Canada and Mexico USDA, in coordination with DHS, HHS, DOD, and DOI, and in partnership with State and tribal entities, animal industry groups, and (as appropriate) the animal health authorities of Canada and Mexico, shall establish and exercise animal influenza response plans within 6 months. Measure of performance: plans in place at specified Federal agencies and exercised in collaboration with States believed to be at highest risk for an introduction into animals of an influenza virus with human pandemic potential.	6	USDA DHS HHS DOD DOI	HD	Support Agency
Surge Medical Capability to Assist Civil Authorities	7.1.2.2.	Ensure Veterinary Lab Surge Capacity USDA, in coordination with DOD, HHS, DHS, and DOI, shall partner with States and tribal entities to ensure sufficient veterinary diagnostic laboratory surge capacity for response to an outbreak of avian or other influenza virus with human pandemic potential, within 6 months. Measure of performance: plans and necessary agreements to meet laboratory capacity needs for a worst case scenario influenza outbreak in animals validated by utilization in exercises.	6	USDA DOD HHS DHS DOI	HA	Support Agency
Biosurveillance, Disease Detection and Information Sharing	7.1.5.6.	Refine Disease Mitigation Strategies for Animal Outbreaks USDA, in coordination with DHS, DOI, and DOD, shall partner with State and tribal authorities to refine disease mitigation strategies for avian influenza in poultry or other animals through outbreak simulation modeling, within 6 months. Measure of performance: simulation models produced and reports issued on the results of influenza outbreak scenario modeling.	6	USDA DHS DOI DOD	HA	Support Agency

Surge Medical Capability to Assist Civil Authorities	7.3.4.1.	<p>Assess Animal Health Outbreak Response Capability</p> <p>USDA shall assess the outbreak response surge capacity activities that other Federal partners, including the DOD, may be able to support during an outbreak of influenza in animals and ensure that mechanisms are in place to request such support, within 6 months. Measure of performance: written assessment completed and all necessary activation mechanisms in place.</p>	6	USDA DOD	HA	Support Agency
Interagency Planning Support	8.1.1.2.	<p>Develop Pandemic Influenza Tabletop Exercise</p> <p>DHS, in coordination with DOJ, HHS, DOL, and DOD, shall develop a pandemic influenza tabletop exercise for State, local, and tribal law enforcement/public safety officials that they can conduct in concert with public health and medical partners, and ensure it is distributed nationwide within 4 months. Measure of performance: percent of State, local, and tribal law enforcement/public safety agencies that have received the pandemic influenza tabletop exercise.</p>	4	DHS DOJ HHS DOD DOL	HD	Support Agency
Military Assistance for Civil Disturbances	8.1.2.3.	<p>Advise State Governors on Insurrection Act Procedures</p> <p>DOJ shall advise State Governors of the processes for requesting Federal military assistance under the Insurrection Act within 3 months. DOD, after coordination with DOJ, shall publish updated policy guidance on Military Assistance during Civil Disturbances, within 6 months. Measure of performance: all State Governors advised and guidance published.</p>	3	DOJ DOD	HD	Support Agency

Interagency Planning Support	8.1.2.7.	<p>Develop Best Practices and Model Protocols for Pandemic Influenza Outbreak</p> <p>DHS, in coordination with DOJ, DOD, DOT, HHS, and other appropriate Federal Sector-Specific Agencies, shall convene a forum for selected Federal, State, local, and tribal personnel to discuss EMS, fire, emergency management, public works, and other emergency response issues they will face in a pandemic influenza outbreak and then publish the results in the form of best practices and model protocols within 4 months. Measure of performance: best practices and model protocols published and distributed.</p>	4	DHS DOJ DOD DOT HHS	HD	Support Agency
Interagency Planning Support	8.3.2.2.	<p>Planning for the Conduct of Essential Emergency Services During a Pandemic Outbreak</p> <p>DHS, in coordination with DOJ, DOD, DOT, HHS, and other appropriate Federal Sector-Specific Agencies, shall engage in contingency planning and related exercises to ensure they are prepared to sustain EMS, fire, emergency management, public works, and other emergency response functions during a pandemic, within 6 months. Measure of performance: completed plans (validated by exercise(s)) for supporting EMS, fire, emergency management, public works, and other emergency response functions.</p>	6	DHS DOJ DOD DOT HHS	HD	Support Agency
COOP/COG	9.1.1.1.	<p>Provide Pandemic Influenza COOP Guidance</p> <p>DHS, in coordination with HHS, DOD, and DOL shall provide pandemic influenza COOP guidance to the Federal departments and agencies within 6 months. Measure of performance: COOP planning and personnel protection guidance provided to all departments for use, as necessary, in updating departmental pandemic influenza response plans.</p>	6	DHS HHS DOD DOL	HD	Support Agency

COOP/COG	9.1.1.2.	<p>Provide Personnel Guidance Related to COOP</p> <p>The Office of Personnel Management (OPM), in coordination with DHS, HHS, DOD, and DOL, shall provide guidance to the Federal departments and agencies on human capital management and COOP planning criteria related to pandemic influenza, within 3 months. Measure of performance: guidance provided to all departments for use, as necessary, in adjusting departmental COOP plans related to pandemic influenza.</p>	3	OPM DHS HHS DOD DOL	HD	Support Agency
COOP/COG	9.1.1.3.	<p>Guidance for Workplace Options</p> <p>OPM, in coordination with DHS, HHS, DOD, and DOL, shall update the guides Telework: A Management Priority, A Guide for Managers, Supervisors, and Telework Coordinators; Telework 101 for Managers: Making Telework Work for You; and, Telework 101 for Employees: Making Telework Work for You, to provide guidance to Federal departments regarding workplace options during a pandemic, within 3 months. Measure of performance: updated telework guidance provided to all departments for use, as necessary, in updating departmental COOP plans related to pandemic influenza.</p>	3	OPM DHS HHS DOD DOL	HA/ P&R	Support Agency
COOP/COG	9.1.2.1.	<p>Identify Critical Infrastructure Dependencies</p> <p>DHS, in coordination with Sector-Specific Agencies, critical infrastructure owners and operators, and States, localities and tribal entities, shall develop sector-specific planning guidelines focused on sector-specific requirements and cross-sector dependencies, within 6 months. Measure of performance: planning guidelines developed for each sector.</p>	6	DHS HHS DOT USDA EPA DOE Treasury DOI DOD	HD	Support Agency

COOP/COG	9.1.3.1.	<p>Conduct Critical Infrastructure Conferences and Exercises</p> <p>DHS, in coordination with all the Sector-Specific Agencies, shall conduct forums, conferences, and exercises with key critical infrastructure private sector entities and international partners to identify essential functions and critical planning, response and mitigation needs within and across sectors, and validate planning guidelines, within 6 months. Measure of performance: planning guidelines validated by collaborative exercises that test essential functions and critical planning, response, and mitigation needs.</p>	6	DHS HHS DOT USDA EPA DOE Treasury DOI DOD	HD	Support Agency
COOP/COG	9.1.3.2.	<p>Business/Defense Industrial Base Continuity Planning</p> <p>DHS, in coordination with all the Sector-Specific Agencies, shall develop and coordinate guidance regarding business continuity planning and preparedness with the owners/operators of critical infrastructure and develop a Critical Infrastructure Influenza Pandemic Preparedness, Response, and Recovery Guide tailored to national goals and capabilities and to the specific needs identified by the private sector, within 6 months. Measure of performance: Critical Infrastructure Influenza Pandemic Preparedness, Response, and Recovery Guide developed and published (www.pandemicflu.gov).</p>	6	DHS HHS DOT USDA EPA DOE Treasury DOI DOD	HD	Support Agency
Interagency Planning Support	9.1.4.1.	<p>Provide Infections Control Guidance</p> <p>HHS, in coordination with DHS, DOL, OPM, Department of Education, VA, and DOD, shall develop sector-specific infection control guidance to protect personnel, governmental and public entities, private sector businesses, and CBOs and FBOs, within 6 months. Measure of performance: sector-specific guidance and checklists developed and disseminated on www.pandemicflu.gov.</p>	6	HHS DHS DOL OPM EDUCATION VA DOD	HA	Support Agency

Interagency Planning Support	9.1.4.2.	<p>Guidance on Environmental Cleaning for Waste Material</p> <p>HHS, in coordination with DHS, DOL, EPA, Department of Education, VA, and DOD, shall develop interim guidance regarding environmental management and cleaning practices including the handling of potentially contaminated waste material, within 3 months, and revise as additional data becomes available. Measure of performance: development and publication of guidance and checklists on www.pandemicflu.gov and disseminated through other channels.</p>	3	HHS DHS DOL EPA EDUCATION VA DOD	HA	Support Agency
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ANNEX B, INTELLIGENCE

Annex B, Intelligence is classified and has been published separately.

ANNEX C, FORCE HEALTH AND PROTECTION

PURPOSE

This section provides specific policy and planning guidance for health service support operations in both CONUS and OCONUS locations in the event of pandemic influenza (PI). Detailed and updated information on clinical guidelines, laboratory diagnostics, containment measures, immunization guidance, and additional references can be found in the Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance, posted on the Assistant Secretary of Defense (Health Affairs) website at <http://www.dod.mil/pandemicflu>. DoD's first priority, in the event of a pandemic, will be to ensure sufficient personnel, equipment, facilities, materials, and pharmaceuticals to provide the highest possible level of health support to DoD forces, civilian personnel, and beneficiaries as well as to protect and preserve DoD's worldwide operational effectiveness. DoD sets policies for deployed forces working abroad under Geographic Combatant Commands as outlined in the Unified Command Plan. As resources permit, DoD will provide clinical and logistical support to other Federal, State, or local agencies as described in this Annex; and when requested, provide emergency support to local civilian authorities to save life, limb, or eyesight.

ADDITIONAL ASSUMPTIONS

- A pandemic in the United States could result in 20-35% of the population becoming ill, 3% being hospitalized, and a fatality rate of 1%.
- A pandemic in the United States could result in up to 40% absenteeism rate that will exacerbate personnel shortfalls resulting from hospitalization.
- In a pandemic, anticipate a 25% increase in requirements for all categories of medical support.
- Civilian commercial air carriers will be impacted seriously and cannot be relied upon to provide support to DoD. The civil reserve air fleet (CRAF) will not be activated by DoD.
- DoD will not be required to evacuate large numbers of infected patients from OCONUS locations; however, DoD may be directed to deploy medical personnel to forward locations to deliver care to U.S. citizens.
- DoD may, under applicable authorities, be requested to provide logistical support for international containment efforts including transport of WHO and other International Agency supplies, response teams, and assets to OCONUS locations.

EMERGENCY HEALTH POWERS

CONUS installation commanders are authorized, upon the recommendation of the military treatment facility (MTF) commander and/or the Public Health Emergency Officer (PHEO), to implement emergency health powers on their installations in order to protect military and civilian personnel and property (reference k). These powers include restriction of movement and use of containment strategies (isolation, quarantine, social distancing) as well as medical evaluation and treatment.

Commanders of Reserve component facilities not located on an active military installation are authorized, upon the recommendation of the closest MTF commander or the senior military medical advisor in that geographic region, to implement emergency health powers in their facility in order to protect military personnel and property. These powers include restriction of movement and use of containment strategies as appropriate.

Installation commanders at OCONUS locations may be restricted in implementation of emergency health powers by host nation law and applicable international agreements.

TASKS

The following is a summary of DoD medical support tasks assigned to:

- **The Office of the Secretary of Defense**
 - Coordinates PI planning and response with all involved government and non-government agencies, including but not limited to, the World Health Organization (WHO), the White House, the Departments of State, Health and Human Services (HHS), Transportation, Homeland Security, and the U.S. Centers for Disease Control and Prevention (CDC).
 - Publishes policy guidance on providing health service support to DoD contractors.
 - Provides direction for prioritization of limited resources such as antiviral medicines and vaccines.
 - Ensures interoperability with the interagency Joint Operations Center, as established by either DHS or HHS as the Primary Federal Agency.
 - Acquires and maintains stockpiles of DoD-controlled medications and vaccines.

- Release of vaccine and antiviral medications will be at the direction of the Assistant Secretary of Defense/Health Affairs (ASD(HA)). Priorities for distribution will be provided in separate guidance.
 - Authorizes DoD forces to provide civil support (reference i) and support of emergency functions identified in the *National Strategy for Pandemic Influenza Implementation Plan*.
 - In conjunction with HHS, the Joint Staff, and the Combatant Commands, consider restricting movement of DoD assets to or from specific regions as conditions warrant.
 - Develop, in coordination with the Office of the Assistant Secretary of Defense (Public Affairs), an active Public Affairs program to provide service members and their families, and the civilian workforce, the latest information covering pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission), DoD policies regarding distribution of anti-viral medication, personal and family protection, national response strategies, and changes in access to medical care.
- **Under Secretary of Defense for Intelligence (USD(I))**
 - Serves as the principal staff advisor to the Secretary of Defense regarding intelligence, counterintelligence, security, sensitive activities, and other intelligence-related matters. In this capacity, the USD(I) exercises the Secretary of Defense's authority, direction and control over the Defense Agencies and DoD Field Activities that are Defense intelligence, counterintelligence, or security components and exercises planning, policy and strategic guidance over all DoD intelligence, counterintelligence, and security policy, plans, and programs.
 - The USD(I) serves as the primary representative of the Secretary of Defense to the Office of the Director of National Intelligence and other members of the Intelligence Community.
- **Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L))**
 - Will incorporate policy described in this plan into relevant directives and applicable joint doctrine and training as appropriate.
 - Notify the key DoD logistics agencies, and in collaboration with the ASD(HA), locate and coordinate the release of required DoD contingency medical materiel; this excludes medical materiel under the direct control of the ASD(HA).

- In coordination with ASD(HD) and ASD(HA), obtain through the Chairman of the Joint Chiefs of Staff, information regarding the status of critical medical materiel needed to support the Combatant Command(s) and Service priorities.
 - When appropriate, obtain through the Chairman of the Joint Chiefs of Staff, in coordination with ASD(HA), information regarding the availability of Military Department-owned medical materiel that could be provided to HHS in support of international containment and in response to DSCA requests.
 - As required, coordinate the delivery and transfer of DoD contingency medical materiel with appropriate Federal agencies. Coordination will continue until transferred materiel is delivered.
- **Assistant Secretary of Defense for Health Affairs (ASD(HA))**
 - Serves as the principal staff advisor to the Secretary of Defense for all DoD health policies, programs, and activities. Collaborates with ASD(HD) on the health service support aspects of disasters, public health emergencies, and, after the Secretary and Deputy Secretary of Defense, serves as the principal official within the DoD responsible for health service support recommendations for populations impacted by these events.
 - Coordinate the release of required DoD contingency medical materiel such as anti-virals.
- **Assistant Secretary of Defense for Reserve Affairs (ASD(RA))**
 - Monitor Military Department Reserve Components' readiness, training, and exercise policies, equipment, and funding for emergency response preparedness.
- **Assistant Secretary of Defense for Networks and Information Integration (ASD(NII))**
 - Coordinate, develop, and implement command and control policies, requirements, plans, procedures, and standards for DoD responses to disasters, public health emergencies and pandemic disease outbreak events.
- **Assistant Secretary of Defense for Public Affairs (ASD(PA))**
 - Provide the public affairs guidance interface with other Government Agencies and shall provide public affairs guidance to the Military Departments and Combatant Commands.

- **Office of General Counsel**

- Ensure that military commanders' actions regarding isolation and quarantine on a military installation of infected or possibly infected DoD or non-DoD personnel are determined by the nature of the outbreak and the laws, regulations, and policies concerning those types of situations, especially regarding non-military personnel. Commanders must obtain legal and medical advice on individual situations from their legal and medical staffs. Local legal advice will reflect State law and coordination with civilian authorities.

- **Joint Chiefs of Staff**

- Assist ASD(HA) in allocation decisions concerning vaccine and antiviral medications to the Military Departments and Combatant Commands in accordance with DoD prioritization guidelines.
- Ensure Combatant Commands have established liaison with appropriate host nation civilian and military public health and medical logistical support elements within their respective area of responsibility.
- Ensure both ASD(HD) and ASD(HA) are included in reports Combatant Commands provide to CJCS or to the Secretary of Defense.
- Identify and advise the Combatant Commands of critical medical capabilities that may not be readily deployable in the event of a domestic pandemic outbreak. Allocate DoD resources between competing domestic and OCONUS requirements.
- Direct Combatant Command review of host nation support agreements, and if resources permit and upon request, augment host nation surveillance and containment capabilities. In conjunction with the Department of State, determine OCONUS locations where contingency plans should be developed to expand host nation health support capabilities for DoD beneficiaries.
- Ensure Combatant Commands review their policies and capabilities for providing health service support to non-US personnel. For allied and coalition military personnel, DoD will deliver stabilization treatment in its facilities with return to national control as soon as feasible, and in accordance with existing treaties and agreements. DoD facilities will provide health service support to host nation civilians who are directly supporting US forces consistent with host nation law and policy. Host nation civilians will be returned to national control when medically indicated and in accordance with existing treaties and agreements.
- Ensure Combatant Commands, in conjunction with the Department of State and as part of their security cooperation planning responsibilities, include host nation

and regional alliance nations in their PI preparedness, response, and mitigation planning.

- Ensure Combatant Commands, in conjunction with the Department of State and as part of their security cooperation planning, develop and execute bilateral and multilateral military-to-military and/or civilian-to-military PI response exercises with the host and regional alliance nations.
- Ensure Combatant Commands, in conjunction with the Department of State and as part of their security cooperation planning, provide enhanced medical and veterinary training in infection control and case management capabilities with the host and regional alliance nations.

- **Combatant Commands**

- Through the Joint Chiefs of Staff, implement this policy within respective Area of Responsibilities (AORs) to include addressing integration of pandemic influenza prevention, preparedness, response, and recovery in appropriate OPLANs, CONPLANS, OPORDS, and theater security cooperation planning.

- **Military Departments and Defense Agencies**

- In coordination with ASD(HA) and the TRICARE Management Activity, develop contingency plans to enable CONUS MTFs to respond to an outbreak that fully implements the recommendations of the *Implementation Plan for the National Strategy for Pandemic Influenza*. Ensure plans include provisions for prioritization of services in the event of reduced staffing, conduct of, and support to, epidemiological investigations, surge training requirements (for example, ventilator use), and support to civilian authorities.
- Ensure that public health and disease outbreak emergency response policies, plans, procedures, and guidelines are supported by sufficient command and control capabilities and other equipment to respond properly to disasters, public health emergencies, and disease outbreaks.
- Ensure installation and MTF commanders develop comprehensive preparedness, prevention, response, exercise, and training activities for preparation and response to a pandemic influenza outbreak. A complete discussion of the list of tasks to be undertaken can be found in the Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance, posted on the ASD(HA) website at <http://www.dod.mil/pandemicflu>.
- Institute, as appropriate, emergency response programs for public health and disease outbreaks on military installations including active and Reserve component installations, Reserve Centers, and armories in CONUS.

- Ensure preparation of MTFs to provide mass distribution of medications to care for potentially large numbers of patients.
- Ensure installation commanders designate a PHEO (reference k). This individual has experience and training in functions essential to effective public health emergency management. Specific responsibilities of the PHEO are described in the Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance, posted on the ASD(HA) website at <http://www.dod.mil/pandemicflu>.
- Distribute vaccines and anti-viral medications in accordance with ASD(HA) and Joint Staff guidance.
- Ensure installations participate in pandemic influenza planning, training, and exercise activities with co-located Federal, State, and local agencies. Where the operational mission permits, encourage Combatant Command components to participate in similar operations with the host nation as requested.
- Provide daily situation reports as directed by the Joint Staff.
- Establish reporting procedures for Combatant Command components as required.
- Identify personnel, equipment, or logistical shortfalls immediately to the Joint Staff; components should report through both Combatant Command and Military Department channels.
- Where operationally feasible, establish policies for adopting flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts) in the event of a pandemic.
- Ensure development of active and passive systems to monitor outpatient and inpatient disease surveillance on their installations worldwide with an emphasis on index case and cluster identification, and develop mechanisms for using DoD epidemiological investigation experts in international support efforts.
- Ensure appropriate systems are in place to monitor the health of overseas military forces (CONUS and OCONUS bases, deployed operational forces, exercises, units, etc.) and for coordination with Department of State, HHS, allied, coalition, and host nation public health communities to investigate and respond to confirmed infectious disease outbreaks on DoD installations and units.
- For both CONUS and OCONUS installations, ensure Military Department-level and facility-level public health education programs are established consistent with the respective patient population.

- Ensure installation commanders receive additional support as buildings other than medical treatment facilities are pressed into service. Incorporate provisions for increased staff or emergency training of volunteer staff. Education, training, and risk communication, before and during an outbreak, will be critical for prompt, disciplined, and effective response.
 - Ensure installation commanders identify facilities, other than hospital or clinic locations, where mass vaccinations, antivirals and patient care, can be delivered.
 - Ensure installation commanders plan for mental health and chaplain support for emergency workers.
- **Logistics Considerations**
 - The principal medical materiel requirements for an influenza pandemic include specially formulated influenza vaccine, antiviral drugs, ventilators, and personal protective equipment.
 - Coordinate purchases of antiviral drugs and influenza vaccine through the Defense Supply Center, Philadelphia.
 - Combatant Command logisticians should place their orders for Tamiflu® bottles in multiples of 48. Unit of issue prescribed to the patient is one bottle; there are 48 bottles per case.
 - Considerable demand for ventilators is likely, especially in the event that the pandemic occurs before a vaccine is available. Where feasible, consideration should be given to stockpiling instead of “just-in-time” acquisition of adequate numbers of ventilators, antiviral drugs, and other medical supplies including Personal Protective Equipment (PPE).

ANNEX D, CONTINUITY OF OPERATIONS/CONTINUITY OF GOVERNMENT

PURPOSE

National policy requires a comprehensive and effective program to ensure the survival of our constitutional form of government and continuity of national essential functions. The policy requires DoD to support its own departmental mission requirements, as well as those of other government institutions, when directed by the President or the Secretary of Defense, with plans and capabilities to help preserve the continuity of government. To accomplish this, DoD must insure that the capability exists to continue essential functions in the event of a disruption to operations.

An influenza pandemic may degrade seriously the capability of DoD to continue its mission essential functions and services due to significant and sustained absenteeism. This annex provides substantive guidance on continuity of operations (COOP) and continuity of government (COG) for the Office of the Secretary of Defense (OSD), the Military Departments, the Chairman of the Joint Chiefs of Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other DoD Components to develop or revise their respective COOP plans in preparation for a pandemic influenza event.

GENERAL GUIDANCE

In addition to this annex, additional Continuity of Operations (COOP) and Continuity of Government (COG) documents can be found in Annex G to provide guidance on specific operational approaches and methodologies for mitigating threats to national security. Departmental plans should apply similar operational approaches and methodologies for mitigating the threat of pandemic influenza.

In accordance with the Department of Defense Continuity Strategy, national policy requires a comprehensive and effective program to ensure the survival of our constitutional form of government and continuity of national essential functions under all circumstances. The policy requires DoD to support its own departmental mission requirements, as well as those of many other government institutions, when directed by the President or the Secretary of Defense, with plans and capabilities to help preserve the ability to govern, continue the nation's leadership, to perform functions and services required to meet defense and civilian needs through the entire range of threats, and if necessary, to help reconstitute governmental functions.

Department plans should be operational documents. They should first articulate the manner in which the department will discharge its responsibilities as defined in the *Implementation Plan*.

In addition, plans should address the operational approach to employee safety, continuity of operations, and the manner in which the department will communicate to its stakeholders.

SPECIFIC GUIDANCE

Unlike other catastrophic events, a pandemic will not be geographically or temporally bounded, and will not affect directly the physical infrastructure of an organization. These facts lead to unique planning considerations. Institutional planning efforts should build upon existing continuity of operations planning by the organization, but be expanded to address the following questions:

- How will the department protect the health and safety of its employees, especially those critical to mission essential functions?
- What are the department's essential functions and services, and how will these be maintained in the event of significant and sustained absenteeism?
- How will the department support the Federal response to a pandemic, and States and communities?
- How, when and what will the department communicate to its stakeholders during a pandemic?

ELEMENTS OF A VIABLE COOP CAPABILITY

It is estimated that 40 percent of the staff may be absent from work for extended periods of time. These absences may be the result of personnel being ill, taking care of family members who have contracted the virus, or simply because they feel safer at home and less likely to be exposed to the virus. Therefore, a viable COOP plan must include a health focus. Each of the following elements of a COOP plan includes specific guidance in the event of an influenza pandemic.

Plans and Procedures

In accordance with DoDD 3020.26, the Department of Defense shall have a comprehensive and effective Defense Continuity Program that ensures DoD Component Mission Essential Functions (MEF) continue under all circumstances across the spectrum of threats. In order to reduce the pandemic threat, a portion of the COOP plan's objective should be to minimize the health, social, and economic impact of a pandemic on the United States. Additionally, all plans and procedures should be developed to correlate to the organization, its personnel, and mission. Plans must include:

- The ability to maintain sustained operations until normal business activity can be reconstituted, which may be longer than 30 days (six to eight weeks is recommended).
- Procedures to ensure essential services can be provided if employee absenteeism reaches 40 percent.
- Activation phases based on pandemic alert levels, the proximity of outbreak to organization's offices/facilities, and reoccurring outbreaks.
- Appointment of a senior manager and Influenza Team consisting of essential stakeholders capable of addressing issues related to pandemic influenza planning.
- A health focus to minimize the effects of a pandemic on staff and operations.

Essential Functions

Essential functions are those functions that enable organizations to provide vital services, exercise civil authority, maintain the safety and well being of the general populace, and sustain the industrial/economic base in an emergency. During a pandemic, or any other emergency, these essential functions must be continued in order to facilitate emergency management and overall national recovery. To effectively identify essential functions, organizations must:

- Select essential functions considering the dynamic nature of a pandemic.
- Reexamine prioritization of essential functions resulting from duration and personnel impact.
- Identify essential functions that cannot be performed from home or other locations.
- Identify critical systems and operations that can be redistributed and supported from other offices.
- Consider additional business services critical to meeting organizational missions.
- Review the effect of a pandemic on essential contract and support services and organizational operations, and develop mitigation strategies.
- Consider the need for cross-training to ensure essential staffs are available to perform functions.
- Continue to perform essential functions beyond the existing 30 day requirement.

Delegation of Authority

Clearly pre-established delegations of authority are vital to ensuring all organizational personnel know who has authority to make key decisions in a COOP situation. Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, delegations of authority are critical. These delegations of authority must:

- Be at least three deep per responsibility to take into account the expected rate of absenteeism.
- Plan for geographical dispersion, taking into account the regional nature of an outbreak.

Orders of Succession

Just as important as Delegations of Authority, Orders of Succession are essential to an organization's COOP plan to ensure personnel know who has authority and responsibility if the leadership is incapacitated or unavailable in a COOP situation. Since influenza pandemic may affect regions of the United States differently in terms of timing, severity and duration, geographical dispersion is encouraged for purposes of Orders of Succession development. Orders of succession must:

- Be at least three deep per position to take into account the expected rate of absenteeism.
- Plan for geographical dispersion, taking into account the regional nature and possibility of different orders of succession depending on the spread of the pandemic.
- Establish an order of succession to other key leadership positions.
- Identify the orders of succession by positions or titles, rather than by name.
- Establish rules and procedures for successors.
- Ensure all successors are trained to assume the lead position.
- Ensure plans incorporate rules pertaining to the succession of command of military organizations.

Alternate Operating Facilities

The identification and preparation of Alternate Operating Facilities and the preparation of personnel for the possibility of an unannounced relocation of essential functions and COOP personnel to these facilities is part of COOP planning. During an influenza pandemic, however, special consideration must be given to "social distancing" in the workplace through

telecommuting, or other means, as an alternative to staff relocation/co-location. Identifying and acquiring alternate operating facilities should include consideration of the following:

- The geographical location:
 - Initiate distributed or dispersed DoD operations.
 - Make use of existing department or agency field, branch or satellite locations.
 - Ensure accessibility for handicapped employees.
 - Telecommuting locations.
 - Telecommuting from home.
 - Virtual offices.
 - Joint or Shared facilities.
- Determine which essential functions can be conducted from a remote location (e.g., home) and those that need to be performed at a designated department or agency facility.
- Consider reliable logistical support, services, and infrastructure systems at facilities that remain open, including alternate operating facilities.
 - Prioritization/determination of accessible facilities/buildings (as alternative to relocating to remote facility)
 - Necessary support staff
 - Social distancing policies
 - Medical screening of employees
 - Health/medical units
 - Sanitation
 - Essential services
 - Food/water.
- Consider the impact local quarantines may have on open/accessible facilities and operating plans.
- Perform a risk assessment to determine the risk to personnel of moving them to an alternate facility if there is a potential for exposing the COOP personnel to infected individuals.
- Ensure the health, safety and security of relocated personnel including medical screening and health monitoring, if available and sustainable at the alternate facility.
- Ensure a timely and orderly recovery from the alternate facility only after it has been verified that the pandemic influenza threat has been neutralized at the pre-deployment site.

Interoperable Communications

The success of a viable COOP capability from alternate facilities or telecommuting from home is dependent upon the identification, availability and redundancy of critical communication systems to support connectivity to internal organizations, external partners, critical customers, and the public. Pandemic plans should carefully consider the use of portable computers, high speed telecommunications links, personal communication devices and other systems to minimize illness among essential employees and restrict workplace entry of people with influenza symptoms. Elements of an interoperable communications capability should include:

- Planning that carefully considers the use of laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), and other systems that enable employees to perform essential functions while teleworking. This includes the identification, availability, redundancy, and testing of critical communications systems that support connectivity to internal organizations, external partners, critical customers, and other key stakeholders.
- Test and exercise telework impact on internal networks as well as impact of government-wide mandated telework.
- Backup plans to use if communications infrastructure fails as a result of surge in demand.

Vital Records and Databases

The identification, protection, and ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a COOP situation is another critical COOP planning requirement. Along with the ability to access vital records and databases, pandemic influenza planning must include the identification and maintenance of vital systems that rely on periodic physical intervention by essential individuals. An effective vital records program must also include:

- Identification of records needed to sustain operations for 30 days or longer because vital records at alternate facilities may not be accessible. Determine whether files be accessed electronically from a remote location (e.g., an employees home).
- A plan for, the maintenance of vital systems that rely on periodic physical intervention/servicing by essential individuals.
- The assignment of responsibility of the vital records program, including identifying alternates with sufficient training to assume the role.
- The identification and acquisition of the appropriate medium for accessing vital records, ensuring the primary and alternates are sufficiently trained to include required clearances, passwords and/or access codes.

Human Capital

Each organization is responsible to design, update and carry out comprehensive plans to take into account and respond to the threats that its employees are most likely to face. Local management officials should ensure that union notification and bargaining obligations have been met prior to implementation of the plan. Human resources staff should be contacted to assist in determining management's bargaining obligations. These plans interact with and impact on human capital management during a pandemic, and should consider organizational policies that encourage sick employees to stay home; and, enable staff to utilize telecommuting. Considering the impact/implications of pandemic influenza on employees, plans must include:

- Updating human capital and organizational policies for:
 - Compensation for nonessential and essential employees
 - Sick leave
 - Mandatory sick leave
 - Family medical leave
 - Processing grievances
 - Telework policy
 - Family Assistance Programs.
- Coordinating modifications to human capital policies and plans with labor relations.
- Reviewing of terms and conditions of contract work to ensure contractor responsibility for essential functions (where relevant) and to suspend non-essential work.
- Evaluating the need for hygiene supplies, medicines, and other medical necessities to promote the health and wellness of healthy essential personnel and plan for distributing such supplies.
- Procedures for medically screening and clearing essential personnel.
- Developing and/or modifying an employee accountability system.
- Developing guidance and awareness plans and materials for employees, including
 - Occupational risk reduction strategies
 - Infection control
 - Personal hygiene
 - Social distancing techniques
 - Travel restrictions
- The provision of relevant information and advisories about the pandemic to employees, via
 - Hotlines
 - Web sites
 - Voice Messaging System Alerts
 - All Hands Messages

- An ability to provide employees with cross-training to ensure essential staffs are available to perform functions
- For further information on Human Capital Planning for Pandemic Influenza, please see the Office of Personnel Management (OPM) guide, same subject. The guide can be found at www.opm.gov/pandemic.

Test, Training and Exercises

Testing, training, and exercising of COOP capabilities are essential to assessing, demonstrating and improving the ability of organizations to execute their COOP plans and programs. Pandemic influenza COOP Plans must also test, train, and exercise “social distancing” techniques, including telecommuting, to help minimize contact with others and reduce the spread of infection. Additional requirements include:

- Testing of established triggers and procedures for activating and terminating the organization’s COOP and emergency response plan in the event of a pandemic influenza.
- Annual awareness briefings on pandemic influenza.
- Testing of plans through tabletop, functional and full-scale exercises activating the COOP in the event of a pandemic influenza.
- Testing, training, and exercising should include social distancing techniques, including telework capabilities and impacts of a skeleton staff on facilities and essential functions and services.

Devolution of Control and Direction

The devolution option of COOP must be developed to address how an organization will identify and conduct its essential functions during an emergency that renders the organization’s leadership and staff incapable or unavailable to execute those functions either from its primary or alternate operating facilities. Because an influenza pandemic may hit earlier, longer, or harder in various parts of the country, devolution planning may need to consider rotating operations between regional offices as the pandemic wave moves throughout the United States. Additional considerations include:

- Taking into account how an organization will conduct essential functions if pandemic influenza renders leadership and essential staff incapable or unavailable to execute those functions. Full or partial devolution of essential functions may be necessary to ensure continuation.
- Developing detailed guidance for devolution, including
 - Essential functions

- Rotating operations geographically as applicable
 - Supporting tasks
 - Points of contacts
 - Resources and phone numbers.
- Ensuring that the devolution site has the capability to provide for the health, safety and security of the personnel. This includes the provision of vaccines and anti-virals.

Reconstitution

Reconstitution embodies the ability of an organization to recover from a catastrophic event and consolidate the necessary resources that allow it to return to a fully functional entity of the Federal government. The objective during this recovery and reconstitution phase during a pandemic is to expedite the return of normal services to the nation. Additional considerations include:

- A method to acquire verification that the pandemic influenza threat has passed and that it is safe to return to the point of embarkation.
- Developing plans for the replacement of employees unable to return to work and prioritizing hiring effort.
- In conjunction with public health authorities, developing plans and procedures to ensure the facilities/buildings are safe for employees to return to normal operations.
- Recognition that facilities may require decontamination before they can be reoccupied with a return to normal operations.
- The need to consider providing counseling and other mental health and social services resources.

Additional Actions

Additional actions must be considered in developing a COOP plan in the event of a pandemic influenza.

- **Appointment of a COOP Influenza Manager.** Appointing a COOP Influenza Manager and alternate is critical to provide a point of contact for all issues related to pandemic influenza, including plans, procedures, intelligence, and other information pertinent to providing for the health, safety and security of personnel and facilities.
- **Identification of “Social Distancing/Shelter-in-Place Techniques.** The Office of Personnel Management shall provide interim pandemic influenza guidance through *Telework: A Management Priority, A Guide for Managers, Supervisors, and Telework Coordinators; Telework 101 for Managers: Making Telework Work for You; and*

Telework 101 for Employees: Making Telework Work for You. Shelter-in-Place guidance and plans are available through the American Red Cross.

- **Development of a Pandemic Internal Communications Plan.** The development of a Pandemic Internal Communications Plan is critical to prepare the personnel for a pandemic by keeping them informed of the status of current outbreaks, symptomology, available vaccines and anti-virals and activation of COOP and emergency response plans.
- **Ensure Adequate Availability of Essential Supplies, Services, and Contracts.** Plans must anticipate and plan for the requirement for additional resources in the event of a pandemic, including:
 - Providing sufficient and available infection control supplies (e.g., hand sanitizers, environmental cleaning supplies and educational materials).
 - Enhancing communications and infrastructure as needed to support personnel telecommuting and remote customer access.
 - Ensuring availability of medical consultation and advice for medical response.
 - Cleaning of facilities and equipment, which may require new or modifying current housekeeping contracts.
- **Management of Staff Who Become Ill in the Workplace.** Management of staff who become ill in the workplace requires the development of plans and procedures for:
 - Infection control procedures to prevent further spread of the virus.
 - Protection of the remaining staff.
 - Decontamination/cleaning of areas the staff member may have infected.
 - Identification of other staff members that have or may have been in contact with the staff member(s) that became ill.
 - Contact procedures for requesting internal or external medical support.

CONCLUSION

Continuity of operations in the event of a pandemic influenza requires additional considerations beyond the traditional COOP concept. COOP planning facilitates the performance of department and agency essential functions during any emergency or event that may disrupt normal operations, including moving COOP personnel to an alternate site, if the primary location is no longer available. Unlike other emergencies, a pandemic influenza will not directly affect the

infrastructure of an organization. Its impact is on the organization's human resources resulting in 40 percent staff absences. The loss of personnel has a direct impact on the ability of an organization to perform their essential functions if preventive and mitigating action is not taken in a timely manner. Therefore, COOP in a pandemic influenza must focus on preventive countermeasures, such as staff education, vaccine and pre-positioning of mission essential functions prior to local threat. After exposure, COOP will be reliant on supportive care and anti-viral medication. Protecting staff from contracting the virus must be the focus of planning in order to ensure the continuation of essential functions and the continuity of government.

ANNEX E, PUBLIC AFFAIRS

PURPOSE

The purpose of this annex is to outline the Public Affairs efforts of the Department of Defense (DoD) to prepare for, and if necessary respond to, the threat of a Pandemic Influenza outbreak.

SITUATION

The current pandemic threat is primarily restricted to the poultry industry in Asia and Europe, as the result of the H5N1 Influenza A virus. While there have not been any reported cases of sustained human-to-human transmission of the H5N1 virus, the current widespread outbreaks in birds and the potential of the virus to mutate have raised concern that the virus will possibly become transmissible between humans with catastrophic results worldwide.

Although the threat of an Influenza Pandemic is global, the focus of media attention will be upon the messages we are sending and what the U.S. Government (USG) is doing to prevent the spread of disease. It will be crucial to maintain constant and consistent messages and information with our primary audiences during these periods. These messages may be in conjunction with or in coordination with the Center for Disease Control (CDC), the Department of Health and Human Services (DHHS), the Department of State (DOS), or other applicable U.S. Government agencies.

Mission

When directed by the President or the Secretary of Defense, DoD will conduct Public Affairs operations to contribute to the overall communication goals of DoD and the USG to minimize the spread and effect of Pandemic Influenza and to maintain the conditions of confidence and readiness in the U.S. Armed Forces to conduct global operations.

Execution

- **Concept of PA Operations.** OASD(PA) will provide USG-approved overarching themes and messages as well as Public Affairs Guidance (PAG) for Combatant Commands, and will coordinate Combatant Command Proposed PAG (PPAG) with the Joint Staff, DOS, DHHS, CDC and other USG agencies as appropriate.

- **Posture.** Each Combatant Command should develop active PPAG that addresses the following issues as they relate to the pillars of the National Strategy (Preparedness and Communication, Surveillance and Detection, and Response and Containment):
 - Health protection and safety of personnel and resources.
 - Maintenance of essential functions and services (mission).
 - Support to the Federal response (and/or DoS overseas) to a pandemic.
 - Communication between Combatant Command stakeholders and higher headquarters as well as other DoD elements.

COORDINATING INSTRUCTIONS

- There will be no initial release of information about any disease outbreak, or response operations by any command, until after the initial release is made by White House, DOS or DoD spokesperson, or until directed by higher authority.
- If an outbreak occurs, DoD may play supporting roles, consistent with existing agreements and legal authorities, in implementation of movement controls, transportation, logistics and medical support. In this situation, DoD communication efforts would also provide support to the lead Federal agency.
- Geographic and Unified Combatant Command information campaigns should include building awareness of the potential threat specific to their area, encouraging stakeholder audiences to develop individual preparedness skills, (e.g., social distancing, personal hygiene, mask use, and other infection control precautions individuals should employ during a pandemic) and communicating our capacity to respond within their own area of responsibility as well as assisting to coordinate response efforts within an international framework.
- Pandemic influenza information message maps developed in coordination with other Federal agencies will be used to ensure consistency, assuage anxiety, and promote realistic expectations about the pandemic. Risk communication materials will be current and updated as conditions change and circumstances warrant.
- Combatant Commands shall also develop additional materials unique to their Area of Responsibility (AOR), tailored for their respective military members to be made available through established DoD channels.

PUBLIC AFFAIRS MESSAGES

The following messages are approved for initial use. Subsequent Public Affairs Guidance may alter or add to these messages:

- The primary goal of DoD in combating the spread of pandemic influenza in the U.S. military population and civilian population is to preserve the ability of our military and civilian workforce to provide for national defense.
- While there is no current pandemic influenza outbreak, there is still reason to be concerned. We aren't going to wait for a crisis to develop before we take steps to educate and safeguard the American people.
- Individuals should stay informed about pandemic influenza and prepare as they would for any emergency.
- Preparing now can limit the effects of a pandemic. Informed public participation and cooperation will be needed for effective public health efforts.
- The United States has been working with the World Health Organization and other countries to strengthen detection and response to outbreaks.
- If the new virus starts in Asia, limitations on travel, such as those used for SARS, may delay entry into the United States.
- It is unlikely that control measures will prevent pandemic influenza from entering the United States, but preparing now can limit the spread and effects of pandemic influenza.
- Domestically, the Department of Health and Human Services would be the lead Federal agency in charge of responding to a pandemic and DoD would act in a supporting role.
- While we are a supporting agency DoD must also focus on the health and well-being of U.S. military and civilian personnel.

ADDITIONAL INFORMATION

<http://www.pandemicflu.gov>

<http://www.dod.mil/pandemicflu>

<http://www.hhs.gov/emergency/mediaguide/PDF/>

http://www.who.int/entity/csr/don/Handbook_influenza_pandemic_dec05.pdf

ANNEX F, REFERENCES

- a. Armed Forces Epidemiological Board, "Vaccines in the Military: A Department of Defense-Wide Review of Vaccine Policy and Practice," Recommendation 11, August 1999, web site <http://www.ha.osd.mil/afeb/reports/vaccines.pdf/> (as of December 15, 2005).
- b. Assistant Secretary of Defense (Health Affairs) Memorandum, Subject: "Department of Defense Influenza Pandemic Preparation and Response Health Policy Guidance," January 25, 2006.
- c. Assistant Secretary of Defense (Health Affairs) Policy 05-022, "Policy for the Use of Influenza Vaccine for 2005-2006 Influenza Season," November 8, 2005, web site <http://www.ha.osd.mil/policies/2005/05-022.pdf> (as of December 21, 2005).
- d. Assistant Secretary of Defense (Health Affairs) Policy 99-008, "Policy for DoD Global, Laboratory-Based Influenza Surveillance," February 3, 1999, web site <http://www.ha.osd.mil/policies/1999/clin9908.htm> (as of December 21, 2005).
- e. Assistant Secretary of Defense (Health Affairs) Policy, "Policy for Release of Antiviral (Tamiflu®) Stockpile During an Influenza Pandemic," (January 10, 2006).
- f. Centers for Disease Control and Prevention, "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," Morbidity and Mortality Weekly Report, Vol. 23, May 28, 2004, web site <http://www.cdc.gov/mmwr/PDF/rr/rr5306.pdf> (as of December 15, 2005).
- g. Centers for Disease Control and Prevention, "Vaccine Information Statements," <http://www.cdc.gov/nip/publications/VIS/default.htm>.
- h. Department of Defense Directive (DoDD) 3020.26, Defense Continuity Program, (September 8, 2004).
- i. Department of Defense Directive 3025.15, "Military Assistance to Civil Authorities," February 18, 1997, web site http://www.dtic.mil/whs/directives/corres/pdf/d302515_021897/d302515p.pdf (as of December 15, 2005).
- j. Department of Defense Directive 6200.2, "Use of Investigational New Drugs for Force Health Protection," August 1, 2000, web site <http://www.dtic.mil/whs/directives/corres/xml/d62002x.xml> (as of December 14, 2005).
- k. Department of Defense Directive 6200.3, "Emergency Health Powers on Military Installations," May 12, 2003, web site <http://www.dtic.mil/whs/directives/corres/xml/d62003x.xml> (as of December 14, 2005).

- l. Department of Defense Instruction 6205.2, "Immunization Requirements," October 9, 1986, web site <http://www.dtic.mil/whs/directives/corres/html/62052.htm>.
- m. Department of Defense, Joint Staff Planning Order, Subject: Pandemic Influenza (PI) PLANORD, November 14, 2005 and DJS GENADMIN Message Pandemic Influenza Planning Efforts, February 6, 2006.
- n. Department of Defense, Strategy for Homeland Defense and Civil Support, (June 2005).
- o. Department of Defense, National Defense Strategy of the United States of America, (March 2005).
- p. Department of Health and Human Services, "HHS Pandemic Influenza Plan," November 2005, web site <http://www.hhs.gov/pandemicflu/plan/pdf/HHSPandemicInfluenzaPlan.pdf> (as of December 15, 2005).
- q. Department of Homeland Security, "National Response Plan," December 2004, web site http://www.dhs.gov/interweb/assetlibrary/NRP_FullText.pdf (as of December 15, 2005).
- r. Executive Order 13295: Revised List of Quarantinable Communicable Diseases, (April 4, 2003).
- s. Executive Order 13375 – Amendment to Executive Order 13295 relating to certain influenza viruses and quarantinable communicable diseases, (April 1, 2005).
- t. Federal Preparedness Circular (FPC) 60, Continuity of the Executive Branch of the Federal Government during National Security Emergencies, (November 2005).
- u. Federal Preparedness Circular (FPC) 65, Federal Executive Branch Continuity of Operations (COOP), (June 15, 2004).
- v. Homeland Security Council, "National Strategy for Pandemic Influenza," November 2005, web site <http://www.whitehouse.gov/homeland/nspi.pdf> (as of December 16, 2005).
- w. Homeland Security Council, National Strategy for Pandemic Influenza Implementation Plan, (May 2006).
- x. Homeland Security Presidential Directive (HSPD) - 10: BioDefense for the 21st Century, (April 28, 2004).
- y. Joint Publication 3-07.5, "Joint Tactics, Techniques, and Procedures for Noncombatant Evacuation Operations," September 30, 1997, web site www.dtic.mil/doctrine/jel/new_pubs/jp3_07_5.pdf.

- z. National Communication System (NCS) Directive 3-10, Telecommunication Operations: Required Minimum Continuity Communications Capabilities, (June 7, 2005).
- aa. National Security Council, National Strategy to Combat Weapons of Mass Destruction, (December 2002).
- bb. Office of Personnel Management, “Human Capital Management Policy for a Pandemic Influenza,” June 9, 2006, web site www.opm.gov/pandemic.
- cc. U.S. Army Medical Surveillance Activity, “Tri-Service Reportable Events: Guidelines & Case Definitions,” version 1.0, July 1998, web site: http://amsa.army.mil/documents/DoD_PDFs/Jul98TriServREGuide.pdf (as of December 16, 2005).
- dd. U.S. Army Regulation 40-562/BUMEDINST 6230.15/AFJI 48-110/CG COMDTINST M6230.4E, “Immunizations and Chemoprophylaxis,” (November 1, 1995).
- ee. United States Code Title 21, Code of Federal Regulations, Parts 50, “Informed Consent of Human Subjects,” and 312, “Investigational New Drug Application,” current edition.
- ff. World Health Organization, “WHO Global Influenza Preparedness Plan, 2005,” web site http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5.pdf (as of December 15, 2005).