Pandemic Plan for the Church

Ministering to the Community in a Time of Crisis

Government Mitigation Plans for the Community

In the event of a pandemic, the government will put into practice mitigation plans to prevent further spread of a disease. Mitigation according to the Federal Emergency Management Agency (FEMA) is the effort to reduce loss of life and property by lessening the impact of disasters. Mitigation is taking action —before the disaster—to reduce human and financial consequences later (analyzing risk, reducing risk, ensuring against risk).

The Centers of Disease Control and Prevention (CDC), and the U.S. Department of Health and Human Services (USDHHS) in conjunction with other federal agencies and partners in the public health, education, business, healthcare, and private sectors have developed a set of plans and guidance to mitigate the effects of a pandemic.

The mitigations described below are based on *non-pharmaceutical interventions* (NPIs) intended to reduce contact between people; therefore, reduce the potential to spread the disease. These strategies do not include the use of pharmaceutical interventions such as vaccines, although antivirals may be considered. To date there is not a vaccine developed for the H5N1, H7N9 influenza viruses or MERS.

The NPIs are what will play an essential role in mitigating the impact of a pandemic. Studies of the 1918 influenza pandemic show that early implementation of these interventions will reduce death rates. Such interventions include the closing of schools, theaters, and churches. The government has developed these strategies that when put into place should restrain the spread of the virus, giving health officials time to develop a vaccine. These mitigations, when enacted, may be enforced by law.

This section is based on the document "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States – Early, Targeted, Layered Use of Nonpharmaceutical Interventions." This was published by the CDC in February, 2007. It is available in its entirety at http://www.flu.gov/planning-preparedness/ community/ community_mitigation.pdf. The document provides planning guidance for state, territorial, tribal, and local communities and focuses on measures other than vaccination and drug treatment that might be useful during an influenza pandemic to reduce its harm. By publishing the Interim Pre-Pandemic Guidance, these federal and world agencies expect that individuals, families, schools, organizations such as small employers, and churches will plan accordingly. Planning should anticipate the implementation of these interventions. This will help limit the spread of a pandemic, prevent disease and death, lessen the impact on the economy, and ensure society keeps functioning.

It is recommended that the measures be initiated early before explosive growth of a pandemic and maintained consistently throughout an epidemic wave in a community. However, it is also noted that the effects of these mitigations may greatly disrupt and even suspend normal

practices of society. The intent of this plan is to present strategies and measures that can be put into practice once these mitigations are implemented, and to be a guide when writing your own plan of preparation.

In addition to non-pharmaceutical interventions, the Pre-Pandemic Planning Guidance introduces the use of a Pandemic Severity Index to distinguish the severity of a pandemic and provides recommendations for specific interventions. This Index suggests when these measures should be started and how long they should be enforced. This index and how it is used will be discussed later. However, keep in mind that we are already at a phase when government and health officials have determined that community leaders and individuals should by now have a plan written and ready for execution.

Nonpharmaceutical Interventions

The most effective tool for mitigating a pandemic is a well-matched pandemic strain vaccine. However, it is highly unlikely that such a vaccine will be available when a pandemic begins. If a vaccine were to be developed, it would still take time to manufacture and distribute it to billions of individuals. This means that we must be prepared to face the first wave of a pandemic without a vaccine and potentially without sufficient quantities of influenza antiviral medications.

In addition, it is not known if influenza antiviral medications will be effective against the presenting pandemic strain. Currently, the avian influenzas, H5N1, H3N2, and other influenza A viruses have shown resistance to neuraminidase inhibitor antiviral medications such as Oseltamivir (Tamiflu). It has been discussed in the science community to regulate the availability of these antivirals during seasonal flu outbreaks to maintain the efficacy of these medications in the event of a pandemic. In addition, the national stockpile of these antivirals would be rendered un-useable.

The NPI mitigations for community planning include isolation, quarantine, child and adult social distancing. When these are put into action, there will be a cascading chain of events that will arise as consequences to these mitigations. Because of these cascading effects, additional planning may be required. There may be unintended consequences to the interventions, for example, dismissal of school may lead to increased absenteeism from the work place due to parents staying home to care for their children. A further effect of absenteeism then will be a loss of income. Absenteeism will also lead to the disruption of the delivery of goods and services, short staffed healthcare facilities, emergency services, and other community services which uphold the infrastructure of a community.

It is anticipated that these mitigations could be enforced for as long as 12 weeks or more. Government assistance will not be considered at this time, it is expected that employers, families, and individuals plan accordingly for such an event.

Isolation and Quarantine

Isolation and *quarantine* strategies used to protect the public by preventing exposure to someone who may be infected.

Isolation is used to separate ill patients who have a communicable disease from those who are healthy. Hospitals use isolation as a means of separating the patient and containing the exposure hazards by restricting movement of the patient as well as limiting access of visitors or caregivers. For example, hospitals use isolation for patients with infectious tuberculosis.

Quarantine is used to separate and restrict the movement of well people who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease (CDC, 2014).[i] The time of quarantine will be determined by the incubation period (the time a person is exposed to the time they display signs and symptoms) of the disease as well as the time necessary determined by local health officials.

Enforcement of Quarantines

The federal government derives its authority for isolation and quarantine from the Commerce Clause of the U.S. Constitution. The authority for carrying out these functions on a daily basis has been assigned to the CDC and delegated to local health departments. States have police power functions to protect the health, safety, and welfare of persons within their borders. To control the spread of disease within their borders, states have laws to enforce the use of isolation and quarantine. These laws can vary from state to state and in some states, local health authorities implement state law. In most states, breaking a quarantine order is a criminal misdemeanor.

The following is a list of current communicable disease that the federal government is authorized to isolate and quarantine:

- Diphtheria
- Infectious tuberculosis
- Plague
- Smallpox
- Yellow fever
- Viral hemorrhagic fevers (Ebola)
- Severe acute respiratory syndrome (SARS)
- Influenza that could cause a pandemic

The president can revise this list by executive order.

Voluntary Isolation of Ill Persons

Voluntary isolation and treatment of infected individuals is the first stage of efforts to mitigate a pandemic. Isolation may occur at home or in the healthcare setting. As stated earlier, the goal of this intervention is to reduce transmission by reducing contact between those who are ill and those who are not.

Those who are ill and do not require hospitalization would be requested to remain at home voluntarily during the infectious period, approximately seven to ten days after the onset of symptoms. These individuals may remain at home or at the home of a relative or friend.

In order for this phase of mitigations to be a success there must be prompt recognition of illness, and appropriate use of hygiene and infection control practices in the home setting. In addition, there must also be the commitment of employers to support these recommendations to allow ill employees to stay home. If possible these employers must also support the financial needs of the employees who are patients or caregivers.

Clear, concise information must be provided to caregivers to properly care for individuals who are ill in their household, and when and where to seek medical care. For further information on this, please see the sections titled, "Infection Control and Caring for the Sick".

Church and community leaders should also make plans for those who are vulnerable and may live alone or are unable to care for themselves. This will be discussed further in the section "Pre-Identifying Vulnerable People".

Voluntary Quarantine of Household Members of ill Persons

The next phase of Isolation and Quarantine will be to request the members of a household in which there is an ill person to remain home. This is due to those who have come into close contact with someone who is infected and may have also acquired the virus. Even if individuals do not present with any indications of the disease, a significant amount of the population may shed the virus and infect others despite not having symptoms or having only minor symptoms of the disease. The duration of this type of quarantine is usually the time of the incubation period. This may be a period of seven days following the time of the onset of symptoms in the household member. If another family member becomes ill during this period, the time is extended another seven days from the time the last family member becomes ill.

The goal of this intervention is to reduce community transmission. However, success will involve the same factors stated earlier. Prompt identification of an ill person, voluntary compliance by all household members, good hygiene, knowledge of proper care, and commitment by employers to support the need of those remaining home.

Child Social Distancing

Child social distancing consists of the dismissal of students from school (including public and private schools as well as colleges and universities). This includes all school-based activities, childcare programs, and any other activity involving the school system.

Children are efficient transmitters of disease in any setting. Due to the lack of understanding of good hygiene, and the close proximity of child placement, schools and childcare facilities represent a significant site of the spread of disease. The goal of these interventions is to protect children and to decrease transmission among them in dense classroom and non-school settings; thus, to decrease introduction into households and the community at large.

If the recommendation for social distancing of children is advised during a pandemic and families find that for practical reasons they must group their children with others, the recommended group size should be held to a minimum. Children should also not move from group to group, or have extended social contacts outside the designated group.

At the onset of a pandemic, many parents may want their children who are attending college or university to return home from school. Planning should be considered for those students who may be unable to return home during a pandemic.

Cascading effects or the untoward consequences from the closing of schools may include increased absenteeism for parents or caregivers, the loss of instruction time, and loss of income. The decision to close schools will come with many challenges for writing a plan. Your church may have a school or day care program; in addition to your church plans you will need to plan for the possibility of the closing of these services.

Adult Social Distancing

The goal of social distancing measures for adults is to reduce contact between adults in the community and workplace. This intervention includes changing workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services (CDC, Interim Pre-Pandemic Guidance, p8)[ii]

The cancellation of public gatherings includes churches, theaters, concerts, even the closure of social gathering places such as a pub or club. Other changes in the community will include modifications to mass transit policies to decrease passenger density, which will also reduce the risk of transmission.

Historical archival research for the 1918 influenza pandemic showed that school closure and public gathering bans activated concurrently with other social distancing measures significantly associated with reduced deaths rates. The cities that implemented these non-pharmaceutical interventions earlier had greater delays in reaching peak mortality than those that did not. During this time, although priests and pastors claimed that their buildings were well ventilated, and people only gathered but once a week, government officials still maintained the need for closure.

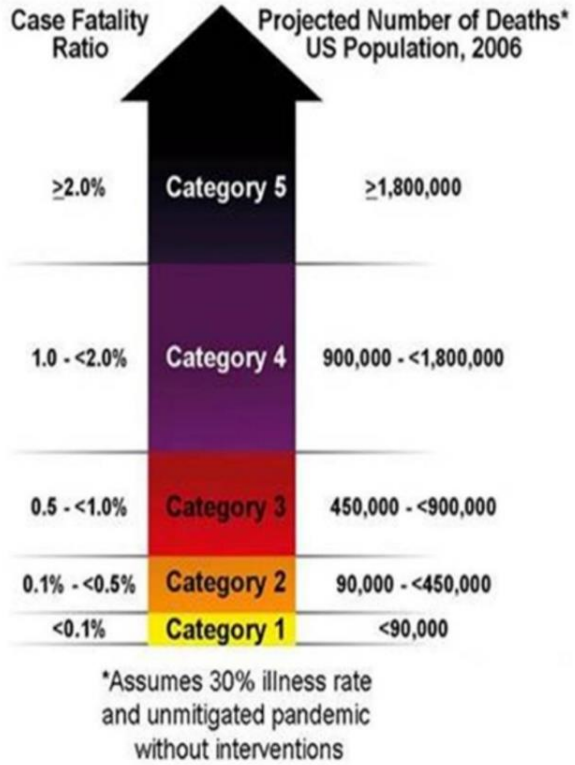
Provisions for changes in the workplace to ensure a safe environment and reduce the spread of the virus may include staggering work schedules, increasing space between workspaces, and encouraging work to be done from home. Having a plan ready to put into practice will also ensure business continuity and help maintain the community infrastructure.

Requirements for success of these various measures include the planning by individuals with school aged children and the commitment of employers to providing options.

Duration of Implementation of Nonpharmaceutical Interventions

It is important to emphasize that as long as susceptible individuals are present in large numbers, disease spread may continue. Immunity to infection with a pandemic strain can only occur after a person acquires the virus and experiences a natural immune response or is immunized with an effective vaccine. Historical data collected from the 1918 pandemic suggests that duration of these interventions is significantly associated with overall mortality rates. Stopping or limiting the intensity of interventions while the pandemic virus was still circulating within the community was associated with increases in mortality. Because waves of a pandemic can last up to twelve weeks, and new outbreaks can occur, it is recommended for planning purposes that communities be prepared to maintain interventions for at least that long.

Health officials concur that personal hygiene that includes hand washing, cough etiquette, and wearing personal protective equipment must be emphasized – as this is the true basis of stopping the spread of any disease.



Pandemic Severity Index

Pandemic Severity Index (CDC, Pre-Pandemic Planning, p10)[iii]

Pandemic Severity Index (PSI) is used to characterize the severity of a pandemic. It is designed to help estimate the severity of a pandemic and to allow better forecasting of its impact (CDC, Pre-Pandemic Planning, p 9).[iv]

The use of the PSI will help authorities to determine the most appropriate actions to take and when to implement them. The tool can be used by states, communities, businesses, schools and others.

The severity of a pandemic is primarily determined by its death rate, or the percentage of infected people who die. The PSI, which is modeled after the Saffir-Simspon Hurricane Scale used to characterize hurricanes, ranges from 1-5. A category one pandemic is as harmful as a severe seasonal influenza season, while a pandemic with the same intensity of the 1918 flu pandemic, or worse, would be classified as category five (CDC, 2007).[v]

Although health and government officials agree that assigning pandemics to a category helps public officials, it requires a massive effort of planning for the local communities.

Pandemic Severity Index			
Interventions by Setting	**1**	**2 and 3**	**4 and 5**
Home—Voluntary Isolation of ill at home (adults and children) combine with use of anti-viral treatment as available and indicated	Recommend	Recommend	Recommend
Voluntary Quarantine of household members in homes with ill persons (adults and children) consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not Recommended	Consider	Recommend
School—Child Social Distancing			
• Dismissal of students from schools and school based activities, and closure of child care programs.	Generally not Recommended	Consider ≤ 4 weeks	Recommend ≤12 weeks
• Reduce out of school social contacts and community mixing	Generally not Recommended	Consider ≤ 4 weeks	Recommend ≤ 12 weeks
Workplace/Community Adult Social Distancing			
• Decrease number of social contacts (e.g. encourage teleconferences, alternatives to face to face meetings)	Generally not Recommended	Consider	Recommend
• Increase distance between persons (e.g. reduce density in public transit, work-place)	Generally not Recommended	Consider	Recommend
• Modify, postpone, or cancel selected pub-lic gatherings to promote social distance (e.g. stadium events, theater perform-ances)	Generally not Recommended	Consider	Recommend
• Modify work place schedules and prac-tices (e.g. telework, staggered shifts)	Generally not Recommended	Consider	Recommend

Summary of Community Mitigation by Pandemic Severity Index
(CDC Pre-Pandemic Planning, p12)[vi]

Triggers for Implementing Interventions

The timing of initiating interventions will influence their effectiveness. Implementing these measures prior to the pandemic may result in economic and social hardship without public health benefit. Overtime, these may result in the waning of public interest, leading to less compliance. On the other hand, implementing these measures too long after the spread of the pandemic may limit the benefits to public health. Identifying the optimal time for initiation as well as the duration of these mitigations will be challenging. In addition, identifying key people and resources and when to call on them will be critical. Using terms such as *alert, standby,* and *activate* may assist in implementing your plan.

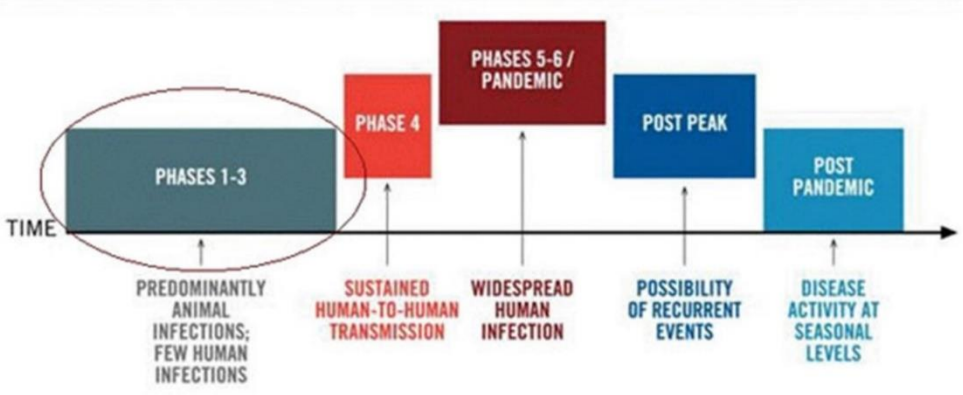
- Alert – the notification of systems and personnel of the impending activation of the plan.
- Standby – the initiation of decision-making processes for imminent activation, including the mobilization of resources and personnel.
- Activate – refers to actual implementation of specified pandemic mitigation measures.

Pre-pandemic planning for use of these interventions should be directed to lessening the transition time between these three stages. The effectiveness of preparedness and response plans of individuals and community leaders and organizations will help in a smooth transition between each, as well as aiding the community for the duration of the established mitigations.

When planning for your church community, using these terms will help your staff and members in knowing when and what to do individually and for the community. After reading this plan in its entirety and determining what role you and your church will play, these terms will help in initiating and implementing your plan.

Pandemic Alert Phases

WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans.



World Health Organization Pandemic Phase Alert (WHO, 2016)[vii]

The phases categorize the circulating virus and what world health officials expect of local health authorities, businesses and communities. The phases are the following:

- Phase 1 - No viruses circulating among animals have been reported to cause infections in humans. There is low or no risk of human infection.

  World Health officials also call this the preparatory alert. Planning, training and trials should be taking place by government and local health officials, businesses, and community leaders. At this time, it is not expected to have any type of implementation taking place.

- Phase 2 - Animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans and is therefore considered a potential pandemic threat. This is still considered the preparatory time, with planning, training.

- Phase 3 - An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.

  At the time of this writing, the world is in this Phase 3 of the Pandemic Alert also called Preparatory and Reactionary Alert. It is encouraged by world health officials that government and local health officials, along with businesses and community leaders have already been planning and training with trials. Partial implementation of these plans should have already taken place.

- Phase 4 - Verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause community-level outbreaks. This phase indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is imminent.

  At this time government and health officials, along with community leaders should be increasing implementation of their plans.

- Phase 5 - Human-to-human spread of the virus into at least two countries in one WHO region. This is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

  An increase in the implementation of preparatory plans should be taking place.

- Phase 6 - Community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

  Training and execution of plans should be fully implemented by all government, local health officials, business, and community leaders.

As stated, the world is currently in Phase 3. It is expected by world and local officials that local business and community leaders have already written plans. At this time, they encourage training with trials being partially performed in order to be properly prepared for the next expected phase.

Planning to Minimize Consequences of Community Mitigations

These phases are issued to keep the public informed as well as to guide them in their planning efforts. At the writing of this document the current status for the H5N1 and the H7N9 are at phase three of the Pandemic Alert which states that an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in sustained human-to-human transmission sufficient to sustain community. It is at this time WHO strongly recommends that nations, communities, and organizations have a written plan, with training and trials with partial implementation already initiated.

It has been established that implementing certain interventions will have an impact on the daily activities and lives of individuals and society. For example, some individuals will need to stay at home to mind children, or because of exposure to ill family members. This means that some children will have an interruption in their education or their access to school meal programs. These effects will arise in addition to the direct impacts of the pandemic itself. Communities should undertake appropriate planning to address both the consequences of these interventions and direct effects of the pandemic. In addition, communities should pre-identify those for whom these measures may be most difficult to implement, such as vulnerable populations and persons at risk. Please see the section titled “Pre-Identifying Vulnerable People”.

The potential success of community mitigation interventions is dependent upon building a foundation of individual, family, and community preparedness. This is a chance for the Body of Christ to shine in the darkness. This is a chance to bring hope into a crisis-stricken community. This document is written taking these mitigations into consideration and acts as a guide to allow the Church to continue being the Church when health and government officials prohibit normal practices and gatherings. Please prayerfully consider this document as a guide to your own planning in order to continue to not only shepherd the flock, but reach out and minister to the community you live in.

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[i] “Quarantine and Isolation”, “Legal Authorities for Isolation and Quarantine” Centers for Disease and Control and Prevention, website. Last modified October 8, 2014, accessed May 13, 2016. http://www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html.

[ii] “Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions” Centers for Disease Control, Department of Health and Human Services, USA, February 2007, page 8.

[iii] “Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions” Centers for Disease Control, Department of Health and Human Services, USA, February 2007, page 10

[iv] “Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions” Centers for Disease Control, Department of Health and Human Services, USA, February 2007, page 9.

[v] "HHS unveils Two New Efforts to Advance Pandemic Flu Preparedness" Centers for Disease Control and Prevention, CDC Newsroom, Press Release February 1, 2007. Last modified May 20, 2014, accessed June 15, 2015. http://www.cdc.gov/media/pressrel/2007 /r070201a.htm

[vi] "Interim Pre-Pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions" Centers for Disease Control, Department of Health and Human Services, USA, February 2007, page 12

[vii] "Current WHO global phase of pandemic alert: Avian Influenza A(H5N1)" Global Alert and Response, GAR, World Health Organization, WHO 2016. Accessed July 4, 2016. http://www.who.int/influenza/preparedness/pandemic/h5n1phase/en/