

Planning assumptions used in Pan Flu Plan:

1. A pandemic is a public health emergency that rapidly takes on significant political, social, and economic dimensions. A pandemic is likely to affect all sectors of the critical infrastructure, public and private.
2. Susceptibility to the pandemic influenza subtype will be universal. The clinical disease attack rate will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
3. Of those who become ill with influenza, 50% will seek outpatient medical care. The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios.
4. Multiple waves (periods during which community outbreaks occur across the country) of illness are likely to occur with each wave lasting 2 to 3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
5. The public healthcare system itself will likely be overwhelmed. This may have a cascading effect on those seeking medical attention for other (non-pandemic) illnesses and diseases.
6. Workforce support for all levels of government, volunteers and the private sector will be a necessary, if not vital, resource to acquire.
7. New York's public health system relies on LHDs with authority and responsibility for public health preparedness and response at the local level. The State Department of Health provides leadership, support, and coordination of this effort, including during a multi-jurisdictional emergency. Although pandemic influenza may affect multiple jurisdictions simultaneously, all jurisdictional responsibilities are maintained. The State will provide additional support to leadership at the local level, without usurping the authority of LHDs.
8. The State may need to implement protective actions (non-medical containment) that will likely be unfavorable to the general public. This may include closing schools, restricting travel, suspending mass gatherings and imposing isolation or quarantine measures on the general public.

9. The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days. Non-medical containment will likely be covering the span of the incubation period until symptoms are presented.

10. Decisions about non-medical containment measures will be made in an atmosphere of considerable scientific uncertainty. Containment measures must be adapted to the epidemiological context of each pandemic influenza phase of the pandemic.

11. Non-medical containment measures will be the principal means of disease control until adequate supplies of vaccine and/or antiviral medications are available.

12. Response actions need to be swift and decisive, necessitating the use of a variety of State and Federal statutes and authorities to effectively respond to and recover from a pandemic.

13. Vaccination and antiviral treatment are anticipated to be the most effective medical strategies for reducing pandemic influenza morbidity and mortality. However, effective vaccines or antiviral medications may be non-existent or in limited supply. The State will promote and coordinate use of vaccines and/or antivirals based on their availability and the best scientific evidence at the time.

14. Activities identified in any given pandemic phase are not necessarily assumed to be completed during that phase; activities started in one phase may continue into subsequent phases or reoccur as additional waves of the pandemic become evident.

15. It is possible that the State, in its response, may be eradicating animals that serve as a vector as well as responding to a pandemic impacting the population.

16. State agencies supporting this Annex may need to implement their lines of succession as identified in their agency-specific continuity of operations plan.

17. Government at all levels will likely be overwhelmed in a pandemic. This may have an adverse effect on the ability of the State to acquire support from Emergency Management Assistance Compact (EMAC) partners or acquire adequate Federal support under the National Response Plan.

18. Federal authorities under the Public Health Services Act allow the Federal government to implement quarantine or isolation measures upon the State and the general population.