

SECTION 5

Resources

Recommendations for preparing for a Pandemic Flu

Message from the State Health Officer

Reproducible Flyers and tri-folds for reduction of spread of germs

Hand Hygiene Suggestions

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Disaster preparedness guide for people with Diabetes

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CDC Letter of proposed Quarantine Rule changes

CDC letter on the Avian Flu

INFLUENZA



Key Differences Between Annual Flu And Pandemic Flu	
ANNUAL FLU	PANDEMIC FLU
Occurs every year during the winter months.	Occurs three to four times a century and can take place in any season.
Affects 5-20 percent of the U.S. population.	Experts predict an infection rate of 25-50 percent of the population, depending on the severity of the virus strain.
Globally, kills 500,000-1 million people each year; 36,000-40,000 in the U.S.	The worst pandemic of the last century -- the "Spanish Flu" of 1918 -- killed 500,000 in the U.S. and 50 million worldwide.
Most people recover within a week or two.	Usually associated with a higher severity of illness and, consequently, a higher risk of death.
Deaths generally confined to "at risk" groups, such as the elderly (over 65 years of age); the young (children aged 6-23 months); those with existing medical conditions like lung diseases, diabetes, cancer, kidney, or heart problems; and people with compromised immune systems.	All age groups may be at risk for infection, not just "at risk" groups. Otherwise fit adults could be at relatively greater risk, based on patterns of previous epidemics. For example, adults under age 35 (a key segment of the U.S. workforce) were disproportionately affected during the 1918 pandemic.
Vaccination is effective because the virus strain in circulation each winter can be fairly reliably predicted.	A vaccine against pandemic flu may not be available at the start of a pandemic. New strains of viruses must be accurately identified, and producing an effective vaccine could take six months.
Annual vaccination, when the correct virus strain is used, is fairly reliable and antiviral drugs are available for those most at risk of becoming seriously ill.	Antiviral drugs may be in limited supply, and their effectiveness will only be known definitively once the pandemic is underway.



Pandemic Influenza

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Pandemic Flu

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Getting ready for pandemic influenza

Washington state and the world are preparing for a possible pandemic outbreak of a serious and deadly strain of influenza (flu). A pandemic is caused by a strain of virus that is **new** – no one would be immune and it would be highly contagious. It may be necessary to protect yourself and others from getting the virus by remaining in your home for several days.

Checklist of items to keep in your home.

Many of these items are things every home should have on hand for any emergency. These particular items are especially important if you cannot leave your home and people cannot enter.

- **Food and water**

Have a supply of canned and dried food and fresh water on hand – enough for several days. Although basic utilities like electricity and water should remain on, there may be disruptions in some services. Grocery stores may not have enough staff to remain open.

- **Items for personal comfort**

You may want to have extra items on hand to make your time at home more comfortable like, soap, shampoo, toothpaste, toilet paper, cleaners and activities for children.

- **Cash**

Make sure to have some cash on hand. If necessary, you may be able to have items delivered to your door.

- **Pets**

Don't forget your pets. Make sure you have enough food and water for them and other necessities like extra litter.

- **Phone**

If there are disruptions to power, you will need to a phone that does not run on power from an electrical outlet. A standard "wired" phone. Wireless phones will not operate when the power is out, however cellular phones will.

- **Medications and equipment**

If you must take medications on a regular basis, be sure to have enough of a supply to last for several days.

- **Large trash bags**

Garbage service may be disrupted or postponed for many days. Have

bags on hand to store garbage safely.

- **Prepare ahead**

Talk to your friends and family about emergency plans. Make sure you have a plan to check in with elderly parents and friends, that children know who to contact in an emergency and that you know your family's medical histories, social security numbers and other basic information.

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Pandemic Influenza

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Pandemic influenza ("flu")

A message from State Health Officer Maxine Hayes

You've probably been hearing a lot about pandemic flu lately. It's been on the news and in the headlines. To put it simply, a pandemic is an outbreak on multiple continents at the same time. It's usually caused by a new virus that people are not immune to, and for which there's no vaccine.

Avian flu is the big concern right now. There haven't been any cases in the United States; however, there have been several in other countries. So far avian flu has not been able to spread easily from person to person, but that could change.

In one way or another everyone would be impacted by a massive influenza outbreak. Many of our friends and family would get sick and, sadly, some might even die. Many of our co-workers would be out of the office for weeks. Schools, theaters, churches, sporting events – anywhere people gather in groups – would be disrupted.

It's not easy to say these things, but these would be the harsh realities of a pandemic.

We have tools on our side that may help us better cope with the health effects of a large-scale influenza outbreak than in previous pandemics: better science and improved global

Pandemic influenza resources and information

- **[What you need to know about pandemic influenza](#)**

Questions and answers about avian flu, how it may become a pandemic, how it may affect you and your family, and how Washington state is preparing.

- **[Prevention tips](#)**

What can you do to stay healthy and help prevent others from getting sick. (Also available in PDF format in these languages: [Cambodian](#), [Chinese](#), [English](#), [Korean](#), [Russian](#), [Spanish](#), [Vietnamese](#).)

- **[Cover Your Cough.](#)**

Covering your mouth when you sneeze or cough and washing your hands will help prevent the spread

communications. We will be able to communicate rapidly with our partners to identify the pattern of how an illness is spreading, and we know more about prevention and preparedness issues than we knew when the most-deadly pandemic influenza hit in 1918.

At the Washington State Department of Health, we are working with our local, state and federal partners to do all we can to make sure our communities are prepared for a pandemic. Be aware though, it is a big challenge that will take more than government alone. We all need to make sure we are personally prepared for all types of emergencies, including a pandemic flu outbreak. You'll find links below on what you – and your family – can do to prepare. You'll also find information on how to help prevent the spread of germs – simple precautions we should all take in our daily lives.

As you can imagine, information about a possible outbreak changes frequently. Please visit the pages below often for the most up-to-date information about pandemic influenza and related issues.

Links to other pandemic influenza information

- www.pandemicflu.gov. The federal government's official pandemic influenza site at the Department of Health and Human Services.
- [Centers for Disease Control and Prevention \(CDC\)](http://www.cdc.gov)
- [World Health Organization \(WHO\)](http://www.who.int)
- [Washington State Department of Fish & Wildlife](http://www.wa.gov/fishwildlife). Information about wild birds and safety tips for bird watchers and hunters.
- [Washington State Department of Agriculture](http://www.wa.gov/agriculture). Information about pet birds, livestock fowl and eating and preparing poultry.

of germs and illness.

- [Cover Your Cough brochure](#) (PDF format, 267 KB)
- [Cover Your Cough poster](#) (PDF format, 189 KB)
- [Cúbrase la boca al Toser](#) (PDF format, 560 KB)

- **Personal preparedness**

How you can prepare yourself and your family for emergencies including a pandemic influenza outbreak.

Information about the normal flu season

- [DOH Flu News](#)

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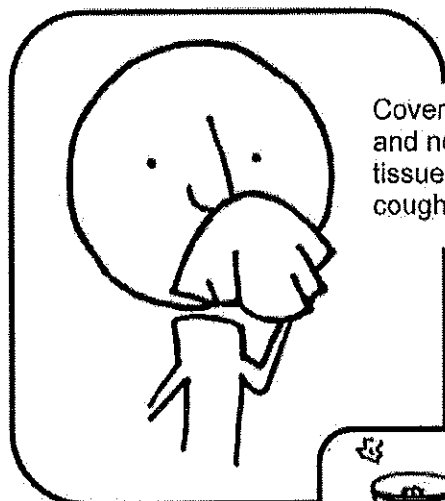
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Stop the spread of germs that make you and others sick!

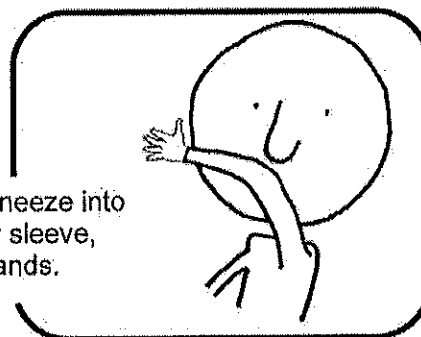
Cover your Cough



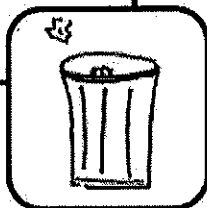
Cover your mouth
and nose with a
tissue when you
cough or sneeze

or

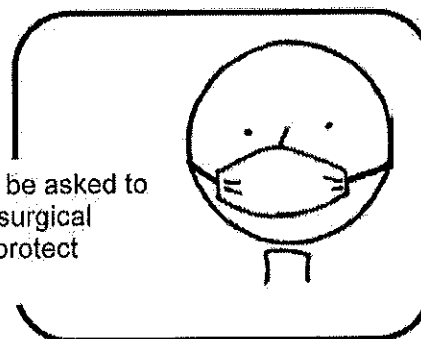
cough or sneeze into
your upper sleeve,
not your hands.



Put your used tissue
in the waste basket.

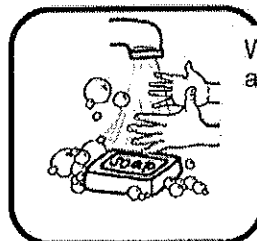


You may be asked to
put on a surgical
mask to protect
others.



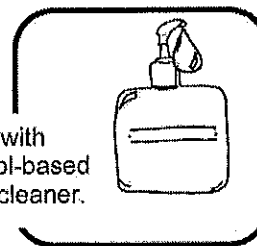
Clean your Hands

after coughing and sneezing.



Wash with soap
and water
or

clean with
alcohol-based
hand cleaner.



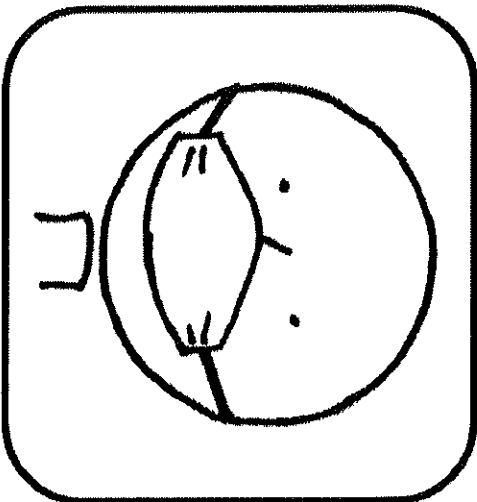
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on request in other formats. Call 1-800-526-0127

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When you are at
a clinic or hospital:

- Cover your cough or sneeze with a tissue and dispose of the used tissue in the waste basket
- Clean your hands with soap and water or an alcohol-based hand cleaner.



- You may also be asked to wear a mask to protect others.
- Don't worry if you see staff and other people wearing masks. They are preventing the spread of germs.



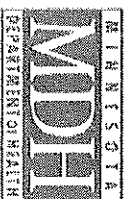
P.O. Box 47890
Olympia, WA 98504-7890

www.doh.wa.gov

Department of Health Consumer Hotline
1-800-525-0127

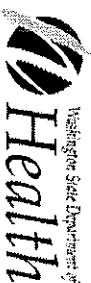
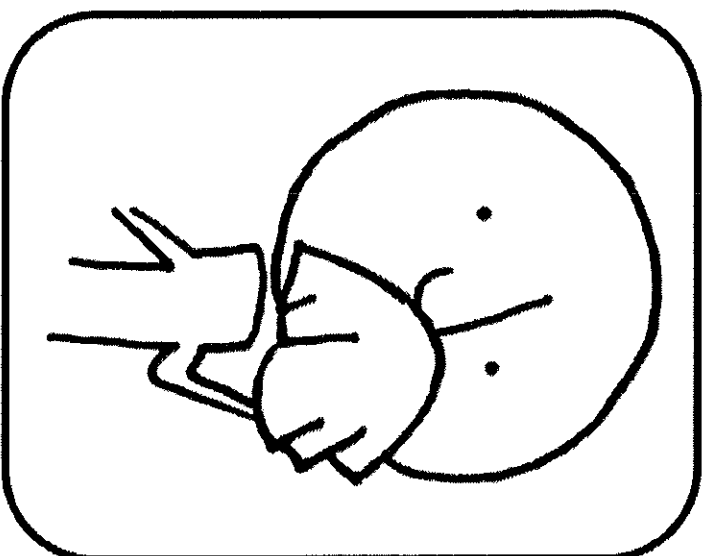
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Stop the spread of germs that
make you and others sick!

Cover
your
cough



Hand Hygiene in Emergency Situation

After an emergency, it can be difficult to find running water. However, it is still important to wash your hands to avoid illness. It is best to wash your hands with soap and water but when water isn't available, you can use alcohol-based products made for washing hands. Below are some tips for washing your hands with soap and water and with alcohol-based products.

When should you wash your hands?

1. Before preparing or eating food.
2. After going to the bathroom.
3. After changing diapers or cleaning up a child who has gone to the bathroom.
4. Before and after tending to someone who is sick.
5. After handling uncooked foods, particularly raw meat, poultry, or fish.
6. After blowing your nose, coughing, or sneezing.
7. After handling an animal or animal waste.
8. After handling garbage.
9. Before and after treating a cut or wound.

Techniques for Hand Hygiene with Alcohol-Based Products

When hands are visibly dirty, they should be washed with soap and water when available.

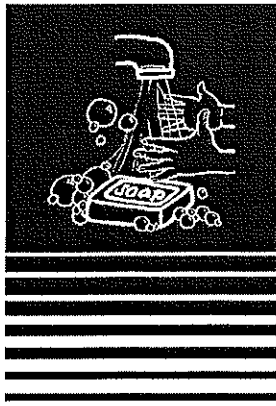
However, if soap and water are not available, use an alcohol-based product to clean your hands. When using an alcohol-based handrub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product.

Alcohol-based handrubs significantly reduce the number of germs on skin and are fast acting.

Techniques for Hand Washing with Soap and Water

Proper techniques to use when washing your hands with soap and water:

1. Place your hands together under water (warm water if possible).
2. Rub your hands together for at least 15-20 seconds (with soap if possible). Wash all surfaces well, including wrists, palms, backs of hands, fingers, and under the fingernails.
3. Clean the dirt from under your fingernails.
4. Rinse the soap from your hands.
5. Dry your hands completely with a clean towel if possible (this helps remove the germs). However, if towels are not available it is okay to air dry your hands.
6. Pat your skin rather than rubbing to avoid chapping and cracking.
7. If you use a disposable towel, throw it in the trash.



Preventing the Spread of Germs

Here are some simple tips that will help keep respiratory infections and many other contagious diseases from spreading, especially during the cough, cold and "flu" season.

Respiratory infections affect the nose, throat and lungs; they include influenza (the "flu"), colds, pertussis (whooping cough) and severe acute respiratory syndrome (SARS). The germs (viruses and bacteria) that cause these infections are spread from person-to-person in droplets from the nose, throat and lungs of someone who is sick.

You can help stop the spread of these germs by practicing "respiratory etiquette," or good health manners. Cover your nose and mouth every time you sneeze, cough or blow your nose; put used tissues in the trash; wash your hands well and often whenever you or someone you are close to is sick. If you have a fever, cough or rash, clinics and hospitals may give you a face mask to wear in waiting areas and exam rooms, so be prepared.

Here are some tips to help prevent spreading your germs to others, and to avoid catching someone else's germs.

- If asked to, use face masks provided in your doctor's office or clinic's waiting room; follow their instructions to help stop the spread of germs.

Keep the germs away:

- Wash your hands before eating, or touching your eyes, nose or mouth.
- Wash your hands after touching anyone else who is sneezing, coughing, blowing their nose, or whose nose is running.
- Don't share things like cigarettes, towels, lipstick, toys, or anything else that might be contaminated with respiratory germs.
- Don't share food, utensils or beverage containers with others.

Keep your germs to yourself:

- Cover your nose and mouth with a tissue when sneezing, coughing or blowing your nose.
- Throw out used tissues in the trash as soon as you can.
- Always wash your hands after sneezing, blowing your nose, or coughing, or after touching used tissues or handkerchiefs. Wash hands often if you are sick.
- Use warm water and soap or alcohol-based hand sanitizers to wash your hands.
- Try to stay home if you have a cough and fever.
- See your doctor as soon as you can if you have a cough and fever, and follow their instructions. Take medicine as prescribed and get lots of rest.



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MILITARY
DEPARTMENT

Emergency Management Division
Camp Murray, WA 98430-5122

Web site: www.emd.wa.gov
253-512-7000; (800) 562-6108



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Health

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Web site: www.doh.wa.gov
360-236-4027; (800) 525-0127



SNOQUALMIE TRIBE

How to Care for Someone with Influenza

During a severe influenza outbreak or pandemic, the media and healthcare providers will notify residents of King County with instructions for obtaining medical advice and receiving medical care. The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider.

MONITORING & COMFORTING

- **Keep a care log.** Record the following information about the ill person at least once each day or more often as symptoms change, along with the date and time.
 - Check the patient's temperature
 - Check the patient's skin for color (pink, pale or bluish?) and rash
 - Record the approximate quantity of fluids consumed each day and through that night
 - Record how many times the ill person urinates each day and the color of the urine (clear to light yellow, dark yellow, brown, or red)
 - Record all medications, dosages and times given

Keep the ill person as comfortable as possible. Rest is important.

Keep tissues and a trash bag for their disposal within reach of the patient.

Keep in mind that fever is a sign that the body is fighting the infection. It will go away as the patient is getting better. Sponging with lukewarm (wrist temperature) water may lower the patient's temperature, but only during the period of sponging. Do not sponge with alcohol.

- **Watch for complications of influenza.** Complications are more common in individuals with health conditions such as diabetes, heart and lung problems, but may occur with anyone who has the flu. Call your healthcare provider or the pandemic flu hotline if the ill person:

- Has difficulty breathing, fast breathing, or bluish color to the skin or lips
- Begins coughing up blood
- Shows signs of dehydration and cannot take enough fluids
- Does not respond or communicate appropriately or appears confused
- Complains of pain or pressure in the chest
- Has convulsions (seizures)
- Is getting worse again after appearing to improve
- Is an infant younger than 2 months old with fever, poor feeding, urinating less than 3 times per day or other signs of illness

MEDICATIONS

Use ibuprofen or acetaminophen or other measures, as recommended by your healthcare provider, for fever, sore throat and general discomfort.

Do NOT use aspirin in children or teenagers with influenza because it can cause Reye's syndrome, a life-threatening illness.

FLUIDS & NUTRITION

- If the patient is not vomiting, offer small amounts of fluids frequently to prevent dehydration, even if he or she does not feel thirsty. If the ill person is not eating solid foods, include fluids that contain sugars and salts, such as broth or soups,

sports drinks, like Gatorade® (diluted half and half with water), Pedialyte® or Lytren® (undiluted), ginger ale and other sodas, but NOT diet drinks. Regular urination is a sign of good hydration.

Recommended minimum daily fluid intake, if not eating solid food:

- o Young children – 1 ½ oz. per pound of body weight per day (Example: A 20 lb. child needs approximately 30 oz. fluid per day)
- o Older children and adults – 1 ½ to 2 ½ quarts per day

If the patient is vomiting, do not give any fluid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear fluid, like water, in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear fluid every 10 minutes. If the patient vomits, let the stomach rest again for an hour. Again, try to give small frequent amounts of clear fluid. When there is no vomiting, gradually increase the amount of fluid offered and use fluids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as saltine crackers, soup, mashed potatoes or rice. Gradually return to a regular diet.

Babies who are breast-fed and vomiting can continue to nurse. Feed smaller amounts more often by breast-feeding on only one breast for 4-5 minutes every 30 to 60 minutes or by offering teaspoonfuls of Pedialyte® or Lytren® every 10 minutes.

Make sure the patient avoids drinking alcohol and using tobacco. Smoking should not be allowed in the home.

- Watch for signs of dehydration:
 - o Weakness or unresponsiveness
 - o Decreased saliva/dry mouth and tongue
 - o Skin tenting: check this by picking up layers of skin between your thumb and forefinger and gently pinching for 1 second. Normally, the skin will flatten out into its usual shape right away. If patient is dehydrated, the skin will "tent" or take 2 or more seconds to flatten out. This is best checked on the belly skin of a child and on the upper chest of an adult.
 - o Decreased output of urine, which becomes dark in color from concentration. Ill persons who are getting enough fluids should urinate at least every 8-12 hours.
- If the ill person is dehydrated, give sips or spoonfuls of fluids frequently over a 4-hour period. Watch for an increase in urination, a lighter color of the urine and improvement in the patient's overall condition. These are signs that the increased fluids are working.
 - o Children under 5 years: Give 1 ounce fluid per pound body weight over 4 hours (Example: A 20 lb. child needs 20 oz. or 2-3 cups over 4 hours)
 - o Older children & adults will need 1-2 quarts of fluids over the first 4 hours

OTHER RESOURCES

Preventing the Spread of Influenza:

www.metrokc.gov/health/pandemicflu/prepare/prevention.htm

Public Health – Seattle & King County:

www.metrokc.gov/health/pandemicflu

Individuals and Families Planning:

www.pandemicflu.gov/plan/tab3.html

Influenza Symptoms, Protection and What to Do If You Get Sick:

www.cdc.gov/flu/symptoms.htm

This document was prepared by Public Health-Seattle and King County



**American
Red Cross**

Home Care for Pandemic Flu

What is Pandemic Flu?

A "pandemic" is a disease that spreads all over the world and affects a large number of people. If you are caring for a loved one during a pandemic, it's important to take steps to protect yourself and others. Always follow the most current advice of the U.S. Department of Health and Human Services and your local health department.

Prevent the Spread of Pandemic Flu

These healthy habits will help keep you and others from getting and passing on the virus.

- > Clean your hands often with soap and water or alcohol-based hand sanitizer.
- > Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward. Put used tissues in a wastebasket.
- > Cough or sneeze into your upper sleeve if you don't have a tissue.
- > Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.

Also, a person with signs of the flu should:

- > Stay home from work, school and errands and avoid contact with others.
- > Consider wearing a surgical mask when around others. There may be benefits.

When a Household Member Is Sick

The flu virus is spread when contaminated droplets exit the mouth and nose of an infected person and the virus comes in contact with others. So, follow these tips to protect yourself and others in your home:

- > Keep everyone's personal items separate. All household members should avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.
- > Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home or workplace.

Disinfectant:

1 gallon water
¼ cup bleach

Mix up a fresh batch every time you use it.

- > It is okay to wash everyone's dishes and clothes together. Use detergent and very hot water. Wash your hands after handling dirty laundry.
- > Wear disposable gloves when in contact with or cleaning up body fluids.
- > One person should be the caregiver. He or she may benefit by wearing a mask when giving care.

Practice Hand Hygiene

Caregivers should always wash their hands before providing care. Afterward, wash again and apply alcohol-based hand sanitizer as well. Follow these steps for proper hand hygiene:

1. Wet hands with warm, running water and apply liquid soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse your hands with water.
5. Dry your hands thoroughly with a paper towel and use it to turn off the faucet. A shared towel will spread germs.

Recognize Pandemic Flu Symptoms

Watch for these symptoms:

- > Fever
- > Cough
- > Runny nose
- > Muscle pain

Call your health-care professional at the first sign of the flu. Many symptoms can be treated by the health-care professional over the telephone.

Care for a Loved One with the Flu

A person recovering from flu should have:

- > Rest and plenty of liquids
- > No alcohol or tobacco
- > Medications to relieve flu symptoms

In some cases, a health-care professional may prescribe antiviral drugs to treat the flu. Antibiotics (like penicillin) don't cure it.



**American
Red Cross**

Monitor Pandemic Flu Symptoms

Keep a care log. Write down the date, time, fever, symptoms, medicines given and dosage. Make a new entry at least every 4 hours or when the symptoms change. Call your healthcare professional again if your loved one has:

- > A high fever
 - Children and Adults:
Greater than 105°F (40.5°C)
 - Babies 3- to 24-months-old:
103°F (39.4°C) or higher.
 - Babies up to 3 months:
Rectal temperature of 100.4°F (38°C) or higher.
- > Shaking chills
- > Coughing that produces thick mucus
- > Dehydration (feeling of dry mouth or excessive thirst)
- > Worsening of an existing serious medical condition (for example: heart or lung disease, diabetes, HIV, cancer)

If you cannot reach your health-care professional, **call 9-1-1** or local emergency number for any of the signs below:

- > Irritability and/or confusion
- > Difficult breathing or chest pain with each breath
- > Bluish skin
- > Stiff neck
- > Inability to move an arm or leg
- > First-time seizure

Prevent Dehydration

Dehydration occurs when the body loses too much water and it's not replaced quickly enough. It can be serious. Begin giving soothing drinks at the first signs of the flu and follow these tips:

- > In addition to plenty of liquids, give ice and light, easily digested foods, such as soup and broth.

- > If your loved one has diarrhea or vomiting, give fluids that contain electrolytes. These are available at your pharmacy or grocery store. Or you can make your own rehydration electrolyte drink for someone over the age of 12.

Electrolyte Drink:

1 quart water
½ tsp. baking soda
½ tsp. table salt
3 to 4 tbsp. sugar
¼ tsp. salt substitute
Mix well and flavor with lemon juice or sugar-free Kool-Aid®.

- > If drinking liquids makes nausea worse, give one sip at a time until your loved one can drink again.

Reduce Fever

To help reduce a fever, do the following:

- > Give plenty of fluids.
- > Give fever-reducing medication, such as acetaminophen, aspirin or ibuprofen, as directed on the container's label.
Do not give aspirin to anyone younger than 20.
- > Keep a record of your loved one's temperature in your care log.
- > To relieve discomfort, give a sponge bath with lukewarm water.

After you have called your doctor or emergency number for a fever, continue to follow the home treatment recommendations above. If there is a delay in getting help, ask a health-care professional if you should start an additional dose of an alternate fever-reducing medication (acetaminophen, ibuprofen or aspirin) between the doses described on the label. Always continue to give plenty of fluids.

Home Care for Pandemic Flu

Prepare for a Flu Pandemic

Make a plan now for a flu pandemic. Figure out what you will do if members of your household have to stay home from work or school or stay separated from others for a period of time. Keep extra supplies of food, water, medications and your disaster supply kit on hand.

Pandemic Flu Caregiving Supplies:

- > Thermometer
- > Soap
- > Box of disposable gloves
- > Acetaminophen
- > Ibuprofen
- > Bleach
- > Alcohol-based hand sanitizer
- > Paper towels
- > Tissues
- > Surgical masks
(one for each person)
- > Sugar, baking soda, salt,
salt substitute

For more information, contact your local American Red Cross chapter, visit www.redcross.org or call 1-800-RED-CROSS.

Many of the recommendations in this brochure are from the U.S. Department of Health and Human Services. This information is not intended as a substitute for professional medical care or current public health advice. Seek advice from your health-care provider, the CDC and your local health department. Visit www.pandemicflu.gov.

As with all medications and treatments, there are side effects and potential complications. Seek professional advice from your health-care professional to make sure any medication or vaccination is appropriate to your health.

The **Disaster Preparedness GUIDE**

For People with Diabetes



A American
Diabetes
Association
Cure • Care • Commitment

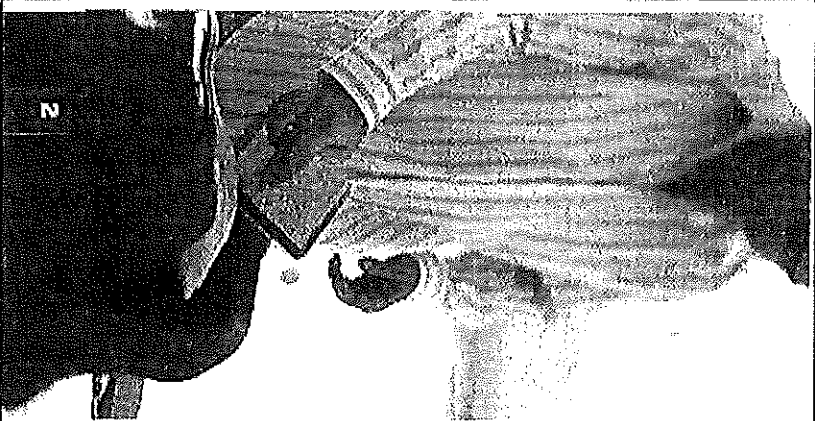
Are You Ready?

It is easy to pretend that emergencies can't happen to us. But the last few years have reminded us that all kinds of events can disrupt our normal lives—in some cases, just for a few hours; in others, for months at a time.

Everyone needs to be prepared for emergencies like these—but as a person with diabetes, you have additional issues to consider. On top of the usual concerns for the care of your family and the safety of your property, you also need to think about how you would manage your diabetes if disaster struck.

In an emergency situation, it's easy to become preoccupied and let your usual diabetes care plan slip. But it's very important for anyone with diabetes to stay on track at all times. If you don't, you could get very sick—creating another emergency for you and your family. Think of it this way: if you take the time to take care of your





diabetes during an emergency, you'll be in the best possible position to deal with all the challenges you'll face during the crisis.

The idea of preparing for an emergency may seem overwhelming, but you can do it with just a little thought and a few hours of your time. This booklet will guide you as you think through the issues, build your emergency kit, and come up with a response plan.

Where Do I Start?

First, think about the emergencies you're likely to encounter where you live. Do you live in a hurricane area, such as Florida? Do you live in an earthquake zone, such as California? Or are you more likely to deal with blizzards or floods? Do you live in a large city that might be a target for a terrorist attack? Think about the most likely scenarios and what the result is likely to be—

would you be evacuated to a shelter or be stranded in your home for several days? The answers to these questions can help you plan. If you live in an area that is prone to seasonal threats like hurricanes or snowstorms, you'll want to make an extra effort during those months to make sure you have everything you need on hand.

Of course, there are some types of emergencies that can happen anywhere at any time and can't be predicted. If an unexpected crisis comes up, your basic emergency preparedness efforts will still help you.

Second, think about where you might be when an emergency strikes. Where do you spend most of your time? For many

people, the top three answers are at home, at work, and in the car. You should be prepared with some basic supplies at all three places. (See the section *Where Should I Keep Emergency Supplies?* for suggestions on items to keep on hand at all three locations.)

What Do I Need?

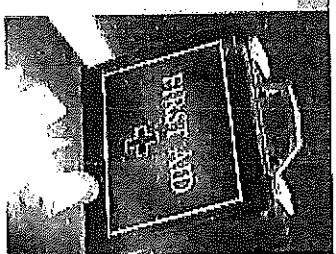
Everyone should have some basic household emergency supplies on hand (see the box *Basic Emergency Supplies for Everyone*). But because you have diabetes, you need to think about additional supplies you may need in case of an emergency. These items generally



Basic Emergency Supplies for Everyone

Emergencies happen to everyone, and everyone should be prepared with some basic supplies, whether they have diabetes or not. Here are some items all people should have on hand just in case:

- ✓ Flashlights and extra batteries (avoid using candles, if possible, due to the potential fire hazard)
- ✓ Waterproof bag to hold supplies
- ✓ Three days worth of bottled water (one gallon per family member per day, including pets)
- ✓ Canned food
- ✓ Manual can opener
- ✓ First aid kit
- ✓ Battery-operated TV or radio
- ✓ Blankets
- ✓ Hand sanitizer gel
- ✓ Copies of Social Security cards, health insurance cards, homeowner's insurance information, and a list of family contacts and phone numbers



Also, talk with your family about where to meet and whom to call in case you get separated during an emergency. Choose a meeting place directly outside your home, such as a neighbor's house, and one outside your neighborhood. Also agree on a contact person who lives outside of the area; if the family gets separated, each family member should call that person to check in.

See the **Appendix** for resources that can provide more information about basic emergency preparedness.

fall into three categories: medications and supplies, food, and documentation.

❶ MEDICATIONS AND SUPPLIES

Whatever your diabetes care plan, you should always keep two-weeks' worth of medication and supplies on hand at home. Remember, *testing supplies are just as important as medication*—under stress, your response to your usual dosage may not be the same. Regular testing will help you stay on target and avoid complications. Test strips are often the most overlooked necessity during an emergency.

Think about all the different things you use to monitor and manage your diabetes. Here are some basic guidelines. Your list will

vary depending on the type of diabetes you have and your management program, but be sure to consider all the components of your care.

Basic supplies for everyone with diabetes:

- Lancing device and lancets
- Meter and strips
- Alcohol wipes
- Extra socks
(see the box *Foot Care*)
- Skin protection ointment and antiseptic, since you're more vulnerable to infection

If you inject insulin, add:

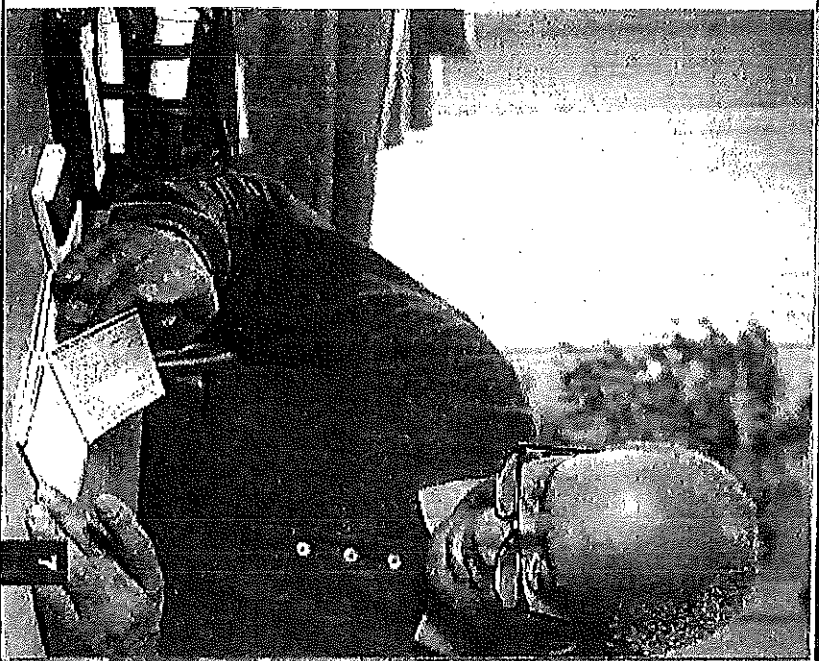
- Syringes
- Glucose tablets or gel
- Cotton balls and tissues
- Hand sanitizer
- Glucagon emergency kit
- Home sharps container for used syringes (an empty hard plastic bottle like a laundry detergent bottle works fine)
- Cold pack, such as FRIO

If you use an insulin pump, add:

- Extra batteries for pump and remote control

- Insertion devices
- Infusion sets
- Tape
- Reservoirs or prefilled cartridges
- Urine ketone testing strips

Build your medication and supplies list based on these suggestions and your own diabetes care plan. Remember, you want to have at least two weeks' worth of all your supplies on hand. If you're concerned about insurance coverage, talk to your doctor and your health insurance company about ways you can stock up on extra supplies.





② FOOD

In an emergency, it can be difficult to eat well. Other people can get by with not eating much for a few days. But if you have diabetes, not eating regularly can lead to serious health problems. That's why planning ahead is so important. If you always have a supply of healthful, nonperishable foods on hand, you can continue to eat healthy foods during an emergency and help keep your diabetes on target.

Plan on keeping at least a three-day supply of nonperishable food on hand at all times. The box *Good Foods to Keep on Hand* shows a list of recommended foods you can customize depending on your tastes. While these foods will remain edible on the shelf for a long time, you should check expiration dates and rotate items periodically. Also remember to keep one or two manual can openers on hand to open canned foods if the electricity is out.



③ DOCUMENTATION

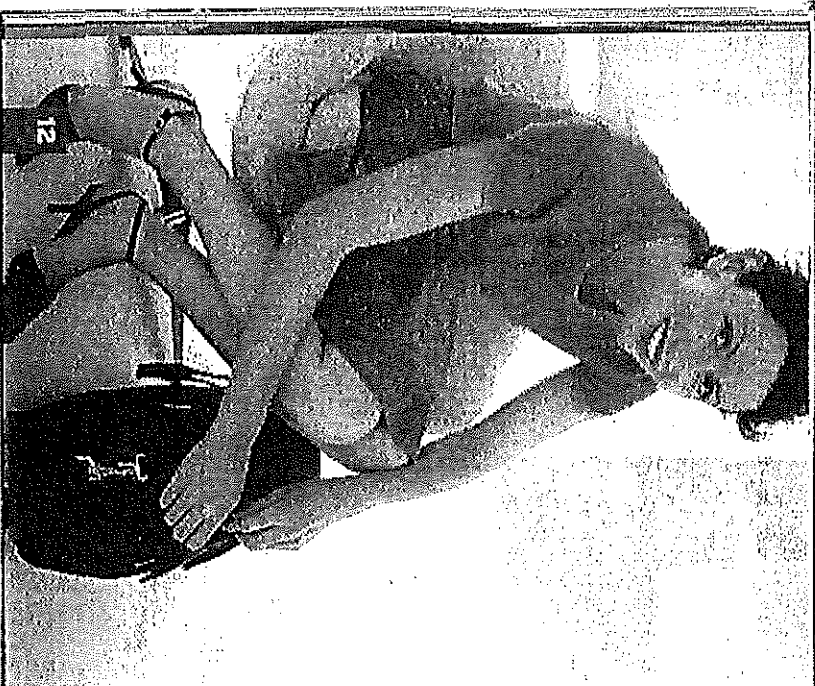
When you're away from home, or if your home is damaged or destroyed, one of the hardest things to replace is personal records. These records are even more important when you have a serious health condition like diabetes. To keep your diabetes on target, you'll need to be able to pass on important information about your condition and care plan.

To prepare for this possibility, make a list or a photocopy of important information and store it in a large resealable waterproof bag with your emergency kit. (See the *Appendix* for an emergency information list for this purpose.) Here are some suggestions for papers that should be included in your emergency documentation bag:

- An extra prescription for each of your medications (diabetic and other), signed by your doctor
- A list of all medications taken (both for diabetes and other conditions) and dosages
- Doctors' and pharmacists' names and phone numbers
- A copy of your diabetes care plan, including medication and meal times, dosages, and goals
- A copy of your insurance card
- Copies of relevant pages in the owner's manuals for equipment like meters, test kits, and pumps
- A record book or diary and a pen to keep track of testing results
- A copy of this booklet

—Remember—

It's important for people with diabetes to wear **identification at all times**, but it is particularly important during an emergency, when you may be separated from family members or others who know you. Consider keeping an extra diabetes ID bracelet in your emergency kit.



Where Should I Keep Emergency Supplies?

You should keep some basic supplies anywhere you spend time frequently, for most people, logical locations are at work, in the car, and at home. But that doesn't mean you need to keep two weeks' worth of food and supplies in your office and in your car. Store the long-term supplies at home, and stock just a few key items in other locations.

1 AT WORK

Make sure your manager knows you have diabetes. If your company has a

nurse on staff, be sure to inform him or her as well. Keep a small waterproof bag stocked with basic supplies, such as:

- A gallon of water
- A package of glucose tablets
- Some nonperishable food (raisins, nuts, or granola bars)
- A pair of comfortable shoes and socks
- A flashlight with extra batteries

② IN THE CAR

Everyone should have a first aid kit, blankets, and a flashlight in the car in case of emergency. But if you're stuck in traffic or in a

—Remember—

DON'T store medicine or diabetes supplies in your car—it will get too hot or too cold in your parked car. Only keep supplies in your car to and from your destination.

snowstorm for several hours, you might miss a meal or an insulin dose. Be prepared with some nonperishable food, such as juice boxes, nuts and granola bars, and glucose tablets or gel. You might also want to consider keeping an extra pair of comfortable shoes in the trunk, in case you have to leave your car.

③ AT HOME

This is where you should keep everything on your emergency supplies list (see the recommendations in the previous section), including medicine and supplies, food, and documentation. The medicine and supplies and documentation should be kept in a waterproof tote bag that you can carry easily, like a backpack. (A brightly colored bag may be easier to find when you're in a hurry.) Store the bag near the front or back door so you'll be able to grab it quickly if you have to evacuate. Let family members, neighbors, and emergency contacts know where your emergency bag is kept in case they need to retrieve it for you.

Keep some nonperishable food and water in the emergency bag. The rest of your emergency food supplies can be stored wherever you have room: in the basement, a closet, or the pantry.

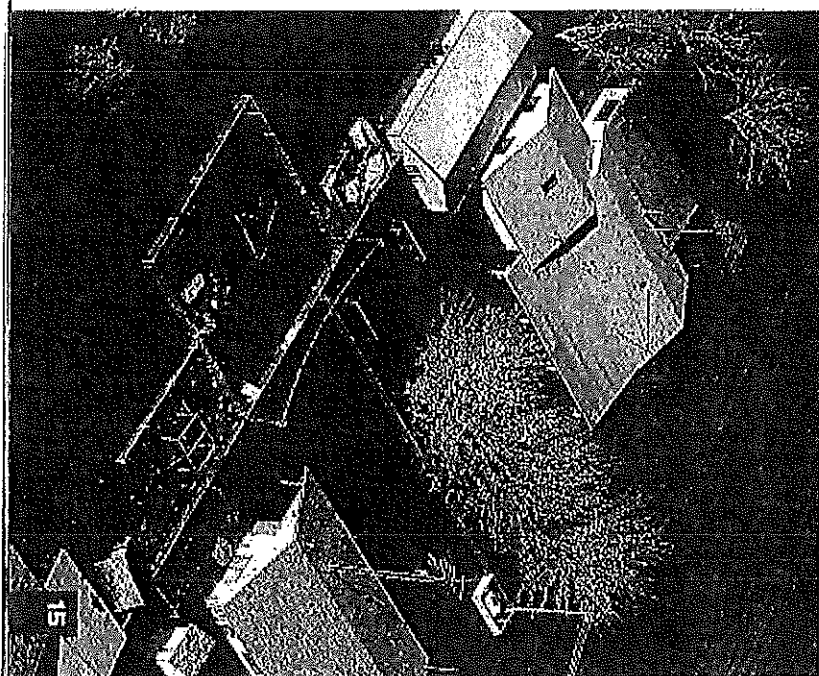
④ STAYING PREPARED

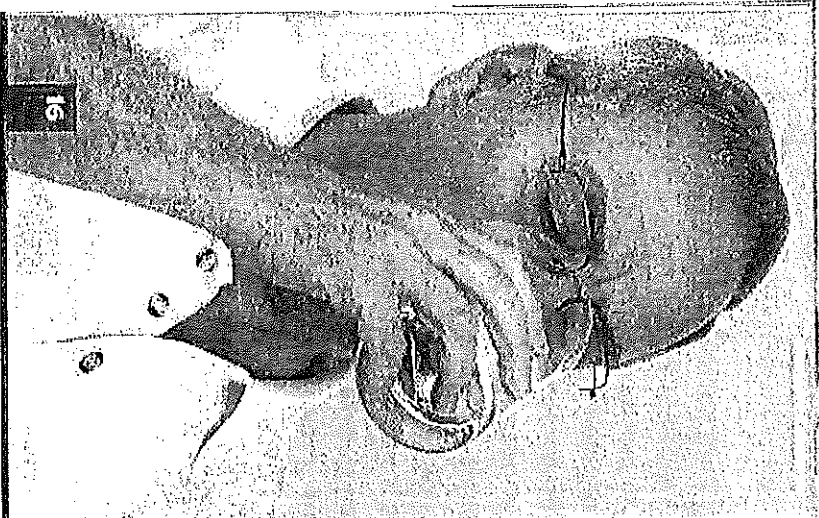
To make sure your emergency preparations remain useful, you'll need to take stock of them every two to three months. Check expiration dates on medicines, supplies, and food, and check for out-of-date contact information in your documentation. Empty and refill water supplies every six months.

What Do I Do If There Is an Actual Emergency?

① IDENTIFY YOURSELF AS A PERSON WITH DIABETES

Wherever you are, make sure that emergency authorities know your location and that you have diabetes. Informing them as soon as possible helps them organize resources and plan ahead. Medical ID bracelets or necklaces for diabetes are also helpful in case you are unable to speak for yourself and are separated from family and friends.





©iStockphoto.com/Sense 1 plus

2 DRINK PLENTY OF WATER

You are more likely to become dehydrated if you have diabetes. This is because high blood glucose levels result in your body making more urine, which in turn causes you to go to the bathroom more. This can then lead to dehydration. Be sure to drink plenty of clean water and other fluids throughout the day. If you are at home, you should have your emergency supply of water and juice on hand. If you are not at home, you should have a few bottles of water or other beverages in your emergency bag, at your place of work, or in your car.

3 WATCH WHAT YOU EAT

If you are at home without power, the food in your refrigerator should be safe for four to six hours. The

food in your freezer should be okay for three days. (As long as there are still ice crystals in the middle of the food, it should be safe for cooking.) Eat refrigerated food first, then frozen food, and then food in your cabinets and pantries.

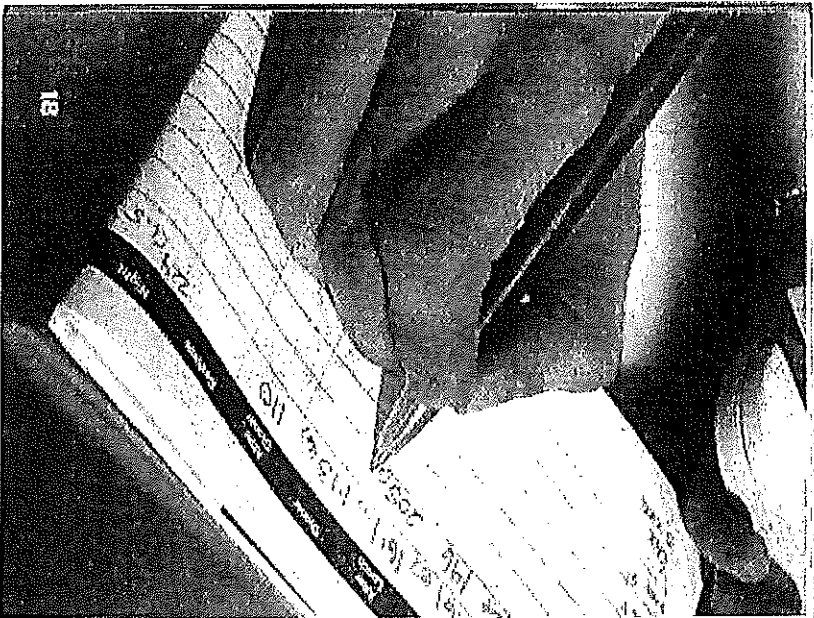
Meats and dairy products are most likely to spoil, so throw away anything that doesn't look or smell right. Replace these foods with items from your emergency food supply.

If you're not at home, it can be harder to stay on your meal plan. Try to eat as healthily as possible. When you are away from home, carry a fast source of sugar with you at all times, like a small box of



Even if You Don't Eat, Take Some Insulin

If you take insulin to manage your diabetes, continue to take your long-acting insulin, even if you're not able to get to food or eat. This dose may be the same, or smaller than normal—at least 1/2 of your normal dose—but it will help prevent ketoacidosis. Testing your blood glucose regularly during an emergency situation is the best way to gauge your insulin needs.



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raisins or a few hard candies. It's also a good idea to carry glucose tablets with you, just in case.

If you're feeling nauseous or just not hungry at meal time, remember your sick day rules. Try sipping a regular soft drink (not diet), sucking on some hard candy, or eating some fruit. The important thing is to not skip meals altogether, even if you don't feel like eating.

④ STICK WITH YOUR TESTING AND MEDICATION SCHEDULE

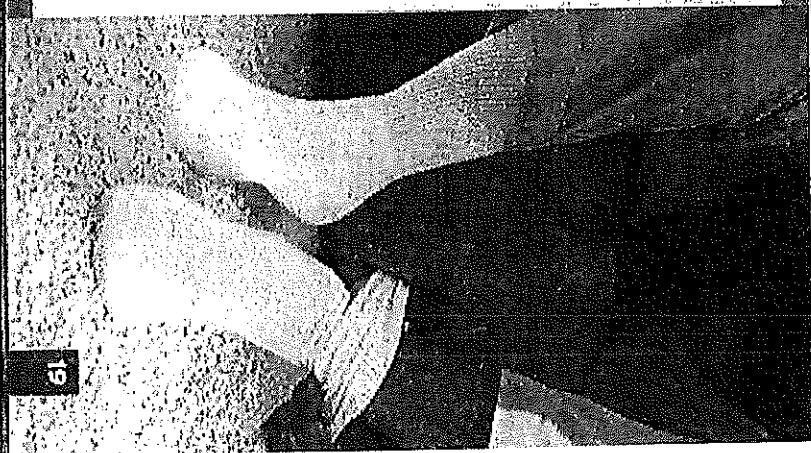
Stress can affect blood glucose levels, so it's more important than ever that you test yourself and take your medication regularly. Remember to keep your meter, test kit, and supplies dry and cool so they will work properly.



Foot Care

Your feet are particularly vulnerable. Because you have diabetes, conditions in an emergency often just make things worse: heat, cold, dampness, and not being able to change your shoes, and socks can increase the risk of infection. Plus, your blood glucose might be higher than usual, which can also increase this risk.

To protect yourself, check your feet daily for any signs of irritation, injury, or infection. Do your best to keep your feet dry and protected. Always keep extra socks and wound care supplies in your emergency kit and change your socks as often as you can. If you see any signs of trouble, seek medical attention as soon as possible.



Remember—

DON'T put your insulin on ice, on dry ice, or in the freezer. Even without electricity, a freezer can maintain its temperature for several days. Insulin that has been frozen cannot be used.

How Should I Protect My Supplies During an Emergency?

① INSULIN

Most insulin is safe at room temperature (59 to 86 degrees Fahrenheit) for up to 28 days. (Storage recommendations and times for insulin pens can vary; see the *Appendix* for more information.) Even above 86 degrees, insulin is still safe to use, but it may not work as well to keep your blood glucose on target. During warm weather, there are things you can do to protect your insulin supply:

- Place insulin in a container of cool water with a few ice cubes.
- Cover insulin with a water-activated cold pack like a FRIO pack (www.medicool.com/diabetes/diabetes_travel_frio.html).

A FRIQ pack is a good addition to your emergency supply kit; after being soaked in water, it will stay cold for up to 45 hours and can be reused many times. During an emergency, ice may be hard to get, so a FRIQ pack is a good alternative.

- Try to keep your insulin in a shady place out of direct light.

If you are concerned that your insulin has gone "bad," consider these guidelines:

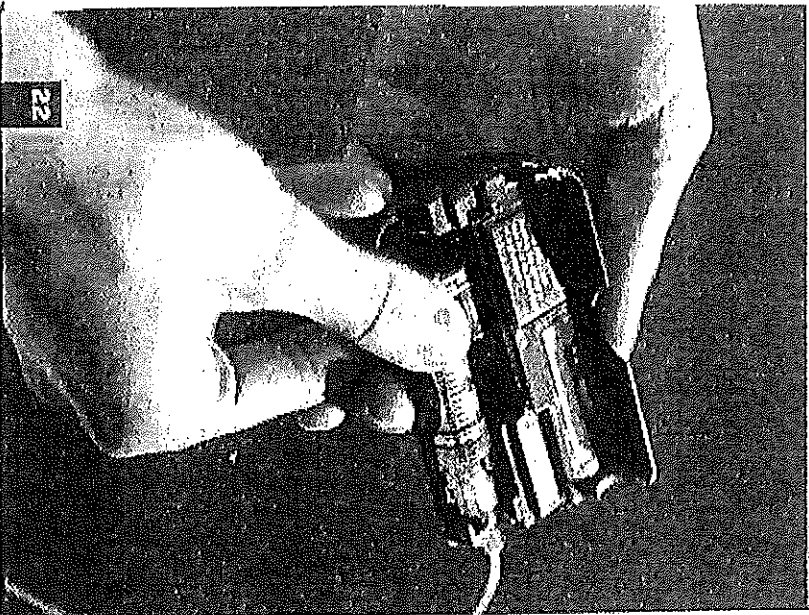
- No matter what the temperature, clear insulin should stay clear and cloudy insulin should stay cloudy. (Cloudy insulin formulas will appear cloudy when the bottle is rotated.)

Clear insulin brands include Humalog, Novolog, and Lantus;

cloudy insulin brands include NPH, Lente, Ultralente, and premixed medications. If you are not sure, ask your doctor or pharmacist if your type of insulin is clear or cloudy.

- DO NOT use insulin if the inside of the glass container looks frosty or if there are clumps or crystals in it.

- Once the emergency has passed, ask your doctor or pharmacist whether you can use the remaining supply of insulin or if it is best to throw it away.



② SYRINGES

You may run out of syringes during an emergency. If this happens and you are not able to get more, you can reuse *your own* syringes by following a few simple guidelines:

- DO NOT try to clean used syringes with alcohol or other disinfecting or cleaning solution. Simply cover the syringe with a clean cloth or gauze to protect it until the next use.
- Make sure the syringe is completely empty after each use.
- NEVER share syringes with anyone else. It is only safe to reuse your own syringes.

ⓐ INSULIN PUMPS

During an emergency, you should be able to continue using your insulin pump. Be sure you include all the supplies you need in your emergency kit (see the section *What Do I Need?*).

Also, you always want to keep some injectable insulin and syringes on hand in case you can't use your pump. (Remember, *never* use another person's used syringes.) Make sure you know the right dose and schedule to follow and are comfortable doing the injections *before* an emergency strikes.

What If I Run Out of Insulin?

If you run out of insulin during an emergency, you may not be able to get more of the exact type of insulin you are accustomed to using. In some cases, you can substitute another type of insulin for your regular brand without any problems. Here are some guidelines for substituting insulin:

- Switching between brands of regular insulin, like Humulin R and Novolin R, is fine.
- You can also switch between regular insulin and rapid-acting insulin brands, like Humalog or Novolog, but rapid-acting insulins need to be

taken with food, not significantly beforehand as with regular insulin.

- If you normally take a premixed insulin product like Humulin 70/30, Novolin 70/30, or Novolog Mix 70/30, you can substitute one of the other premixed forms at your normal dose. If no premixed forms are available, you can substitute an intermediate- or long-acting insulin—take 3/4 of your regular dose divided into a morning and evening dose.

Talk with your doctor about what other types of insulin you could substitute

for your regular brand in an emergency. And whenever possible, check with a doctor or pharmacist before making any substitutions or changes to your medication and dosage regimen. Be sure to strictly follow your monitoring schedule after making a substitution to ensure that the new medication dosage is keeping your blood glucose on target.

If you run out of insulin and can't get more of any type, avoid eating carbohydrates (bread, cereal, fruit, vegetables, and sweets) until you can get back on your medication. Also, drink plenty of fluids to avoid dehydration.

How Do I Know When I Need Medical Attention?

Remember, you want to inform emergency personnel in your area as soon as possible that you have diabetes (see *What Do I Do If*

There Is an Actual Emergency?). Just informing them is enough as long as you are able to maintain your blood glucose levels on your own. But if your blood glucose gets out of range and you begin to show signs of low or high blood glucose, you'll need to get help. You need emergency medical attention if:

- you have sustained blood glucose readings of 250 mg/dl or more

- you are sick for two or more days, can't eat, and/or have a fever

- you have symptoms of hyperglycemia (high blood glucose): increased thirst and urination, high urine ketones, weakness, stomach pain, labored breathing, vomiting

- you have symptoms of hypoglycemia (low blood glucose): cold sweats, fainting, headache, pounding heart, blurred vision, drowsiness

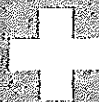
How Can I Help My Child with Diabetes Deal with an Emergency?

Every child touched by an emergency needs reassurance and comfort from the adults around him or her. But for children with diabetes, that reassurance is even more critical. Kids feel stress, too, and we know that the body reacts to stress by raising blood glucose levels. Plus, without the familiar routines of home, children are more likely to get off schedule or make bad food choices, which only compound the problem.

Even if your child usually manages his or her own diabetes care, in an emergency

situation you'll need to double-check that all normal procedures are followed. Try as much as possible to stick with the routine of testing, meals, and medications. Reassure your child and encourage him or her to talk about any concerns.

It's also important to have signed consent-to-care forms on file with your child's school, care providers, doctors, and emergency contacts in case you are separated during an emergency. Ask your pediatrician or local hospital for copies of these forms and be sure to update them regularly.



What You Need to Know If You Are on Dialysis

If you receive dialysis, you have additional issues to consider during an emergency. Talk with the staff at your dialysis center to find out what you should do if the center isn't open or you can't get to the center during an emergency. Many regions have emergency dialysis plans in place; find out the plan in your area and prepare accordingly.

Your dialysis care team may recommend following a special diet that restricts protein, potassium, and fluids if you can't get to dialysis. If so, stock your emergency food supply with that diet in mind and keep a copy of it with your emergency supplies. You also may want to keep chewing gum on hand to help you relieve thirst. Be sure to add the phone number of your dialysis center, alternative centers, and other dialysis contacts to your emergency list.

So, Are You Ready?

No one can predict a disaster. However, with a little preparation, you can manage your diabetes in almost any situation. We hope this information has helped you think through the issues you might have to face in an emergency and has helped you develop a response plan. Keep this booklet with your emergency kit as a reference; you can use the emergency contact list in the *Appendix* to keep track of all your information. For more information about living with diabetes, contact the American Diabetes Association at 1-800-DIABETES (1-800-342-2383) or visit our website at www.diabetes.org. See the *Appendix* for a list of organizations that can provide additional emergency preparedness information.



Appendix

Insulin manufacturers:

Lilly	1-800-545-5979
Novo Nordisk	1-800-727-6500
sanofi aventis	1-800-633-1610

Glucose meter manufacturers:

Abbott	1-888-522-5226
Accu-Chek	1-800-858-8072
Bayer	1-800-348-8100
BD	1-888-232-2737
LifeScan	1-800-227-8862
Relion	1-800-992-3612

Insulin pump manufacturers:

Disetronic	1-800-280-7801
Animas	1-877-767-7373
Dana Diabecare	1-866-326-2832
Medtronic MiniMed	1-800-646-4633
Nipro	1-888-651-7867
Smiths Medical	1-800-826-9703

Expiration dates for insulin pens:

Lilly:

Humalog®	28 days
Humalog® Mix	75/25—10 days
Humulin®	70/30—10 days
Humulin® N	14 days

Novo-Nordisk:

Novolog® 3.0 PenFill®	28 days
Novolin® 70/30 PenFill®	10 days
Novolin® N PenFill®	3.0—14 days
Novolin® R PenFill®	3.0—28 days

**Emergency Preparedness
Organizations**

American Red Cross
1-800-HELPS-NOW
www.redcross.org

Federal Emergency Management
Association (FEMA)
1-800-621-FEMA
www.fema.gov

Department of Homeland Security
1-800-BE-READY
www.ready.gov

Contact your state and local authorities as
well to find regional contact information.

Emergency Information Form

Full name: _____

Date of birth: _____

Primary care physician's name: _____

Phone number: _____

Endocrinologist's name: _____

Phone number (if applicable): _____

Pharmacist's name: _____

Phone number: _____

Other specialists' names and phone numbers: _____

Health insurance company and phone number: _____

Medications taken regularly and dosages: _____

Diabetes care plan details: _____

Emergency contacts' names and phone numbers (local and out of area): _____

Dialysis center phone number (if applicable): _____

Alternative dialysis center phone number: _____

Local Red Cross phone number: _____

Other local emergency numbers: _____

Subject: Respiratory Protection

Original Effective: 11/1/2004

Supersedes: N/A

Approved by: _____
M. Ward Hinds, MD/MPH
Health Officer

Purpose

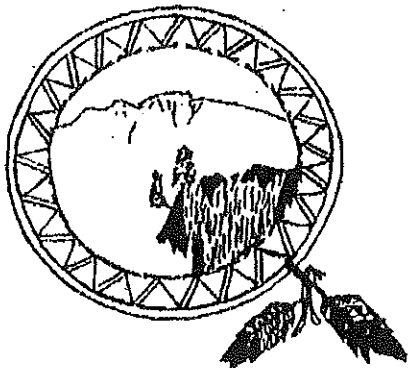
To help protect employees and clients against communicable respiratory illnesses while in the Snohomish Health District office settings.

Definitions

Respiratory infections affect the nose, throat, and lungs. They include influenza (the "flu"), colds, pertussis, severe acute respiratory syndrome (SARS) and other viral and bacterial infections.

Policy:

1. "Cover Your Cough" posters will be posted at entry doors and public entries at Snohomish Health District offices. "Cover Your Cough" posters in multiple languages will be posted, if available.
2. Tissues will be available at public counters for client access.
3. Covered garbage cans for tissue disposal will be accessible in the waiting rooms.
4. Hand sanitizer dispensers will be mounted on waiting room walls. Staff will have hand sanitizer dispensers available to them at their counter workspaces. Staff will practice frequent hand hygiene.
5. Clients in waiting rooms who are coughing, sneezing, or exhibiting other respiratory symptoms may be offered surgical masks to use at staff discretion.
6. N-95 fit-tested masks will be made available to clinic staff, which may be worn when providing face-to-face services to patients with suspected infectious respiratory illnesses.
7. Only sanitizable toys may be available in waiting rooms. Toys will be sanitized daily.
8. Sanitizing wipes with either chlorine or quaternary ammonia will be available for staff to wipe down the environmental surfaces in areas open to the public. Public access areas will be wiped down at the end of each workday or more frequently as needed.



SNOQUALMIE TRIBE

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Fax: 425-333-6727

E-Mail: Snoqualmie1855@snoqualmienation.com

DATE: August 10, 2005
TO: Snoqualmie Tribe Employees
FROM: Dr. Gerald Yorioka, Medical Director

SUBJECT: POSSIBLE INFLUENZA PANDEMIC

The flu season is rapidly approaching with the fear of a pandemic outbreak. An influenza pandemic is a global outbreak of disease that occurs when a new influenza A virus appears or "emerges" in the human population, causes serious illness, and then spreads easily from person to person worldwide. Pandemics are different from seasonal outbreaks or "epidemics" of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that are already in existence among people, whereas pandemic outbreaks are caused by new subtypes or by subtypes that have never circulated among people or that have not circulated among people for a long time.

Influenza Pandemics during the 20th Century

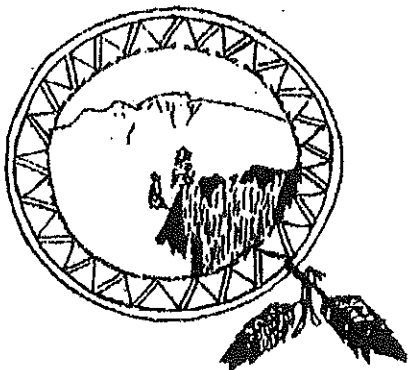
During the 20th century, the emergence of new influenza A virus subtypes caused three pandemics, all of which spread around the world within 1 year of being detected.

- **1918-19, "Spanish flu,"** [A (H1N1)], caused the highest number of known influenza deaths: more than 500,000 people died in the United States, and up to 50 million people may have died worldwide. Many people died within the first few days after infection, and others died of complications later. Nearly half of those who died were young, healthy adults. Influenza A (H1N1) viruses still circulate today after being introduced again into the human population in the 1970s.
- **1957-58, "Asian flu,"** [A (H2N2)], caused about 70,000 deaths in the United States. First identified in China in late February 1957, the Asian flu spread to the United States by June 1957.
- **1968-69, "Hong Kong flu,"** [A (H3N2)], caused about 34,000 deaths in the United States. This virus was first detected in Hong Kong in early 1968 and spread to the United States later that year. Influenza A (H3N2) viruses still circulate today.

Both the 1957-58 and 1968-69 pandemics were caused by viruses containing a combination of genes from a human influenza virus and an avian influenza virus. The origin of the 1918-19 pandemic virus is not clear.



Tribal Chairman: Bill T. Sweet, Vice-Chairman: Mary Anne Hinzman, Secretary: Arlene Ventura, Treasurer: Margaret A. Mullen, Lifetime Council: Katherine Barker, Council: Ray Mullen, Elsie Erickson, Frances K. de los Angeles, Nina Repin, Vyonda Juanitia Rose: Nathan (Pat) Barker: Chief: Jerry Enick .Alternates: Shelley Burch, Karen Moses Gray.



SNOQUALMIE TRIBE

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The Center for Disease Control estimates that pandemic influenza could affect 35% of the population, with up to 1.6 million of Washington's 6 million residents ill enough to visit a health care provider.

In efforts to prepare for this outbreak and ensure business continuity, some guidelines and recommendations have been developed by the Snoqualmie Tribe Emergency Management Department in conjunction with the Medical Director.

PREVENTION

Take care to:

- Cover your mouth and nose when you sneeze or cough
- Clean your hands often
- Avoid touching your eyes, nose or mouth
- Stay home when you are sick and check with a health care provider when needed

RECOMMENDATIONS

1. Get your flu shot early, particularly if you are at high risk (elderly, diabetic, heart or lung disease, etc.)
2. Come in to a clinic early, at the onset, we have medications to treat influenza, but it only works early in the course of the disease.
3. The real "flu" (influenza) becomes pneumonia, within 24-48 hours, infecting your lungs, so the cough and high fever helps to identify the flu from just a "cold"

With your help in maintaining proper prevention and early preparedness, the Snoqualmie Tribe will be equipped to meet all needs and requirements to maintain sufficient continuity of government as required.

Thank you in advance for your cooperation.

tThis information was compiled from the CDC and the Seattle/KC Health Department.



Tribal Chairman: Bill T. Sweet, Vice-Chairman: Mary Anne Hinzman, Secretary: Arlene Ventura, Treasurer: Margaret A. Mullen, Lifetime Council: Katherine Barker, Council: Ray Mullen, Elsie Erickson, Frances K. de los Angeles, Nina Repin, Vyonda Juanitia Rose: Nathan (Pat) Barker: Chief: Jerry Enick .Alternates: Shelley Burch, Karen Moses Gray.



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CDC To Propose Changes to Federal Regulations Governing Quarantines in Indian Country

A joint Centers for Disease Control and Prevention (CDC) and IHS "Dear Tribal Leader" letter issued on September 30 announced that the CDC will be proposing changes to the federal regulations governing quarantines in Indian Country.

Under current law, the Secretary of Health and Human Services, acting through the IHS Director, has the authority to implement disease control measures, such as quarantine, in Indian Country, if necessary. Current federal regulations have not been comprehensive updated in many years and have no explicit provisions that apply to Indian Country, nor do they implement the IHS Director's authority to quarantine people with communicable diseases.

The CDC intends to revise these regulations to clarify the roles and responsibilities of public health agencies at the federal, state, and tribal levels. Some of the key provisions will include the federal quarantine role with respect to Indian Country and on federal property, explicit due process protections, and expanded reporting of ill passengers on foreign and interstate airlines.

According to the Dear Tribal Leader Letter, the proposed regulations will improve coordination of communicable disease control among tribes, IHS, CDC, and the states. They will reaffirm that tribal governments are sovereign entities with police power authority to enact their own quarantine regulations. They also will establish a process for tribes to request federal help in carrying out tribal quarantines and other health measures that respond to public health emergencies. In addition, the proposed regulations will clarify the exercise of federal authority for quarantine and communicable disease control by the CDC and IHS.

The Notice of Proposed Rulemaking is expected to be published this month, after which there will be a 60-day comment period.

A copy of the Dear Tribal Leader Letter is attached.

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SEP 30 2005

Dear Tribal Leader:

Infectious, or communicable, diseases do not recognize borders. In this age of expanding air travel and international trade, infectious microbes are transported across borders every day, carried by infected people, animals, animal products, insects, and food. The Centers for Disease Control and Prevention (CDC), a sister agency of the Indian Health Service (IHS) within the Department of Health and Human Services (HHS), is committed to protecting the health and safety of the American public by preventing the introduction of infectious agents into, or interstate spread within, the United States. The best strategy for controlling the introduction or spread of communicable diseases is a combination of disease surveillance, early detection, and rapid response. The CDC proposes to update existing interstate and foreign quarantine regulations to ensure that this successful strategy maximally benefits all Americans, as well as our global neighbors. As we prepare for potential threats such as avian influenza, CDC's statutory quarantine authority will be one of the important disease control tools available at the Federal level. Your participation in and support of our efforts to revise Federal quarantine regulations are critical.

The Federal regulations that implement CDC's statutory authorities for communicable disease control are in the Code of Federal Regulations. These regulations implement CDC's existing statutory authority to detain and/or quarantine people suspected of carrying certain communicable diseases that pose a threat to the public's health. The CDC's authority to quarantine persons extends *only* to the communicable diseases listed in an Executive Order of the President; these diseases include cholera, diphtheria, tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, severe acute respiratory syndrome, and influenza caused by novel or reemergent influenza viruses that are causing or have the potential to cause a pandemic.

Current Federal law (42 United States Code [U.S.C.] 243, 264) gives the HHS Secretary the authority to implement disease control measures in situations that could impact interstate commerce, including the quarantine of people suspected of carrying certain communicable diseases who are (1) traveling from one State to another or (2) likely to infect others traveling from one State to another. The Secretary has delegated this statutory authority to the CDC Director. Under current law (25 U.S.C. 198, 231 and 42 U.S.C. 2001), the Secretary, acting through the IHS Director, also has the authority to implement disease control measures, such as a quarantine, in Indian Country, if necessary. There are currently no Federal regulations that implement the IHS Director's statutory authority to quarantine people with communicable diseases.

The current regulations have not been comprehensively updated in many years and contain no explicit provisions that apply to Indian Country. The CDC intends to revise these regulations to ensure that the most modern quarantine approaches to disease control are available for use during public health emergencies caused by the communicable diseases listed above. Revisions will also help to clarify the roles and responsibilities of public health agencies at the Federal, State, and Tribal levels. Some of the key provisions in the proposed regulations include (1) explicit due-process protections, such as written orders for provisional quarantine and quarantine, access to legal counsel, and administrative review of quarantine orders; (2) expanded reporting of ill passengers onboard foreign and interstate airlines; and (3) clarification of the Federal quarantine role with respect to Indian Country and on Federal property.

In Indian Country, revisions to the existing regulations would help to improve the coordination of communicable disease control among Tribal Leaders, IHS, CDC, and States. One important goal of these revisions is to affirm that Tribal Governments, like States, are sovereign entities with police power authority to enact their own quarantine regulations. As such, Tribal Governments are able to enforce any Tribal quarantine law to the extent that such laws exist. Revisions to existing Federal regulations would not preempt the enactment of Tribal quarantine rules and regulations to the extent that such Tribal laws do not conflict with the exercise of Federal quarantine authority. Another goal would be to establish a process whereby Tribes and Alaska Native villages may request Federal assistance in carrying out their own quarantines and other health measures in response to public health emergencies affecting Indian Country.

Because existing statutory authorities for quarantine and communicable disease control in Indian Country are governed by two separate sets of Federal statutes (42 U.S.C. 243, 264, 2001; 25 U.S.C. 198, 231), revisions to current regulations will clarify how these Federal authorities would be exercised in Indian Country. Based upon CDC's existing statutory authorities under 42 U.S.C. 243, 264, revised regulations would clearly identify the CDC Director's authority to implement a broad range of disease control measures, including quarantine, in instances where people infected with, or exposed to, one of the diseases listed in the President's Executive Order are traveling between States or are likely to infect others traveling between States. In addition, in the event that measures taken by State, local or Tribal health authorities are insufficient to prevent the interstate spread of communicable diseases, the CDC Director may act to prevent the spread of disease by using measures such as inspection, fumigation, disinfection, sanitation, pest extermination, and the destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human beings. The CDC Director may also request assistance from State, Tribal, and local authorities in the enforcement of quarantine and communicable disease control measures.

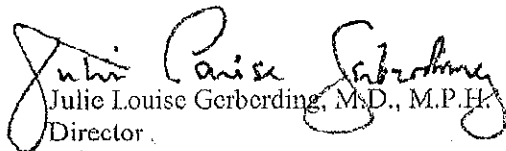
Other actions, such as those taken under 25 U.S.C. 198 and 231, would require concurrence with the Director of IHS after consultation with the affected Tribe or Tribes. Such actions could include provisional quarantine, medical examination, and monitoring of a person, or group of people, who are in the qualifying stage of a quarantinable disease (that time period when the disease is, or could soon be, transmissible to other people). Actions taken under these sections

would not require a finding that such a person or group of people is moving or about to move from one State to another or is a probable source of infection to people who will be moving from one State to another State.

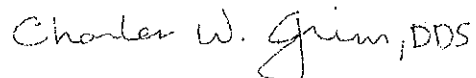
During the recent 2005 HHS Regional Tribal Consultation Sessions and National Tribal Budget Consultation Session, CDC's Senior Tribal Liaisons met with Tribal Leaders to inform them that revisions to Federal quarantine regulations were under consideration. They also provided an overview of this process, highlighted the anticipated revisions, and outlined a plan for Tribal consultation about this proposed regulatory change. This letter, the next step in that consultation process, serves to inform you of our intent to publish the proposed changes in the Federal Register as a Notice of Proposed Rulemaking (NPRM). We anticipate publication of the NPRM in early October 2005. Concurrent with the 60-day public comment period following publication, we would like to solicit your comments regarding the implications of the proposed changes in Indian Country. The CDC invites Tribal Leaders to submit written comments about the proposed revisions to CAPT Ralph T. Bryan, M.D., Senior Tribal Liaison for Science and Public Health, c/o The Division of Epidemiology/IHS, 5300 Homestead Road, N.E., Albuquerque, New Mexico 87110 or electronically to rrb2@cdc.gov.

We look forward to working with you as we develop and implement these important revisions. If you have any questions or concerns about this process, please contact Dr. Bryan (rrb2@cdc.gov; (505) 248-4226), CAPT Mike Snesrud (pws8@cdc.gov; (404) 498-2343), or Ms. Jennifer Brooks (jlc9@cdc.gov; (404) 498-1616).

Sincerely yours,



Julie Louise Gerberding, M.D., M.P.H.
Director
Centers for Disease Control and Prevention
Administrator
Agency for Toxic Substances and Disease Registry



Charles W. Grim, D.D.S., M.H.S.A.
Assistant Surgeon General
Director
Indian Health Service



Avian Influenza (Bird Flu)

November 1, 2005

Avian Flu in Birds is Spreading in Asia and Other Countries

- Avian influenza - commonly called "bird flu" - is an infection caused by influenza viruses that occur naturally in birds. Wild birds can carry the viruses, but usually do not get sick from them. However, some domesticated birds, including chickens, ducks, and turkeys, can become infected, often fatally
- One strain of avian influenza, the H5N1 virus, is endemic in much of Asia and has recently spread into Europe. Avian H5N1 infections have recently killed poultry and other birds in a number of countries.
- Strains of avian H5N1 influenza may infect various types of animals, including wild birds, pigs, and tigers.
- Symptoms in birds and other animals vary, but virulent strains can cause death within a few days.

Avian H5N1 Flu in Humans is Currently Very Limited and Not a Pandemic

- Human H5N1 influenza infection was first recognized in 1997 when this virus infected 18 people in Hong Kong, causing 6 deaths.
- Since 2003, more than 100 human H5N1 cases have been diagnosed in Thailand, Vietnam, Cambodia, and Indonesia. Of those cases, more than half have died as a result of the virus.
- Currently, close contact with infected poultry has been the primary source for human infection. Though rare, there have been isolated reports of human-to-human transmission of the virus.
- Genetic studies confirm that the influenza A virus H5N1 mutates rapidly. Should it adapt to allow easy human-to-human transmission, a pandemic could ensue – it has not done so to date.
- At this time, it is uncertain whether the currently circulating H5N1 virus will lead to a global disease outbreak in humans – a pandemic.
- The reported symptoms of avian influenza in humans have ranged from typical influenza-like symptoms (e.g. fever, cough, sore throat, and muscle aches) to eye infections (conjunctivitis), acute respiratory distress, viral pneumonia and other severe, life-threatening complications.

Preventing and Treating Avian Flu in Humans

- Vaccines to protect humans against H5N1 viruses currently are under development. In addition, research is underway on methods to make large quantities of vaccine more quickly.
- So far, research suggests that two antiviral medicines, oseltamavir (Tamiflu®) and zanamavir (Relenza®), may be useful treatments for H5N1 avian influenza. However, H5N1 viruses are generally resistant to two other available antiviral medications, amantadine and rimantadine, so they cannot be used to treat avian flu.

For more information on the avian H5N1 virus and pandemic influenza visit: www.pandemicflu.gov.