

Sarpy County Board of Commissioners

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Mark Wayne

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PURCHASING AGENT
Brian Hanson



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District 2
Iriez Boyd
District 3
Aldona Doyle
District 4
Tim Schram
District 5

MULTI-COUNTY MEETING

Wednesday, November 29, 2006

9:00a – 2:00p

Tiburon Golf Course Clubhouse

AGENDA

1. Welcome & Introductions
2. EPC Services & State Regional Center Accessibility
3. Pandemic Flu Readiness
4. 2007 Legislative Session
 - a. Larry Dix – NACo Representative
 - b. Transfer of Development Rights
 - c. Sewer
 - d. Cell Phone Surcharge
 - e. Other
5. Interoperable Communications
6. Phase II Storm Water Runoff & Dam Site Locations
7. I-80 Corridor & Innovation Zone
8. County Budgets & Lids
9. Sarpy County Administration Remodel Update
10. Sarpy County Sesquicentennial (150th Anniversary)
11. Lancaster County Jail Update
12. Open Discussion
13. Adjourn

**MINUTES
TRI-COUNTY RETREAT
TIBURON GOLF COURSE CLUBHOUSE
WEDNESDAY, NOVEMBER 29, 2006
9:00 A.M.**

Lancaster County

Larry Hudkins, Commissioner
Deb Schorr, Commissioner
Ray Stevens, Commissioner
Bob Workman, Commissioner
Kerry Eagan, Chief Administrative Officer
Gwen Thorpe, Deputy Chief Administrative Officer
Gordon Kissel, Lobbyist
Patricia Owen, Deputy County Clerk

Douglas County

Mike Boyle, Commissioner
Mary Ann Borgeson, Commissioner
Clara Duda, Commissioner
Chris Rodgers, Commissioner
Kathleen Kelley, Chief Administrative Officer
Patrick Bloomingdale, Assistant Administrator
Kristin Lynch, Administrative Assistant
Steve Walker, Fiscal Administrator
Chip Maxwell, Commissioner
Mike Kelley, Lobbyist
Joe Kohout, Lobbyist
Ellen Sechser, Douglas County Clerk's Office

Sarpy County

Inez Boyd, Commissioner
Paul Cook, Commissioner
Tim Schram, Commissioner
Rich Jansen, Commissioner-Elect
Joni Jones, Commissioner-Elect
Mark Wayne, County Administrator
Brian Hansen, Fiscal Administrator
Deb Houghtaling, Sarpy County Clerk
Fred Uhe, Deputy County Clerk/Lobbyist
Mike Smith, Sarpy County Attorney
Rick Houck, Sarpy County Planning Director
Carrie Davis-Sedlacek, Sarpy County
Larry Lavelle, Sarpy County Emergency Management Director

Others Present

Barb Wohlers, Cass County
John Aboroni, Cass County
Paul Vaughn, Dodge County
Bob Missel, Dodge County

The meeting was convened at 9:00 a.m. and called to order by Sarpy County Administrator Mark Wayne in the Tiburon Golf Course Clubhouse, 10302 S 168th St., Omaha, NE. Advance notice of this publicly convened Tri-County Meeting (Douglas, Sarpy and Lancaster Counties) was published in the Daily Record on November 21, 2006 and simultaneously transmitted to all members of the Board of Commissioners. Said notice contained the time and place of the meeting.

The first item discussed was EPC Services and State Regional Accessibility at 9:10 a.m. Participating in the discussion were C.J. Johnson, Douglas County Chief Administrative Officer Kathleen Kelley, Commissioner Borgeson, Mike Smith and Brian Hanson.

The next item of discussion was Pandemic Flu Readiness at 10:05 a.m. Participating in the discussion were Nancy Braswell (Public Health Emergency Response Coordinator Sarpy/Cass), Kathleen Kelley and Kristin Lynch.

The next item was discussion of the Lancaster County Jail Update at 10:56 a.m. Participating in the discussion were Architect Joanne Kissel, Lancaster County Corrections Director Mike Thurber, Kathleen Kelley, Clare Duda, Mary Ann Borgeson and Mark Wayne.

The next item of discussion was the 2007 Legislative Session – a. Larry Dix – NACo representative, b. Transfer of Development Rights, c. Sewer, d. Cell Phone Surcharge and e. Other at 11:54 a.m. Participating in the discussion were Larry Dix, Tim Schram, Inez Boyd, Gordon Kissel, Larry Hudkins, Larry Lavelle, Mary Ann Borgeson, Ray Stevens, Joe Kohout, Mike Kelley, Michael Boyle, Kathleen Kelley, and Chris Rodgers.

The next item was discussion of Interoperable Communications at 11:33 a.m. Participating in the discussion were Larry Lavelle Emergency management/communications – Sarpy County, Kathleen Kelley and Mary Ann Borgeson.

Lunch recess was from 12:46 p.m. to 1:17 p.m.

The next item was discussion of Phase II Storm Water Runoff & Dam Site Locations at 1:50 p.m. Participating in the discussion were Mark Wayne, Inez Boyd, Clare Duda, Michael Boyle and Marvin Rohwer.

The next item discussed was I-80 Corridor & Innovation Zone. Participating in the discussion were Mary Ann Borgeson, Kathleen Kelley and Inez Boyd.

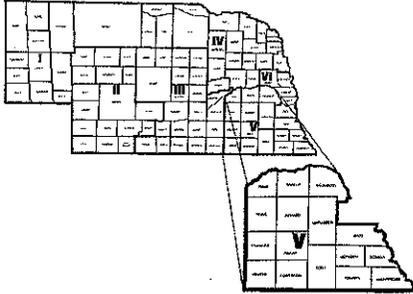
The next item on the agenda was HHSS & Juvenile Detention. There was no discussion on this item.

The next items discussed were Sarpy County Administration Remodel Update and Sarpy County Sesquicentennial (150th Anniversary). Speaking on these items was Mark Wayne.

The next item on the agenda was Open Discussion. There was no discussion on this item.

The meeting adjourned at 2:45 p.m.

Region V Systems



Consumer/Family Coalition

Mission Statement

To promote the interests of behavioral health consumers and families, including, but not limited to, ensuring their involvement in all aspects of governance, service design, planning, implementation, provision, education, evaluation, and research.

Consumer/Family Coalition

- Created November 2005
- Meets Monthly on 2nd Tuesday
- Membership includes consumers, family members, Office of Consumer Affairs, and representative from consumer advocacy organizations

Consumer/Family Coalition
Key Result Areas

- Increased consumer and family involvement at all levels.
- Establishment of common definitions.
- Increased consumer-provided services.
- Supporting leadership development.
- Supporting consumer rights.
- Reduced fragmentation of services.
- Identification and reduction of gaps in the system.

Region V Systems' Reform Plan

New Behavioral Health Services

Assertive Community Treatment (ACT), Lincoln

- Providers: Community Mental Health Center, Lutheran Family Services, and CenterPointe.
- An evidence-based practice providing intensive community-based services to severe and persistent mentally ill consumers of Lancaster County.
- Serving 27 consumers as of October 1, 2006.
- Reduced emergency contacts (hospitalizations, law enforcement contacts).

Region V Systems' Reform Plan

New Behavioral Health Services

Crisis Response Teams, Rural Counties

- Providers: Blue Valley Mental Health Center, Lutheran Family Services, and Houses of Hope
- Provides 24-hour, 7 day a week access to mental health professionals.
- Assists in reducing the number of mentally ill consumers placed in Emergency Protective Custody by targeting those individuals that need assistance, but can stabilize with outpatient support, community involvement, and coordination of care.
- 61 calls to date; 74% of calls resulted in diversion from EPC hold.

Region V Systems' Reform Plan

New Behavioral Health Services

Supported Employment

- Provider: Mental Health Association-Nebraska
- Provides evidence-based practice of supported employment to adults with serious and persistent mental illness that want to work in Lancaster County.
- Consumer run organization.
- Will be begin serving consumers effective January 1, 2007.

Region V Systems' Reform Plan

Expanded Behavioral Health Services

Community Support, MH

- Provider: CMHC

Halfway House

- Provider: Houses of Hope

Community Support, SA

- Provider: CenterPointe

Short Term Residential

- Provider: Cornhusker Place, Touchstone

Dual Residential

- Provider: CenterPointe

Therapeutic Community

- Provider: St. Monica's

Emergency Community Support

- Providers: BVMH, LFS, and Houses of Hope

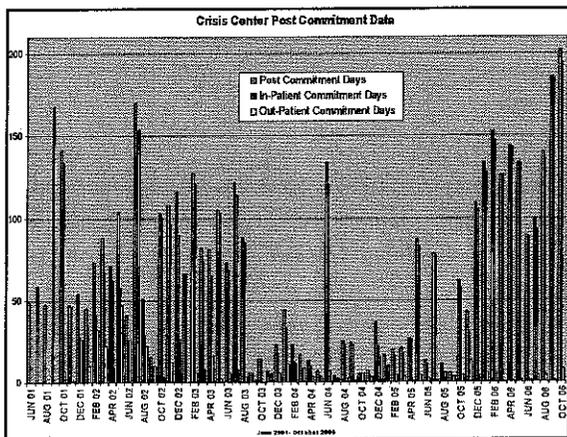
Rental Assistance Program (RAP)

- Housing related assistance for very low income adults with serious mental illness
- Serve as a "bridge" to other housing alternatives such as self support or other affordable housing options such as HUD's Section 8
- Consumers seeking assistance generally pay 30% of their adjusted household income towards rent and utilities

Region V Systems' Emergency Data

Reference Handout

- Admissions- Decreased
- Repeat Admissions- Decreased
- ALOS/Outpatient- Decreased
- DD W/ or W/O mental illness -Decreased
- Post-Commitment days- Increased
- ALOS/Inpatient- Increased
- Bed Days- Increased
- Crisis Center Full- Increased



Region V Systems Emergency Monitoring

(Revised 11/01/06)

Lancaster County Crisis Center	01-02 FY	02-03 FY	03-04 FY	04-05 FY	05-06 FY	06-07 FY To date
Admissions	<u>744</u>	<u>834</u>	<u>798</u>	<u>854</u>	<u>789</u>	<u>216</u>
Different Persons*	<u>637</u>	<u>691</u>	<u>681</u>	<u>714</u>	<u>672</u>	<u>214</u>
Repeat Admissions*	107	143	117	140	117	n/a
Number of Persons who Repeat	No Data	No Data	No Data	101	82	n/a
Bed Days*	<u>4982</u>	<u>4794</u>	<u>4310</u>	<u>3801</u>	<u>4493</u>	<u>1,299</u>
Average Length of Stay (ALOS)	<u>7</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>6</u>	<u>7</u>
Dually Diagnosed	50%	54%	54%	55%	52%	n/a
Mental Illness	42	40%	40%	39%	42%	n/a
Substance Abuse Only	8%	6%	5%	5%	6%	n/a
MHB Hearings	48%	45%	42%	39%	35%	n/a
Inpatient Commitment	21%	22%	22%	17%	16%	n/a
Outpatient Commitment	23%	21%	18%	19%	16%	n/a
90 Day Suspension	19	16	17	21	13	n/a
Released w/ Referral	51%	52%	55%	60%	64%	n/a
Transferred prior to disposition	3	No Data	11	0	No Data	n/a
Pending Discharge	4	No Data	9	11	12	n/a
Post Commitment Days (Total)	<u>1012</u>	<u>1101</u>	<u>498</u>	<u>293</u>	<u>1,079</u>	<u>630</u>
Inpatient (Days)	<u>N/A</u>	<u>836</u>	<u>432</u>	<u>216</u>	<u>1033</u>	<u>610</u>
Average Length of Stay (ALOS)	N/A	4.56	2.46	1.49	8.2	n/a
Outpatient (Days)	<u>N/A</u>	<u>265</u>	<u>66</u>	<u>77</u>	<u>46</u>	<u>20</u>
Average Length of Stay (ALOS)	N/A	1.51	.46	.47	.36	n/a
Inappropriate Admissions	01-02 FY	02-03 FY	03-04 FY	04-05 FY	05-06 FY	06-07 FY To Date
DD W/ Mental Illness	No Data	No Data	12	16	12	2
DD W/O Mental Illness	No Data	No Data	8	18		
Sex Offender	No Data	No Data	15	6	10	5
Sex Offender (ALOS)*	60.11	25.57	35.6	5	14.5	9.88

Definitions:

Different Person -a new consumer to the Crisis Center within a 12-month cycle.

Repeat Admission -a consumer who readmits to the crisis center within a 12-months cycle.

Bed Days- the total number of days a bed is utilized at the Lancaster Crisis Center. Please note that the number of bed days can always be +/- 1-5% as a data is collected using aggregate data.

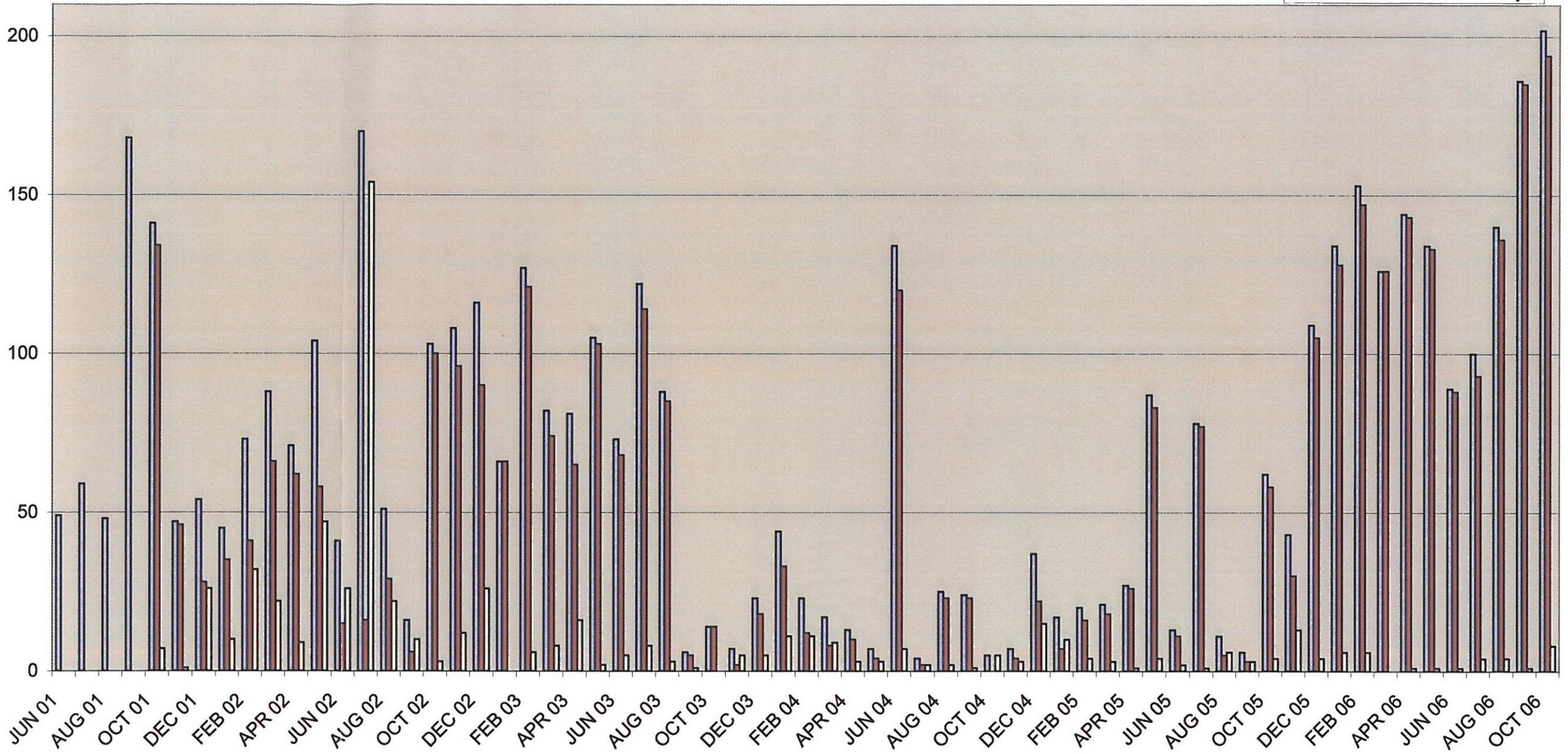
Sex Offender (ALOS)- this data is reflective of person with a diagnosis of pedophilia.

Other ER Data:

Community Mental Health Center	01-02 FY	02-03 FY	03-04 FY	04-05 FY	05-06 FY	06-07 FY *To date
Crisis Center Full (15 Bed Capacity)	No Data	No Data	No Data	24	89	72

Crisis Center Post Commitment Data

- Post Commitment Days
- In-Patient Commitment Days
- Out-Patient Commitment Days



June 2001- October 2006



How Does Seasonal Flu Differ From Pandemic Flu?

Seasonal Flu

Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates

Usually some immunity built up from previous exposure

Healthy adults usually not at risk for serious complications; the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications

Health systems can usually meet public and patient needs

Vaccine developed based on known flu strains and available for annual flu season

Adequate supplies of antivirals are usually available

Average U.S. deaths approximately 36,000/yr

Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia.

Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)

Manageable impact on domestic and world economy

For additional information on seasonal flu visit: <http://www.hhs.gov/flu>.

Pandemic Flu

Occurs rarely (three times in 20th century - last in 1968)

No previous exposure; little or no pre-existing immunity

Healthy people may be at increased risk for serious complications

Health systems may be overwhelmed

Vaccine probably would not be available in the early stages of a pandemic

Effective antivirals may be in limited supply

Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 675,000)

Symptoms may be more severe and complications more frequent

May cause major impact on society (e.g. widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)

Potential for severe impact on domestic and world economy

Last revised: November 13, 2006

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This is an official U.S. Government Web site managed by the [U.S. Department of Health & Human Services](#).



Pandemic Flu Frequently Asked Questions

1. What is pandemic flu?

Pandemic flu is a worldwide outbreak of disease caused by a new flu virus. Past flu pandemics have led to high levels of illness, death, social disruption, and economic loss.

2. How do pandemic flu viruses “emerge?”

The appearance of a new flu virus is the first step toward a pandemic, but the new virus must also spread easily from person to person to cause a pandemic.

3. How common are flu pandemics?

During the 20th century, the emergence of new flu viruses caused three pandemics, all of which spread around the world within one year of being detected.

- **1918-19, "Spanish flu,"** caused the highest number of flu 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. These flu viruses still circulate today after being introduced again into the human population in the 1970s.
- **1957-58, "Asian flu,"** 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,"** 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. These flu viruses still circulate today.

Viruses containing a combination of genes from a human flu virus and a bird flu virus caused both the 1957-58 and 1968-69 pandemics. The 1918-19 pandemic virus appears to be of bird origin.

4. Are there vaccines to prevent a pandemic?

A vaccine probably would not be available in the early stages of a pandemic. When a new vaccine against a flu virus is being developed, scientists around the world work together to select the virus strain that will offer the best protection against that virus, and then manufacturers use the selected strain to develop a vaccine. Once a potential pandemic strain of flu virus is identified, it takes several months before a vaccine will be widely available. If a pandemic occurs, it is expected that the U.S. government will work with many partner groups to make recommendations to guide the early use of vaccine.

5. Are there antiviral medications to prevent and treat pandemic flu?

Four different influenza antiviral medications (amantadine, rimantadine, oseltamivir, and zanamivir) are approved by the U.S. Food and Drug Administration for the treatment and/or prevention of flu. All four work against the flu. However, sometimes flu viruses can become resistant to one or more of these drugs, and thus the drugs may not always work. For example, the flu viruses identified in people in Asia in 2004 and 2005 have been resistant to amantadine and rimantadine. Monitoring of bird viruses for resistance to antiviral medications is continuing.

6. Why does the current bird flu outbreak in Southeast Asia pose a risk for becoming a pandemic flu outbreak in humans?

New human flu viruses arise from bird flu viruses that then change to a form that can infect humans and spread readily from person to person. The current bird flu outbreak in Asia is caused by a type of flu virus called "H5N1." The H5N1 outbreak among domestic chickens and ducks in Asia is widespread and uncontrolled. Human infections and deaths due to the H5N1 virus have occurred, although the virus has at this time not developed the ability to pass easily from person to person and cause outbreaks in humans.

7. How is a pandemic different from regular flu season?

A pandemic flu is a new flu virus that would be a much more serious and contagious than viruses seen during a typical flu season. People would have little or no immunity to this new flu virus. Also, vaccine for seasonal flu is prepared each season against new variations of the seasonal flu. It may take many months after a pandemic flu appears before vaccine is widely available.

8. How is pandemic flu different from bird flu?

Bird flu refers to a large group of different flu viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. A pandemic flu happens when a new virus emerges that has not previously circulated in humans. For this reason, bird flu (H5N1) is a strain with pandemic potential, since it might ultimately adapt into a strain that is contagious among humans.

9. How can we prepare for the next pandemic?

Many experts believe it is only a matter of time until the next flu pandemic occurs. The severity of the next pandemic is unpredictable, but modeling studies suggest that its effect in the United States could be severe.

Stay informed. The Centers for Disease Control and Prevention (CDC) web site provides regularly updated information about pandemic flu and bird flu:

- www.cdc.gov

The official U.S. government website on pandemic flu can be found at:

- www.pandemicflu.gov

Or visit the Nebraska Health and Human Services System website:

- www.hhss.ne.gov

Stop germs from spreading.

- Cover your mouth and nose with tissue when coughing and sneezing
- Wash your hands often
- Stay home when you're sick

Things to know:

The pandemic will last much longer than most other emergency events and may include “waves” of flu activity separated by months (in 20th century pandemics, a second wave of flu activity occurred three to 12 months after the first wave).

- The numbers of healthcare workers and first responders available to work could be reduced; they will be at high risk of illness through exposure in the community and in healthcare settings, and some may have to miss work to care for sick family members.
- Resources could be limited because a flu pandemic could be widespread.
- The CDC and the World Health Organization (WHO) have large surveillance programs in place to monitor and detect flu activity around the world, including the emergence of possible pandemic strains of the flu virus.

Because of these differences and the expected size of a flu pandemic, it's important to have completed planning and preparedness activities to be able to respond promptly and adequately. For this reason, the U.S. Department of Health and Human Services (HHS) supports pandemic flu activities in the areas of surveillance (“detection”), vaccine development and production, antiviral stockpiling, research, and public health preparedness.

A Summary Pandemic Flu data can be found at: www.pandemicflu.gov

Nebraska Health and Human Services System: www.nehss.gov

Helping people live better lives through effective health and human services.

The Nebraska Health and Human Services System is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.

CDC Emergency Preparedness and Response: www.bt.cdc.gov

The CDC protects people’s health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

You may also contact Sarpy/Cass Department of Health and
Wellness

701 Olson Drive, Ste. 101 Papillion, NE 68046

402-339-4334

www.sarpy.com or www.cassne.org

Basic Pandemic Planning for All Organizations

Will there be a need for my organization's goods or services during a pandemic?

Yes

What essential goods and services will continue to be needed even during a severe pandemic? How will they be provided?

Will **personnel** be available to provide essential services?

Will **supplies** be available to provide essential services?

How can **communications** with managers, staff and customers be maintained?

For *essential* businesses: How will you communicate, when necessary, with local Emergency Operations Center?

No

How will my organization weather a loss of demand for goods or services that may last 3 months?

How will my organization operate if certain key supplies can't be obtained for up to 12 months or more?

What actions might be taken to help mitigate the losses?

Can my organization operate in a different way or provide a different service during a pandemic?

What will happen to employees?

Is it possible or likely that my organization will be forced to stop operations?

By government order? By loss of customers? By loss of staff? By unavailability of critical supplies and materials?

Personnel Preparedness Issues to Maintain Operations during a Pandemic

Educate all staff about what might happen in a flu pandemic. Encourage them to prepare their households, so they will be better able to perform their jobs. Help them understand how their jobs may change during a pandemic.

Define essential and non-essential activities. Halt non-essential tasks when necessary and re-deploy staff to essential activities.

Cross train staff so that all critical functions can be done by several different people. Create written instructions/procedures for critical processes that can be carried out by others.

Decrease person-to-person contact, if possible, through

- telecommuting
- meetings by telephone, web, etc.
- email communications
- staggered shifts, that reduce crowding and limit contact with other shifts
- altering business processes
- serving customers via phone, fax, web instead of face-to-face

Reduce risk of disease transmission in workplace by

- requiring sick to stay at home, with paid leave when possible
- increasing cleaning of objects touched by many people (keyboards, doorknobs, faucet handles, photocopy machine keys, etc. (Virus can persist 48+ hours on hard surfaces)
Note: vacuuming and sweeping may stir up viral particles, increasing risk.

- Increase hand hygiene; wash hands frequently or use alcohol-based sanitizer (>60% ethanol). Don't re-contaminate hands after washing; turn off faucet with paper towel and use towel to open restroom door to leave.
- Promote cough/sneeze etiquette. Cough into tissue, then discard in waste basket and wash hands. If no tissue available, cough/sneeze into shoulder or elbow, rather than hands.
- Make sanitizers, tissues, disposable towels and gloves available if possible
- Increasing temperature and humidity of room may help reduce virus
- Avoid putting hands to face, mouth, nose, eyes.
- Effectiveness of masks in the workplace--outside of healthcare--is unknown. At least, they may help reduce putting hands to face.
- Replace handshakes with nods of recognition or other non-contact salutation

Review workplace personnel policies regarding

- Leave policies and Family Medical Leave Act
- Exclusion of ill workers from workplace
- Workers compensation – disability benefits
- Responsibility for personal protective equipment/supplies – OSHA, Union contracts

Review contracts

- With customers to see if current *force majeure* clauses [clauses that protect you from failure to perform in case of extraordinary circumstances] would cover pandemic influenza; if not should they be added?
- With vendors to see if they have similar clauses in contracts if they fail to deliver supplies.

Review insurance coverage

- Continuity of business insurance is likely not to cover pandemic situations. Check your policy

Review your continuity of business plan

- Do you have one? If not, begin working on one.
- If you have one, revise it to deal adequately with a pandemic situation
- Will you need to take more security measures during a pandemic?

Critical supplies

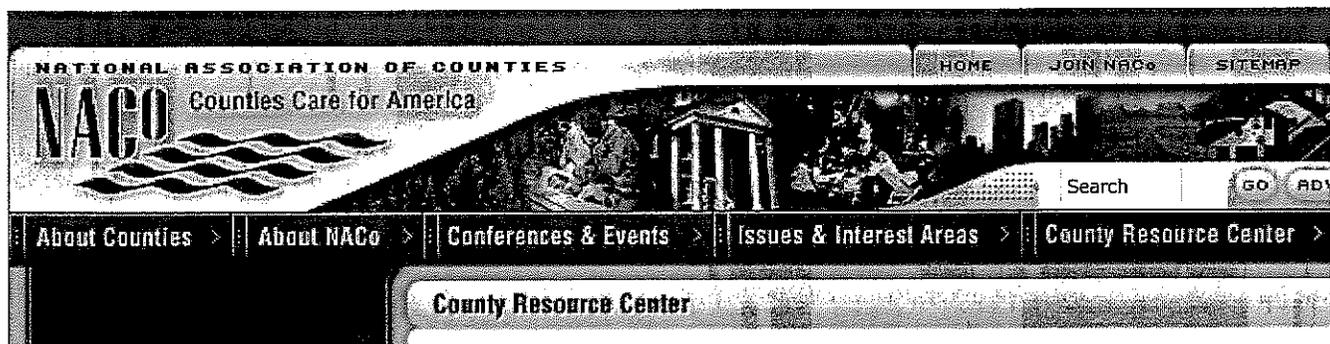
- Stockpile 90 days of critical supplies, if possible. Rotate out oldest supplies while refilling the stockpile with newest supplies
- Identify multiple vendors/transporters to maintain supply chain and assess their pandemic flu preparations. Be prepared to revised plans as situation changes.

Establish means to communicate with your local Emergency Operations Center if you are an essential service.

YOU CAN FIND AN EXTENSIVE, FREELY USEABLE AND DISTRIBUTABLE INFLUENZA PLAN TEMPLATE FOR YOUR BUSINESS OR ORGANIZATION AT:

<http://www.ebrp.net/images/PandemicResponse.pdf>

Some sectors have plan templates that are specific to their type of organization. Check your sector's resources and questions list on the flu planning web site:



- Library
 - Publications**
 - Model County Programs
 - Surveys
 - Topics of Interest
- Advocacy
- Awards
- Cost Saving Programs for Counties
- Grants Clearinghouse
- Information Technology
- Jobs Online
- Leadership Development
- Public Awareness Campaigns
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County officials can help prepare for influenza pandemic

By Donna Brown
NACCHO
 and
Carol Moehrle
Nez Perce County, Idaho

The nation's newspapers report the progress of avian influenza in Asian and European populations almost daily. Scientists worldwide are concerned that the avian flu virus may be capable of transmission not only from bird to human, but also from human to human. We know for sure whether this will happen, and we can't predict when it might happen. We are worried.

If this situation of uncertainty sounds familiar, it is because the same situation exists with potential emergencies caused by terrorists. Counties have been working on preparedness for chemical and nuclear terrorism for several years, knowing that a threat exists, but not knowing the magnitude or the likelihood.

However, the costs of being unprepared for an unthinkable event are so high that all governments have recognized their responsibility to develop plans and build response capabilities. Whether a serious disease outbreak is a bug that is released intentionally, or one like influenza that occurs naturally, makes little difference in what county governments must do to prepare.

Preparedness for pandemic influenza does not require a whole new effort or set of plans. It requires looking at existing emergency preparedness plans and capacities, adding what is necessary for an influenza pandemic, and conducting exercises. Moreover, in the course of pandemic preparedness, counties will also be improving their abilities to respond quickly to any emergency that threatens human health.

Pandemic would last months

If an influenza pandemic occurs, it will occur in many places at the same time. The period of a large incidence of illness and death will last for many months. County health departments have seen small outbreaks of infectious diseases, such as meningitis or tuberculosis, all the time.

The challenge of a pandemic will be in scaling up strategies to stop the spread of disease. The strategies to care for people who are sick, to a degree that modern governments have never faced.

We are not starting from scratch. County health departments have been working on bioterrorism and public health preparedness for several years. They have even learned lessons from real-life events, such as the influenza vaccine shortages that have hit communities, and they have used routine flu clinics as opportunities to exercise plans for such events. The most effective local plans are incorporated into overall local emergency management and the planning process has included all governmental first responders, as well as the medical community.

Quarantine may be necessary

Response to such a large-scale outbreak will engage the entire emergency response community, as well as the entire private sector. It will be necessary to isolate the sick from others and take care of them. It may also be necessary to impose and enforce quarantine which would restrict the movement of people who may have been exposed to the disease and unknowingly infect others.

In the worst case, county officials may have to consider carefully whether to close schools, events, and shut down public transportation in order to minimize disease spread.

Hospitals will be severely challenged because it is likely that the number of beds and the equipment now available will be insufficient to meet demand. Communities must therefore increase their medical surge capacity in a pandemic situation.

If antiviral drugs and vaccines are available, there must be plans and methods for distributing and administering shots on a large scale. It is likely that there won't be enough to meet the demand; therefore, there must be plans for getting them to persons with highest priority. Volunteers will supplement the existing health care and public health workforce.

The challenges in managing public panic and large predictable needs for psychosocial support are great. The frail elderly and disabled persons will need a higher degree of service and support. Regular support systems fall apart under the duress of a pandemic. Government employees that fill essential functions will have grave concerns about the health of themselves and their families that must be addressed.

What you can do now

County officials will play central roles in such a scenario, particularly in educating the public. For example, there are many things you can do now to help your county become better prepared for pandemic influenza.

- Talk to the health department that serves your jurisdiction and learn the status of your county's pandemic influenza planning. Ask if you can help engage partners that will need to be involved in pandemic influenza, such as schools and businesses.
- Investigate whether the necessary legal authorities that the county government needs to contain a pandemic are in place.
- Ask about plans for maintaining essential county government services in the face of a pandemic.

The federal government is looking for ways to produce better antiviral drugs and effective vaccines. Vaccines in particular will be the most essential weapons for fighting a pandemic. However, the vaccines in the world will not help if county governments are not ready, with pre-planned trained personnel and necessary equipment, to get the shots into their citizens' arms. Robust local preparedness is the best substitute for federal assistance.

More information on pandemic influenza can be found at www.pandemicflu.gov.

(Donna Brown is the government affairs counsel for the National Association of City & County Officials. Carol Moehrle, is the director of the North Central District Health Department in Blaine County, Idaho, and a NACo Board member.)

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STATE AND LOCAL PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical. To assist you in your efforts, the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist. It identifies important, specific activities you can do now to prepare. Many are specific to pandemic influenza, but a number also pertain to any public health emergency.

This checklist is based on the HHS Pandemic Influenza Plan, Public Health Guidance for State and Local Partners, but is not intended to set forth mandatory requirements. Each state and local jurisdiction should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own laws and procedures.

Community Preparedness Leadership and Networking [Preparedness Goal 1—Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Establish a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community-based, and faith-based sectors, as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of the jurisdiction's operational pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Delineate accountability and responsibility, capabilities, and resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Within every state, clarify which activities will be performed at a state, local, or coordinated level, and indicate what role the state will have in providing guidance and assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assure that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan established under Federal Emergency Support Function 8 (ESF8): Health and medical service and compliant with National Incident Management System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Address integration of state, local, tribal, territorial, and regional plans across jurisdictional boundaries in the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Formalize agreements with neighboring jurisdictions and address communication, mutual aid, and other cross-jurisdictional needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure existence of a demographic profile of the community (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Address provision of psychosocial support services for the community, including patients and their families, and those affected by community containment procedures in the plan (see Supplement 11).

continued



Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Test the communication operational plan that addresses the needs of targeted public, private sector, governmental, public health, medical, and emergency response audiences; identifies priority channels of communication; delineates the network of communication personnel, including lead spokespersons and persons trained in emergency risk communication; and links to other communication networks (see Supplement 10).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Identify for all stakeholders the legal authorities responsible for executing the operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Make clear to all stakeholders the process for requesting, coordinating, and approving requests for resources to state and federal agencies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Create an Incident Command System for the pandemic plan based on the National Incident Management System and exercise this system along with other operational elements of the plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Assist in establishing and promoting community-based task forces that support healthcare institutions on a local or regional basis.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Identify the state and local law enforcement personnel who will maintain public order and help implement control measures. Determine in advance what will constitute a “law enforcement” emergency and educate law enforcement officials so that they can pre-plan for their families to sustain themselves during the emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Ensure that the plans are scalable, to the magnitude and severity of the pandemic and available resources. Revise as necessary.

Surveillance [HHS Supplement 1. Preparedness Goal 3—Decrease the time needed to detect and report chemical, biological, or radiological agents in tissue, food, or environmental agents that cause threats to the public’s health. Preparedness Goal 5—Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Conduct year-round traditional surveillance for seasonal influenza (e.g., virologic, outpatient visits, hospitalization, and mortality data), including electronic reporting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Improve capacity for rapid identification of unusual influenza strains by working with federal partners to enhance laboratory-based monitoring of seasonal influenza subtypes, as described in Supplement 1 (Surveillance).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Develop and be prepared to implement enhanced surveillance once a pandemic is detected to ensure recognition of the first cases of pandemic virus infection in time to initiate appropriate containment protocols, and exercise regularly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Link and routinely share influenza data from animal and human health surveillance systems.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Obtain and track information daily during a pandemic (coordinating with epidemiologic and medical personnel) on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases. Use these reports to determine priorities among community outreach and education efforts.

Public Health and Clinical Laboratories [HHS Supplement 2. Preparedness Goal 3—Decrease the time needed to detect and report chemical, biological, and radiological agents in tissue, food, or environmental agents that cause threats to the public's health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Institute surveillance for influenza-like illnesses (ILI) among laboratory personnel working with novel influenza viruses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop and test a plan for surge capacity of public health and clinical laboratories to meet the needs of the jurisdiction during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Assess regularly the influenza diagnostic testing proficiency and adherence to biosafety containment and biomonitoring protocols.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Inform frontline clinicians and laboratory personnel of protocols for safe specimen collection and testing, how and to whom a potential case of novel influenza should be reported, and the indications and mechanism for submitting specimens to referral laboratories (see Supplements 3, 4, 5).

Healthcare and Public Health Partners [HHS Supplement 3. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the operational plan for the healthcare sector (as part of the overall plan) that addresses safe and effective 1) healthcare of persons with influenza during a pandemic, 2) the legal issues that can affect staffing and patient care, 3) continuity of services for other patients, 4) protection of the healthcare workforce, and 5) medical supply contingency plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure all components of the healthcare delivery network (e.g., hospitals, long-term care, home care, emergency care) are included in the operational plan and that the special needs of vulnerable and hard-to-reach patients are addressed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure that plan provides for real-time situational awareness of patient visits, hospital bed and intensive care needs, medical supply needs, and medical staffing needs during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the operational plan for surge capacity of healthcare services, workforce, and supplies to meet the needs of the jurisdiction during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the plan provisions for mortuary services during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Maintain a current roster of all active and formerly active healthcare personnel available for emergency healthcare services.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Determine what constitutes a medical staffing emergency and exercise the operational plan to obtain appropriate credentials of volunteer healthcare personnel (including in-state, out-of-state, international, returning retired, and non-medical volunteers) to meet staffing needs during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure healthcare facilities in the jurisdiction have tested a plan for isolating and cohorting patients with known or suspected influenza, for training clinicians, and for supporting the needs for personal protective equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the healthcare facilities in the jurisdiction have tested an operational plan to initiate, support, and implement quarantine of potentially exposed healthcare personnel (see Supplements 4 and 5).

Infection Control and Clinical Guidelines [HHS Supplements 4 and 5. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the Health Alert Network in the jurisdiction reaches at least 80% of all practicing, licensed, frontline healthcare personnel and links via the communication network to other pandemic responders (see Supplements 3, 10).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Craft messages to help educate healthcare providers about novel and pandemic influenza, and infection control and clinical guidelines, and the public about personal preparedness methods.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop and test a plan (as part of the communication plan) to regularly update providers as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure appropriate local health authorities have access to EPI-X and are trained in its use.

Vaccine Distribution and Use [HHS Supplement 6. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Work with healthcare partners and other stakeholders to develop state-based plans for vaccine distribution, use, and monitoring; and for communication of vaccine status.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Exercise an operational plan that addresses the procurement, storage, security, distribution, and monitoring actions necessary (including vaccine safety) to ensure access to this product during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the operational plan delineates procedures for tracking the number and priority of vaccine recipients, where and by whom vaccinations will be given, a distribution plan for ensuring that vaccine and necessary equipment and supplies are available at all points of distribution in the community, the security and logistical support for the points of distribution, and the training requirements for involved personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Address vaccine security issues, cold chain requirements, transport and storage issues, and biohazardous waste issues in the operational plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Address the needs of vulnerable and hard-to-reach populations in the operational plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Document with written agreements the commitments of participating personnel and organizations in the vaccination operational plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Inform citizens in advance about where they will be vaccinated.

Antiviral Drug Distribution and Use [HHS Supplement 7. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Develop state-based plans for distribution and use of antiviral drugs during a pandemic via the Strategic National Stockpile (SNS), as appropriate, to healthcare facilities that will administer them to priority groups. Establish methods for monitoring and investigating adverse events.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Test the operational plan that addresses the procurement, storage, security, distribution, and monitoring actions necessary to assure access to these treatments during a pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> Ensure the jurisdiction has a contingency plan if unlicensed antiviral drugs administered under Investigational New Drug or Emergency Use Authorization provisions are needed.

Community Disease Control and Prevention (including managing travel-related risk of disease transmission) [HHS Supplements 8 and 9. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exercise the jurisdiction’s operational plan to investigate and contain potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Exercise the jurisdiction’s containment operational plan that delineates procedures for isolation and quarantine, the procedures and legal authorities for implementing and enforcing these containment measures (such as school closures, canceling public transportation, and other movement restrictions within, to, and from the jurisdiction) and the methods that will be used to support, service, and monitor those affected by these containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Ensure the jurisdiction has exercised the operational plan to implement various levels of movement restrictions within, to, and from the jurisdiction.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Inform citizens in advance about what containment procedures may be used in the community.

Public Health Communications [HHS Supplement 10. Preparedness Goal 4—Improve the timeliness and accuracy of communications regarding threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Assess readiness to meet communications needs in preparation for an influenza pandemic, including regular review, exercise, and update of communications plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Plan and coordinate emergency communication activities with private industry, education, and non-profit partners (e.g., local Red Cross chapters).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Identify and train lead subject-specific spokespersons.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Provide public health communications staff with training on risk communications for use during an influenza pandemic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Develop and maintain up-to-date communications contacts of key stakeholders and exercise the plan to provide regular updates as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Implement and maintain, as appropriate, community resources, such as hotlines and Web site, to respond to local questions from the public and professional groups.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Ensure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.

Workforce Support: Psychosocial Considerations and Information Needs [HHS Supplement 11. Preparedness Goal 6—Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.]

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Develop a continuity of operations plan for essential health department services, including contingency planning for increasing the public health workforce in response to absenteeism among health department staff and stakeholder groups that have key responsibilities under a community’s response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Ensure availability of psychosocial support services (including educational and training materials) for employees who participate in or provide support for the response to public health emergencies such as influenza pandemics.

continued

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Develop workforce resilience programs and ensure readiness to deploy to maximize responders' performance and personal resilience during a public health emergency.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Assure the development of public health messages has included the expertise of behavioral health experts (see Supplement 10).

Resources for Pandemic Planning –

Businesses-

<http://risk-survey.marsh.com/pandemic/>

http://72.14.203.104/search?q=cache:Ch6VmQVqQ4gJ:www.co.marin.ca.us/depts/ES/Marin/EEP/MarinCOOP_RecommendationsNov2006.pdf+Minnesota+templates+for+Pandemic+Flu+planning&hl=en&gl=us&ct=clnk&cd=17

and a template – www.ebrp.net/images/PandemicResponse.pdf

Continuity of Operations –

www.co.stearns.mn.us/Pandemic/coop_plan_template_instructions.doc

Corrections –

<http://nicic.org/Library/021888>

General Government –

<http://fluplan.larimerhealth.org/GovernmentQuestions>

County Government –

<http://www.naco.org/Template.cfm?Section=Publications&template=/Contentmanagement/ContentDisplay.cfm&ContentID=18621>

Local Government –

www.ci.springfield.or.us?FLS/PandemicInfluenza.html

www.fairfaxcounty.gov/emergency/pandemicflu

Financial and Insurance Institutions-

<http://fluplan.larimerhealth.org/Sectors#FI>

Public Safety –

<http://fluplan.larimerhealth.org/PublicSafetyQuestions>

Mortuary Services –

<http://fluplan.larimerhealth.org/MortQuestions>

www.mainehealthforum.org/documents/FCHN_PandemicFluPlan.pdf

www.health.state.mn.us/divs/idepc/diseases/flu/pandemic/plan/

Legal-

<http://fluplan.larimerhealth.org/Sectors#LG>

Special Populations –

<http://fluplan.larimerhealth.org/Special+Populations+Questions>

Telecommunications –

<http://fluplan.larimerhealth.org/Sectors#TCI>

Utilities-

<http://fluplan.larimerhealth.org/UtilitiesSector>

Agriculture and Animal-

<http://fluplan.larimerhealth.org/Addressing+agricultural+and+animal+issues+resources>

The Larimer County Health sites are wonderful, as they ask questions each sector must plan for and list a number of other resources for you to refer to.

SERVICES



Mission:

To improve the lives of our citizens by promoting the health of our community through:

- Preventing disease
- Developing partnerships
- Establishing policies
- Providing health education
- Improving delivery of health services

What We Can Do For You?

- Referrals to other helping agencies
- Presentations to schools, businesses, providers, and other various groups
- Informational resources for youth, parents, professionals, and the community.
- Training for disaster preparedness to civic groups, businesses, and citizens.
- Environmental testing and inspections
- Disease investigation and surveillance
- Activities for the community to promote healthy behaviors.
- Car Safety Seat Check-Up Events
- Funding opportunities (mini-grant)

Communicable Disease

Immunization Services: Provide services through Alegent Health Midlands Hospital.

Please call..... 402-593-3222

Emergency Response

Public Health Emergency Response

Coordinator: Coordinates public health education, planning, preparation, response and recovery to disease outbreaks, natural and man-made disasters, and other threats to the health and safety of the community.

Please call..... 402-339-4334 ext. 202

Environmental Health

Environmental Health Coordinator:

Coordinates activities towards controlling environmental hazards, preserving and improving environmental factors for the achievement of optimum health, safety, comfort, and well-being.

Please call..... 402-339-4334 ext. 206

Health Promotion

Health Education/Promotion

Coordinator: Designs and implements health education programs to increase awareness and knowledge for the improvement of health within the Sarpy/Cass communities. Keeps up-to-date health education and promotion materials.

Please call..... 402-339-4334 ext. 207

School & Family Health

School & Family Health Coordinator:

Monitors absentee rates with a school-based surveillance program to track communicable disease outbreaks and/or possible emergency-related events. Promotes healthy behaviors by offering educational information, presentations, and activities in the schools. Coordinates a variety of programs and activities promoting healthy lifestyles for families and the community.

Please call..... 402-339-4334 ext. 204

Public Health Nursing

Public Health Nurse: The public health nurse provides Community Health nursing services to enrollees in the Nebraska Medicaid Program, conducts communicable disease surveillance, and works to prevent and control outbreaks within the schools and communities of Sarpy and Cass County.

Please call..... 402-339-4334 ext. 203



For additional information please call the Health Department at 402-339-4334 or visit our resource room open to the public during normal business hours Monday - Friday 8:00 a.m. - 4:30 p.m.

Public Health is for Everyone



Huntington Plaza
701 Olson Drive, Ste 101
Papillion, NE 68046

Phone: 402-339-4334
Fax: 402-339-4235
Email: healthdept@sarpy.com
www.sarpy.com
www.cassne.org

Dianne Kelly, Director

Return Service Requested

Huntington Plaza
701 Olson Drive, Ste. 101
Papillion, NE 68046



Service - Education - Promotion



A Few Facts about Bird Flu...

What is Avian Influenza?

Avian influenza is an infection caused by avian (bird) influenza (flu) viruses. These influenza viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. Infected birds shed influenza virus in their saliva, nasal secretions, and feces. When wild birds interact with domestic

poultry, domestic birds can be infected and become severely ill and die. Human cases of bird flu have been reported in Southeast Asia and Europe.



Most human cases came from direct contact with infected birds or their droppings. More than 100 people have contracted bird flu, and about half of them have died. That's why officials are watching for any person-to-person spread of bird flu.

How Great is the Risk to Humans?

At present, the risk is low because humans do not usually come into contact with wild birds and therefore become infected by bird flu. However, during an outbreak in domestic poultry, the likelihood of infection among humans increases. Still as the virus is passed from wild birds to domestic birds, there is a possibility that it will mutate into a form that will more easily infect and spread among humans.

Is it Safe to Buy and Eat Chicken or Duck in the U.S.?

Health officials say it's safe to eat properly cooked poultry in the U.S. The H5N1 bird flu has not been found in the U.S. Cooking to 145 degrees destroys germs, including the bird flu virus. The U.S. bans imports of poultry from areas with bird flu. There is also a worldwide coordination to control the spread of bird flu. Flocks in other countries are monitored for illness; sick and infected birds are separated and destroyed.

What are the Symptoms of Bird Flu in People?

Symptoms of avian influenza in humans have ranged from typical human influenza-like symptoms (e.g., fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress), and other severe and life-threatening complications.



Why Could Bird Flu be the Next Pandemic?

Scientists worry that bird flu in southeast Asia could cause the next pandemic. The virus is spreading to birds and other animals in new regions. The virus has infected some people, causing severe illness and death.

What's Being Done to Keep Bird Flu From Becoming the Next Pandemic?

Health officials around the world are watching for any person-to-person spread of bird flu. Public health officials in every state and almost every nation are preparing for pandemic flu. A worldwide network of laboratories detects and tracks flu viruses. There's a program for fast distribution of vaccines and medicines and several systems are in place for sharing emergency health information. National, state, and local preparedness efforts are ongoing.

Are Bird Flu Vaccines Available?

There currently is no commercially available vaccine to protect humans against H5N1 virus that is being seen in Asia and Europe.

A pandemic vaccine cannot be produced until a new pandemic influenza virus emerges and is identified.

The U.S. Department of Health and Human Services is addressing the problem in a number of ways.

These include the development of pre-pandemic vaccines based on current lethal strains of H5N1, collaboration with industry to increase the Nation's vaccine production capacity, and seeking ways to expand or extend the existing supply. Research is being done to develop new types of influenza vaccines.

What Advice Would You Give to Someone Traveling to Areas Where Bird Flu has been Found?

Before traveling, check the CDC's website, www.cdc.gov, for travel advisories. Be sure your shots are current and your health insurance covers you overseas. Travelers should take steps to minimize risks while on their trips. Avoid contact with chickens and ducks, including droppings and blood. Follow good health habits, such as frequent hand-washing. Avoid live markets, bird farms, and partially cooked bird. If you have any illness within 10 days of returning home from your trip, call your health care provider to make an appointment and be sure to tell your provider about your travel prior to going for the appointment. As yet, no travelers to the effected areas have gotten bird flu.

For more information:

- www.hhs.state.ne.us
- www.pandemicflu.gov
- www.ready.gov
- www.cdc.gov
- www.outdoornebraska.org
- www.usda.gov

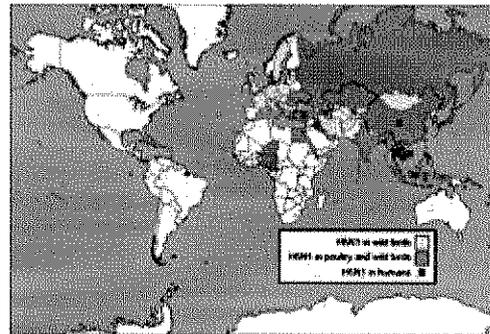


How are we preparing?

The United States has been working closely with other countries and the World Health Organization (WHO) to strengthen systems to detect outbreaks of influenza that might cause a pandemic.

The effects of a pandemic can be lessened if preparations are made ahead of time. Planning and preparation information and checklists are available from Sarpy/Cass Department of Health to help your family and/ or business prepare for a pandemic.

HHS and other federal agencies are providing funding, advice, and other support to Sarpy/Cass Department of Health to assist with pandemic planning and preparation. The federal government will provide up-to-date information and guidance to the public through the media should an influenza pandemic unfold.



Nations with Confirmed Cases H5N1 Avian Influenza (March 24)

Avian Influenza (Bird Flu)

SARPY / CASS
DEPARTMENT OF HEALTH

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www.cassne.org





2007 Legislative Issues

- **Increase jail reimbursement for counties**
- **Increase fuel taxes to provide spending for county road purposes**
- **Authorize counties to implement a countywide sales tax**
- **Define residency for mental health and emergency protective custody**
- **Support a comprehensive update of general assistance statutes**
- **Authorize cancellation of recall elections if official resigns**
- **Authorize the use of voter registration lists as sign-in registers**
- **Clarify when the complete record fee is taxed as a part of the cost of the case**
- **Authorize the use of first class mail to send summons to potential jurors**
- **Require vendors to dispose of tires without an additional fee**
- **Increase penalties for out-of-state motor vehicle registrations**
- **Impose an extraction tax**
- **Require proof of ownership or a paid tax statement before issuance of a permit to move mobile home**
- **Eliminate participation of clerks in fence viewing disputes**
- **Increase sheriffs fees**
- **Increase limit on professional services for road projects**
- **Clarify freeholder transfer of property between school districts**

COST OF NEW JAIL
TAX RATE CENTS PER \$100 OF VALUE
2010 IS WHEN NEW JAIL COMPLETED
USING OPTION C
WITH 3 % ANNUAL INFLATION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PROJECTED INMATES	YEAR	CORRECTIONS DEPT	OVERFLOW HOUSING	DEBT SERVICE	TOTAL COST	ESTIMATED REVENUE	NET COST	PROJECTED PER DIEM	ESTIMATED VALUATION	NET CENTS PER \$100	FY07 RATE	ADDITIONAL COST	DEBT SERVICE	ADDITIONAL OVER DEBT SERVICE
503	2008	11,838,149	2,932,410	5,585,658	20,356,217	2,426,821	17,929,396	110.88	18,451,818,067	0.0972	0.0521	0.0451	0.0303	0.0148
537	2009	12,193,294	3,810,328	5,585,658	21,589,280	2,499,625	19,089,655	110.15	18,866,983,974	0.1012	0.0537	0.0475	0.0296	0.0179
572	2010	16,649,623		5,585,658	22,235,281	3,413,173	18,822,108	106.50	19,291,491,113	0.0976	0.0553	0.0423	0.0290	0.0133
591	2011	17,730,744		5,585,658	23,316,402	3,634,803	19,681,599	108.09	19,725,549,663	0.0998	0.0569	0.0428	0.0283	0.0145
611	2012	18,861,745		5,585,658	24,447,403	3,866,658	20,580,745	109.62	20,169,374,530	0.1020	0.0586	0.0434	0.0277	0.0157
630	2013	20,044,650		5,585,658	25,630,308	4,109,153	21,521,155	111.46	20,623,185,457	0.1044	0.0604	0.0440	0.0271	0.0169
650	2014	21,281,553		5,585,658	26,867,211	4,362,718	22,504,493	113.24	21,087,207,130	0.1067	0.0622	0.0445	0.0265	0.0180
669	2015	22,574,630		5,585,658	28,160,288	4,627,799	23,532,489	115.32	21,561,669,291	0.1091	0.0641	0.0451	0.0259	0.0192
689	2016	23,995,650		5,585,658	29,581,308	4,919,108	24,662,200	117.63	22,046,808,850	0.1119	0.0660	0.0459	0.0253	0.0205
710	2017	25,481,615		5,585,658	31,067,273	5,223,731	25,843,542	119.88	22,542,860,004	0.1146	0.0680	0.0467	0.0248	0.0219
730	2018	27,035,142		5,585,658	32,620,800	5,542,204	27,078,596	122.43	23,050,074,354	0.1175	0.0700	0.0475	0.0242	0.0232
751	2019	28,658,946		5,585,658	34,244,604	5,875,084	28,369,520	124.93	23,568,701,027	0.1204	0.0721	0.0483	0.0237	0.0246
771	2020	30,355,847		5,585,658	35,941,505	6,222,949	29,718,556	127.72	24,098,996,800	0.1233	0.0743	0.0490	0.0232	0.0259

7 REVENUE IS ESTIMATED AT 20.5% OF EXPENSE (SAME AS FY07)

10 ESTIMATED VALUATION IS INCREASED ONLY FOR ESTIMATED GROWTH OF NEW CONSTRUCTION ESTIMATED AT 2.25%

12 FY07 TAX RATE FOR FUNDING CORRECTIONS IS 5.06 CENTS PER \$100. THIS IS PROJECTED TO INCREASE BY 3% INFLATION