
Health Care Committee

ESSB 6366

Brief Description: Concerning preparation and response to pandemic influenza.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Thibaudeau and Kline).

<p style="text-align: center;">Brief Summary of Engrossed Substitute Bill</p> <ul style="list-style-type: none">• Requires local health jurisdictions to develop pandemic flu preparedness and response plans.

Hearing Date: 2/21/06

Staff: Chris Blake (786-7392).

Background:

An influenza pandemic is a global outbreak of disease that occurs when a new influenza virus appears in the human population where it is easily transmitted between people and there is no immunity to it. In the 20th Century, there were three major influenza pandemics which spread around the world within a year. The Centers for Disease Control and Prevention estimates that a "medium-level" influenza pandemic could affect 15-20 percent of the American population and result in the death of 89,000 to 207,000 people and the hospitalization of 314,000 to 734,000 people in the United States.

In November 2005, the President's Homeland Security Council released the *National Strategy for Pandemic Influenza* which outlines the elements of three key areas of preparedness and response activities: (1) preparedness and communication; (2) surveillance and detection; and (3) response and containment. Specific activities include: planning for a pandemic; communicating expectations and responsibilities; developing, producing, stockpiling, and distributing medications; ensuring rapid reporting of outbreaks; using surveillance to limit spread of disease; containing outbreaks; leveraging national medical and public health surge capacity; sustaining infrastructure, essential services, and the economy; and ensuring risk communication. Among the roles for state and local government outlined by the strategy is the establishment of "comprehensive and credible preparedness and response plans that are exercised on a regular basis."

Summary of Bill:

By January 1, 2007, to the extent that state or federal funds are available, each local health jurisdiction must develop a pandemic flu preparedness and response plan (plan). The plans must be consistent with requirements and performance standards established by the Department of Health (Department) and the United States Department of Health and Human Services. The purposes of the plans are to define preparedness activities, describe the structure of a response, define roles and responsibilities, describe public health interventions, serve as a guide for local organizations, and provide technical support.

Plans must be developed in consultation with public and private sector organizations including law enforcement, emergency management departments, school districts, hospitals, medical professionals, tribal governments, and businesses. Plans must address:

- strategies to educate and prepare the public;
- disease surveillance programs to detect pandemic influenza strains;
- availability and access to communication systems;
- mass vaccination plans;
- guidelines for the use of antiviral medications;
- implementation of nonmedical measures to reduce the spread of disease, including isolation and quarantine;
- mobilization system mobilization; and
- strategies for maintaining social order.

The Department, in consultation with the Director of Emergency Management, shall provide technical assistance and distribute state or federal funds to support the local health jurisdictions in the development of the plans. When the Department receives a plan that meets its requirements, that local health jurisdiction shall receive additional funding to support the preparedness and response activities in its plan. Funding may be provided for developing systems and materials to increase community preparedness before and during a pandemic, developing legal documents to support a government response, training for local response organizations, enhancing communicable disease surveillance systems, and developing coordination and communication systems.

Appropriation: None.

Fiscal Note: Requested on February 14, 2006.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.