Community Strategy for Pandemic Influenza Mitigation

Appendix F

US Department of Health and Human Services[1]

Table F.1
Summary of Community Mitigation Strategy by Pandemic Severity

	Pandemic Severity Index		
Interventions[*] by Setting	**1**	**2 and 3**	**4 and 5**
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend[†§]	Recommend[†§]	Recommend[†§]
Voluntary quarantine of household members in homes with ill persons (adult and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient[¶]	Generally not recommended	Consider[**]	Recommend[**]
School ***Child social distancing***			
Dismissal of students from schools and school-based activities, and closure of child care programs	Generally not recommended	Consider ≤ 4 weeks[††]	Recommend ≤ 12 weeks[§§]
Reduce out-of-school social contacts and community mixing	Generally not recommended	Consider ≤ 4 weeks[††]	Recommend ≤ 12 weeks[§§]
Workplace/Community ***Adult social distancing***			
Decrease number of social contacts (eg, encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
Increase distance between persons (eg, reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
Modify, postpone, or cancel selected public gatherings to promote social distancing (eg, stadium events, theater performances)	Generally not recommended	Consider	Recommend
Modify workplace schedules and practices (eg, telework, staggered shifts)	Generally not recommended	Consider	Recommend

Source: US Dept. of Health and Human Services. Community strategy for pandemic influenza mitigation.
Available at: http://www.pandemicflu.gov/plan/community/commitigation.html#XVI. Accessed February 14, 2007.

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, these measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = It is important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = These interventions are generally recommended as an important component of the planning strategy.

Table F.2
Pandemic Severity Index by Epidemiologic Characteristics

	Pandemic Severity Index				
Characteristics	**Category 1**	**Category 2**	**Category 3**	**Category 4**	**Category 5**
Case Fatality Ratio (percentage)	<0.1	0.1 - <0.5	0.5 - <1.0	1.0 - <2.0	≥ 2.0
Excess Death Rate (per 100,000)	<30	30 - <150	150 - <300	300 - <600	≥ 600
Illness Rate (percentage of the population)	20-40	20-40	20-40	20-40	20-40
Potential Number of Deaths (based on 2006 US population)	<90,000	90,000 - <450,000	450,000 - <900,000	900,000 - 1.8 million	≥ 1.8 million

Case fatality ratio: Proportion of deaths among clinically-ill persons.

Excess rate: Rate of an outcome (eg, deaths, hospitalizations) during a pandemic above the rate that occurs normally in the absence of a pandemic. It may be calculated as a ratio over baseline or by subtracting the baseline rate from the total rate.

* All these interventions should be used in combination with other infection-control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at www.pandemicflu.gov.

† This intervention may be combined with treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available.

§ Many sick individuals who are not critically ill may be managed safely at home.

¶ The contribution made by contact with asymptomatically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

** To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness.

†† Consider short-term implementation of this measure—that is, less than 4 weeks.

§§ Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

References

1. Dept. of Health and Human Services. Community strategy for pandemic influenza mitigation. Available at: http://www.pandemicflu.gov/plan/community/commitigation.html#XVI. Accessed Feb. 14, 2007