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Title: AN ORDINANCE making an appropriation of \$5,960,000 for pandemic flu preparedness; amending the 2005 Budget Ordinance, Ordinance 15083, Section 81, as amended, and adding a new section to Ordinance 15083.

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Attachments: 1. Ordinance 15348.pdf, 2. 2005-0419 2005 Budget Supplemental — Pandemic Flu.doc, 3. 2005-0419 Fiscal Note.xls, 4. 2005-0419 Handout at 11-30-05 BFM Meeting.pdf, 5. 2005-0419 Hansen Handout at 11-30-05 BFM Meeting.pdf, 6. 2005-0419 Revised Staff Report 12-12-05.doc, 7. 2005-0419 Staff Report 11-30-05.doc, 8. 2005-0419 Staff Report 12-07-05.doc, 9. 2005-0419 Transmittal Letter.doc, 10. A. Pandemic Influenza Preparedness Executive Initiative Funding

Date	Ver.	Action By	Action	Result
12/12/2005	2	Metropolitan King County Council	Hearing Held	
12/12/2005	2	Metropolitan King County Council	Passed	Pass
12/7/2005	1	Budget and Fiscal Management Committee	Amended	Pass
12/7/2005	2	Budget and Fiscal Management Committee	Recommended Do Pass Substitute	Pass
11/30/2005	1	Budget and Fiscal Management Committee	Deferred	
11/7/2005	1	Metropolitan King County Council	Hearing Held	
10/17/2005	1	Metropolitan King County Council	Introduced and Referred	

Clerk 12/7/2005

AN ORDINANCE making an appropriation of \$5,960,000 for pandemic flu preparedness; amending the 2005 Budget Ordinance, Ordinance 15083, Section 81, as amended, and adding a new section to Ordinance 15083.

STATEMENT OF FACTS:

1. Influenza is a highly contagious viral illness, characterized by a sudden onset of symptoms including fever/chills, cough, muscle aches and pains, headache and fatigue/weakness. The

respiratory symptoms can last five to seven days, while fatigue and weakness can persist for up to three weeks. Complications of influenza include bronchitis, sinusitis, pneumonia, and encephalitis. Children, the elderly, and people with immune-suppressive, respiratory or cardiac diseases are most at risk of developing complications.

2. Influenza spreads when droplets from an infected person's cough or sneeze come in contact with the eyes, mouth or nose of an uninfected person. The virus can live for days on impermeable objects and can thereby infect people who come in contact with these contaminated objects. People are infectious for about one day before they develop symptoms and for up to a week while symptoms are active.

3. Humans have no natural immunity to influenza viruses, though persons previously infected with or vaccinated against a certain strain can develop immunity to that strain. The influenza virus mutates rapidly, leading to influenza epidemics occurring virtually every year. In the United States, annual influenza epidemics hospitalize more than two hundred thousand people and kill thirty-six thousand to forty thousand each year.

4. An influenza pandemic can occur when three conditions are met. First, the form of the influenza virus must "shift" in a significant way such that the human population has little or no existing immunity against the new emergent strain. Second, the new strain must be capable of infecting humans and causing illness. Third, the new emergent strain must adapt to become easily transmissible from human-to-human.

5. Once the conditions of an influenza pandemic are met, the disease spreads rapidly worldwide and could result in an enormous number of illnesses and deaths. The timing of future influenza pandemics is unpredictable. In the 20th century, influenza pandemics occurred in 1918-1919, 1957-1958 and 1968-1969.

6. 1918-1919 pandemic was particularly virulent. Estimates of the number of deaths

attributable to the pandemic worldwide are more than fifty million, at a time when the world's population was about 1.7 billion (about one-quarter what it is today). The virus killed more people - roughly half of whom were healthy and in the prime of life - in a twenty-four-week period than AIDS has killed in the last twenty-four years. In the United States, out of a population of about one hundred three million, the pandemic killed five hundred thousand people - more than ten times the number of Americans who died in World War I.

7. In the last decade, a new strain of the influenza virus - H5N1 - against which humans have no immunity, has emerged in bird populations primarily in Asia, meeting the first condition of a pandemic. H5N1 has also been confirmed in birds in Russia, Turkey, Romania, Croatia and the United Kingdom.

8. H5N1 also meets the second condition of a pandemic. As of November 17, 2005, the World Health Organization reports one hundred thirty laboratory-confirmed cases of H5N1 infecting humans, with sixty-seven of those cases resulting in death - about a fifty-percent mortality rate.

9. H5N1 has not yet met the third condition of a pandemic: easy and sustainable transmission from human-to-human.

10. As H5N1 spreads among bird populations worldwide and continues to infect humans who come in close contact with birds, more and more opportunities exist for the virus to adapt such that it becomes easily transmissible among humans.

11. Influenza vaccines are currently developed using a manufacturing process that takes six months to produce a vaccine once a viral strain representative of that causing human illness is selected for the production process. Although new and speedier techniques are being researched, the expectation is that a significant lag will exist between the emergence of a pandemic and the availability of a vaccine.

12. Depending on the lethality of the virus that emerges, a pandemic could result in two million

to over one hundred million deaths worldwide. Estimates for the United States range from two hundred thousand to two million deaths.

13. Estimates from the Centers for Disease Control and Prevention ("CDC") suggest that, for the first six weeks of a pandemic in King County, a severe pandemic scenario could result in up to 1.2 million people infected, six hundred twelve thousand people clinically ill, four hundred seventy thousand outpatient medical visits, fifty-seven thousand people needing hospitalization and eleven thousand five hundred deaths. To put these numbers in perspective, the county has a total population of 1.8 million, averages about two hundred deaths in a six-week period and has about three thousand five hundred hospital beds.

14. Though the risk of an influenza pandemic is serious, our ability to monitor the current H5N1 avian influenza outbreak presents an unprecedented opportunity to prepare for the eventuality of the next pandemic before it occurs. Successfully met, this opportunity will allow the effects of an influenza pandemic to be significantly mitigated.

15. Pandemic flu preparedness shares many similarities with and components of other emergency planning efforts such as those for natural disasters or terrorism.

16. Pandemic flu preparedness also differs in some important ways from other emergency planning efforts. In particular, the pandemic flu: will have a rolling impact on the population over a sustained period of time; has the potential for more heavily impacting healthcare workers and first responders who come in closer contact with the infection; and will mean aid from the federal government or other jurisdictions is unavailable and usual production and supply chains will fail as the impact is felt worldwide.

17. Successfully mitigating the effects of a pandemic flu will require a cohesive and detailed pandemic influenza response plan outlining how our community will function for several months under the threat of an influenza pandemic.

18. King County is in a unique position to provide regional leadership in development of a cohesive and detailed response plan for pandemic flu. The council recognizes three important roles for the county that should be reflected in such a plan. First, state law vests in King County regional responsibility for both emergency management/preparedness and public health. Second, the county is responsible for providing other essential government services such as Metro Transit public transportation, solid waste disposal, wastewater treatment and a variety of criminal justice and human services programs. Third, the county is a large employer with worksites located throughout the county. The county carries out these roles through the legislative and executive branches in consultation with the separately elected officials.

19. In its role as a regional emergency management coordinator and public health provider, the county can take lead responsibility for actual development of a cohesive and detailed pandemic influenza response plan.

a. The county's office of emergency management currently coordinates development of the King County Emergency Management Plan, which is organized in four parts: the Basic Plan, which states the disaster missions and responsibilities of County government, branches and departments; the Appendices to the Basic Plan, which include a variety of topics such as legal authorities, terms and definitions, and acronyms and abbreviations; Emergency Support Functions ("ESF"), which describe the policies, situation, planning assumptions, concept of operations and responsibilities for each ESF; and Implementing Procedures, which describe the details of how to apply the concepts described in the Basic Plan, its supporting appendices and ESFs.

b. The county's office of emergency management also coordinates development of the Regional Disaster Plan for public and private organizations in the county. The regional disaster planning task force meets regularly and includes representatives from cities, fire service, law

enforcement, hospitals, public health, water and sewer, schools, businesses, nonprofits and other associations. The Regional Disaster Plan is a unique agreement that establishes the framework to allow public, private and nonprofit organizations an avenue to efficiently assist one another during a disaster through a plan that addresses organizational responsibilities, an agreement that addresses legal and financial concerns, and support documents that address specific operational elements of any disaster (e.g., transportation, health and medical services, public information, communications, etc.). To date, there are over one hundred fifteen organizations signed-on to the Regional Disaster Plan as partners to help one another when disaster hits our region.

c. The county's public health department coordinates regional Public Health preparedness functions. King County is one of eight counties in the nation identified as an Advanced Practice Center for Public Health Preparedness by the National Association of County and City Health Officials ("NACCHO") in partnership with the CDC. Public health preparedness functions include disease investigation and surveillance, hospital and health system coordination, isolation and quarantine, mass medication distribution and vaccination, mass fatality management, laboratory analysis, public education and risk communication, workforce reassignment for emergency response, activation of the public health emergency operations center and training and exercise development for public health disasters. The director of public health is the county's health officer, who has specific powers under State law in a public health emergency. Public health works closely on preparedness with the office of emergency management.

d. In its role as a regional emergency management coordinator and public health provider, the county can: work in concert with federal, state, and surrounding jurisdictions to coordinate activities aimed at mitigating the effects of an influenza pandemic; ensure pandemic flu preparedness is integrated appropriately throughout the King County Emergency

Management Plan and the Regional Disaster Plan and that current plans recognize the inability to access mutual aid during an emergency such as a pandemic; ensure elected and top government officials are trained and educated in advance on what their roles and responsibilities will be during an influenza pandemic; conduct TOPOFF-style planning exercises to test the validity of pandemic flu preparedness plans; coordinate in advance with the Port, school districts, private and public educational and day care facilities, and private and public gathering places such as stadiums around quarantine and closure of such facilities and ensure that legal authorities are well understood; work with hospitals and health care providers on healthcare system surge capacity and stockpiling of medical supplies; plan for mass fatalities; develop protocols for vaccine and/or medication prioritization and distribution; build robust mechanisms for disease surveillance; develop preparedness templates for major businesses and other governments to mitigate spread of the disease and economic losses and to ensure the continuity of essential functions; build robust communication plans and networks; conduct public information campaigns prior to the emergence of an influenza pandemic; and ensure adequate protection of food and water supplies.

20. In its role as a government service provider, King County must ensure the continuity of essential government services during the several months of a pandemic flu threat and at a time when twenty-five percent to thirty-five percent of employees may be absent. In this role, the county can: ensure pandemic and emergency preparedness are part of departmental business plans; determine which operations are essential and at what levels of services; determine what levels of support services are necessary to continue essential services; establish clear and deeper lines of succession; involve all separately elected officials in planning and the development of business continuity plans for their agencies; establish video-conferencing, conference calling, and telecommuting capability; conduct cross-training for employees to ensure essential functions

can be back-filled; and establish appropriate rules and methods for conducting public meetings and establish plans for the closure of county facilities ensuring appropriate public notification.

21. In its role as a large employer, King County can provide leadership in establishing business practices that protect and support employees during an influenza pandemic. In this role, the county can: establish human resources policies and practices that would be implemented during an influenza pandemic for telecommuting, flex-time, leave for sick employees and those with sick family members; create a culture where employees are expected to stay at home when sick; develop clear communication protocols; make any necessary improvements in heating, ventilation, and air conditioning systems; ensure "cover your cough" signage and alcohol-based hand sanitizers are prominent in county worksites; and establish plans for counseling services and medical support for employees.

22. The county has already begun to undertake many of these and other efforts. For example, the office of emergency management has coordinated regional pandemic flu planning sessions, drafted pandemic flu response plans and hosted public preparedness fairs. The county Executive has initiated a pandemic flu continuity of operation planning process for executive branch agencies and will be scheduling a summit of separately-elected officials to begin a similar process. Public Health has hosted forums for local governments and businesses on pandemic flu preparedness. The council and the King County board of health have passed motions urging Congress to fund an exercise testing the county's plans and capabilities.

23. In transmitting this ordinance, the executive has identified funding to support pandemic flu preparedness and has proposed such funds be used for the purchase of antiviral medications (\$4,760,000), the development of public outreach and information campaigns (\$700,000) and the development of a medical surge plan (\$500,000).

24. The council finds that these proposals should be integrated as a pandemic influenza

response plan so that the county and the public have a better understanding of where resources should best be invested. Moreover, in order for the response plan to be implemented rapidly and successfully, broad commitment to the plan will be needed in advance, which requires involvement of the public and separately elected officials in the planning process.

25. Consistent with the council's "Measuring Up" theme for the 2006 budget, the pandemic influenza response plan should state where program decisions will be made, who will make program decisions, who will advise decision-makers, who will oversee the program and, ultimately, who is accountable for the success of the program. The response plan should also identify milestones against which progress in creation of such a plan can be evaluated.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. Ordinance 15083, Section 81, as amended, is hereby amended by adding thereto and inserting therein the following:

GRANTS - From the grants fund there is hereby appropriated to:

Grants	\$5,960,000
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SECTION 2. There is hereby added to Ordinance 15083 a new section to read as follows:

GRANTS CX TRANSFERS - From the current expense fund there is hereby appropriated to:

Grants CX transfers	\$5,960,000
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P1. PROVIDED THAT:

Of this appropriation, \$600,000 shall not be expended or encumbered until the adoption by ordinance of a pandemic influenza response plan outlining the county's regional, governmental service provider, and employer response to a possible influenza pandemic. The executive, in collaboration with the office of emergency management and the department of public health shall, by March 1, 2006, submit for review and approval by ordinance a cohesive and detailed pandemic influenza response plan. The response plan shall describe plans for the region's preparedness and response to a potential influenza pandemic, shall demonstrate

coordination with the continuity plan for operation of the public services the county government provides, and shall include plans for the preparedness and protection of county employees. As appropriate, these plans for responding to an influenza pandemic shall be prepared as part of, and incorporated into, the King County Regional Emergency Management Plan, the Regional Disaster Plan and departmental business plans. The executive shall also find appropriate means for coordinating with and involving the separately elected officials in this planning effort.

By January 15, 2006, the executive shall submit to the council a status report outlining the planning effort, including identification of who is responsible for the oversight of the planning efforts and the county agencies, governmental jurisdictions and other organizations that are participating in the planning work. The status report shall include the scope of work, tasks, schedule, needed resources and milestones for creation of the response plan.

The status report and response plan required by these provisos shall be filed in the form of 20 copies with the clerk of the council, who will retain the original and will forward copies to each councilmember, to the policy staff director, and to the lead staffs of the committee of the whole, the budget and fiscal management committee, the growth management and unincorporated areas committee, the labor, operations and technology committee, the law, justice and human services committee, the natural resources and utilities committee, the council's regional committees and the transportation committee, or their successors.

P2. PROVIDED FURTHER THAT:

This appropriation is made with the knowledge that Congress is considering several proposals that would make funds available to local jurisdictions for influenza pandemic preparedness, including the subsidized purchase of antiviral medications or vaccines. The county recognizes that local influenza pandemic preparedness functions will require federal or state resources. This appropriation is adopted with the expectation that King County will receive additional federal and state resources for influenza

pandemic preparedness functions and it is the intent of King County that federal and state resources be used to reimburse this appropriation.