

Mahoning County Public Health
Community Containment Annex

DISTRICT BOARD OF HEALTH – MAHONING COUNTY
YOUNGSTOWN CITY HEALTH DISTRICT

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Executive Summary

Disease containment refers to measures that decrease contact among people in order to slow transmission of the spreading contagious infectious disease. These measures will be particularly important in the absence of an effective vaccine and/or medication. Disease containment includes individual level measures (isolation and quarantine) and community level measures (ex. School closures, suspension of public gatherings) to limit or slow the transmission of the contagious infectious disease.

The Ohio Department of Health (ODH) is the lead state agency for infection control recommendations such as isolation, quarantine, and community-wide social distancing. Activation of disease containment measures would primarily come from the Mahoning County District Board of Health with ODH serving in a supportive and consultative role. ODH will activate disease containment measures. Throughout the progression of a contagious infectious disease outbreak, ODH will be in communication with its local and federal public health partners, with Centers for Disease Control and Prevention (CDC) being the principal federal agency.

Isolation and quarantine are strategies that may be used as part of the overall effort to prevent and control the transmission of a contagious infectious disease among humans. Isolation of patients with certain communicable diseases occurs routinely in healthcare facilities. Patients who are infectious with a contagious infectious disease will be isolated while hospitalized. In addition, non-hospitalized infectious patients will be requested to isolate themselves at home during the infectious period of their illness.

In contrast, the use of quarantine of individuals to control the spread of a contagious infectious disease will likely depend on the disease itself and the severity of the disease. For example: during a pandemic, quarantine will only be used for severe or moderate level pandemics because influenza has a relatively short incubation period and people are usually infectious before they display symptoms.

Because contact tracing, the notification of individuals, who were exposed to person when this person was infectious is labor intensive, this method will likely be of the most benefit early on in the outbreak. Contact tracing will allow for the individual action by the contact (including prompting diagnosis of early symptoms), voluntary sheltering, and quarantine to reduce disease transmission.

The Mahoning County District Board of Health will issue the quarantine and isolation orders, but ODH will have the ability to issue these if needed. Isolation and quarantine may also occur at the request of the federal authorities. It is anticipated that when public health institutes isolation and quarantine most people will comply. However the District Board of Health and ODH may seek a court order of isolation and quarantine if it is determined that legal action is appropriate to protect public health.

Purpose:

The Community Containment Appendix provides guidance for the health departments in Mahoning County regarding initiation, continuance, and termination of the activities. This appendix describes the circumstances, authority and events that may necessitate specific leadership decisions and actions.

- Establish the decision making criteria to be used by the Health Commissioner or designed when isolation and/or quarantine are necessary to minimize the health impact of a disease outbreak
- Identify the authority of the health department and partner agencies in the event of an outbreak requiring isolation and quarantine.
- Describe procedures for supporting those in home isolation and quarantine.
- Define roles and responsibilities for the LHD, health care partners, and local response agencies during an outbreak requiring isolations and quarantine.
- Describe how communication and coordination will occur between LHD, local partners, and ODH.
- This Annex will be coordination with other local regional, state, and federal partners.

Assumptions:

1. An epidemic of a highly communicable infectious disease with severe morbidity and/or mortality could cause significant impact on the health of Mahoning County residents.
2. An epidemic of a highly communicable infectious disease could result in a disaster situation for Mahoning County affecting more than just medical and public health.
3. Pharmaceutical measures to prevent and control an epidemic of a highly communicable infectious disease may be available (smallpox vaccine, plague post exposures antibiotic prophylaxis) or they may be limited or non-existent (pandemic influenza or SARS)
4. Maintenance of essential community functions such as public safety, public works, public utilities, and food supplies may be impacted by an epidemic of highly communicable infectious disease.
5. Local, state, and federal authorities will coordinate to institute the least restrictive measures of limitations on movement to contain and control the infectious disease.
6. All decisions for isolation and quarantine will be within the established Board of Health policy (Attachment A) and all other identified legal authorities (Attachment B)
7. Community Containment measures and isolation and quarantine measures will be determined by the disease detected and the severity of the disease in the community and may be determined by CDC, ODH, District Board of Health, or all three entities.
8. All information regarding isolation and quarantine for each individual disease is located in the ODH Infectious Disease Control Manual.
9. Mahoning County agencies will need to work together to implement this procedure in order to protect the health of the public during an outbreak of highly communicable respiratory disease.

10. Initially the contact tracing will begin with small clusters of individuals. These cases will need to be a laboratory confirmed case and need to show evidence of community transmission (epidemiologically linked cases from more than one household). Centers for Disease Control and Prevention have outlined multiple non-pharmaceutical community containment strategies for a contagious infectious disease.

11. **Decisions about which of these interventions to employ will depend on the detected disease and the severity of the illness, (See the ODH IDCM Manual for this information)** the impact on specific subpopulations, the direct and indirect costs, the feasibility of accomplishing the intervention, and the consequences on critical infrastructure, healthcare delivery, and society. These strategies include:

1. Isolation and treatment (as available depending on the detected disease) with medications or vaccine of all persons with probable disease. Isolations may occur in the home or healthcare setting, depending on the extent of an individual's illness and/or current capacity of the healthcare infrastructure.
2. Home isolation of members of households with confirmed or probable disease. Keep in mind the consideration of combining this intervention with prophylactic use of medications or vaccines if available for the detected disease, only if sufficient quantities of effective medications exist and that a feasible means of distributing them has been identified.
3. Dismissal of students from school (including public and private schools as well as colleges and universities, school-based activities, and closure of childcare programs, coupled with protecting children through social distancing in the community to achieve reductions of out of school social gatherings.
4. Use of social distancing measures to reduce contact among adults in the community and workplace, for example, cancellation of large public gatherings and alteration of workplace environments in order to decrease social density and preserve a healthy workplace to the greatest extent possible with the exclusion of essential services. Enable institution of workplace leave policies that align incentives and allow for the non pharmaceutical inventions outlined above.

Introduction:

The community containment strategy for a highly infectious disease that affects a large amount of people) has four goals:

1. Limit the spread of the illness
2. Mitigate disease, suffering, and death
3. Sustain infrastructure
4. Lessen the impact to the economy and the functioning of society

The community containment strategy will be comprised of pharmaceutical and non-pharmaceutical interventions. The interventions need to be implemented simultaneously (if pharmaceutical interventions are available) and in a timely manner in order for them to reduce the spread of the infectious disease.

This community containment procedure can be applied for multiple highly infectious diseases that either do or do not have pharmaceutical interventions. All interventions are based on the individual disease that is detected and its severity and communicability. Depending on the disease this Annex could be used for one case of illness or multiple cases. If there are large amounts of illness or a rare disease without cure or vaccine then there could be a declaration of a public health emergency. The declaration is determined by whether a disease or disorder presents a public health emergency (defined as significant outbreak of infectious disease or bioterrorism attacks {42 U.S.C &247d(a)}).

Definition of Disease Containment Measures

ODH guidance on infectious disease prevention and control through limitation on movement and other infection control practices can be found in **Section 5 of the ODH Infectious Disease Control Manual**. <http://www.odh.ohio.gov/PDF/IDCM/sect5.pdf> In addition, public health disease containment recommendations including **voluntary isolation and quarantine, social distancing** activities, such as encouraging people to avoid large crowds, closing schools, churches, shopping centers, etc. You may encourage people to **shelter in place**.

Legal definitions of isolation and quarantine from the OAC 3701-3-01 are as follows:

- **Isolation:** Separation of an infected individual from others during the period of disease communicability in such a way that prevents, as far as possible, the direct or indirect conveyance of an infectious agent to those who are susceptible to infection or who may spread the agent to others.
- **Quarantine:** Restriction of the movements or activities of a well individual that has been exposed to a communicable disease during the period of communicability of that disease and in such a manner that transmission of the disease may occur.

Key Definitions:

- **Social Distancing:** is a voluntary protective measure performed by an individual to limit the amount of exposure that he or she may receive, if exposed to persons with a communicable disease.

- **Voluntary Isolations and Quarantine:** are voluntary protective measures that are designed to protect the public from unnecessary exposure to a communicable disease. No public health laws are being enforced; rather, guidelines are issued to the public advising to practice voluntary isolations and quarantine.
- **Shelter in Place:** To seek immediate shelter (usually in your own home) and remain there during an emergency rather than evacuate the area. People may act in their own interest by staying at home so as not to become exposed to an illness or to further spread their illness.(This will be used in chemical and radiological incidents)
- **Mandatory Isolations and Quarantine:** is not voluntary. Under Revised Code (ORC) 3707.04 and 3707.34, the local health jurisdictions reserve the right to exercise the mandatory in order to limit the spread of communicable diseases that may pose as major or significant public health concern due to severity of disease or the potential epidemic spread.

Responsibilities

The organizations that have responsibilities for guidance on human infectious disease infection control practices in Ohio are ODH/Local Health Department (lead agency), in coordination with CDC, the Governor’s Office, EMA, prosecutors office, EPA, ODNR, and OSHP.

Local Health Department

Coordination of infection control practices to include specific containment, prevention, and treatment guidance for the infectious disease that causes the emergency; provide guidance on any type of disinfection that may be required; and provide guidance on limitations on movement (ex. quarantine orders) to limit the spread of infectious disease to other areas within the county or state, for governing the receipt and conveyance of remains of the deceased, and for other sanitary matters (ORC 3701.13 and 3701.14)

Limitation of Movement

A. Isolation and Treatment of Ill Persons

Follow Ohio Department of Health and Centers for Disease Control and Prevention recommendations for the identified illness for the isolation and treatment of the ill persons. All information can be found in the [ODH Infectious Disease Manual](#) or through communications and OPHCS alerts from the Ohio Department of Health State Epidemiologist. <http://www.odh.ohio.gov/healthresources/infectiousdiseasemanual.aspx>

B. Quarantine of Contacts of Ill Individuals

Public Health is the lead agency in the management of communicable disease control. Contact tracing, monitoring, voluntary and involuntary quarantine of household contact should be done as a dependant on the incubation and duration of the identified respiratory illness. If the disease becomes widespread in the community contact tracing will be recommended until the point that public health (local and state) have higher competing

priorities to worry about. ODH will use Ohio Disease Reporting System (ODRS) to keep track of quarantined contacts. Board of Health and/or Health Commissioner has authority to issue quarantine order. In the event that the issued isolation/quarantine order is not followed voluntarily the Board of Health and/or Health Commissioner can authorize initiation of involuntary quarantine if any of the following occurs:

- There is reason to believe that the individual or group is, or is suspected to be, infected with, exposed to, or contaminated with a communicable disease or chemical, biological, or radiological agent that could spread to or contaminate others if remedial action is not taken and:
- There is reason to believe that the individual or group would pose a serious and imminent risk to the health and safety of other if not detained for purposes of isolation or quarantine: and
- The Mahoning County District Board of Health has made reasonable efforts, which have been documented, to obtain cooperation and compliance from the individual or group and they have not complied.

Community Containment (Social Distancing):

The MCBOH has the authority under the Ohio revised Code to cancel or postpone events, or order closure of schools, businesses if the overall public health of the community would benefit from such. This would be in order contain and prevent further spread of an infectious disease that cannot be treated or prophylaxes against and the only containment measure is to prevent gatherings.

Animal Quarantine:

The Board of Health has the authority to confine a biting animal during an investigation. The Department of Agriculture would be the control agency for animal diseases, farm animal isolation, or quarantines facilities or farms.

Food Isolation/Embargo:

The Board of Health per the Ohio Uniform Food Safety Code has the authority to close a restaurant establishment if they are found to not be abiding by the state law. See Legal authority in Attachment B.

Non-Pharmaceutical Interventions

The timing of initiating the Non-Pharmaceutical intervention will influence their effectiveness. Implementing these measures too early could result in economic and social hardships without public health benefit. Conversely implementing these interventions after extensive spread has occurred in a community may limit the public health benefits of applying the measures.

Initiating these interventions will occur differently for different diseases. Pandemic Influenza and possible a widespread SARS outbreak would require some community interventions to occur when the first cluster of cases showed up in Ohio, NECO region, and/or an adjacent county in Pennsylvania. Recommendations of the severity of the illness and the ability to contain the clusters will determine when to initiate the Non-Pharmaceutical Community intervention.

Pharmaceutical Interventions

Some of the highly infectious diseases have antibiotics or vaccines that will stop the spread in a community. Smallpox and plague are two examples. If a case of one of these diseases would occur, treatment of the case's contacts would be recommended for disease containment. If the cases' contacts are extensive or if travel or large gatherings have been involved then mass prophylaxis may be considered. This will occur at the recommendation of the Centers for Disease Control and Prevention and Ohio Department of Health.

Risk/Public Communication:

The MCBOH will serve as the lead agencies for risk communication messages and public information. Medical professionals, the public, EMS, hospitals, etc will need to be made aware of the communicable disease issues affecting their county and what they should be doing to protect themselves and others in the county. All information will be distributed according to the **Comprehensive Communications Annex** located in the first floor conference room of 50 Westchester Drive. If the incident is large enough a Joint Information Center will be opened in tandem with the county Emergency Operations Center. This will provide consistence and accurate information in a variety of avenues. Message should also be coordinated with ODH, CDC, and other coordinating agencies.

Mass Clinic/POD:

If pharmaceuticals in the form of vaccines and/or antibiotics are available for the infectious disease identified they will be obtained and distributed according to the **Mahoning County Mass Clinic/SNS Annex** located in the first floor conference room of 50 Westchester Drive.

To whom the pharmaceuticals will be distributed will be determined by the local medical director and epidemiologist through consultation with ODH and CDC.

Community Agency Responsibilities

The following are functions of an isolation/quarantine procedure that will require other county agencies such as Mahoning County Emergency Management Agency, Red Cross, Salvation Army, and Public Works to assist public health in upholding:

Emergency Management Agency/Service Agencies

- Essential Services for Isolated/Quarantined Individuals:
Provisions need to be put in place to supply essential services and supplies to persons who are placed in isolation and quarantine under the authority of the Board of Health. Safety (PPE) and security (law enforcement) precautions will need to be considered in each instance.
These provisions include:
 - Food and water
 - Shelter (if they cannot remain in their homes, travelers, or are homeless)
 - Medicines and medical consultations

- Clothing
- Heat, Water, electricity, telephone, etc)
- Mental health services
- Other supportive services: (daycare, etc)
- Transportation to medical treatment as required.
- Mental health Board can assist with access to support services for those in need
- Coordinate with MCJFS to provide temporary financial assistance for persons in isolation/quarantine if needed.

Local Law Enforcement

Enforcement of Quarantine Orders Local law enforcement will be asked to assist public health with upholding the quarantine order issued by the Board of Health by:

- Escorting individuals requiring transportation for purposes of involuntary isolation and quarantine, if needed
- Executing arrest warrants related to Isolation and Quarantine cases.

Public health will provide Personal Protection information (use of masks, gloves, etc) to the law enforcement officers who will be escorting and/or arresting contagious individuals.

Prosecuting Attorney's Office

- Assist public health in receiving authorization for involuntary quarantine, once the need is determined by the Board of Health and/or the Health Commissioner.
- Petition the court *ex-parte* to authorize involuntary detention once need is determined by the health commissioner.
- Represent Public Health in any petition or appeal hearings required to carry out involuntary isolation or quarantine of individuals.
- Coordinate with public health and local law enforcement to serve notice necessary to achieve isolation/quarantine in the community.

Concept of Operations

Direction and Control

- The MCBOH will be the lead in coordinating the local health and medical response to an outbreak event that may require isolation/quarantine.
- The MCBOH will operate under the Incident Command System throughout the event.
- The MCBOH may activate the Department Operations Center and/or request activations of the EOC to coordinate response during an outbreak situation.
- The MCBOH will respond under the auspices of this annex as well as other pertinent BOH response plans and annexes.

Determination of Need for Isolation and/or Quarantine

- The Health Commissioner or designee in collaboration with the BOH, Medical Director, epidemiologist, and Nursing Director will authorize the use of isolation/quarantine strategy to control a communicable disease outbreak. This group will also decide if an isolation/quarantine facility should be activated.
- The Department Operations Center will then be activated and an Incident Commander assigned.

Initiation of Requests for Voluntary isolation/quarantine (Epidemiology Response Annex) The Epidemiology Outbreak Team:

- Initiate contact with suspected/confirmed case or contacts
- Document detailed information related to the investigation and enter all cases and contacts into a database.
- Verbally (and then written) communicate the following information:
 - The circumstances of the exposure, characteristics of the illness, and potential for infection to others
 - Request for individuals to isolate/quarantine self
 - Explain the isolation/quarantine process. What is expected from the individual, how public health will support their needs, length of time they will require isolation/quarantine and public health contact information.
 - Provide information packet and letter that will need to be signed by the individual confirming they understand the issue and understand and will follow the required isolation/quarantine spelled out to them in the letter.

The Epidemiology Team:

- Coordinate information for all individuals being followed
- Develop a schedule for daily check-ins. This may require a visit from the public health staff member, a phone call, or Skype call to confirm that the contact in quarantine is not ill or that the person in isolation is taking their medication properly and monitor health status.

- Record information from the calls/visits on a standard form and enter into a database.
- Report any irregularities such as change in health status or failure to respond to daily call to Operations Chief or Incident Commander.
- Document all requests for assistance, include date and time of request, nature of a request, manner with which the request was managed (ex. Referral agency, contact person and number, any follow up, etc.)
- Coordinate with hospital discharge planners to get notice of discharge of patients requiring isolation/quarantine. Initiate steps for home isolation/quarantine as outlined above.

Involuntary Detention for Isolation/Quarantine (Regulations in Attachment B)

The Mahoning County Board of Health and Health Commissioner may authorize detention for isolation/quarantine under the following circumstances (consult with prosecutor):

- There is reason to believe that the individual is or suspected to be infected with or exposed with a communicable disease, chemical, biological, or radiological agent that could spread or contaminate others if remedial active is not taken: and
 - There is reason to believe that the individual would pose a serious risk to the health and safety of others if not placed in isolation/quarantine.
 - The MCBOH have made reasonable efforts to obtain cooperation and compliance with requests for medical exams, testing, treatment, and decontamination of the persons, animals, voluntary isolation/quarantine.
- The Health Commissioner may petition the Court of an Order authorizing continued detention for up to 30 days following the initial 10 day detention, pursuant to ORC 339. In order to grant the petition the court must find clear, cogent, and convincing evidence that isolation or quarantine is necessary to prevent serious and imminent risk to the health and safety of others. This decision to petition the court will be based on recommendations of the Medical Director as well as the MC Prosecutor's Office.
- The Mahoning County Prosecutors Office will represent the Health Commissioners proceedings for involuntary detention.
- The Health Commissioner or designee will coordinate and brief law enforcement officials for the jurisdiction(s) in which the orders will be served. If necessary, law enforcement support for enforcement of the isolation/quarantine order will be requested.
- The MCBOH will provide to law enforcement officials technical information about the disease and appropriate PPE that should be used during enforcement.

- Detention will occur in the least restrictive setting that does not endanger the public.
- MCBOH will provide the same monitoring and services outlined in the section for voluntary isolation/quarantine. Some modifications may be required depending on the location of the involuntary isolation/quarantine.

Release from Isolation/Quarantine

1. The Health Commissioner in collaboration from the Medical Director and ODH and CDC will determine when to release the person from voluntary isolation/quarantine when:
 - a. The individual is no longer suspected to be infected or contaminated or
 - b. The individual is no longer considered to pose a serious risk to the health and safety of others if released from isolation/quarantine.
2. If release of a person in voluntary isolation/quarantine is authorized before expiration of detention order, the MC Prosecutors office will coordinate the activities that will accomplish release.
3. The Epidemiology Team will:
 - a. Initiate direct contact with the person to be released from isolation/quarantine and communicate the date and time of release
 - b. Follow up verbal notification with written verification of date and time of release.
 - c. Provide contact info in case any questions or problems occur after release.
 - d. Document verbal and written notification and enter into a database.
 - e. Cease daily monitoring and close the case.