

Pandemic Influenza Continuity of Operations Annex Template Instructions

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FEMA

GUIDE INSTRUCTIONS

This template provides guidance to assist organizations in developing a Pandemic Influenza Continuity of Operations Plan or, if the organization already has a continuity plan, a Pandemic Influenza Annex. General guidance and sample information is provided for reference and organizations are encouraged to tailor Pandemic Influenza Continuity Plans to meet specific organizational needs and requirements.

The Federal Implementation Plan for the National Strategy for Pandemic Influenza acknowledges that an influenza pandemic will require specialized planning. To address this, FEMA's National Continuity Programs Directorate, has developed this template to assist organizations in incorporating pandemic influenza considerations into continuity planning.

The template contains all elements of a viable continuity plan and allows organizations to insert information as deemed appropriate. Sample text has been provided throughout this template and is *italicized* to aid in identification. Each section contains instructions about material that should be included. These instructions *in blue* should be deleted after section is updated. An electronic version of this template may be downloaded from the Federal Emergency Management Agency (FEMA) National Continuity Programs (NCP) Directorate website at the following address: http://www.fema.gov/about/org/ncp/pan_inf.shtm

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I. INTRODUCTION

The introduction should briefly address continuity planning in general and the need for specialized planning which will enable the organization to effectively respond to an influenza pandemic.

(Sample Text)

Organizations across the Nation perform essential functions and services that may be adversely affected in the event of a natural or man-made disaster. In such events, organizations should have continuity plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is vital to an organization's ability to remain a viable entity during times of increased threats from all hazards, manmade or natural. Since the threat to an organization's continuity of operations is great during a pandemic outbreak; it is important for organizations, in particular [insert organization name], to have a Pandemic Influenza Continuity of Operations plan (or annex) in place to ensure it can carry out its essential functions and services. While organizations may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective Continuity of Operations Plan can assist an organization in its efforts to remain operational, as well as strengthen the ability to resume operations.

II. PURPOSE

The purpose statement should address the uniqueness of the Pandemic Influenza Continuity of Operations plan (or annex) by addressing the key elements of a viable continuity of operations plan while employing strategies to mitigate the specific threat posed by pandemic influenza.

(Sample Text)

This plan/annex provides guidance to [insert organization name] and may serve as the plan for maintaining essential functions and services during an influenza pandemic. This guidance/annex neither replaces nor supersedes any current, approved [insert organization name] continuity plan; rather it supplements it, bridging the gap between the traditional, all-hazards continuity planning and the specialized continuity planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance/annex stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, increased hygiene, the vaccination of employees and their families, and similar approaches. Influenza may not, in itself, require a traditional continuity response, such as partial or full relocation of the organization's essential functions, although this response may be concurrently necessary due to other circumstances.

III. CONCEPT OF OPERATIONS

The concept of operations section should outline the procedures for monitoring an approaching pandemic, distributing informational materials to employees, enacting pre-pandemic mitigation strategies, as well as the decision-making process leading to implementation of the full Pandemic Influenza Continuity of Operations Plan (or annex) practices. The concept of operations section should also include those essential functions or services of the organization which will be continued and a description of how they will be carried out during the pandemic outbreak.

The concept of operations section should state the organization's mission for continuity during a pandemic.

Use realistic examples to illustrate various plan activation scenarios which can guide decisions on when to initiate the plan and how long to keep it in effect. Include scenarios for the return to normal operations.

A D/A may choose to activate its continuity facility to achieve social distancing of personnel required to perform its mission essential functions on site. Other D/As may be able to achieve social distancing through telework and may not have to activate their continuity facility. If a local or regional area is particularly affected by the pandemic the organization may choose to devolve their mission essential functions for a period of time until employees are able to resume their normal duties.

(Sample Text)

The [insert organization name] will monitor the severity of the pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat. The Pandemic Influenza Continuity Plan will be implemented as needed to support the continued performance of essential functions. This plan is to be read in conjunction with the (Insert organization name) Headquarters Continuity of Operations (COOP) Plan, as appropriate. It supplements the COOP plan by addressing considerations and elements specific to pandemic events and emerging infectious diseases.

IV. CONTINUITY PLANNING

Organizations must develop operational plans to provide and implement selected mitigation, prevention, protection, or control measures, to decrease the threat of and impact from identified risks, to include pandemic. Organizations must conduct an analysis of the remaining risk based on implemented measures. In accordance with Federal Continuity Directive 1, Federal Executive Branch Continuity Programs and Requirements, October 2012, continuity pandemic plans/guidance should address the following:

- *Identification of appropriate mitigation and protective measures, to include measures necessary during a pandemic influenza;*
- *An operational plan to provide and implement selected mitigation, prevention, protection, or control measures, to include those necessary during a pandemic; and*
- *For those essential functions that employees must conduct onsite, organizations must classify jobs by exposure risk level to pandemic influenza. Organizations must notify these employees that they are expected to work onsite during an influenza pandemic.*

(Sample text)

All organization personnel are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by (insert name). Guidance and instructions on established infection control measures such as social distancing, personnel protective equipment and telework policies are provided by (insert name) to assist in limiting the spread of influenza at the primary and alternate worksite.

Within the workplace, social distancing measures could take the form of: modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines); establishing flexible work hours or worksite, (e.g., telecommuting); promoting social distancing between employees and customers to maintain three-feet spatial separation between individuals; and implementing strategies that request and enable employees with influenza to stay home at the first sign of symptoms.

*Organizations are encouraged to communicate with their employees, particularly any who are in harm's way. The messages should follow the **(Insert Senior Leader Title)** message, should echo that message's themes, and should be in the same voice employees' associate with their leader.*

Frequent, daily contact is important to keep employees informed about developments in the organization's response, impacts on the workforce, and to reassure employees that the organization is continuing to function as usual.

Planners and pandemic response teams should include deliberate methods to measure, monitor, and adjust actions to changing conditions and improved protection strategies.

- *Implement a formal worker and workplace protection strategy with metrics for assessing worker conformance and workplace cleanliness.*
- *Monitor and periodically test protection methods.*
- *Track and implement changes in approved or recommended protection measures.*
- *Pre-position material and equipment onsite.*
- *Ensure essential personnel are at the primary worksite.*
- *Reaffirm that essential suppliers have their material and personnel on-hand and are able to respond and support as planned.*
- *Coordinate with local public health and emergency response points of contact to ensure open, adequate communications.*

*Component-specific risk assessments that identify actual control band designations for all personnel and/ or positions will be conducted initially and periodically thereafter for each participating organization by the **(insert name)** office in coordination with a component POC. These assessments are kept as part of each component's specific action plan documentation.*

D/As are encouraged to add their component specific plan and procedures on their selected mitigation, prevention, protection, or control measures, to include those necessary during a pandemic

V. PANDEMIC PLANNING ASSUMPTIONS

The Assumptions section should address the **overarching** planning assumptions that were used in developing the organizations Pandemic Influenza Continuity of Operations Plan such as those provided in the *National Strategy for Pandemic Influenza Implementation Plan*. It should also identify any specific planning assumptions identified by the organization's State and/or local jurisdiction.

A. NATIONAL STRATEGY FOR INFLUENZA IMPLEMENTATION ASSUMPTIONS

(Sample text)

- *Susceptibility to the pandemic influenza virus will be universal.*
- *Efficient and sustained person-to-person transmission signals an imminent pandemic.*
- *The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.*
- *Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.*
- *While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemic about half of those who become ill sought care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.*
- *Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.*
- *Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach **40 percent** during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.*
- *The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.*
- *Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.*
- *On average, infected persons will transmit infection to approximately two other people.*
- *A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.*
- *Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.*

B. ORGANIZATIONAL ASSUMPTIONS

(Sample Text)

- *Organizations will be provided with guidance and/or direction by Federal, State, local and/or Tribal governments regarding current influenza pandemic status in its area.*
- *Organizations will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some non-essential activities.*
- *[Insert organization name] has a viable Agency-wide continuity capability, a [insert organization name] HQ COOP Plan and each [insert organization name] component has a COOP Implementation Plan.*
- *[Insert organization name] will review its continuity communications programs to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including telework and other virtual office options.*
- *[Insert organization name] -controlled buildings will be accessible, but right of entry may be limited.*
- *[Insert organization name] may deploy to its alternate facilities.*
- *During a COOP event, [insert organization name] may make its alternate facilities available for staff to implement social distancing protocols.*
- *Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols.*
- *Travel restrictions, such as limitations on mass transit, implemented at the Federal, State, tribal, territorial, and local levels may affect the ability of some staff to report to work.*
- *Additional funding will be budgeted for the acquisition of additional equipment required for a possible surge in teleworking capabilities.*

VI. PANDEMIC RESPONSE

A. PANDEMIC COORDINATORS AND PANDEMIC RESPONSE TEAMS:

The *[insert organization name]* Pandemic Influenza Coordinator will oversee a Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on *[insert organization name]* and to assist with developing strategies to manage the effects of an influenza outbreak. The *[insert organization name]* Administrator/Secretary has been designated as the Agency Pandemic Influenza Coordinator who will work with a team of advisors from *[insert organization name]*.

Each organization will identify and designate a Pandemic Continuity Coordinator and component-level PRT, with representatives of all relevant stakeholders, to support the Pandemic Continuity Coordinator. *[insert organization name]* has designated the **[insert name of responsible office]** as the HQ Pandemic Influenza Continuity Coordinator. Each organization's Pandemic Continuity

Coordinator should work closely with the component's COOP Program Manager. The COOP Program Manager will also serve as a member of the component-level's PRT if he or she is not already designated as the Pandemic Continuity Coordinator.

The *[insert organization name]* is comprised of the following: *[Sample team composition, add team members below]*

1. *Office of Administrator/Secretary;*
2. *Support Services and Facilities Management Division;*
3. *Occupational Safety, Health, and Environment;*
4. *Office of the Chief Component Human Capital Officer;*
5. *Office of the Chief Information Officer;*
6. *Office of the Chief Financial Officer;*
7. *Office of the Chief Counsel;*

B. RISK COMMUNICATIONS:

[Insert organization name] will develop influenza pandemic risk communications procedures for communicating with all internal and external stakeholders. This includes the use of existing notification rosters with names and telephone numbers for Emergency Relocation Group (ERG) personnel and non-ERG personnel. These rosters are maintained and updated by the COOP points of contact (POC) and posted in the *[annotate where ERG Rosters are posted]* database. Hardcopies are maintained at the *[annotate where hard copies are stored]*.

[Insert process on alert and notification for notification to ERG members and staff.]

VII. ELEMENTS OF A VIABLE PANDEMIC INFLUENZA CONTINUITY CAPABILITY

The Elements of a Viable Continuity Capability section should address the 10 traditional elements of continuity within the context of a pandemic influenza outbreak. If this document is an annex to an existing plan, reference the applicable sections of the core document and highlight any differences in responding to a pandemic outbreak when compared to responses to other, more physically destructive hazards, such as tornados, hurricanes, floods, and fires. Drawing parallels to responses, as applicable, may also be helpful. A D/A may choose to implement different strategies to maintain the performance of mission essential functions. These strategies are not required to be used during a pandemic but could help the D/A maintain its overall capability.

(Sample text is included for all 10 elements)

A. ESSENTIAL FUNCTIONS

*Given the expected duration and potential multiple waves of pandemic outbreaks, organizations must review the process involved in carrying out essential functions and services in order to develop plans that mitigate the effects of the pandemic while simultaneously allowing the continuation of operations which support essential functions. *[insert organization name]* has identified essential*

functions and services needed to sustain its mission and operations during a pandemic. **[insert organization name]** Essential Functions are placed here.

B. ORDERS OF SUCCESSION

Since influenza pandemic may affect regions of the United States differently in terms of timing, severity, and duration, **[insert organization name]** has identified orders of succession that are at least three deep per position while considering dispersing successors to various geographically separated locations, as appropriate. The **[insert organization name]** Orders of Succession are placed here.

C. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism maybe significant, as such, **[insert organization name]** has established delegations of authority that are at least three deep to take into account the expected rate of absenteeism and regional nature of the outbreak to help assure continuity of operations over an extended time period. The **[insert organization name]** Delegations of Authority for the senior leadership and ERG members (as appropriate) are placed here.

D. CONTINUITY FACILITIES

The traditional use of continuity facilities to maintain essential functions and services may not be a viable option during a pandemic. Rather, safe work practices, which include social distancing and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. **[insert organization name]** has developed preventative practices such as social distancing procedures, hygiene etiquette, and cancellation of organizations non-essential activities to reduce the spread of the pandemic. Plans have also been established to relocate to an alternate facility, if applicable. The **[insert organization name]** Continuity Facilities are placed here.

E. CONTINUITY COMMUNICATIONS

According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. **[insert organization name]** has identified communication systems needed to perform essential functions. The **[insert organization name]** Continuity Communications plan for pandemic influenza is placed here.

F. ESSENTIAL RECORDS MANAGEMENT

[insert organization name] shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions during a pandemic outbreak. **[insert organization name]** has identified systems, databases, and files that are needed to ensure essential functions remain operational. The **[insert organization name]** Essential Records plan for pandemic influenza is placed here.

G. HUMAN RESOURCES

Although a pandemic influenza outbreak may not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's

human resources. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak. **[insert organization name]** has established plans to protect the entire employee population and their families, with additional guidance for key personnel, ERG members, and other essential personnel, should a pandemic influenza outbreak occur. The **[insert organization name]** Human Resource plan is placed here.

H. TEST, TRAINING AND EXERCISES

Testing, training, and exercising are essential to assessing, demonstrating, and improving an organization's ability to maintain its essential functions and services. The organization conducts annual tests, training, and exercises to ensure sustainable social distancing techniques, and to assess the impacts of reduced staff on the performance of essential functions. The organization conducts continuity exercises to examine the impacts of pandemic influenza on performing essential functions, and to familiarize personnel with their responsibilities. The organization has identified resources and trained continuity personnel, needed to perform essential functions. The **[insert organization name]** continuity test, training and exercise plan is placed here.

I. DEVOLUTION OF CONTROL AND DIRECTION

Devolution is the process of transferring operational control of one or more essential functions to a pre-determined responsible party or parties. Pandemic outbreaks will occur at different times, have variable durations, and may differ in the severity; therefore, full or partial devolution of essential functions may be necessary to continue essential functions and services. **[insert organization name]** has established plans and procedures for devolution, which identifies how it will transfer operations, if pandemic influenza renders leadership and essential staff incapable or unavailable. The **[insert organization name]** Devolution of Control and Direction plan for pandemic influenza is here.

J. RECONSTITUTION

Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control, and, with safety in mind, expedite the return to normal operations. The **[insert organization name]** has developed reconstitution plans and procedures, in conjunction with local public health authorities, to ensure facilities/buildings are safe to return. The organization's reconstitution plan should consider the possibility that not all employees may be able to return to work at the time of reconstitution and that it may be necessary to hire temporary or permanent workers in order to complete the reconstitution process. The **[insert organization name]** Reconstitution plan for pandemic influenza is placed here.

VIII. CONCLUSION

The Conclusion section should revisit the need to address the specialized planning required to respond to an influenza pandemic and summarize the overall purpose of the Pandemic Influenza Continuity Plan.

(Sample Text)

Maintaining **[insert organization name]** essential functions and services in the event of pandemic influenza requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate

*operating facility, an influenza pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional “continuity activation” may not be required during a pandemic influenza outbreak. However, a pandemic outbreak threatens an organization’s human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the **[insert organization name]** continuity plan addresses the threat of a pandemic influenza outbreak. Continuity Plans for maintaining essential functions and services in a pandemic influenza should include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of key personnel, ERG members, and other essential personnel must be the focused goal of the organization in order to enable the organizations to continue to operate effectively and to perform essential functions and provide essential services during a pandemic outbreak.*

APPENDIX 1: WORLD HEALTH ORGANIZATION PHASES

The World Health Organizations (WHO) developed an alert system to help inform the world about the seriousness of a pandemic. The alert system has six phases, with Phase 1 having the lowest risk of human cases and Phase 6 posing the greatest risk of pandemic. Organizations are encouraged to monitor the WHO phases and establish continuity “triggers” as deemed appropriate.

The phases are applicable globally and provide a framework to aid countries in pandemic preparedness and response planning. The use of a six-phased approach has been retained. However, the pandemic phases have been re-defined (Table 1). In addition, the time after the first pandemic wave has been elaborated into post peak and post pandemic periods.

Table 1: World Health Organization Pandemic Influenza Phases

Phase 1	No animal influenza virus circulating among animals has been reported to cause infection in humans.
Phase 2	An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
Phase 5	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.
Post-Peak Period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.
Possible New Wave	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
Post-Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

The WHO phases of pandemic alert:

In the 2009 revision of the phase descriptions, WHO has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena. Phases 1–3 correlate with preparedness, including capacity development and response planning activities, while Phases 4–6 clearly signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.

In Phase 2 an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In Phase 3, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

APPENDIX 2: WEBSITES FOR PLANNING AND PREPAREDNESS

- <http://www.opm.gov/pandemic/index.asp> - Links to policies on leave, pay, hiring, alternative work arrangements and other critical human capital issues in relation to pandemic influenza.
- <http://www.pandemicflu.gov> - pandemic influenza related information (e.g., signs and symptoms of influenza, modes of transmission, developing individual and family plans, etc.).
- <http://www.flu.gov/planning-preparedness/federal/index.html#> Pandemic influenza related information for Federal Government agencies to use for planning and preparedness. Links to other federal government agencies.