

DDC issues Pandemic Influenza Operations Plan

By Stacy L. Umstead, DDC Public Affairs

Defense Distribution Center commander, United States Marine Corps Brig. Gen. Peter Talleri has released the organization's 2009 Pandemic Influenza, or PI, Plan. The plan provides policy and instructions for the DDC and its component organization to prepare for, respond to, and recover from an influenza pandemic.

Influenza is a highly contagious respiratory virus that is responsible for annual epidemics around the world. Infrequently, the influenza virus can undergo genetic variations and combine with animal viruses to create a new virus to which human beings have little or no immunity. This type of genetic shift almost always causes a pandemic influenza, which is declared when there is sustained human-to-human transmission of the virus.

“Continuity of operations during a pandemic is a complex task, multiplied by the fact that DDC operates within 13 states and 7 foreign countries,” said Talleri. “The goals of this plan are to maintain operational readiness and effectiveness in support of the DDC mission, and to provide the maximum level of assistance to DDC personnel and their families to minimize suffering.”

“The plan was developed and is



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in line with national, Department of Defense and Defense Logistics Agency guidance,” said Bob Hauseman, strategic planning officer and DDC PI program manager.

The plan uses a phased construct to prepare for and execute actions necessary to prevent a pandemic.

Phase 0 – Shape: No new influenza virus subtypes have been detected. This is a continuous phase incorporating adaptive planning, routine surveillance and engagement activities to assure and solidify collaborative relationships, shape perceptions, and influence behavior. It emphasizes education and training for the population, and interagency partnership.

Movement to Phase 1 occurs when indications and warnings reflect the occurrence of human infection(s) with a new virus subtype, yet without human-to-human spread, or at most, rare instances of human-to-human spread in close contact.

Phase 1 – Prevent: A new viral subtype has infected humans, but has not spread from human-to-human, or at most, has spread in rare instances from close contact. DoD supports the United States government efforts to prevent or limit the spread of the virus.

Movement to Phase 2 occurs when indications and warnings identify small cluster(s) with limited human-to-human transmission, but the human-to-human spread is

highly localized, suggesting virus is not well adapted to humans.

Phase 2 – Contain: Small cluster(s) of cases exist in highly localized areas indicating the virus is not well adapted to humans.

During this phase, measures to protect the population in the local areas will be taken while maintaining the freedom of action to conduct assigned missions.

Movement to Phase 3 occurs when indications and warnings identify large cluster(s) but the human-to-human spread is still localized, suggesting the virus is becoming increasingly adaptive, but has not fully achieved sustained human-to-human transmission.

Phase 3 – Interdict: Large clusters of cases exist in the affected regions indicating the virus is adapting for human-to-human transmission.

During this phase, broader, more extensive measures are taken to protect the DDC population while continuing actions necessary to assure mission accomplishment.

The most likely scenario is that any direction for DDC to support USG efforts to support civil authorities will begin during phase 3.

Movement to Phase 4 occurs when indications and warnings identify increased and sustained transmission of the virus among the general public.

Phase 4 – Stabilize: The virus spreads globally from human-to-human signifying a failure of containment and interdiction.

During this phase, DDC will protect its key population, maintain freedom of action to continue conducting critical assigned missions and ensure continuity of operations, maintain critical infrastructure and provide support as directed to mitigate the effects of the pandemic and reduce human suffering.

Movement to Phase 5 occurs when indicators identify declined case incident rates, slowed PI waves and improved conditions allowing reestablishment of the USG functions without DoD support.

Phase 5 – Recover: The case incidence decreases indicating the slowing of transmission. During this phase, DoD conducts force reconstitution operations.

Movement to a lesser phase (1-4) occurs when indications of a subsequent wave are received. Movement to phase 0 occurs when indicators identify no further human infections, no indications of a subsequent wave, and there is no longer a requirement for Defense support to civil authorities.

The plan will be applied throughout DDC. “Pandemic influenza is by its nature regional in effect,” said Hauseman. “The disease will grow and abate in geographic waves. Responses must also be regional. Because of DDC’s geographic spread, it is likely that actions will need to be taken at different places at different times.”

The plan also includes comprehensive checklists for DDC headquarters staff offices and each distribution facility to use

throughout the various phases.

Throughout DDC, education continues regarding prevention of obtaining the virus. Additional information about the flu, how to protect from the flu, and how to care for others who have the flu, can be found at the following sites: DDC’s Environmental, Safety, and Occupational Health Office website (<https://ddcnet.ddc.dla.mil/CommandSupportServices/Safety/Topics/Health/Flu/Flu.htm>), the Department of Defense Watchboard for Pandemic Influenza (<http://fhp.osd.mil/aiWatchboard/>), Flu.gov (<http://www.flu.gov/>), and the Defense Logistics Agency H1N1 Pandemic Flu Information and Links website (<https://headquarters.dla.mil/h1n1/>).



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