Response Stage	Definition	Anticipated Activities and Responses
PRE-INCIDENT – Level: 0	**Pre-Season Preparedness – Travel-associated human cases possible; fall and winter weather conditions not suitable for mosquito-borne Zika virus transmission.**	**Response Actions:** • Conduct review of latest CDC guidelines and compare with data in existing response plans. • Secure vector traps, outreach material, and other supplies, needed for upcoming season. • Meet with primary stakeholders as needed, contact LHD, and MAD to assess resources and capability. • Identify gaps in current plan and revise if needed, ensure distribution of latest guidance and ZVAP to all relevant stakeholders, along with updated contact roster. • Develop relevant training exercises and material. • Appoint Zika Virus Working Group and designate a Zika Virus Incident Commander. **Human Disease Surveillance:** • Develop method for conducting surveillance activities, focusing on possible travel associated cases. • Develop focused outreach literature for healthcare providers, and other partners. • Contact LHD and clinicians to provide guidance on reporting procedures and policies for specimens. • Prepare to investigate, report, and respond to travel related cases as needed. **Human Lab Testing:** • Ensure resources adequate to task. • Review policies and regulations. **Mosquito Surveillance and Control:** • Position specimen traps as needed. Refer to ZVAP for current trap guidance. • Contact traps operators to verify understanding of proper procedures. • Review Vector Control Grant and Used Tire Management Fund with stakeholders. • Work with IEPA, LHD, and local government to identify potential high-risk mosquito breeding areas. **Communications:** • Prepare news releases and other media aimed at Zika virus public education, modes of transmission, mosquito control, and protective actions. Update website and post rotator graphic with web-links. • Post updates and other material as needed to website to showcase Zika virus response activities. • Distribute Outreach literature as needed to travelers, pregnant women, and other at risk individuals. • Develop Outreach material for industry, aimed at reducing potential breeding sites in high-risk areas. **Blood Safety:** • Contact relevant stakeholders and review contingency plans and procedures.

PRE-INCIDENT – Level: 1	**Mosquito Surveillance and Control – Spring and summer seasonal Aedes albopictus mosquito biting activity occurring. Viremic travel-associated cases occurring, possibly infecting vector mosquitoes. Vector mosquito surveillance activities being conducted if appropriate. Survey for the presence of invasive Aedes aegypti conducted.**	*The response shall consist of all previously described activities, in Level 0, <u>in addition to the following:</u>* **<u>Response Actions:</u>** • Begin weekly Zika Virus Working Group activities and conduct meetings with stakeholders as needed. • Zika Virus Incident Commander to designate an Incident Management Team from among members of the Work Group. • Investigate, report, and respond to cases as needed. **<u>Human Disease Surveillance:</u>** • Investigate, report, and respond to requests from LHD, clinicians, and other partners. • Distribute information to clinicians and patients while lab testing is occurring. • Enroll pregnant females who test positive in CDC registry for case follow-up. • Encourage those who test positive to avoid further exposure to vectors for at least three weeks, to practice safe sex for at least six months, and to refrain from blood donation as per FDA guidelines. • Follow up with CDC and health departments in state/nation of origin for travel-associated cases. • Encourage LHD to make contact with any at-risk individuals within existing high-risk areas. **<u>Human Lab Testing:</u>** • Begin testing per ZVAP and department guidelines. • IDPH laboratories capable of performing up to 50 PCR and 40 serology tests per day. • Program authorization required for tests and obtained via authorization number on submission form. **<u>Mosquito Surveillance and Control:</u>** • Begin activities using previously placed traps. Determine need for additional traps. • Begin surveillance of area near the location of a travel-associated case. • Contact stakeholders to begin abatement measures near the home of the travel-associated case. • Utilize data gained to determine need to refine or adapt vector abatement and control measures. **<u>Communications:</u>** • Begin public service campaign and oversee distribution of outreach materials. • Update IDPH website and social media as necessary. • Handle media requests as needed. • Develop plans to establish a Zika virus Information Hotline, in the event local transmission occurs. • Develop press releases and other media, in the event of local transmission [mosquito-to-human].

SUSPECTED OR CONFIRMED INCIDENT-LEVEL: 2	**Local Confirmed Transmission – A single, locally-acquired case, or small number of cases clustered in a single household or neighborhood.**	*The response shall consist of all previously described activities, in Level 1, <u>in addition to the following:</u>* **<u>Response Actions:</u>** • Incident Commander to consider need of activating the PHEOC. • Consider need for IEMA or other agency liaisons. • Zika virus Working Group/IMT to consider daily information sharing / briefings. • Incident Commander to consider expanding Working Group or Incident Management Team. • Working Group to consider daily information sharing with CDC and local officials in the at-risk area. • Brief agency and elected officials as needed. **<u>Human Disease Surveillance:</u>** • Assess likely geographic area where exposure took place. • Survey residents and others in area, out to 1,500 feet radius, conducting a complete patient history. • Establish habits and travel patterns of those inside the impact area. • Gather data to determine need to expand survey area, or start new area at patient home/workplace. • Begin regular liaison with IEPA and vector surveillance and control teams. • Communicate pertinent data rapidly and keep IEPA and vector control teams informed of locations. **<u>Human Lab Testing:</u>** • Communicate test results rapidly to stakeholders, per department guidelines. • Expect influx of specimens from people in affected area, assign additional personnel as needed. • Communicate with CDC and others in the event that IDPH lab resources may be stretched in future. **<u>Mosquito Surveillance and Control:</u>** • Begin aggressive surveillance within 1,500 feet of a suspected or confirmed case. • Communicate with survey team to determine need to expand area or establish a second area at another location, such as the home, or workplace of the case individual. • Begin intense abatement and control measures in area, in cooperation with LHD, MAD, IEPA, et al. • Consider need to begin mosquito identification via Peoria Regional Office. • Detection of a local population of Aedes aegypti in Illinois should trigger next higher response level. **<u>Communications:</u>** • Intensify public information campaign, especially in areas near the index case. • Consider need for a local spokesperson, identify and brief that candidate. • Consider news conference involving IDPH Director, local elected officials, and possibly the Governor. • Consider development of outreach material for local school officials and childcare facilities. • Consider need to informing local residents of options for indoor fogging applications. • Consider developing outreach material for local first responders (police, fire, EMS).

RESPONSE TO LOCAL INCIDENT – LEVEL: 3	**Widespread Local Transmission – Localized Zika virus illnesses with onsets occurring within a 1 mile radius, and within <u>one</u> jurisdiction.**	*The response shall consist of all previously described activities, in Level 2, <u>in addition to the following:</u>* **<u>Response Actions:</u>** • Incident Commander will activate the PHEOC. • Incident Commander will make contact with the local jurisdictional EOC if one is activated. • Incident Commander will consider requesting a support team from CDC. • Incident Commander will contact CDC at: (770-488-7100) and designate the impacted jurisdiction as being an "Active Area for Zika Virus Transmission". **<u>Human Disease Surveillance:</u>** • Intensify surveillance on a county-wide basis. • Consider networking with local clinicians, hospitals, EMS, and community groups. • Consider door-to-door surveys in the impacted jurisdiction. **<u>Mosquito Surveillance and Control:</u>** • Intensify surveillance, abatement, and control on a county-wide basis of both larvae and adult vectors. • Consider drone or helicopter overflights to help identify potential breeding sites such as unmaintained swimming pools, abandoned buildings or vehicles, piles of tires, trash, pockets of dense vegetation, or other likely breeding sites. • Consider targeted application using vehicular or backpack sprayers in the event that identified breeding sites cannot be cleaned or disposed of. • Consider involvement of local law enforcement for enforcement of Vector Control Act (410 ILCS 95). • Consider working with stakeholders to distribute insect repellant and other supplies, such as mosquito netting, to economically disadvantaged and at-risk populations. • Begin mosquito identification, via the IDPH Peoria Regional Office, if not already begun. **<u>Communications:</u>** • Conduct press conference utilizing previously mentioned officials if not already done. • Determine need to activate the Zika Virus Info Hotline. • Consider distribution of previously mentioned outreach material. • Begin to monitor local media outlets and social media if not already done. • Consider issuing Travel Advisory for the area after consultation with CDC, Director, and Governor. **<u>Blood Safety:</u>** • Consideration will be given to suspending blood and plasma collection operations in the affected area, after consulting with stakeholders. • In the event of a shortage, the American Red Cross will coordinate delivery of blood and blood products from non-affected parts of the country.

RESPONSE TO MULTI-JURISDICTION INCIDENT-LEVEL: 4 ***Due to the nature of the current Aedes vectors, it is possible, but considered unlikely that a LEVEL 4 response will be needed in Illinois.**	**Widespread Multi-jurisdictional Transmission – Zika virus illnesses occurring in more than 1 jurisdictional area.***	*The response shall consist of all previously described activities, in Level 3, in addition to the following:* **Response Actions:** • State EOC may activate alongside the PHEOC. • A Response Team will be requested from the CDC by the Incident Commander if not already done. • Incident Commander will order regular press conferences to update the public. • Incident Commander to consult with Governor, IDPH Director, CDC and others. **Human Disease Surveillance:** • Intensify efforts on regional basis. • Consider when to recommend testing begin of asymptomatic pregnant women in high risk areas. • CDCS will work with IDPH lab to make recommendations regarding test specimens based on IDPH lab capacity. **Human Lab Testing:** • It is expected the IDPH Lab will be inundated with test samples, forcing a selection process to be implemented regarding the order in which tests are run. Work with CDCS on this process. • Activate cooperative agreements with CDC and other laboratories as needed. **Mosquito Surveillance and Control:** • IDPH will activate cooperative agreements with MAD's, municipal programs, and licensed pest control firms to expand control and abatement measures in the areas of greatest need. • Consider large-scale aerial pesticide applications (Via rotor-craft or fixed wing aircraft) in areas greater than 1,000 acres in size. **Communications:** • Travel advisories shall be issued, if not already done, per CDC guidelines. • Activate Zika virus Info Hotline if not already done.