

Director's Update

As 2012 came to a close and 2013 started, emergency preparedness and response was a major focal point in the media and with the Obama administration. The Clackamas mall shooting, [bus crash on I-84](#), Super Storm Sandy and Winter Storm Nemo all highlight the need for improving and sustaining community resilience to emergencies.



Public health plays a unique but critical role in emergency planning and response. In 2013, the Health Security, Preparedness and Response (HSPR) team will focus on capability-based planning and strategic planning related to Oregon Public Health Division's strategic goal of building and sustaining community resilience to emergencies. One component of this goal involves focusing on mental health and ensuring local agencies have the capacity and capability to recover quickly and help those affected by traumatic emergency events.

The Oregon Seismic Safety Policy Advisory Commission (OSSPAC) recently released a draft of the Oregon Resilience Plan. The plan is focused on the next Cascadia earthquake and tsunami and outlines OSSPAC's seismic resilience goal:

"Oregon citizens will not only be protected from life-threatening physical harm, but because of risk reduction measures and pre-disaster planning, communities will recover more quickly and with less continuing vulnerability following a Cascadia Subduction Zone earthquake and tsunami."

In addition to developing new policies and standards to help with recovery efforts, the plan suggests that public information messaging should change too. In the past, public health and emergency management agencies have advocated for a 72-hour kit. Based on the Oregon Resilience Plan, public messaging should advocate for individual preparedness kits that last for almost two weeks.

HSPR continues to coordinate with the Oregon Office of Emergency Management, Oregon National Guard's CBRNE Enhanced Response Force Package (CERFP) team, and the entire public health system to ensure an effective response and recovery in the event of a Cascadia Subduction Zone earthquake. Please take a few minutes to review the entire plan. It is available on [OEM's website](#).

Mike Harryman
Director

Fatal bus accident tests community preparedness and inspires additional planning

By Talia Gad

On Dec. 30, 2012, a tour bus carrying 40 passengers lost control on an icy portion of I-84 about 12 miles east of Pendleton. The bus spun out of control, broke through a guardrail, and skidded down the 200 foot embankment.



Nine people died and 37 people were injured. The injuries included broken arms, legs and ribs; a collapsed lung; eye injury and orbit fracture; and cuts, bruises and internal injuries. Ten medical facilities throughout Oregon, Washington and Idaho cared for the survivors. Nearby St. Anthony Hospital in Pendleton, treated 20 victims.

The losses were indeed tragic, but the injuries could have been far greater were it not for the high level of training and expertise of the response teams. Just two weeks before the accident, St. Anthony Hospital conducted a code disaster drill. During that drill, the exercise scenario involved a bus overturned during high winds on an icy road – an eerie foreshadow that provided important training for the team.

“In reality, it isn’t *will* a disaster happen, but *when* will it happen,” said Larry Blanc, director of communications at St. Anthony Hospital. “Drills really are useful. The staff knows exactly what their duties are since we had practiced our roles many times.”

Dean Marcum, HSPR’s Region 9 health care liaison, agrees. “One of the biggest things that helped prepare the first responders and first receivers was past exercises and drilling on mass casualty for the past decade,” said Marcum. “Out here in rural America, we have to deal with incidents with a limited number of resources, and all response agencies need to know who their neighbors are and who they can count on during a crisis.”

The responders involved with the bus crash were skilled, collaborative and quick, but response agencies also believe that more can always be done. Immediately following the incident, they started making plans for how to raise the bar of preparedness even higher.

In the Health Preparedness Region 9, agencies are looking at developing a regional emergency operations plan. Discussion is underway about emergency preparedness and response planning that will include Umatilla, Morrow and Union counties as well as Oregon and Washington states. The plan would detail the capabilities of each participant using agreements, memoranda of understanding and communications plans to outline each entity’s available resources for an event.

Another resource in development is a detailed list of supplies available within the area. During large-scale emergencies, responders need access to a range of supplies including heavy equipment, quantities of blankets, food and water, and special rescue equipment.

Advanced research and training is the key, especially in areas that rely on collaborative and unified preparedness among emergency response agencies and local businesses and industries. The hope is that no more accidents like the one on Deadman’s Pass in December will occur, but if there is one, this crew will be prepared.

For additional information, contact Dean Marcum at dean.marcum@state.or.us or 541-966-0856.

“Le Omelette” recipe: the making of a collaborative database

By Talia Gad

The problem

When county liaisons open the Excel spreadsheet that contained Oregon’s Public Health emergency preparedness information, they would sometimes find the dreaded “#VALUE!” error in cells spotted throughout the document. To solve this problem, emergency response partners cooked up “Le Omelette” database.



County liaisons at the Oregon Public Health Division’s Health Security Preparedness and Response (HSPR) Program frequently did battle with the program. “There were 34 separate Excel spreadsheets plus one aggregate spreadsheet that would pull together some of the information,” said Public Health liaison Elizabeth Miglioretto. “Because many of us entered data into the individual county Excel files, the aggregate sheet would inevitably get thrown off.”

But Excel’s limitations didn’t stop there. Up until now, the HSPR program had measured the work accomplished at the local level based on general and ever-changing requirements. When the data was compiled for reports to the Council of Local Health Officials, the Centers for Disease Control and Prevention (CDC) or others, they weren’t able to capture all the great work that was being done.

Add to the mix that the Excel files only kept track of current measures, which meant that data couldn’t be looked at or measured over time — a significant barrier when it comes to delivering documented information to the CDC.

Data collection, program evaluation, annual assessments: all calculations that are critical to a public health system that is on track and prepared. HSPR didn’t have what it needed to be efficient and needed an upgrade.

The opportunity

At the same time, Oregon’s Office of Emergency Management (OEM) was struggling with similar barriers. OEM is required to fulfill frequent and detailed requests from the Federal Emergency Management Agency (FEMA) but didn’t have a comprehensive database to store all the information. That meant regularly interrupting counties’ work to ask for data and reports.

Separately and at the same time, both HSPR and OEM began developing a data collection tool. Both quickly discovered only a portion of the funding was available to each agency for the upgrade.

It was a perfect opportunity.

The solution

The answer was a database both agencies could use, and the collaboration was ideal. By pooling resources, both OEM and HSPR could have all necessary functions, and the new program would efficiently keep track of everything necessary for safety planning and emergency management.

Matthew Marheine, OEM’s domestic preparedness coordinator noted several reasons that collaboration made sense. “The collection of data for Homeland Security includes many aspects in the medical and health field. Knowing HSPR also has requirements to collect similar data, we wanted to maximize the effort as much as possible and minimize the impact on the state.”

Marheine added that efficiencies go even further. “OEM and HSPR both facilitate multiple grants to our locals and the partnership. A collective database reduces the duplication of effort that impacts the already burdened local capabilities.”

Liaisons expect to complete assessments by mid-April, at which point local public health preparedness coordinators will be able to develop reports with more specific boundaries and scopes of information. Using the database, health departments and health care coalitions will also be able to develop work plans for upcoming years, including forecasting the work, support and resources needed to maintain current capabilities and building the capabilities that are a local priority.

For the state, reports will provide a bird's eye view of what areas need to be addressed throughout Oregon. "When we aggregate on a state level," said Miglioretto, "we can see where there may be gaps across programs, and we can determine from there how they can be filled through state action, policy or planning — especially if one change or activity will help nearly everybody."

Marheine agrees, and he adds there are other benefits as well. "This system will enhance the state's ability to work with the community to establish priorities, focus on high-impact projects and initiatives, develop strategies and collectively enhance the state's capabilities."

Other perks include annual reports that will allow for changes to be tracked over time and a quicker public health accreditation process because much of the necessary documentation will have already been compiled.

"A year from now," said Miglioretto, "we hope to have enough information to establish a cycle of quality improvement where we continue to improve the public health preparedness program at both the state and local levels."

For more information, contact Elizabeth Miglioretto, Public Health liaison, at elizabeth.miglioretto@state.or.us or (541) 684-2476.

OREGON PUBLIC HEALTH DIVISION

Disease outbreaks and public health response: coordination makes a difference

By Talia Gad



Three outbreaks stand out as examples of the Public Health Division's high level of response and preparedness during the past year. Ranging from the seasonal to the unexpected, each illustrates collaborative action with local health departments that is the basis of effective public health response.

2013 influenza

The influenza season came a bit earlier than recent years. There have been 31 laboratory-confirmed outbreaks since the beginning of January, many of them in long-term care facilities.

"Some people are at especially high risk for bad complications and death from influenza," said Richard Leman, M.D., chief medical officer for HSPR and a public health physician in the Oregon Public Health Acute and Communicable Disease Prevention Program. "When there's an outbreak of influenza in a place where many people at high risk live, we want to stop it quickly before it affects more people."

When influenza outbreaks occur, the Public Health Division and local health departments work together to help implement control measures that prevent additional infections. Preparedness includes vaccinating staff and residents at long-term care facilities as well as promoting simple prevention techniques such as hand-washing and avoiding contact between those who are sick and those who aren't. Sharing this and other prevention information ensures that there's a plan in place for what to do when influenza strikes.

Related:

[Oregon Vaccines and Immunization](#)

[Oregon Influenza Surveillance Data](#)

[Oregon Flu Prevention and Safety](#)

["People, Pigs, and Flu," CD Summary – August 28, 2012 \(pdf\)](#)

Meningococcus

Three people in the Prineville area contracted the bacteria meningococcus, a bug that can cause potentially fatal meningitis and infections in the blood stream, between November 2011 and February 2012.

The emerging cluster led to collaborative efforts between the Crook County Health Department, the Oregon Public Health Division, and the Centers for Disease Control and Prevention. When the first infections were reported, Crook County and Public Health Division staff interviewed the patients and their families, as well as two additional people who had experienced the same infection earlier in the year. They were seeking clues about the infections' cause and any

Since the introduction of the vaccine, there have been no additional cases.

Related:

["Invasive Meningococcal Disease," CD Summary - Feb. 14, 2012 \(pdf\)](#)

[Centers for Disease Control and Prevention Meningococcus website](#)

“Spice”-related kidney disease

One non-communicable outbreak began making the rounds in Oregon and southwest Washington in August 2012 when a call came in from a kidney doctor who reported a young man with a sudden loss of kidney function.

The cause was “spice,” a synthetic marijuana-like compound. Other names for the designer drug are “K2,” “herbal incense” and “potpourri.” It doesn’t contain marijuana but instead is made by spraying a chemical with marijuana-like effects onto a plant material. It is then dried, packaged, and sold in gas stations, adult bookstores and “head shops.”

People sometimes use synthetic cannabinoids to avoid positive urine tests for marijuana byproducts, although newer tests can detect them. In the past seven months (as of press time), nine people in Oregon and Southwest Washington have been affected by kidney damage as a result of the drug.

“These synthetic cannabinoids may be toxic in unpredictable ways,” said Genevieve Buser, public health physician in the Oregon Public Health Division Acute and Communicable Disease Prevention Program. “Unfortunately most of the cases with kidney injury were healthy, young adults who are less than 20 years old.”

Illegal in Oregon, “spice” is still distributed throughout the state because retail outlets are often misled into believing that the product is both safe and legal. Across the United States, synthetic cannabinoids have been linked to more than 11,400 drug-related emergency department visits, mostly in young males.

Part of the challenge in understanding and stopping the illness is that it’s still unknown what toxin is causing the reaction: the plant, an additive, or a reaction in the body caused by one of the ingredients. Staff from the Public Health Division and local health departments have worked with kidney doctors and people at the Oregon Poison Center to learn about and interview those who have been affected.

In one case, public health investigators managed to retrieve a sample of the left-over product smoked by one of the ill people, and a specially equipped California laboratory is testing it to attempt to find the toxic substance that caused the kidney damage.

“We hope to make parents and youth aware of the dangers of synthetic drugs,” said Buser. “Clinicians, public health and law enforcement officials must be alert to the emerging adverse health effects from synthetic drugs, which is why addictions and mental health staff are working together to understand the burden of synthetic cannabinoid use in Oregon and collaborating with drug educators to alert communities to this new threat.”

Parents and youth can find information on the dangers of synthetic drugs at the [Substance Abuse and Mental Health Services Administration](#) and the [Office of National Drug Control Policy](#). In case of adverse reactions, people are encouraged to call the Oregon Poison Center at 1-800-222-1222.

Related:

[CDC MMWR Report \(pdf\)](#)

["Spice"-y Toxicity, CD Summary - October 9, 2012 \(pdf\)](#)

For more information, contact Richard Leman, MD, chief medical officer for HSPR, at Richard.F.Leman@dhsosha.state.or.us or (971) 673-1089.

Multnomah County Health Department awarded coveted Public Health Preparedness Recognition

By Talia Gad and Lynda Neal

The Multnomah County Health Department was awarded the Public Health Preparedness Recognition after meeting the comprehensive preparedness benchmarks required by Project Public Health Ready (PPHR), a unique partnership between The National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).



"We are proud to have been recognized by Project Public Health Ready for our high level of preparedness," said Lillian Shirley, director of the Multnomah County Health Department. "We will continue to work with our preparedness partners to quickly and effectively respond to any public health crisis in Multnomah County."

Local health departments recognized by PPHR undergo a thorough evaluation process by a national peer review. They must meet expectations in public health preparedness in three key areas: preparedness planning, workforce competency, and demonstration of all-hazards readiness through exercises or a response to a real event.

"It was a rigorous process," said Jerusha Kasch, Multnomah County Health Department, Emergency Preparedness and Response Manager, "but we are better prepared after having gone through the intensive evaluation."

The process for receiving the recognition involved hundreds of qualification requirements ranging from hazard preparedness planning to work force capacity development to systems for quality improvement. After months of preparation, planning and infrastructure fortification, the team met their goal.

"It was an arduous undertaking," said Jim Spitzer, retired emergency preparedness manager for the Multnomah County Health Department, "but we learned a great deal from the agencies who successfully went before us. The Oregon Health Security, Preparedness and Response staff who assisted us with our application were an invaluable resource, and we couldn't have done it without their expertise."

Since 2004, more than 300 LHDs have been recognized as meeting all the PPHR requirements individually or working collaboratively as a region. Previous Oregon awardees are Washington County Health and Human Services and North Central Public Health District.

Local health departments interested in applying for PPHR recognition may speak with their state public health liaison; contact Lynda Neal, PPHR lead for Oregon, at 971-673-0570 or lynda.neal@state.or.us; or visit [NACCHO](#).

Related:

[Oregon counties earn national recognition for public health preparedness efforts, Ready to Respond Summer 2012](#)

What would happen if...?

By Talia Gad

Whether it's an earthquake, flooding, or bioterrorism, the Oregon Public Health Division is working to prepare for the next large-scale emergency. One planning challenge involves when and how to distribute supplies to public health partners, but it's a challenge that has a solution.

It's called the Strategic National Stockpile (SNS), which is a repository of life-saving medications including antibiotics, chemical antidotes, antitoxins, vaccines, and antiviral drugs as well as other necessary materials – a stockpile that will supplement and re-supply agencies that deliver emergency care and support.

Planning, partnership and preparation

The role of the Oregon SNS Program is to coordinate these materials from the time the Centers for Disease Control and Prevention (CDC) brings them in to their distribution among counties, tribes and state agencies that need them.

To ensure the plans fluidity, the SNS Program along with statewide partners are conducting the PACE Setter Regional exercise, a three-day activity arranged throughout the Portland metropolitan region beginning May 21, 2013. Players include law enforcement, fire, medical, public health agencies, and several community organizations known collectively as Multi-agency Coordination Systems (or MACS).

"We are grateful for all the support and energy that our statewide partners bring to our emergency planning," said Sonya Andron, Strategic National Stockpile coordinator. "Their continued engagement further prepares Oregon for any potential emergency."

The details of the partnership and the exact nature of activity are under wraps for security reasons, but a partial and abridged list of goals for the exercise includes assessing the following:

- Emergency response to impacted areas
- Mobilization of critical resources and operation of structures
- Capacity for triage and medical care, and the timeframe required
- Communications devices and systems between partners
- Delivery of public information
- Security needs
- Fatality services

"This exercise came out of a federal grant requirement by the CDC," said Adrienne Donner, senior regional Cities Readiness Initiative coordinator and co-exercise director. "But we're using it as a unique opportunity to go beyond public health to engage partners across disciplines throughout seven counties and two states."

Expanding regional preparedness

The exercise will take place in Northwestern Oregon (Multnomah, Clackamas, Columbia, and Yamhill counties), and Southwest Washington (Clark and Skamania counties). It's the first of its kind in the state, although other areas are encouraged to develop district-specific plans for coordinated strategies between local, tribal, state, service agencies, and businesses in the region.

For more information about the Center for Disease Control's Division of Strategic National Stockpile, check out the [CDC's SNS Program website](#) or contact [Adrienne Donner](#), senior regional Cities Readiness Initiative coordinator and co-