



UPDATE

Report on Bioterrorism Preparedness in Oregon

Reduced Funding for 2004 Spurs Review of Cooperative Agreement

A 22-percent reduction in funding through the 2004 bioterrorism preparedness cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC) has prompted the need to revisit state and local planning efforts and priorities.

As a result of the cuts, Oregon expects to receive \$10.9 Million in 2004 compared to \$14 million in 2003, a reduction of \$3.1 million.

"The magnitude of the reduction will at least reduce the velocity of implementing improvements to local and state preparedness," says DHS Bioterrorism and Public Health Preparedness Manager Mike McGuire. "It will not be shocking to find reversals in preparedness improvements, despite continued extraordinary effort."

Three components of the cooperative agreement funding have been cut.

1. Base funding to the state has been cut by a little over \$1 million. The funds were redirected at the request of the U.S. Department of Health and Human Services from state and local preparedness to a "Cities Readiness Initiative." All states saw similar reductions as \$55 million was diverted to 21 larger cities or those identified as potentially more vulnerable to terrorist attack.
2. Funding previously provided to support state and local planning for the Strategic National Stockpile (SNS) has been discontinued--a cut of approximately \$770,000. The critical capacities related to SNS will need to be addressed within the state's base funding.
3. Funding for the smallpox preparedness

program ends. The \$1.1 million in 2003 was a one-time allocation. CDC's expectation is that critical capacities related to smallpox preparedness will be addressed within the state's base funding.

The five-year cooperative agreement between the State of Oregon and CDC begins its fifth and final year in August. The application must be submitted by August 1, 2004.

It was anticipated that major review would be required next year when a new cooperative agreement process begins. In order to provide a solid foundation for continued progress with lesser resources, the major review that was to be initiated in the winter of 2004 has begun.

In order to digest this cut with the least disruption, preparedness program partners are being asked to participate in defining how the reduced funding may best be allocated to address the goals and objectives of the cooperative agreement.

"It is an aggressive proposal, requiring the channeling of local and state public health staff from preparedness program progress to a renewal of the foundational principles that have led to the impressive performance in building improved capacity over the past two years," says McGuire.

"The time line is short and all participants will feel the pressure created by reduced resources to apply to improving bioterrorism preparedness capacity.

"Positive outcomes will follow our collective commitment to respect the goals of the preparedness program and respect the

commitment of all Oregon public health professionals to those goals," he says.

The 2004 guidance document can be viewed on the HAN Web site at: <https://www.oregonhan.org/documents/search/filemanager.cfm>

Virtual Alert Chosen for Emergency Notification System

Virtual Alert has been awarded the contract to provide an automated, statewide notification and communication system for use by public health responders during bioterrorism events or other public health emergencies. The secure, web-enabled system will be able to send voice or text messages via telephone, fax, e-mail, alpha-numeric pagers, cell phones, personal data assistants and wireless devices.

Because hundreds of personnel may be involved in responding to an emergency, the automated system for quickly and efficiently sharing information will improve response capability and potentially save lives.

The system will be accessible to pre-defined local health department, hospital, and other emergency response personnel who may update and prioritize their own contact information.

The system will have the ability to send notification to one device, and if there is no answer within a specified time frame, it will send to a different device listed on user's profile (including phone, e-mail, fax, etc.) until it is answered, and then it stops. Additionally, users will be able to specify the device that is to be called, depending on the day and time, and define how they want to receive high, medium and low-level alerts.

Users will also be able to import and export their specific directory lists in standard formats.

The system can also be prioritized to send notifications to certain individuals/roles before others, based on the event (i.e. send to those with immediate response authority first, then other users).

The system will have the capacity to notify predefined groups and "on-the-fly" ad-hoc

groups, not only by name, but by all fields (i.e. roles, agency, geographic location and political jurisdiction).

Designated staff within local health departments will have the ability to manage their own users within the site (i.e. set up and manage the directory for their jurisdiction, add new agency specific roles, add users, send notifications, use document collaboration folders, audit all notifications and confirmations and print the resulting reports, etc.)

For more information, call or e-mail HAN Coordinator Jeff Ditty at 503-731-4005, ext. 224, or Jeffrey.Ditty@state.or.us.

CDC Site Visit

CDC Project Officer for Oregon Stephanie Dopson, Strategic National Stockpile Consultant Wren Slocum, Laboratory Liaison Emory Meeks and HAN Technical Consultant Jay Allen visited Oregon in April to review statewide planning efforts.

In a meeting with program staff and HPAC representatives, Dopson reported that the CDC is planning to place bioterrorism preparedness generalists in 15 states. The long-term goal is to place a position in every state.

CLHO Executive Director Linda Fleming mentioned that small counties are concerned about continued funding and emphasized the importance of federal money continuing to flow to local governments for their preparedness efforts. She pointed out that in Oregon the percentage of funding to locals is much higher than the 50-percent direct funding allocated in the grant. She said that state-supplied resources such as the public health laboratory, SNS preparation, trainings, etc., are probably 75 to 80-percent in support of local health departments.

Twenty-five counties participated in the monthly conference call during the CDC's Oregon site visit. Dopson encouraged LHDs to report fully on progress reports. She expressed surprise that Oregon is not yet divided into regions and noted that this has been advantageous in other states for the distribution of equipment, conduct

of exercises, and dealing with tribes and special populations.

The CDC team participated in site visits to Clackamas County and Corvallis. Clackamas County Bioterrorism Coordinator Al Rhodes presented an in-depth look at the Portland regional planning approach.

In Corvallis, Benton County Bioterrorism Coordinator Craig Hogue, Lincoln County Bioterrorism Coordinator Lynn Alexanderson, and Yamhill County Bioterrorism Coordinator Jenny Beecroft presented their perspectives on a more rural regional planning approach. About 20 people representing hospitals, emergency management, LHDs and others attended.

Exposure Control Plan Template

An Acute Communicable Disease Program needs assessment survey in October 2003 revealed that 18 of Oregon's 34 health departments had no written exposure control plan or respiratory protection plan, to protect employees from serious airborne and droplet-spread disease exposures.

A template, based on national guidelines for respiratory-spread disease infection control, has been adapted for use by local health departments. OR-OSHA reviewed the template, and noted that elements presented would meet the mandate for each health care facility to have a Respiratory Protection Program, with fit-testing of respirators for at-risk staff members, in place as of July 1, 2004.

A CD-ROM of the template was mailed to every LHD Administrator and Bioterrorism Coordinator in May, and e-mailed to the Association of Public Health Nurse Supervisors in order to reach nurse managers from a variety of health department programs (including those who would provide surge capacity for communicable disease staff).

Each LHD is encouraged to change, adapt, and tailor the Exposure Control and Respirator Protection plan template to meet the needs within the specific jurisdiction.

For more information or to receive an e-mailed copy of the Exposure Control Plan for Airborne and Droplet-Spread Disease template, please call Suzanne Zaw or Karen Stefonek at (503) 731-4024.

HAN Website Update

The latest update of the HAN secure web site has been completed. Recent upgrades include a key word document search, an automated method for posting CDC alerts and messages, and a new "administrator" role within every organization. The person in this role can control user and other information for that organization. The Oregon Communicable Disease (ORCD) Alert system was recently incorporated into the HAN site, standardizing and streamlining the ability to send these alerts.

Another feature that users appear to be enjoying is the addition of a Newsfeeds link to recently published news stories related to public health.

Sytex Security Assessments

The data security assessments performed by Sytex Inc. have been completed. The final products should be delivered to each department no later than the end of June. These documents are considered confidential and will be provided only to the administrator of each local health department. The assessments will be distributed with a set of baseline policy guidelines that can be used as a template for establishing internal security policies.

Preparedness Plans

The Base Plan for Health and Medical Services (Annex F of the State Emergency Management Plan) was recently reviewed and approved internally and by the newly formed Health Technical Advisory Committee (HTAC). The final step is review and approval by the State Public Health Officer. When the plan has been through these steps, it is published, used in exercises and emergencies, changes to be made are noted, and it is reviewed and rewritten every two years.

The state's post-event smallpox plan is finished and has been approved by the CDC. As part of the federal public health preparedness grant last

year, the CDC required the state to produce a specific smallpox plan in the event a smallpox case is verified anywhere in the world. This plan completed the review and approval process and was published in February 2004.

One goal of the Public Health preparedness program is to have an approved pandemic influenza plan before flu season this year. The draft plan is in internal review and, once approved, will go to HTAC for review and approval. This plan is organized around the CDC phases of a pandemic influenza event, with checklists denoted for each phase.

Health Resources Service Agency (HRSA) Cooperative Agreement

HRSA healthcare regionalization and "regional hospital" concepts are moving forward, using seven Area Trauma Advisory Board (ATAB) regions as footprints. Lead agencies have been identified in each region and authorized to hire staff to develop the regional boards that will include local health departments. Hired staff will be responsive to all partners in the region, working under a scope of work provided by the state. Regional lead agencies are as follows:

- Region 1, Multnomah County Public Health
 - Region 2, Samaritan Health
 - Region 3, Area Health Education Council (AHEC), Southwest
 - Region 5, Jackson County Health Department
 - Region 6, Mid-Columbia Health Center
 - Region 7, AHEC, St. Charles
 - Region 9, Union County Health Department
- (Note: There are no regions 4 and 8.)

During an Oregon site visit in April, HRSA Project Officer Commander Brad Austin, MPH, received updates on the program's current state and progress, met with the Hospital and Healthcare System Preparedness Implementation Committee (HPIC), visited Samaritan Lebanon Community Hospital, Mid-Columbia Medical Center, and Oregon Health and Science University (OHSU), where he toured the Oregon Poison Control Center.

Following the site visit, Austin noted that all proper fiscal and management controls appear to be in place and that the Oregon HRSA

bioterrorism preparedness project is generally proceeding along the time lines proposed in the Fiscal Year 03 application. He noted that fiscal year 2003 funds must be expended by the end of the current fiscal year.

In his after-action report he wrote, "It is extremely evident that equal participation and frank communication between and among state, county, and the private health care sector is strongly encouraged and practiced. The outcome of which, shall most likely be an extremely well thought-out and robust prepared public health and health care system."

Hospital Status Website

Five hospitals participated in the recent Portland Metropolitan Red Rose II exercise using the state's new, secure web-based hospital status software for tracking patient census, emergency department status, select pharmaceuticals and equipment, and the available number of beds on a regional basis. Oregon Health and Science University, in its capacity as the metro regional hospital, acted as the control node for information being posted in near real time from the field.

This was a successful first test for the recently launched Web site, which could be an important tool in a mass-casualty incident.

Radiological Protective Services

In addition to responding to all radiation spills, accidents or events in Oregon, the DHS Radiological Protective Services section also conducts radiological training for HAZMAT teams, first responders and hospital personnel throughout the state. More than 700 people have participated in 35 trainings this year.

This training is conducted under three contracts or grants, including state preparedness funding for bioterrorism and other public health emergencies, Local Emergency Planning Committee (LEPC) funding and Oregon Department of Energy Waste Isolation Pilot Project funds.

Program staff recently played a key role in the metropolitan area dirty bomb exercise, Red Rose II. On average, the staff takes part or conducts

one or two exercises per quarter.

They also provide limited emergency planning assistance for jurisdictions throughout Oregon. This is usually done through local bioterrorism coordinators in each county.

National Incident Management System Training Available On-line

In 2003, a presidential directive was issued, instructing the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.

The Emergency Management Institute (EMI) recently posted a basic introductory course on NIMS on its Web site. The on-line course explains the purpose, principles, key components and benefits of NIMS. It also contains "Planning Activity" screens giving participants an opportunity to complete some planning tasks during the course. Visit:

<http://training.fema.gov/EMIWeb/IS/is700.asp>

"I would recommend this training to anyone that is developing response plans and has had some Incident Command System (ICS) training," says Public Health Preparedness Planner Randy Shaw. "It only takes two to three hours, and can be taken by chapters. The class provides a great overview of the National Incident Management System and how it relates to ICS. The class is provided at no cost."

Future preparedness funding will be tied to local and regional adoption of NIMS protocols.

Risk Communication and Public Information Dissemination

Training for local health departments, hospitals and their emergency response partners in Crisis and Emergency Risk Communication continues around the state. More than 300 people have received training from this program during the past year and a half, including representatives of 27 out of 34 local health departments.

A research project to assess the barriers to

effective communication with special and hard-to-reach populations during a bioterrorism event or other public health emergency is underway.

Food Security

The Production and Retail Sub-committees of the State Food Security Planning Committee have been meeting for several months to assess the current state of food security in Oregon, to look at best practices, and to develop a Food Security appendix to the Public Health annex of the State Emergency Plan.

The focus of the committees is to look carefully at the issue of food security during processing, transportation and distribution in both the production and retail environments.

The committees include representatives from both the public and private sectors, representing a broad spectrum of food security interests from the farm to the table.

The Production Sub-Committee is co-chaired by Food and Drug Administration Public Affairs Specialist Alan Bennett and Oregon Beef Council Executive Director Dianne Byrne-Johnston. The Retail Sub-Committee is co-chaired by Oregon Restaurant Association Communications Manager Elizabeth Peters and Oregon Department of Agriculture Food Safety Division Administrator Ron McKay.

Learning Management System

Focus Area G, the Bioterrorism Preparedness Education and Training section, is working in partnership with the Department of Human Services (DHS) and the Oregon Department of Administrative Services to purchase an electronic learning management system (LMS).

"This software will greatly enhance our ability statewide to provide and track training of all of our employees and partners," says Focus Area G Coordinator Lynne DeLaCruz. "It is our goal to have an easy, intuitive, visually appealing, online system for training registration, tracking, and reporting for participants in Oregon's Preparedness for Bioterrorism program, as well as all employees and partners of DHS."

Eventually, this system could be implemented

statewide to support the training efforts of the state and partner agencies.

A steering committee, representing all the major DHS programs and DAS, was assembled to help determine the business requirements, and develop the functional requirements for an LMS. These include:

- Content and curriculum management
- Registration
- Class scheduling
- Course delivery
- Compliance, competency and skills management
- Certification and accreditation management
- Assessment, testing, and evaluation
- Built-in assessment and testing tools
- Built-in content authoring tools
- Conference registration and session tracking
- System administration/reports
- Support of e-learning course delivery and tracking
- Support of third-party collaboration learning tools
- Ability to define user roles within the LMS
- Ability to define user profiles

"We hope to have selected a LMS by the middle of July with a contract in place by the end of August," says DeLaCruz. "It is expected that implementation of the new software will take approximately six months. We hope to have an easy to use online system for training registration operational by early in 2005."

Forensic Epidemiology

State public health and federal law enforcement staff have developed a collaborative relationship to "cross-train" law enforcement and public health professionals to develop a better mutual understanding of disease and criminal investigation practices, including commonalities and conflicts. Oregon Health Services has posted an RFP for the services of a qualified consultant to develop training and provide on-going education to improve preparedness and response to potential bioterrorist attacks.

Two separate training curricula are to be developed. The first involves a literature review to adapt the CDC forensic training curricula for

Oregon. The second is to develop a train-the-trainer model for a basic course in agents of bioterrorism for first responders.

Funding to develop and deliver training and ongoing education to public health and law enforcement professionals has been provided through the grant from the Centers for Disease Control and Prevention, Public Health Preparedness for Bioterrorism Program.

This RFP anticipates an initial contract of \$20,000. Pilot trainings can be expected by the middle of August. Announcements of training dates will be made via the ORCD-ED listserv. Questions regarding training dates, locations, etc. should be directed to elizabeth.crane@state.or.us.

Annual Oregon Epidemiologist's Meeting

The 21st Annual OR-EPI meeting was held in Bend in May. Approximately 200 participants from state and local health agencies attended.

Pre-conference options included a session on Preparedness focused on exercise planning and a demonstration of the HAN project, as well as Communicable Disease University 101, Basics in Communicable Disease.

The keynote address on lessons learned from the World Trade Center and Anthrax attacks in 2001 was provided by Marcie Layton, from the New York City Department of Health and Mental Hygiene. According to Layton, everyone in the department is assigned to one of eight Emergency Response Sections and each person has a "job action sheet" for specific roles within each section. Layton said that creating relationships with other emergency responders and exercising was invaluable. One of the main challenges was communications. She emphasized the importance of redundant communications.

Additional presentation topics ranged from updates from the state's Environmental and Occupational Epidemiology section to reviews of significant outbreaks during the past year. Other topics included a summary of the intimate partner violence findings from the Oregon Women's Health and Safety Survey and an examination of lessons learned about mass

sociogenic illness as it related to a recent incident in Lane County.

Several concurrent tracks were offered including Communicable Disease University 303, Outbreak Investigation and 810, Diseases of Public Health Significance.

Communicable Disease Reporting

The March test of local health department (LHD) access for health care providers calling after-hours to report communicable diseases revealed that some LHD's did not have clear directions on their main phone numbers on how to reach an LHD health professional after normal working hours. These messages have since been updated.

Currently, a total of 163 individuals in local health departments have been identified statewide who are assigned to receive, evaluate, and respond to after-hours reports of communicable disease or public health emergencies.

Thirty-one of the 34 jurisdictions have submitted written protocols of their on-call and after-hours procedures, including designated staff who take after-hours calls. Three additional LHD's have sent their on-call staff lists. DHS after-hours testing of provider access occurs approximately every six months, and many LHD's test their accessibility internally as part of their protocols.

Updates to 24/7 access protocols or changes in phone numbers should be directed to either Suzanne Zaw or Lisa Baldasar at (503) 731-4024.

Oregon Chemical Terrorism Plan

In Oregon, the Department of Environmental Quality (DEQ) takes the lead role in planning for the consequences of a chemical attack within the state. Under a DHS/DEQ interagency agreement, funded by the CDC, the DEQ developed and coordinated an Oregon Chemical Terrorism Plan. The plan has been incorporated into the Northwest Area Contingency Plan (NWACP), which is the Oil and Hazardous Materials component of the State of Oregon Emergency Management Plan (Volume II, Part 3).

The Oregon Chemical Terrorism Plan may be viewed at: www.rrt10nwac.com/files/nwacp/

9000.pdf, Section 9960 (page 9-56). For more information, call or e-mail DEQ Chemical Terrorism Coordinator Jack Wylie at (503) 229-5716, or wylie.jack@deq.state.or.us.

Mahoney elected to Delta Omega

Brian Mahoney, Strategic National Stockpile Coordinator for the Public Health Preparedness program, was recently elected to Delta Omega by the Rollins School of Public Health at Emory University. Mahoney received his MPH from Rollins in May.

Founded in 1924, Delta Omega is the honorary society for graduate studies in public health. It celebrates excellent academic achievement, devotion to public health principles and outstanding service in public health. Each chapter elects new members annually.

PHP Staff Updates

Jeff Ditty is the new Health Alert Network coordinator for the public health preparedness program. Prior to coming to DHS Ditty was the Information Technology Network Administrator and Environmental Specialist for the Athens County Health Department in Ohio for six years. He also acted as Information Technology technical support representative for a 12-county region for all data management projects (including HAN regional support).

He is a 1998 graduate of Ohio University, with a BS in Community and Public Health. He is also a Registered Environmental Health Specialist in Oregon.

Karen Krisher Ph.D., D (ABMM) has joined the staff at the Oregon State Public Health Laboratory as the Bioterrorism Laboratory Response Coordinator. Krisher has supervised, managed and directed clinical laboratories over the past thirty years. For 12 years she was the Clinical Director of Microbiology and Virology at the Childrens Medical Center in Dallas, Texas, and was considered one of the top pediatric microbiologists in the country.

She serves as a member of the American Society of Microbiology (ASM) committee for development of on-line bioterrorism protocols for "sentinel" or Level A laboratories. She

has written a chapter in the ASM procedures handbook on smallpox. She is a reviewer for four professional journals and has been a lecturer and instructor on bacteriology and virology since 1983.

John Lupo, DVM, has joined the public health preparedness staff as the planner in charge of coordinating with tribes, special populations, and behavioral health interest groups.

Prior to coming to DHS, Lupo had his own public health preparedness consulting business. He has also worked as a public health director, bioterrorism preparedness project manager, medical intelligence officer, staff epidemiologist, public health veterinarian, infection control officer, and microbiology instructor.

While in the military, Lupo was the medical intelligence officer for Hanscom Air Force Base near Boston Mass., and served as the infection control officer for a military outpatient hospital. He also served as a staff epidemiologist at the Epidemiology Division of the Air Force Research Labs at Brooks Air Force Base in Texas.

He received his public health education from the USAF School of Aerospace Medicine in San Antonio Texas, and the University of Kansas School of Medicine. He received his Doctor of Veterinary Medicine and a B.S. in Business Administration from Kansas State University.

Juventila Sinamati is the new epidemiologist with the DHS Health Services Immunization Program. In this position, she works closely in collaboration with the Acute and Communicable Disease Program, for which she provides rotational on-call epidemiology services to local health departments and clinicians.

She is a general medicine graduate of the University of Tirana in Albania. Before coming to US she was awarded a scholarship and successfully completed a fellowship in pediatrics from the Catholic University of Leuven in Belgium.

While working in Belgium she participated in research activities focusing on the epidemiological aspects of infectious and chronic disease in children. Several of her works have

been published in medical journals.

In 2002 she received a Master of Public Health from University of Utah. While in Utah, she worked with under served populations as an Americorp volunteer. She was also involved with volunteer work with Kosovo refugees through UNHCR during the Yugoslavian crisis in 1999.

Emergency Preparedness: Nurses Planning for the Unexpected

Oregon's Preparedness Program, in collaboration with the Oregon Health and Science University School of Nursing, is sponsoring a statewide, two-day conference, June 24 and 25, to present practical information on topics relevant to emergency preparedness in today's environment. This conference is intended for Oregon nurses, nursing students and other health professionals. National, state and local speakers will be presenting on a wide variety of topics. The entire course schedule, registration and other conference information is available on-line at http://www.ohsu.edu/son/ce/ce_june.shtml.



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