

Oregon Public Health Connection

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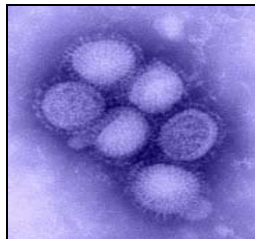
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Top Priority:

H1N1 influenza virus: swift response, new challenges

(Editor's note: This issue of the Oregon Public Health Connection is focused on the H1N1 influenza virus.)



An image of the newly identified H1N1 influenza virus.

Latest information regarding H1N1 influenza virus from the CDC may be found at: <http://www.cdc.gov/H1N1Flu/>

For the latest Oregon information, see: <http://www.flu.oregon.gov/>

(Photo courtesy Centers for Disease Control and Prevention.)

A look back at Oregon's response

By J. Christie Holmgren, APR, Public Information Officer, Public Health Emergency Preparedness, Oregon Public Health Division

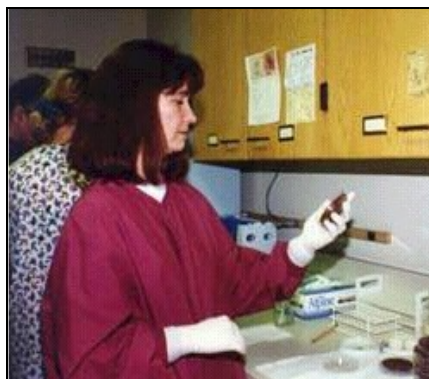
When novel H1N1 influenza A hit the international spotlight in late April, public health and health care entities throughout Oregon took swift action to investigate potential cases and provide public information to help curb the spread.

The Oregon Public Health Division (OPHD) response began on Wednesday, April 22, when the World Health Organization and Centers for Disease Control and Prevention (CDC) reported an outbreak of a new swine influenza virus in Mexico and the first confirmed U.S. cases in California.

The Communicable Disease program notified local health departments and hospital infection control practitioners via a HAN alert that day.

Continued on page 4

County Perspective: Deschutes County H1N1 response combine efforts with partners



The Deschutes County Health Department has staff available to answer questions and investigate reportable communicable diseases.

(Photo courtesy Deschutes County) Information provided by Shannon Dames, Deschutes County Health Department, Shannon.Dames@co.deschutes.or.us

For Deschutes County Health Department staff, like those in many Oregon counties, watching the H1N1 Pandemic unfold felt like all of the exercises we participated in to prepare us for times like this. Within days, Deschutes County had set up an Incident Command Structure and was doing its best to take on the new responsibilities we had trained to assume. We partnered with Crook and Jefferson counties and held a live press conference once our ICS was activated. This marked the beginning of many communication efforts to our congregate settings and medical community, bringing together agencies from all corners of the tri-county area to integrate planning efforts.

Our greatest challenges were around finding balance between providing expedient recommendations to address community concerns and waiting for information and guidance from the state or CDC. Creating more definition around the blurring of roles, decision-making unity amongst counties versus independently-catered county decisions, and minimizing process duplication are all areas we hope to improve on. Other challenges included: using technology to more effectively communicate with our partners, such as electronic reporting, website updates, creating a secure web portal to monitor availability and providing access to medical providers to be able to refer patients to pharmacies with adequate stock, etc.

Our department partners continue working to ensure our community is prepared in case the situation becomes more serious later this year.

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County Perspective: Incident Command used in H1N1 threat

On April 28, 2009 the Multnomah County Health Department (MCHD) stood up the Incident Command System (ICS) to respond to the emerging novel H1N1 (swine flu) threat. ICS is used nationwide to respond to natural and man-made disasters and emergencies. The goals were to understand the extent of the international and local spread of the virus, characterize the clinical presentation and spectrum of the illness, interpret and communicate recommendations/best practices to clinicians and the public, investigate and control the spread of Multnomah County suspect, presumptive and confirmed cases, and to implement public health policies regarding critical resource rationing, and community mitigation including closures and quarantine.

Approximately 40 MCHD personnel were part of the ICS team. Of utmost importance was the need to provide consistent information to the general public and specific groups such as local schools, day cares, health care providers, work sites, and religious and ethnic communities. MCHD had an existing website which provided information on pandemic flu preparedness. This website was quickly adapted to provide up-to-date information on H1N1 and continues to be updated weekly.

At the peak of public demand for guidance and information, up to 100 phone calls were fielded each day. Callers were provided information regarding treatment recommendations, disease symptoms, infection control practices (especially hand washing and cover your cough messages), prophylaxis and access to care. MCHD responded to the high demand for public health guidance particularly from public schools and day cares. Airports/airlines were given consultation on how to deal with sick travelers and quarantine/isolation issues. Prophylaxis was distributed to physicians and health care agencies as needed. A task force was set up to plan for the medical evaluation of the underinsured and to set up a large scale medical care point if it became necessary. Staff also provided information at the Cinco de Mayo celebration in downtown Portland. The information was in high demand at the celebration and was well received. In addition, the Public Information Officer (PIO) staff worked with the Mexican Consulate to address discrimination issues.

The MCHD ICS team was dedicated to protecting the health of the people of Multnomah County and worked tirelessly until ICS was demobilized on May 6th. MCHD gained real experience that will be valuable in improving its response to public health emergencies in the future. For further information, please contact Hai Ta at Hai.H.Ta@co.multnomah.or.us.

Hot Topics: Harmful algae bloom - coming to a lake near you



An Oregon lake with harmful algae in full bloom. (Photo courtesy Oregon Environmental Public Health.)

If your health department has yet to respond to a harmful algae bloom, odds are that sooner or later it will. The numbers show they are becoming more widespread: in 2006 the Public Health Division (PHD) issued 8 algae health advisories that affected 5 counties; last year the number grew to 14 health advisories that affected 8 counties.

As part of a national effort to understand the environmental impact of blooms and how they affect human health, in 2008 the PHD established the Harmful Algae Bloom Surveillance (HABS) program to:

- track the occurrence and characteristics of harmful algae blooms,
- collect case reports of human and animal illnesses,
- enhance relationships with partners involved in responding to algae blooms, and
- identify vulnerable drinking water sources for preventative efforts.

Algae exist in marine and fresh waters. Under certain conditions they can rapidly grow into a thick green, blue-green, red or white foam or scum. Some algae species such as cyanobacteria (blue-green algae) can produce toxins that pose health risks to people and their pets. Symptoms range from skin irritation, diarrhea, cramps, vomiting, fainting, numbness, dizziness to tingling and paralysis. Severe reactions are most likely to occur if large amounts of water are swallowed during recreational activities such as swimming or wading in affected waters.

A variety of agencies oversee Oregon's waters. Responding to a bloom requires coordination among public health and partners, such as the U.S. Forest Service, Army Corps of Engineers, Oregon State Parks, county parks and other affected interests such as resort owners, homeowners and nearby towns.

When a bloom is detected, the local agency gathers water samples. If analysis shows a toxic species is present at densities high enough to pose a health threat, the PHD issues a health advisory. Health departments may receive calls when an advisory is issued for a local lake. Most questions can easily be answered using information found in the advisory or the FAQ on our Website. If you run into difficulty, feel free to refer the caller on to us. Also, please send any illness reports our way.

Information provided by Bonnie Widerburg, Public Health Educator, Harmful Algae Bloom Surveillance Program, Oregon Public Health Division. For more information, visit www.oregon.gov/DHS/jph/hab or contact us at 971-673-0440 or via email at Hab.health@state.or.us.

PH: In the News

Bell tolls for Milton-Freewater Clinic (Umatilla County, OR.) – Umatilla County commissioners gave the final “no” to keeping the Milton-Freewater Public Health Clinic open. (Courtesy Walla Walla Union-Bulletin.)

Southern Oregon women receive aid (Jackson County, OR.) – Three Southern Oregon counties will receive \$3.75 million over the next five years to help low-income and disadvantaged pregnant women receive better health care. The Health Care Coalition of Southern Oregon will administer the Healthy Start grant through county health departments and local safety-net clinics in Jackson, Josephine, and Douglas Counties. (Courtesy The Mail Tribune, Jackson County, OR.)

Health care reform bill clears Legislature (Salem, OR.) – The Legislature put an end to the need for uninsured Oregon children to depend on safety net clinics or emergency rooms for health care. The Legislature also voted in support of House Bill 2009 which will create an Oregon Health Authority that will be charged with streamlining state health services and carrying out a variety of initiatives to contain costs and improve quality in the state's health care system. (Courtesy The Oregonian, Portland, OR.)

Toxic algae detected in Oregon lake (Jackson County, OR.) – A health advisory prompted by high algae levels found in Lost Creek Lake, 30 miles northeast of Medford on the Rogue River, was issued. (Courtesy KVAL CBS 13, Eugene, OR.)



The Oregon Public Health Connection has been recognized by NPHIC with the 2008 Bronze Award for Excellence in Public Health Communication.



Photos courtesy of Centers for Disease Control and Prevention (CDC)

County Perspective: Washington County H1N1 Planning for Potential Recurrence

Like many of her counterparts across the state, Kelly Jurman, Health Promotion Supervisor for Washington County, is leading a “community education” effort to help protect citizens from the potential recurrence of novel H1N1 flu this fall.

“We’re planning a comprehensive outreach,” Jurman says, “starting with the 1700 County employees, then reaching out to populations directly served, for example seniors who receive Medicaid services and the 13,000 plus WIC participants.” Many of the social service divisions in the Department of Health and Human Services work with partner agencies and Jurman is planning to reach out through these, too. There is also a well-developed network of faith-based service agencies and churches, synagogues and mosques that she plans to connect with. “We have a group of *promotoras* who work with fellow residents of low-income housing who will be effective in spreading the word. And in the county there is a rich weekly and monthly newspaper market, so we’re working to spread messaging throughout the county with their effort, too.”

“We are still designing our messages. There will be a variety of printed pieces, aiming at the widely differing language, cultural and literacy levels we have in Washington County,” according to Jurman.

“We will have the challenge of bringing good, preventative information to an audience that may well be ‘saturated’ with, and maybe inured to, flu messages.” Jurman noted that she expects several “media flurries” such as that which followed the WHO raising the pandemic level to 6.

Information provided by Kent Burtner, Communications Officer, Washington County Health and Human Services, kent_burtner@co.washington.or.us

H1N1 influenza virus: Public Health Preparedness Latino Outreach Project

The most recent H1N1 outbreak highlighted the need to develop an effective communication plan to reach out to diverse communities within Oregon – often times our most vulnerable populations. Nowhere was this more apparent than with the Latino community, which now numbers more than 360,000 (over 10% of Oregon's total population). The challenge was not simply to provide outreach to the largest minority group in the state, but to craft effective messages when almost 80% of Hispanics in Oregon speak Spanish as their first language and to limit any stigmatization resulting from early reports of the outbreak originating in Mexico.

Fortunately, some preparations had been developed a year earlier in anticipation of such an event. The Oregon Public Health Division had worked with community partners, ethnic media sources and state staff to pilot and develop a process for translating and disseminating critical news releases to the Latino community. Rather than creating a new process during this crisis, the State of Oregon was able to readily draw from its earlier experience in fast-tracking the translation of news releases and webpage announcements.

However, more work needs to be done to ensure that public health information can quickly and effectively reach Oregon's largest non-English speaking minority. The Oregon Public Health Director has made a commitment to work with Latino leaders, communication professionals and others to make this a reality. Specifics on a strategic plan and implementation activities will be reported on in future editions.

As the state of Oregon becomes more culturally and linguistically diverse, it becomes ever clearer that Public Health's mission is to keep all Oregonians healthy and safe. We must look beyond Spanish-speaking communities and examine ways of expanding outreach to other emergent communities within Oregon as well.

Information provided by the Office of Community Health and Health Planning, Oregon Public Health Division.



PH-County Bulletin: Opportunity for New Editorial Board Members

The monthly Public Health-County Electronic Bulletin, *Oregon Public Health Connection*, would like you to consider joining our editorial board! Editorial board members serve for one-year terms, at a minimum, and include representatives from state public health staff and county health departments. The editorial board meets four times each year, and distance participants have the option of participating via videoconference or conference call.

The board's primary responsibility is to set the content for the monthly e-bulletin, which is a joint effort of the Oregon Public Health Division and the Conference of Local Health Officials (CLHO). Board members also provide information directly for the publication, proof and edit articles, and approve drafts for distribution. This is the bulletin's fourth editorial year. It has been recognized nationally by the National Public Health Information Coalition (NPHIC) for excellence in public health communication. If you are interested in serving on the board or would like to recommend someone for service, beginning Fall 2009, please contact e-bulletin editor Trish Neiworth at latrissa.l.neiworth@state.or.us by July 31, 2009.

PH Calendar

JUNE 2009

[H1N1 Influenza Epidemic](#)

Reflecting on Decision-Making During the Novel H1N1 Influenza Epidemic presented by Katrina Hedberg, M.D., M.P.H., Interim State Epidemiologist and Administrator, Oregon Public Health Division; Steven Helgerson, M.D., M.P.H., State Medical Officer, Montana Department of Public Health & Human Services; Anthony Marfin, M.D., M.P.H., State Epidemiologist, Communicable Diseases, Washington State Department of Health, noon – 1 p.m., June 30. This is part of Hot Topics in Preparedness, an online forum sponsored by the Northwest Center for Public Health Practice. Registration required.

AUGUST 2009



[Crack the Case of Good Health](#)

Join us for our second annual Public Health @ OMSI event, Aug. 10 – 15 at the Oregon Museum of Science and Industry. Public Health programs and partners will take over part of the first floor of the museum with interactive activities and displays for the entire family focused on public health and prevention. Contact: Trish Neiworth, OPHD Community Outreach & Education, latrissa.l.neiworth@state.or.us



[OPHA Annual Conference](#)

Oregon Public Health Association 65th Annual Meeting and Conference, Oct. 26-27, LaSells Steward Center, Oregon State University, Corvallis, OR.

H1N1 influenza virus: swift response, new challenges -- from pg. 1

OPHD immediately took an aggressive approach to monitor for the new flu strain, asking health care providers to test patients with influenza-like illness, particularly patients who had recently traveled to areas with known cases.

In addition, the division began working with medical laboratories throughout the state to re-test recent influenza A samples that initially could not be sub-typed, and increased surveillance for influenza-like illness through a group of sentinel providers around the state. This exceeded the CDC recommendation at the time for increased surveillance in states with known cases.

OPHD issued its first media release on Friday, April 24, and held its first media briefing on the novel flu virus on Sunday, April 26, with an opportunity for local health departments and media statewide to access the briefing via conference call. The Virtual Joint Information Center on the Health Alert Network was activated on Saturday, April 25.



Acting Oregon Public Health Director Mel Kohn, M.D., M.P.H., conducts one of many news briefings. (Photo courtesy DHS.)

Agency Operations Center, Joint Information Center activation

The Public Health Division Agency Operations Center and Joint Information Center were activated on Monday, April 27, and continued daily operations through Friday, May 8.

Over the course of the activation, 12 media briefings, 19 press releases, 11 H1N1 documents translated into Spanish and 2 into Russian, 30 HAN Alerts and daily conference calls with tribes and local health departments kept the public and partners informed of the latest developments.

A public Web site was established early in the response and received more than 50,600 visits during the activation. The Public Health Hotline responded to a total of 667 calls between when it was activated on April 29 and when it ceased operation on May 13. On May 1, the Public Health Division Immunization Program began distributing a state cache of 10,239 antiviral courses to 36 counties, nine tribes and three state agencies proportionally by population.

Oregon State Public Health Laboratory testing

Over the weekend of May 2 and 3, the Oregon State Public Health Laboratory received testing materials for novel H1N1 influenza A from the CDC, and was able to begin testing for the virus an unprecedented 48 hours later. Initial results were confirmed by comparison with CDC findings with 100% agreement.

As of June 12, there were 189 confirmed cases of novel H1N1 influenza A in 13 Oregon counties. Of these, there were 16 hospitalizations and one death of a Marion County woman who had multiple underlying health conditions. The median age of Oregonians with laboratory-confirmed infection is 16 years. Most hospitalized patients have had underlying chronic medical conditions.

Current case counts and other information regarding novel H1N1 influenza change rapidly. For the latest information in Oregon, visit: <http://www.flu.oregon.gov>. For the latest information in the U.S., visit: <http://www.cdc.gov/h1n1flu>.

Clinical trials of cell-based vaccine to begin

In July, Novartis expects to begin clinical trials of a cell-based vaccine for the novel H1N1 influenza A virus.

Based on the recent response, state and local health officials in Oregon are using lessons learned to gear up for a potential resurgence of novel H1N1 this fall and winter.

Current challenges include developing and implementing effective community mitigation and continuity of operations strategies, launching the "Only you can stop the flu" statewide pandemic influenza prevention messaging, enhancing statewide surveillance for influenza-like illness, assessing policy issues, providing guidance to schools and other institutions, and storing and distributing antiviral medications and vaccines.

Planning for Fall 2009

Planning assumptions for this fall have been shared with local health departments and other partners. These include an assumption that the attack rate may be as high as 35 percent and that children, young adults and those with compromised immune systems may be at higher risk. Early, targeted use of non-pharmaceutical measures, such as social distancing, will be an important mitigation strategy.

In addition to planning for vaccination for both seasonal and novel H1N1 influenza, local health departments and other state and government partners are urged to plan for continuity of operations in light of anticipated worker absenteeism as high as 30 percent.

While we cannot know for certain exactly when (or if) an increase in novel H1N1 infections will occur, or if there will be a change in severity of symptoms, by taking steps now to prepare, we can put ourselves in the best position to care for those who are ill, and to limit the impact of this illness among Oregonians.



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