



UPDATE

Report on Bioterrorism Preparedness in Oregon

Preparedness Planning

Oregon's Public Health Annex to the State Emergency Operations Plan (Annex F) is currently under revision, and brings about a fundamental shift in the way the annex is organized. The base plan describes the overall purpose, legal authorities, situations, assumptions and general concept of operations for all types of hazards. A number of functional appendices will describe standard operating procedures in areas from incident communications to mortuary services. In addition, there are hazard-specific appendices that describe the actions that will be taken by public health in the event of emergencies ranging from chemical hazards to emerging diseases. Updates on a number of these hazard-specific plans are contained elsewhere in this newsletter.

Local Health Department Workshop

A workshop for local health department bioterrorism coordinators plus up to two other staff members is set for Wednesday and Thursday, Feb. 11 and 12, in Portland.

The agenda for the first day includes updates from all bioterrorism and public health preparedness Cooperative Agreement focus areas, and panel discussions on local preparedness activity and lessons learned from recent events.

The second day will consist of training in emergency exercise design, with an opportunity to break into groups to develop exercise objectives.

The hours of the workshop on Wednesday are from 8 a.m. to 5 p.m. The hours on Thursday

are from 8:30 a.m. to 4 p.m. For registration information, call Maria Campbell at (503) 731-4005, ext. 843 or e-mail: maria.campbell@state.or.us

Oregon's Urgent Epidemiologic Response Team

In its first year of operation, Oregon's Urgent Epidemiologic Response Team (UERT) assisted local health departments in investigating more than 160 outbreaks of infectious disease. Every day during working hours, two epidemiologists from the state's Acute and Communicable Disease Prevention (ACDP) section are specifically designated to be ready to drop their "routine" work and assist local health departments with the design of investigative protocols and questionnaires, and with data analysis. (After-hours response is still coordinated by the state public health on-call system).

A major goal of the Public Health Preparedness and Response to Bioterrorism project is to ensure that state and local public health authorities respond rapidly and effectively to a potential bioterrorist event. The ability to quickly investigate naturally occurring cases and outbreaks of disease is evidence of that capacity.

Health Alert Network

Oregon's Health Alert Network (HAN) web site has entered a new phase with the addition of contact information for key positions within Oregon hospitals and an expanded ability to post documents. Public health and hospital professionals from throughout the state can now log on to the secure site to obtain the latest

resources, updates, alerts and advisories from Oregon Health Services and the Centers for Disease Control and Prevention, at:

<https://www.oregonhan.org>

You must be issued a password to access the site. Role-based contact information has been posted for all local health departments and hospitals in Oregon.

Each local health department has a designated area for posting local plans or other information that may be of interest to the HAN users within the county. If you have items you would like to post on your section of the site, please go through local clearance procedures and have your primary HAN contact e-mail the files to Eric Stewart at: eric.e.stewart@state.or.us.

See the Deschutes County web pages for an example of how this area can be used. While these pages are currently visible to all HAN users, the HAN site is secure and these pages are not available to the general public. Coming soon will be the ability to post password-protected information available only to select roles.

Hospital Status Website Progress

Oregon Public Health Preparedness (PHP) has contracted with the Harborview Medical Center in Washington to "piggyback" on the web-based system developed three years ago for quickly exchanging information with other hospitals during a mass-casualty incident.

The secure Harborview site is password-protected and incorporates the ability to track patient census, emergency department status, select pharmaceuticals and equipment, and the available number of beds on a regional basis. It also includes hospital information, a phonebook and web links. Oregon hospitals will join those in Washington State and Alaska on the site.

A functional web site for Oregon hospitals is in process and will soon be ready for review by Oregon's Hospital Capacity Web Site Committee, comprised of hospital staff from around the state. Hospital status across the state line will be part of the system. By partnering with Harborview,

Oregon also will have access to Washington State hospital status, which could be important in a mass-casualty incident.

Laboratory Response Network

Oregon's approximately 2,000 certified laboratories routinely report test results for nearly 50 bacterial, parasitic and viral communicable diseases to local public health authorities. In addition, there are 64 laboratories acting as disease "sentinels" in the Oregon Laboratory Response Network (OLRN). These sentinel labs are skilled in recognizing bacteria that may be used as agents of bioterrorism and can quickly refer specimens to the Oregon State Public Health Laboratory (OSPHL) for additional testing and confirmation.

The goal is to connect OLRN microbiology laboratories with one another, with the OSPHL, and with their county health departments and local law enforcement.

Currently the OLRN labs are networked through a searchable database, that includes demographic and communication data, surge capacity and safety levels, and educational workshop participation. Soon all OLRN labs will be able to access information and each other via a secure Oregon Health Alert Network internet site.

Of the 64 OLRN labs, 44 are located within hospitals, 13 within clinics (including 1 tribal health clinic), four are reference laboratories, two are environmental laboratories and one is a veterinary laboratory.

Since February 2003, 340 participants have attended 35 workshops on safely transporting infectious materials and identifying bioterrorism agents, sponsored by the OLRN.

Health Resources Service Agency (HRSA) Cooperative Agreement

The results of a survey to assess bioterrorism and public health emergency preparedness among Oregon's 64 hospitals are currently under final review and will be presented to the Health Preparedness Advisory Committee (HPAC) at its Jan. 23 meeting.

A similar assessment of primary care providers is being developed in conjunction with the Oregon Primary Care Association, pediatricians and family practice groups.

Under an intergovernmental agreement with DHS, Metro, the regional government for the Portland metropolitan area, is developing a set of geographic information system (GIS) data that will be useful in public health preparedness planning, mapping and response at the local, regional and state levels. The data will be accessible using free GIS software. The hospital survey data also will be available in GIS format.

Working with the Hospital and Healthcare System Preparedness Implementation Committee (HPIC) and HPAC, DHS is in the process of purchasing 12 biosafety cabinets for the 12 Oregon hospitals that do not have them for their microbiology laboratories.

Discussion has been held on HRSA healthcare regionalization and "regional hospital" concepts. Area Trauma Advisory Board (ATAB) regions are being used for initial evaluation of the regional concept.

Oregon and Washington state bioterrorism preparedness planners met recently to discuss mutual planning and coordination of public health emergency issues across state lines.

Food Security

In September, the Oregon Department of Human Services and Oregon Department of Agriculture sponsored, "Having a Conversation: A Statewide Meeting on Food Security." The meeting included approximately 50 participants, public and private, representing a broad spectrum of food security interests from the farm to the table.

The focus of the meeting was to assess the current state of food security in Oregon, to look at best practices, and to recruit committee members to begin the process of developing a Food Security appendix to the Public Health annex of the State Emergency Plan.

Since the statewide meeting, a core planning group and two sub-committees have been

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

The committees' goals will be to develop consensus regarding the present status of food security/food borne disease surveillance in Oregon, identify methods for improving the system statewide, and develop plans to address the strengths and weaknesses of the present system.

SARS Planning

Approximately 150 people from local health departments and hospitals throughout Oregon attended the DHS-sponsored SARS Workshop on Dec. 5. State Public Health Officer Grant Higginson, M.D., M.P.H., opened the conference and framed the discussion by talking about confronting SARS and other public health challenges. State Epidemiologist Mel Kohn, M.D., elaborated on these challenges and said we need to look to Toronto to see how SARS might play out here. He noted that hospital infection control, along with accurate and timely reporting are key to preventing the spread of this disease.

Chris Van Beneden, M.D., M.P.H., from the CDC gave a global and national perspective on planning for SARS. Worldwide, there have been 8,437 cases and 813 deaths to date.

State Acute and Communicable Disease Program (ACDP) Manager Paul Cieslak, M.D., talked about state plans for epidemiologic investigation and presented algorithms for evaluation and management of Oregon patients hospitalized with fever or respiratory symptoms in the absence and presence of known SARS activity worldwide.

ACDP Epidemiologist Stephen Ladd-Wilson discussed the data management challenges, and Chris Biggs, from the State Public Health Laboratory talked about the laboratory issues. She urged providers to call their local health department before submitting samples to the state lab and to check the CDC Web site for information on specimen collection.

Multnomah County Health Officer Gary Oxman, M.D., M.P.H., led a panel discussion of local issues, followed by a group of panelists and audience questions related to several SARS scenarios.

PowerPoint presentations from the conference are available on the HAN Web site at: <https://www.oregonhan.org/docs/listdocs.cfm?id=134>

You must be issued a password to access this site.

Strategic National Stockpile

In the event that the Strategic National Stockpile is activated, the state is responsible for managing and delivering supplies statewide. Local health departments are responsible for dispensing in local settings and must develop their own dispensing plans.

At the state level, lead roles have been identified and job descriptions provided to the people who will fill those roles. Orientation will precede anticipated training and exercises.

A scheduled statewide Local Health Department Workshop, Feb. 11 and 12, (see article, page 1) will include an exercise design session based on SNS strategies. We anticipate that county and local training and exercise timelines will allow for orientation and exercises to build up, leading to a statewide exercise around September or October 2004. For more information or assistance, call or e-mail Brian Mahoney, (503) 731-4005, ext.226, or: brian.j.mahoney@state.or.us

NACCHO has produced "The National Pharmaceutical Stockpile (SNS): A Reference for Local Planners." This guide is available on line at: <http://www.naccho.org/prod138.cfm>

Planning for Chemical Terrorism

The Centers for Disease Prevention and Control (CDC), in conjunction with a national network of local, state and federal health agencies, will present the Interstate Chemical Terrorism Conference, Feb. 3 and 4 in Atlanta.

The conference is designed to address the basic elements of scientific and risk communications

needs in a chemical event. A group of expert panelists has been invited to develop a model communications plan, with guidelines and templates, to help local, state and federal responders prepare for, respond to, and recover from a chemical event.

According to Monterey Institute's Weapons of Mass Destruction database on worldwide reported terrorist actions, 76 percent of recorded incidents (1900-2003) involved chemical agents, 16 percent were biological and seven percent radiological.

The Interstate Chemical Terrorism Conference currently represents state and local health departments and other agencies from 50 states, federal agencies and other national health organizations.

Drinking Water Security

The Department of Human Services Drinking Water Program (DWP) has been working with public water systems to increase security, and develop and implement emergency response plans. Fourteen workshops were offered throughout the state and more will be scheduled.

The Federal Bioterrorism Preparedness and Response Act of 2002 requires community water systems with populations larger than 3,300 to conduct security vulnerability assessments and incorporate the results into their emergency response plans. The DWP has gone a step further and adopted regulations requiring all systems in Oregon to do likewise.

The DWP has advised public water systems on the many water system security/emergency response planning guidance information and tools now available, through workshops, capacity assessment surveys, a newsletter and a water security website.

Key partner organizations and agencies aggressively involved in this pursuit include the Environmental Protection Agency (EPA), the American Water Works Association (AWWA), Association of State Drinking Water Administrators (ASDWA) and the Oregon Association of Water Utilities (OAWU).

The latest tool being developed is EPA's "Response Protocol Toolbox: Planning for and Responding to Drinking Water Contamination Threats and Incidents," a 500-page guidance document for drinking water utilities, laboratories, emergency responders, state drinking water programs, and public health and law enforcement officials. This document will be completed this spring and the DWP will help make this information available to water systems and state and local emergency response programs.

Behavioral Health

The Behavioral Health All-Hazards Preparedness workgroup was recently approved by HPAC as its Behavioral Health Sub-Committee. Membership includes representatives from emergency management, Department of Justice, Red Cross, public health, mental health and addiction services, volunteer organizations, and OHSU.

The workgroup is developing a Behavioral Health All-Hazards State Emergency Plan, which will be an appendix to the Public Health Annex of the State Emergency Plan. The plan will be used to promote the development of county and/or regional behavioral health preparedness and response plans in coordination with local health departments, emergency managers and other local partners. The key focus of the behavioral health plan is the development and maintenance of key relationships among behavioral health, emergency management, public health, and other critical participants in the emergency response process, with a specific agenda of forming local behavioral health crisis response teams, which are capable of handling various disaster situations.

The Behavioral Health Plan will promote the development of trainings related to psychosocial preparedness and response to large-scale emergencies. Trainings will be specifically tailored to key audiences, including behavioral health care providers, primary care providers, traditional first responders, and local behavioral health crisis response teams.

House Bills 2410 and 2251

In 2003, Oregon legislators passed two bills designed to improve the state's ability to respond in the event of a public health emergency.

House Bill 2410 allows state public health to set up a registry of credentialed health care professionals available to assist during an emergency.

House Bill 2251 expands the power of the Governor to declare an impending public health crisis and authorize special reporting procedures and other public health measures.

HPAC sub-committees are meeting to assist in formulating recommendations for the administrative rules. Committee members come from local health departments, professional boards and associations, volunteer groups, and public and private agencies. This is a complex task and we appreciate the valuable time committee members are providing to produce viable recommendations.

PHP Staff Updates

Nan Newell, Ph. D. has been promoted to the position of Assistant Manager for Oregon's Public Health Preparedness program. She was previously the Coordinator for the Health Alert Network (HAN). In her new position, she is working on developing state health emergency plans.

Prior to working for DHS, Newell consulted for high technology companies and founded three companies, two of which had IPOs on NASDAQ. For three years, she was executive director of Oregon Biotechnology Association. She also served as a Congressional Science Fellow at the Office of Technology Assessment and has been a visiting professor at Reed College, Lewis and Clark College, and Duke University.

Newell received her Ph.D. in molecular biology from Johns Hopkins Medical School and her M.B.A. from the University of North Carolina. She is a Senior Fellow of the American Leadership Forum, and is a member of the Portland City Club, International Women's Forum, American

Association for the Advancement of Science, and the American Chemical Society.

Paul Lewis, M.D., recently joined the Communicable Disease Preparedness staff (Focus Area B) as a medical epidemiologist. After completing medical school at Stanford, Lewis trained in Pediatrics and Pediatric Infectious Diseases at the University of California, San Francisco, the University of Utah and the University of Washington. In 1996 he joined the faculty at Oregon Health and Sciences University, where he started the Pediatric HIV clinic and served as an infectious disease consultant. He also served as OHSU Hospital Epidemiologist and chaired the OHSU Infection Control Committee. In this role, Dr. Lewis wrote OHSU's policies on SARS and smallpox.

Lewis will work on the state emergency plan for communicable diseases, including SARS; help draft exposure-control plan templates for local health departments and hospitals; and serve on the Urgent Epidemiology Response Team.

Cover Your Cough

With the current flu epidemic and the likelihood that SARS will resurface this winter DHS Public Health Services has launched a statewide respiratory etiquette campaign based on materials developed in Minnesota.

Working in cooperation with local health departments, hospitals, the local affiliate of the Association for Professionals in Infection Control and Epidemiology and Oregon AWARE, DHS has distributed easily reproducible posters with simple line art reminding people to cover their cough and wash their hands frequently in order to reduce the spread of germs.

The posters (in both English and Spanish) can be downloaded from the DHS ACDP Web site at: <http://www.dhs.state.or.us/publichealth/acdp/index.cfm>

Thanks to Washington County Public Health for the Spanish translation of the poster.

HAN Coordinator Opening

With Nan Newell's promotion to Assistant Manager of the Public Health Preparedness program, there is now a vacancy for the position of Health Alert Network (HAN) Coordinator. For a complete position description and application procedures, check the DHS Jobs Web site at: <http://pss1.hr.state.or.us:591/recruit/LEHS4038.HTM>

Local Health Department Workshop

**Wednesday and Thursday
Feb. 11 & 12**

**Ambridge Event Center
(formerly Portland Conference Center)
300 NE Multnomah St.
Portland, OR**

**Register by Feb. 6 by phone or e-mail
(503) 731-4005, ext. 843
maria.campbell@state.or.us**



Oregon Department of Human Services

Office of the Public Health Officer
Public Health Preparedness (PHP)
800 NE Oregon St., Suite 360
Portland, OR 97232

If you have a disability and need this document in an alternate format, call Newsletter Editor:

Christie Holmgren, APR
Public Information Planning Coordinator
(503) 731-4000, ext. 882
TTY (503) 731-4031
christie.j.holmgren@state.or.us