

Director's Update



As the new year is underway, 2014 looks to bring change, important events and interesting activities.

In December, the Public Health Division welcomed Lillian Shirley as the new Public Health Director. With an extensive background in public health and commitment to serving Oregonians, Ms. Shirley will be a key partner in our preparedness activities and events.

Several key reports have been published recently that are worth your time and attention.

In November, the National Health Security Preparedness Index created a new way to measure and advance our nation's preparedness. The Index represents the most comprehensive set of health security preparedness measures to date. The 2013 Index consists primarily of public health and health care system measures. For Oregon, the Index gives us a way to measure our progress towards becoming a more prepared and resilient state. The Index identified three key areas that Oregon public health will work to build: surge management, health surveillance and countermeasure management. Sustaining areas were identified as incident/information management and community planning and engagement. For the full report, go to www.nhspi.org.

In December, Trust for America's Health published *Outbreaks: Protecting Americans from Infectious Diseases*. To help assess policies and the capacity to protect against infectious disease outbreaks, this report examines a range of infectious disease concerns and a series of 10 indicators in each state that, taken collectively, offer a composite snapshot of strengths and vulnerabilities as well as a range of national and global infectious disease priorities. While federal, state and local health departments all have roles to play, state have the primary legal jurisdiction and responsibility for the health of their citizens. The report provides the public, policymakers and a broad and diverse set of groups involved in public health with an objective, nonpartisan, independent analysis of the status of infectious disease policies. It encourages greater transparency and accountability of the system and recommends ways to ensure the public health system meets today's needs and works across boundaries to accomplish its goals. The report focuses on areas with high-priority policy concerns including: foundational capabilities and funding for public health, vaccine preventable diseases, emerging infectious diseases, emergency outbreaks-bioterrorism and high-risk new diseases, foodborne and waterborne illness and HIV/AIDS, viral hepatitis and tuberculosis prevention. To see the entire report, go to www.healthyamericans.org.

As we move into Budget Period 3 (BP3), Congress has passed a budget with specific amounts for PHEP and HPP grants still to be determined. While there are projected double digit decreases in the HPP budgets, we will strive to determine our best options for both grants moving forward with a focus on improving preparedness for all Oregonians.

For the first time, Oregon will host the 11th Annual Pacific Northwest Health Border Alliance on May 12-14 in Portland. Participants will include Alaska, Washington, Oregon and Montana, with Canadian participation from three provinces. More details to follow so watch for HAN messages containing details.

Finally I'd like to acknowledge the important work of our VISTA volunteers. Our current group of nine VISTAs will be leaving in April with a new group coming on board in May. Special thanks to Lucy Moore and her team for the important work they do around the state.

A warm welcome to our new Region 1 PHEP liaison, Kris Hansen



By Akiko Saito

In early December the HSPR program welcomed a new liaison, Kris Hansen. Ms. Hansen has stepped right in as the Region 1 PHEP Liaison and has already proved to be a great asset to the liaison team.

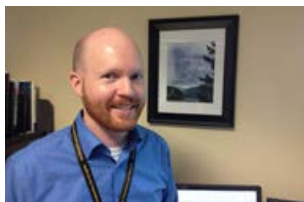
Kris is not new to the public health preparedness world. She started her career in preparedness in 2001 in Spokane, Wash., as the Public Health Liaison for the Spokane Regional Health District. In Washington, she made important connections between the Spokane Regional Health District and the communities of medical providers, long term care facilities, hospitals and school nurses.

After her tenure in Washington, she travelled east to Moorhead, Minn., to work at the Clay County Public Health Department as the Emergency Preparedness Coordinator. She wrote and updated emergency preparedness medical countermeasure dispensing plans and served on the Incident Management team in the 2009 Red River response.

Kris's experience, planning expertise, creative problem-solving and local perspective will serve her and her partners well as she ventures into her new role as the Region 1 PHEP liaison. Please join us in welcoming her to HSPR and to Oregon!

OREGON PUBLIC HEALTH DIVISION

HSPR's new state Medical Reserve Corps Coordinator and Oregon Health Authority/AmeriCorps VISTA Partnership Project Director: Eric Gebbie, Dr.P.H., M.I.A.



By Alyssa Bostian

With the new year comes a new Medical Reserve Corps (MRC) Coordinator and Oregon Health Authority (OHA)/AmeriCorps VISTA Partnership Project Director. We are pleased to announce that our own Dr. Eric N. Gebbie has filled the position, previously held by Akiko Saito.

Prior to obtaining his new title, Dr. Gebbie was employed by HSPR as the State Emergency Registry of Volunteers in Oregon (SERV-OR) Coordinator. Under his guidance, the registry grew rapidly and now many licensed healthcare professionals across the state are ready and able to respond in case of an emergency. Eric was integral in managing resources to provide numerous trainings on Basic and Advanced Disaster Life Support, Basic Burn Care, Disaster First Aid and more. These trainings were provided to SERV-OR volunteers at no cost, ensuring emergency responders are equipped with the skills needed to assist during any situation.

Eric has also been an integral part of HSPR's responses to events and exercises, taking an active role during H1N1, the Radiological Event from the tsunami in Japan, 2011 Winter Flooding and the PACE Setter Exercise in 2013. Eric's knowledge of preparedness and forward-thinking attitude was noticed during his tenure at HSPR.

Eric is quickly integrating into his new role and is off to a running start. His focus on streamlining, continuous quality improvement and vision for the future make him a great addition to both the MRC and VISTA projects. Within Eric's first month directing the VISTA project, he was involved with site visits, supervisor trainings, monthly report analysis and recruiting host sites for the 2014 Spring Team. Eric would like all VISTA members to have a positive experience and is quickly learning details about VISTA members, host sites and projects. Eric has sought out opportunities for professional development within the field of public health for VISTA members and is in the process of implementing a monthly webinar series for the team.

Eric's leadership skills have been a boon to the MRC project as well. Eric seamlessly stepped into the coordinator position, leading statewide MRC efforts and assisting all 18 MRC units in Oregon with continuing operations.

We are very excited to have Eric on board in this new position and are excited to see his accomplishments benefit Oregon and the HSPR program for years to come.

A collaborative approach to overcoming outbreak in Klamath County



By Molly Jespersen

Showing no signs of waning, an increased number of pertussis cases during the summer of 2013 concerned Klamath County Public Health (KCPH) as children and youth returned to school. Understanding that immunization is the best way to protect children and families, both local school districts and KCPH elected to have an early exclusion cycle for all seventh graders and open four points of distribution (POD) to ensure availability of Tdap vaccine and prevent the spread of pertussis.

At the time of this decision, approximately half of all seventh graders had record of a Tdap vaccination. This is typically true of Klamath County, a county that traditionally has lower vaccination rates for school-required immunizations than the state average.

Medical providers in the Klamath community were concerned about the availability of Tdap vaccine and medical personnel to provide the vaccination for the large number of seventh graders at risk for school exclusion.

Relying on expertise from the Oregon Health Authority, KCPH and our partners developed a plan for establishing the PODs.

The team sought solutions for navigating minor consent laws. To circumvent this barrier, KCPH opened two PODs at Ponderosa Middle School during parent-teacher conferences. Open to all seventh graders in Klamath County, this POD increased accessibility for parents to accompany children during the vaccination and ensure proper documentation for parental consent.

A total of 110 seventh graders were vaccinated at KCPH PODs. Of the seventh graders missing their Tdap vaccination record, 42% received a Tdap vaccine. Only 24 seventh graders were excluded from school for a missing vaccination record.

Volunteer medical providers from the Oregon Health Sciences University School of Nursing and Klamath Community College Licensed Practical Nursing program made the PODs successful. Additionally, our partnership with both the Klamath Falls City School District and Klamath County School District was essential in preventing the spread of pertussis in our community. Thank you!

How 16 minutes prevented 36 hours of holiday vomiting and diarrhea



By Theresa Watts

Ring, ring. "Hello?" "This is a message from the Clackamas County Health Department. If you picked up a food box, please listen to this message. We are investigating a stomach illness among folks who prepared the food boxes..."

Within 16 minutes, 40 people who picked up a holiday gift box from a church in Clackamas County received a call and text message from the Clackamas County Emergency Notification System (CCENS) letting them know of the potential for illness and what extra steps to take to protect themselves from foodborne-related disease.

The outbreak involved volunteers who assembled these gift boxes. About half of the volunteers developed nausea, vomiting or diarrhea that lasted about 24 hours, one to two days after assembling the boxes. The outbreak, which was reported on Christmas Eve, was quickly laboratory confirmed as norovirus.

"Even though it was initially unknown whether any person was ill while assembling the boxes, we didn't want to take any chances and risk people eating the food getting sick," State Outbreak Lead Epidemiologist Melissa Powell said.

Protect yourself from Norovirus

1. Wash your hands often
2. When you are sick, don't prepare food or care for others
3. Rinse fruits and vegetables thoroughly
4. After vomiting or having diarrhea, immediately clean and disinfect surfaces and wash soiled laundry
5. When ill, stay at home to avoid further spread

Norovirus is very contagious. A person sick with norovirus can shed billions of particles in their stool or vomit. It takes as few as 18 particles to infect another person. Because norovirus is highly contagious, outbreaks have occurred anywhere the illness can spread from person-to-person or by consuming or touching things contaminated with the virus. In Oregon, outbreaks have occurred in nursing homes, schools, day-cares, hospitals, restaurants, summer camps and catered events. According to the Centers for Disease Control and Prevention, about 50% of food-related outbreaks are caused by norovirus.

Recognizing the high transmission risk, Powell and Clackamas County Health Officer Dr. Paul Lewis and Preparedness Coordinator Kathy Thompson quickly went to work. "In the past, we have called everyone who could have been exposed independently. Recognizing how labor intense this would be for this large outbreak and the need to act quickly, I proposed that we use our Clackamas County Emergency Notification System instead," Thompson said. This system shares a recorded message to a list of contacts within seconds.

The investigators worked together to quickly develop the message that was sent by the CCENS. "It was important for us to have a message that did not raise fear. Rather, we wanted to emphasize taking extra precautions to thoroughly wash the food in the box," Lewis said.

No one who received a food box reported gastrointestinal illness. Using the CCENS shortened response time, which in turn decreased the likelihood of recipients contracting norovirus. This is a good option for similar situations when a large

Emergency preparedness moments to remember



By Julie Black

March 11, 2011 – Japan earthquake and tsunami

March 11, 2014, marks the three year anniversary of the Tohoku 9.0 earthquake, tsunami and subsequent disabling of the Fukushima nuclear power plant. This earthquake is the most powerful ever recorded in Japan and it killed more than 15,600 people. ([MCEER](#)) NASA provided images from space demonstrating the massive changes to Japan's coast. ([NASA's Earth Observatory](#)) The USGS discussed some of the many valuable lessons learned from this earthquake. ([USGS](#))

March 11, 2004 – Madrid train bombings

A total of ten bombs exploded nearly simultaneously on four separate trains killing 191 people and injuring more than 1,800. The bombings occurred three days before Spain's general elections in 2004. ([Encyclopedia Britannica](#))

April 18, 1906 – San Francisco earthquake

The San Francisco earthquake resulted from a 296 mile rupture of the San Andreas fault. Although devastating, it is best known for the lessons learned and resulting scientific advances, many of which remain standard today. ([USGS](#))

April 19, 1995 – Oklahoma City bombing

168 people died when explosives inside a rental truck parked in front of the Alfred P. Murrah Federal Building were detonated in Oklahoma City on April 19, 1995. The site of the attack is now a memorial where visitors may remember the victims, survivors and rescue workers, and learn the impact of violence. ([Oklahoma National Memorial & Museum](#))

April 20, 2010 – Deep Water Horizon oil spill

The Deep Water Horizon oil rig sunk after an explosion and subsequent fire spilling up to 700,000 gallons of oil into the Gulf Coast. Response efforts continue today. ([RestoreTheGulf.gov](#))

May 18, 1980 – Mount St. Helens eruption

"Vancouver, Vancouver, this is it!" Those were the last words of David Johnson, a survey volcanologist, and the first true warning to the rest of us that the moment had come. I grew up in Vancouver, Wash., so the eruption of Mount St. Helens is one disaster I remember vividly and from direct personal experience. Inches of ash covered my neighborhood streets, which is amazing since the eruption blew toward the north. One of the three visitor centers, Johnson Ridge Observatory, exists now near where David Johnson camped. ([mountsthelens.com](#))

May 22, 2011 – Joplin tornado

An EF-5 tornado ravaged Joplin, Mo., on May 22, 2011, killing an estimated 157 people. It has been called the deadliest tornado since modern recordkeeping began in 1950. It is the seventh deadliest in U.S. history. It was one of 1,691 tornadoes reported across the country in 2011. ([NOAA](#))