



# UPDATE

## Report on Bioterrorism Preparedness in Oregon

The first year of funding through the supplemental public health bioterrorism preparedness grant agreements with the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) ends in August. These grants provided approximately \$14 million in federal funding to support basic improvements to statewide public health capacity to prepare for bioterrorism attacks and other public health emergencies.

As this funding year draws to a close, it is appropriate to look back on how state and local public health agencies have worked together to improve Oregon's ability to respond to a bioterrorism attack or other public health emergency.

The following key accomplishments highlight progress to improve bioterrorism and public health emergency preparedness capacity in the areas of Enhanced Rapid Disease Surveillance, Identification and Investigation, Integration of Public Health with Public Safety, Training, Smallpox Vaccination, and Program Assessment.

### Enhanced Rapid Disease Surveillance, Identification and Investigation Capabilities

Federal funding has provided resources to improve state and local public health capacity to identify, investigate and control outbreaks of infectious disease caused by bioterrorism attack or natural causes. In the state's 34 local health departments, federal funding supports

about 60 public health professionals who are responsible for bioterrorism preparedness and communicable disease surveillance. Twenty-five state public health staff, including doctors, epidemiologists, laboratory technicians and public health emergency planners support and guide local health departments as we work together to improve state public health preparedness capacity.

A great deal of progress has been made toward building Oregon's Laboratory Response Network (LRN), including a survey of all Oregon clinical laboratories performing microbiology to assess "sentinel" lab capacity, training and lab equipment needs. Sixty-four Level A labs have been identified and 58 participated in proficiency testing.

The Oregon State Public Health Laboratory has implemented methods for rapid bioterrorism agent analysis and initiated physical improvements at the laboratory facility to improve the safety of the laboratory staff who work with infectious agents. Major improvements have also been made in laboratory security and emergency procedures.

### Integration of Public Health with Public Safety

The State Public Health Officer is a member of the Governor's Security Council and participates in the Security Council Steering Committee, setting the agenda for the state's Homeland Security and emergency management strategy. Local health departments across the state have more fully integrated public health mitigation

and preparedness, response and recovery planning with local and state public safety partners. Local and state public health agencies have implemented 24-hour emergency contact capacity and tested those procedures through exercises and response to actual events.

Public Health Preparedness staff have participated in numerous meetings, trainings, exercises and planning sessions with county health and emergency planners, resulting in improved communications, working relationships and preparedness capacity. Relationships have also been developed or enhanced with other state agencies, such as the Department of Environmental Quality, Department of Justice, Office of Emergency Management and the Department of Transportation.

## Training

- **Created the Communicable Disease "University"**

State epidemiology staff have developed and delivered an instructional series to train local staff who are new to public health in communicable disease investigation. The series includes "graduate" and "post-graduate" seminars, distance learning and computer-based training on the particular clinical requirements for health care professionals in recognizing and responding to bioterrorism attacks. The training courses are offered throughout the state to ensure easy access by all public health workers. A total of 535 seats have been filled in these trainings.

- **Oregon State Public Health Laboratory**

The Laboratory Response Network has provided training to local health departments and other western states on Packaging and Shipping of Diagnostic and Infectious Specimens, including a train-the-trainer course. A total of 241 participants have attended 22 regional trainings in Springfield, Coos Bay, Medford, Roseburg, Portland, Astoria, Eugene, Bend, Corvallis, Dallas, and Salem.

- **Risk Communication/Public Information**

The Oregon Epidemiologist's Meeting in April included a session on Crisis & Emergency Risk Communication, facilitated by state staff.

Public Health Preparedness staff participated in CDCynergy Emergency Risk Communication Train-the-Trainer Training in Washington, D.C.

The Centers for Disease Control and Prevention and Public Health Preparedness presented a statewide Crisis & Emergency Risk Communication Training to 100 public health, hospital, and emergency response partners in May. Representatives of 24 out of 34 Oregon county health departments participated in the training.

## Smallpox Vaccination

The state has taken a conservative, cautious approach to smallpox vaccination because smallpox disease does not exist in the environment and the risk of a bioterrorist attack with smallpox is considered low. Given the potentially severe side effects of the vaccination, many healthcare workers have opted to postpone vaccination until there is an identified imminent threat.

Four clinics have been held in various regions of the state and 100 persons have been vaccinated. If a smallpox attack were to occur, smallpox response team members would provide initial care for cases in Oregon, conduct ring vaccination of those who may have come into contact with the disease, initiate epidemiologic investigations to discover the source of the disease, and further vaccinate public health, public safety and healthcare responders to assist with containing a potential epidemic.

## Program Assessment

Assessments have been conducted in a number of areas related to bioterrorism and public health preparedness this fiscal year.

- **Local Health Department Preparedness**

Semi-annual assessments of local health department progress on public health

preparedness and bioterrorism activities, completed in September 2002 and March 2003, show Oregon counties are making steady progress toward statewide goals. Most report that they already have, or by September 2003 will have:

- Integrated bioterrorism preparedness procedures into the county emergency operations plan—94%
- Developed local procedures for deploying the National Pharmaceutical Stockpile assets—91%
- Reviewed with a variety of county partners the bioterrorism orientation exercise distributed by the state to all counties in 2001—76%
- Signed mutual aid agreements with neighboring county health departments for communicable disease control activities—59%
- Designated a local health and medical planning representative in the local jurisdiction's emergency organization—97%
- Provided 24/7 contact information to DHS—100%
- Have public health emergency epidemiologic response procedures for mass prophylaxis and vaccination—97%, smallpox response—94%, pandemic influenza—79%, laboratory and provider reporting—94%, mass casualty planning—82%, active surveillance procedures—85%, mechanisms for receiving and responding to communicable disease reports—94%, and plans in place for mass casualty events and identifying and meeting the needs of special populations, including tribes—74%
- Assure access to prevention, diagnosis and treatment services for reportable communicable diseases—97%
- Designated an individual with primary responsibility for coordinating public information and communication related to public health—97%
- Have trained the communications officer in Incident Command System—88%

- Developed a 24/7 mechanism to receive, evaluate and respond to urgent disease reports—100%
- Meet CLHO minimum standard measures for reportable communicable disease control, investigation, and prevention—76-100%.

● **Hospital Preparedness**

With HRSA funding and guidance, the state also conducted a bioterrorism and public health emergency preparedness assessment of Oregon's hospitals. All 64 hospitals have responded. The results of the survey are being compiled. The survey will be analyzed and action recommendations will be developed by a subcommittee of the Hospital Preparedness Advisory Committee.

● **Local Information Technology Preparedness**

The Health Alert Network (HAN) surveyed local health departments in April to assess their communication and information technology preparedness and determine their needs.

The following shows the percentage of local health departments that are "confident" or "very confident" they have and can use the following technology:

- Can physically access high-speed Internet connection within one hour of receiving notification of an emergency—88%
- Have redundant voice communications within local health department staff and to Oregon Emergency Management (cell phones, satellite phones, radios, etc.)—76%
- Have backup 56K dialup internet access within one hour of receiving notification of an emergency—62%
- Have a 24/7 on-call system with <30-minute response time to notification of an emergency—62%
- Have generator backup for computer and network hardware—47%
- Have a text messaging pager, cell phone, or satellite phone—41%

The survey also revealed that all local health departments have Internet-enabled broadcast fax capability and that all state Public Health Preparedness staff have redundant voice, fax, and data communication technologies and are capable of receiving messages 24/7.

• **Emergency Risk Communication Preparedness**

Questions related to risk communication and health information dissemination were included in several of the state-sponsored assessments of the assurances for Oregon's local health departments and hospitals this year.

- A November 2002 survey identified public information officer contacts in all but one Oregon county health department and a need for additional PIO training in 29 counties.
- A telephone survey of 27 local health departments for Acute and Communicable Disease preparedness revealed that less than half have a generic template available for drafting media releases regarding communicable disease outbreaks.
- The May 2003 survey of Oregon's 64

hospitals included 17 questions related to capacity to disseminate public information during an emergency. The results indicate that most have a designated public information officer and a crisis communication plan in place. A little more than half of the public information officers have received crisis communication training. The largest deficiencies were in providing a hotline for public information during an emergency, and in the ability to provide emergency information to non-English speaking populations.

**Exercises**

State and local public health staff have participated in numerous exercises this fiscal year, not limited to but including a statewide Smallpox Vaccination Clinic functional exercise, Quake-X, and a joint City of Portland/Multnomah County table-top on SARS.

**Strategic National Stockpile**

Local health departments are responsible for developing local Strategic National (pharmaceutical) Stockpile (SNS) dispensing plans. If needed, the state will deliver SNS material to local dispensing sites from a central warehouse. For more information, call Brian Mahoney at (503) 731-4005

**West Nile Virus**

West Nile Virus is likely to reach Oregon this summer. DHS Public Health Services has launched a toll-free West Nile Virus telephone information line in English and Spanish at: 1-866-703-INFO (4636).

In cooperation with DHS Health Services, Metro is producing an informational card with basic personal protection information for West Nile Virus. The cards are designed to fit nicely into a No. 10 envelope, counter-top literature display, or could be distributed door-to-door in the event of a localized outbreak.

The cards will be available soon through the Office of Acute & Communicable Disease Prevention. To order, call (503) 731-4024.



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