



Oregon Department of Human Services

Public Health Preparedness

Welcome to the first edition of the Department of Human Services Public Health Preparedness Update. Our goal is to provide a brief overview of the status of public health preparedness planning in Oregon. If there are specific topics you would like to see covered in future issues, please let us know.

Oregon's Pre-Event Smallpox Vaccination Plan

Oregon's Smallpox vaccination program started on March 12, in the Portland-metro area. To date 55 Oregon public health and hospital personnel have been vaccinated. Approximately 100 people participated in a statewide vaccination clinic exercise March 24 and 25 in Salem. Additional vaccination clinics are scheduled soon in Clackamas, Multnomah, Jackson, and Deschutes counties. Oregon is now incorporating additional procedures for screening out potential vaccinees with a history of heart disease or three or more known cardiac risk factors.

No severe adverse events have been reported in Oregon vaccinees to date. Oregon DHS has reported four non-serious adverse events, including three reports of infection at the site of vaccination and one report of atypical chest pain.

Public Health Preparedness Web site

The interim Public Health Preparedness section of the DHS Public Health Web site is at:

<http://www.dhs.state.or.us/publichealth/preparedness/index.cfm>

The site contains an overview of the program, along with information about each public health preparedness focus area, including Preparedness Planning and Readiness Assessment, Surveillance and Epidemiology Capacity, Laboratory Capacity – Biologic Agents, Health Alert Network/

Communications and Information Technology, Risk Communication and Health Information Dissemination (Public Information and Communication), Education and Training, and Health Resources and Services Administration (HRSA) – Hospital and Healthcare System Preparedness Program.

The site includes links to publications and other Web sites of interest to public health practitioners. To go directly to the bioterrorism section of the site, visit:

<http://www.dhs.state.or.us/publichealth/bioterrorism/index.cfm>

Risk Communication and Public Information Dissemination

- A two-day workshop on Crisis and Emergency Risk Communication, with Barbara Reynolds from the federal Centers for Disease Control and Prevention, is set for May 21 and 22 in Portland. For registration information, call (503) 731-4660, ext. 654.
- A number of templates and public information planning instruments for use by local health departments are now available on the Public Health Preparedness Web site, with more to come. Visit: <http://www.dhs.state.or.us/publichealth/preparedness/risk/publications.cfm>
- About a dozen local health department spokespeople and public information officers participated in the public information officer/spokesperson portion of the statewide smallpox vaccination clinic exercise in March. Participants conducted a mock media briefing and responded to typical media questions regarding smallpox.

Health Alert Network (HAN)

- The Health Alert Network is one step closer to having a secure web site for communicating with local health departments. We have a licensing agreement with the Texas Department of Health to import its software and "Oregonize" it. Our computer software folks think that a test site could be available for review within a couple of months.
- HAN will be distributing additional funding for emergency voice and data communication technology by the end of August. A survey of current system status has been distributed to the counties.
- HAN staff has put together a committee of county and state computer security experts to develop draft recommendations for county computer security standards.
- HAN staff will maintain the directory of state and county bioterrorism health personnel. All counties should now have up-to-date directories. E-mail Nan if you need any of them at: nanette.newell@state.or.us
- HAN is beginning its testing of primary and redundant communications among state and local health officials, including e-mail, fax, and cellular telephones. This testing will continue on a regular basis.
- HAN is doing the data management for the Pre-event Smallpox Vaccination Program.

HRSA Hospital Bioterrorism Survey

The draft of the HRSA Hospital BT Survey is complete. The state has contracted with the Oregon Association of Hospital (OAHHS) to administer the survey. Hospitals have been asked to complete and return the surveys by the end of April.

All local health departments have been provided a copy of the survey.

We are putting together a HRSA Cooperative Agreement Implementation Committee to analyze the data and make recommendations

on allocation of funds. Membership and the proposed charter for the committee are under development.

Homeland Security Alerts

In March, the Office of Homeland Security announced that the Homeland Security Warning System threat level - at the national level - had been raised from yellow to orange, or a level of high alert. This was based on information suggesting an increased risk of potential attacks on the United State and U.S. interests abroad. The threat level has since been lowered back to yellow, indicating an "elevated" risk of terrorist attack.

Even though the threat level has been lowered and we have no reason to believe that Oregon would be a target for bioterrorism, Public Health is ready to respond.

Public Health has been working together with Oregon's Office of Emergency Management, Oregon State Police and other state and local agencies for years to guard against and respond to terrorist attacks.

DHS and local public health agencies are responsible for coordinating the health and medical response in the event of a disaster, particularly in the case of bioterrorism attacks.

If information arises suggesting any threat to public health in Oregon, the State Public Health Officer will issue appropriate orders for increased medical surveillance and response to illnesses that could be caused by biological, chemical or radiological agents that might be used in a terrorist attack. Doctors, nurses, laboratory workers and other healthcare professionals and institutions will be alerted to the need for quick reporting of suspicious symptoms to public health authorities.

Here are some suggestions, developed by the State's Department of Administrative Services, for preparing your agency:

- Enforce existing building security practices.
- Develop security practices, if you don't currently have any.
- Evaluate how you would control access to your building if the local threat level moved to orange or red. Include building access by people and vehicles.
- As you enter and leave your building (or home), be vigilant and check for things or activities that look out of place or are not normally there. Report any problems immediately to appropriate authorities.
- Make appropriate tests to your building's emergency generators.
- Review evacuation plans with all managers including the identification and roles of evacuation coordinators. Practice drills are a good idea.
- Review your agency's guidelines for handling suspicious mail.
- Review, or if you don't have one, develop an agency communication plan in the event of an emergency or work stoppage. The plan should include at least the following:
 - Employee notification of emergency or work stoppage
 - Conditions under which leave may be cancelled for specific employees
 - After-hour standby and on-call procedures
 - Communication with local, state, federal and non-governmental partners
 - Communication with clients
 - Media coordination
- Encourage employees to review and follow the guidelines for developing a family disaster response plan including the preparation of a disaster kit and a family communication plan. A good resource for developing the plan in the American Red Cross Web site: www.redcross.org

the new distribution and submission dates have been set, we will let you know.

Strategic National Stockpile

Public Health Preparedness planner Brian Mahoney recently attended training on the Strategic National Stockpile (formerly known as the National Pharmaceutical Stockpile). Brian will present a session on the SNS as part of the Bioterrorism Train-the-Trainer pre-conference workshop on April 30 at the Oregon Epidemiologists' Meeting in Bend. For more information on the SNS, call Brian at: (503) 731-4005, ext. 226, or e-mail: brian.j.mahoney@state.or.us

West Nile Virus

West Nile Virus has now been detected in all but four western states, including Oregon. However, the disease is expected to reach Oregon this spring or 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).



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Cooperative Agreement

There has been another delay in the timeline for dissemination from the federal Centers for Disease Control and Prevention for the bioterrorism cooperative agreement applications. The documents are currently under review. Once