

# Emergency Preparedness Newsletter

## H1N1 defines 2009

The Public Health Emergency Preparedness Program (PHEP) experienced a variety of opportunities for service and growth in 2009. Our successful response to pandemic H1N1 influenza in the spring and Wave 2 in the fall provided the opportunity to test and implement flu plans we had developed over the last five years. Preparation for the Cascadia Peril Earthquake/ Tsunami exercise that took place in April allowed for quick activation of the Emergency Support Function #8 (ESF 8) agency operations center in response to H1N1 circulation in Oregon. We initiated and refined our software and hardware resources in Hospital Capacity (HOSCAP), Volunteers in Service to Oregon (SERV-OR) and our Health Alert Network (HAN). Hospitals and health care systems demonstrated a marked improvement as evidenced in their preparedness response to H1N1.



*The Agency Operations Center (AOC)*

Between the H1N1 waves, we responded to Governor Kulongoski’s request to create an H1N1 Summit that brought together more than 800 participants to discuss H1N1 influenza. For the first time, we utilized webcast technology to expand the summit audience by streaming live video of the plenary speakers.

Over the course of our response efforts, we redefined roles and responsibilities to strengthen our public and private partnerships with hospitals, tribal nations and regional partners

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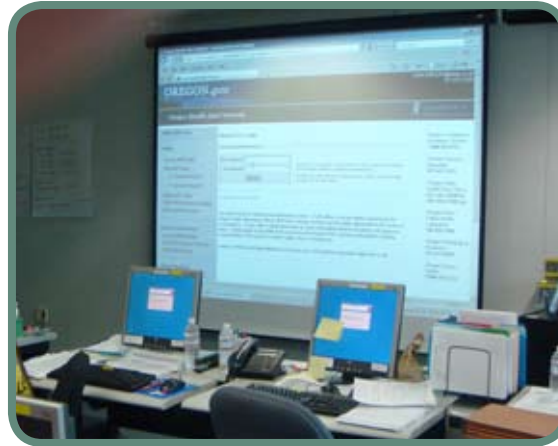
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in Washington, Idaho and Alaska. Oregon received \$18.7 million in supplemental funds to support public and private response partners, which included \$9,760,546 distributed to local health departments, \$132,000 to tribes and \$327,000 to hospitals and health care systems. Hands-on experience through training and real-life activation led to improved

situation status reports, improved communication with response partners, reduced cycle time in creating incident action plans, and efficiency in public health and medical resource ordering. Emergency risk communications with internal and external partners improved as our Joint Information Center activities refined processes and roles while incorporating new and experienced staff to carefully craft messaging and outreach. Our hazard vulnerability assessment and mass fatality training activities provided opportunities for dialogue and collaboration in the expansion of public health and medical services.

Lessons learned in 2009 clearly identified challenges and opportunities for 2010 as we move forward into the new decade. PHEP will maintain and foster our relationships with our public and private partners while we respond to the needs for health and medical services for Oregonians. One key focus will be to expand our volunteer outreach and non-profit activities through our VISTA outreach and SERV-OR activities. We will incorporate climate change and its implications



*The Joint Information Center (JIC)*

for public health into our planning scenarios. We will strive to expand capacity in community resilience by focusing on the coordination of medical services with partners like the Oregon Disaster Medical Assistance Team, creating caches of medical supplies and durable medical equipment placed throughout the state, and formulating

strategies to face the challenges of medical surge in emergency events. At the same time, we must continue professional staff development and work to stabilize and retain the emergency preparedness workforce to improve performance in our daily roles while expanding our knowledge and expertise in the incident command system. And we will work with all our partners in learning more about the recently released National Health Security Strategy and how this strategy can help guide our preparedness and response efforts forward.

I hope you take the time to read, in greater detail, the specific accomplishments of the individual units that follow in the newsletter. I know 2010 will be a challenging and dynamic time for emergency preparedness and I look forward to working together to meet the challenges on the horizon!

**Mike Harryman**  
**Preparedness Manager**

## Liaison and Planning

The Liaison and Planning units provided technical assistance, participated in exercises and conducted outreach activities in 2009. Technical assistance included leading a multi-discipline team to develop an emergency preparedness planning template for licensed health care facilities; assisting with business continuity



*Dr. Jennifer Horney from the University of North Carolina provided information on innovative techniques for Public Health Rapid Needs Assessment.*

planning with other agencies; completing semi-annual and annual reviews with county partners; and assisting in the development of the start-up of the Medical Reserve Corps in Deschutes County. Unit members participated in exercise design for the functional SARS attacks

exercise; facilitated a tri-county radiation table top; and provided evaluation support for the cross border Chempack exercise conducted in Brookings, Ore./Crescent City, Cal. as well as exercises in Clackamas and Coos counties. Outreach activities included liaison participation and support in logistics, vulnerable populations, mass casualty and school closure workshops;



*Left: Liaisons Justin Schumacher and Elizabeth Miglioretto tour the Mobile Lab with Michael Kubler.*

development of a poster session at the Oregon Public Health Association conference; preparedness presentations to DHS contract nurses and DHS Seniors and People with Disabilities staff; and coordination of a statewide preparedness conference for local health departments and tribal preparedness coordinators.



*Shannon O'Fallon provided an update on HB 3021 to state and local partners.*

## Training and Exercise

The Training and Exercise Unit provided training, coordinated exercise design and evaluation, and participated in H1N1 response activities during 2009. The unit training efforts focused on incident command specific positions; the Homeland Security Exercise and Evaluation Program; the Health Alert Network (HAN) and the Joint Information Center (JIC). The staff provided facilitation of the Northwest Center for Public Health Preparedness monthly webinars on emerging health topics and developed

HAN and hospital capacity (HOSCAP) elearning tutorials. Exercise activities focused on the design and evaluation of regional mass fatalities workshops and the Cascadia Peril Earthquake/Tsunami functional exercise. The Training unit used the lessons learned in the spring response to improve the efficiency of the JIC. This included significant JIC planning, facility and technological improvements, and training prior to the fall H1N1 activation. The result was a substantially higher performing JIC for the fall H1N1 response.

## Medical Reserve Corps/Serv-Or

Medical Reserve Corps (MRC) activities in 2009 centered on the establishment of the AmeriCorps VISTA/Medical Reserve Corps Partnership Project, training activities and the expansion of the State Emergency Registry of Volunteers in Oregon (SERV-OR). In February 2009, the Corporation for National and Community Service approved PHEP as an intermediary site for the AmeriCorps VISTA/Medical Reserve Corps Partnership Project for 10 VISTA Members. PHEP provided the new VISTA team with training and placement in seven MRC units and the Portland State Office Building for a one-year term of service. Volunteers in the state-managed volunteer pool increased from 12 to 286 members in 13 units while SERV-OR now has 1,249 registrants (including MRC unit volunteers). Exercise activities included two call down exercises with over a 65 percent response rate and a collaborative functional exercise in December 2009 with the Civil Support Team and Radiation Protection Services in Salem involving 20 MRC and state-managed volunteers.

## Information Technology

PHEP's information technology (IT) activities continued to grow and expand during 2009 when HAN was certified by the Centers for Disease Control and Prevention (CDC) as a Public Health Information Network (PHIN). A major accomplishment this year has been the establishment of two fully equipped alternate Emergency Support Function #8 (ESF 8) agency operations centers at the Oregon State Public Health Lab and the Oregon Department of Transportation, plus the installation of satellite phone docking stations, which greatly expanded preparedness capabilities for offsite relocations. Two successful communications drills occurred in February and November testing the HOSCAP, HAN and satellite phone systems.

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## Environmental Health

Environmental Health emergency preparedness engaged in a broad range of activities in 2009. Industrial hygiene activities focused on plans for respiratory protection and equipment plans, as well as providing respirator fit-testing for state and local public health staff. Toxicology staff completed the implementation of the Public Health Chemical and Radiation Mobile Detection Laboratory. They represented Oregon Public Health in the Chemical Stockpile Emergency Preparedness Program (CSEPP) exercise and



*A view inside and out of the Mobile Lab*



drill activities, and are available to assist partner agencies in emergency release incidents as needed. They completed the county analysis of the public health hazard vulnerability assessment (PH-HVA) and development has begun on a state-level assessment of capabilities and vulnerabilities in support of local health department response to incidents. The unit worked nationally with CDC and other partners to develop and strengthen disaster epidemiology efforts at state and local levels in addition to laying the groundwork for a national radiation alliance to raise awareness of the public health role in radiation emergencies.

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## Oregon State Public Health Laboratory

In 2009, the Oregon State Public Health Laboratory (OSPHL) tested 3,413 specimens for H1N1 and one white powder sample brought in by the FBI. OSPHL staff correctly identified all preparedness proficiency testing samples. Staff participated in two biosafety and biosecurity exercises in the Biosafety Level 3 laboratory; planned and participated in the submission of simulated chemical threat (CT) specimens to the Washington State Public Health Laboratory after hours; and also received 100 percent in the CDC annual

CT specimen submission exercise. An OSPHL microbiologist co-taught four classes for CDC on LRN biological conventional testing methods in St Paul, Minn. and Richmond, Va; LRN staff provided training for over 175 regional laboratorians in biosafety and biosecurity, and infectious substance packaging and shipping. OSPHL-LRN staff presented "Oregon Chemical Terrorism Preparedness: Outreach Best Practices" at the fifth CDC National Laboratory Training Conference in Orlando, Fla.

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## Preparedness, Surveillance and Epidemiology

Preparedness, Surveillance and Epidemiology Team (PSET) activities in 2009 focused on training, continuity of operations activities and the H1N1 response. They conducted communicable disease trainings, presented Oregon's work around disaster epidemiology at two national conferences and improved their Web presence by developing a pandemic influenza site that evolved into flu.oregon.gov. The team successfully conducted a functional remote connectivity exercise that demonstrated continuity of operations abilities for the Acute and Communicable Disease Program, participated with the DHS Continuity of Operations team, compiled county Public Health Hazard Vulnerability Assessments and developed the Hazard Vulnerability Assessment GIS tool. H1N1 activities had PSET staff in both leadership and support roles in the state public health agency operations center. PSET staff convened the Pandemic Influenza Coordination Committee, maintained the accuracy of reporting H1N1 influenza deaths and hospitalizations, and made the HHS antiviral purchase program available to Critical Infrastructure Key Response partners.

## Hospital Preparedness

Hospital Preparedness program activities in 2009 focused on training and exercise, resources and H1N1 response. Training and exercise efforts centered on regional, multi-disciplinary table-top and function exercises on issues of recovery in an earthquake/tsunami event. Region 7 hosted a multi-day American Medical Association-certified Basic and Advanced Disaster Life Support course and a three-day statewide conference on Disaster Preparedness for all their regional partners. Resource sharing included the development of a planning template for emergency response in a primary care setting; development of a vulnerable populations database to identify cohorts within a county or community; development and distribution of the "Ready Book" to address vulnerable populations' need to collect and maintain personal data; and the purchase of HAM radio repeaters and equipment to provide redundant communications for hospitals in remote areas of the state. H1N1 activities had hospitals activate emergency operation plans; provide situational awareness; develop guidelines for visitors, staff protection and resource management; and form health/medical coordination groups to guide regional decision making.

## Strategic National Stockpile

In 2009, Strategic National Stockpile (SNS) activities included trainings, exercising Receipt Store and Stage (RSS) setup, pandemic H1N1 response, and developing guidance and systems improvements to support asset allocation, distribution and tracking. The RSS received three shipments of federal assets, including antiviral medications or personal protective equipment, and responded to over 30 local requests for resources.

They distributed 5,228 courses of antiviral medications to counties, tribes and state institutions, along with state guidance for use, inventory reporting and handling. A total of

93 sites registered with the SNS program to distribute state-owned antiviral medications and receive updates on the state antiviral listserv. An antiviral allocation system was developed to track and approve local requests. During the second pandemic wave, a contract was negotiated with a pharmaceutical distributor to store state-owned antiviral medications and deliver to clinics across Oregon within two days of request. A major accomplishment of the year

was the SNS program score of 86 percent in overall readiness on the state of Oregon 2009 CDC Annual Technical Assistant Review, an improvement from the 2008 score of 85 percent.



*Requests for SNS assets are processed and inventory updated.*



*The Oregon Strategic National Stockpile maintains a ready supply of personnel protective equipment and other assets for statewide emergency response.*



*SNS assets are packed and ready for shipping to local agencies.*

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