

MUNICIPALITIES
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PUBLIC HEALTH
AND
BIOTERRORISM

INCIDENTALS

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TESTING THE MEDS

Federal, state and municipal agencies practiced the MEDS distribution system Aug 19-21 with very positive results. The exercise scenario placed an imaginary but intentional pneumonic plague bacteria dispersion at a central cinema the previous weekend which resulted in many cases of atypical pneumonia by Tuesday morning, a request for the Strategic National Stockpile that afternoon and the arrival of a practice package (and a team of advisors) Wednesday morning. Thursday morning, the Department of Transportation and a National Guard helicopter delivered the sample materials to 10 municipalities and 12 hospitals, with two municipalities and most of the hospitals setting up model distribution clinics. More than 60 out-of-state observers and evaluators advised and graded the drill.

Although problems appeared, good preparation and teamwork usually provided quick solutions. More than anything else, the exercise demonstrated the importance of a coordinated communications infrastructure, from two-way radios to signage.

A CLOSER LOOK AT MEDS

What is MEDS?

MEDS stands for the Medical Emergency Distribution System for Rhode Island. This all-inclusive system manages any inventory of emergency medical supplies available and distributes the supplies to hospitals, medical facilities and, if necessary, the entire population of the state.

What is available?

Several sources for emergency medical supplies and medications exist, some within Rhode Island. But we would soon run out in a mass emergency. The Strategic National Stockpile (SNS) is the federal system designed specifically to rapidly move large quantities of supplies to any location. This system pre-identified most common items; however, anything can be requested. Initial prepackaged shipments will arrive within 12 hours of a request. This system will supply antibiotics or vaccines for the entire population of the state.

How is distribution accomplished?

As specified in the state MEDS plan, hospitals will receive supplies and medical equipment as needed directly from a state distribution center. The local municipal governments and emergency management directors are responsible for distributing vaccines, antibiotics, and other supplies to their residents. Hospitals will be busy with patients and should not be viewed as a local resource for the healthy public. All municipalities have, in fact, various guides, briefings, and information to aid the planning process. Many are well on their way to having a plan in place.

The local MEDS plan must include locations, security, medical staff, logistical support, crowd control and administrative support. The state will provide the materials and technical information/training essentials to run distribution sites; the municipality must identify the resources to make this happen at the local level. The goal is for every municipality to have the capability to distribute medical or other survival items to its population. When an event occurs, the state can "turn on" whichever municipal systems required at the time.

IMPROVEMENTS IN EPIDEMIOLOGY

From the Center for Disease Control, Maria Pia Sanchez recently joined the Office for Communicable Diseases as the resident Epidemic Information Service-trained epidemiologist. Her assignment: to improve the epidemiological capacity of the bioterrorism preparedness and response team by teaching health professionals about BT and working with the team on the Smallpox Immunization Program. She also conducts exercises that simulate bioterrorism emergencies for the Office of Communicable Diseases. According to Sanchez “you can never know how prepared you are until you go through the situation.” The exercises identify strong areas of the program and those that require more attention.

THE OPERATIONS OF A JOINT INFORMATION CENTER: WORKSHOP AND TABLETOP DRILL

Earlier this summer, municipal, hospital, and state agency spokespeople practiced their roles in a Joint Information Center (JIC) during a public health emergency. The Department of Health sponsored the workshop as part of the Health Alert Network Communications Series.

Both Jeff Neal, press secretary to Governor Carcieri, and Lt. Col. Michael MacNamara, JIC manager, briefed the audience on the functions and importance of the JIC. The speakers detailed how information will flow into the JIC and be distributed as one cohesive message to cities, towns, hospitals, the media, and finally to the public. The JIC emphasizes that Rhode Island municipal and state agencies must speak with one voice and give consistent and reliable information during an emergency.

After receiving the JIC information, the participants applied what they learned to a scenario involving a pneumonic plague incident in Rhode Island: several hospital emergency rooms reported seven cases of atypical pneumonia, an early symptom of plague. The rest of the scenario detailed the steps and precautions taken to notify the media and avoid public anxiety. In small groups, members discussed how they would work together to communicate with the media in this situation.

Each group indicated the importance of formulating a consistent message throughout the state. They suggested that information released to the public should focus on preparation until the laboratories verified plague. However, on that first day of the emergency, the officials would release Hotline numbers and continually updated Hotline information. As Day Two takes shape, the JIC would inform the public specifically what they need to do and where they need to go to obtain the recommended medication. Special populations, such as the deaf, elderly, and non-English speaking individuals would receive special attention. Adjutant General Reginald A. Centracchio of the National Guard reiterated the importance of maintaining a good relationship with the media.

The participants recommended frequent updates with consistent and accurate information to the media and public during any emergency situation.

COMPUTERIZED MAPPING TO AID BT PREPAREDNESS PROGRAM

HEALTH offers another tool to respond to bioterrorism. Steve Sawyer and Marissa Silva, a new team in HEALTH's Center for Information and Communication, employ the Geographic Information System (GIS), a form of computerized mapping, to supply spatial information and to distribute data among local, state, and federal agencies during an emergency response.

Because of the detailed information included in the GIS maps, the system can display areas of infected populations, a disease pathway, and/or identify the best routes to all inoculation sites.

“Visually, maps have a language of their own and are able to transcend language barriers, making it possible for the information to reach more communities,” explains Sawyer. With additions to the base system, GIS can be used in many emergencies, such as hurricanes, food recalls and rabies outbreaks.

PUBLIC INFORMATION PLANNING HELP AVAILABLE TO MUNICIPALITIES

Need help with the public information sections of a MEDS plan or just some Risk Communication training? HEALTH Communications Coordinator, Mary Jo Takach, will offer training on a regional basis in the coming months. These workshops will provide aid with your organization's MEDS Plan (Medical Emergency Distribution System). Please contact Mary Jo at the Department of Health by phone, (401) 222-7822, or email, MaryJoT@doh.state.ri.us. Training will be available during the day or early evening.

RI LABORATORY RESPONSE NETWORK READINESS DRILL OPERATION ABLE (ANNUAL BIOTERRORISM LABORATORY EXERCISE)

On June 23rd, the HEALTH Laboratory initiated a large-scale exercise to assess the capacity and effectiveness of the Rhode Island Laboratory Response Network (RILRN) to detect rapidly a potential bioterrorism event. The entire exercise lasted four days; all 14 RI hospitals with microbiological capacity including the VA Hospital and the Naval Ambulatory Care Center Hospital in Newport participated. A large private clinical laboratory also participated.

The goals of this exercise were to determine how accurate and timely both the sentinel laboratories and the HEALTH laboratory performed bacterial agent screening and identification, to assess the capacity of the HEALTH Bioterrorism Response Laboratory to handle a large influx of isolates, and to evaluate the speed of communication, alert and reporting.

To conduct the exercise, hospital laboratories were given mock blood culture specimens. Some of the mock specimens contained a *Bacillus anthracis* surrogate organism (a harmless microorganism that is indistinguishable from *Bacillus anthracis* at the hospital laboratory level) others contained *Bacillus species* that somewhat resembled *Bacillus anthracis*. The exercise guidelines told laboratories that identified the specimens containing the surrogate microorganism to contact the HEALTH Laboratory immediately and rapidly ship the suspected *Bacillus anthracis* isolates to the HEALTH Laboratory. Once received at the HEALTH laboratory, Bioterrorism Response Laboratory microbiologists tested their ability to correctly identify the bacteria isolated from the specimen. An analysis of the exercise results will be discussed at the next quarterly meeting of the RI LRN. This drill will be conducted annually.

SAVE THE DATE...

Crisis and Risk Communication Training

Given by Barbara Reynolds (who actually wrote the book on it)
Chief of Risk Communications, CDC

WHEN: Wednesday, November 19, 8 am to 4 pm
Thursday, November 20, 8 am to noon

WHERE: Radisson Airport Hotel (behind Legal Seafood on Post Rd, Warwick)

HOW: Reserve a seat by calling Mary Jo at 222-7822 or e-mailing at
maryjot@doh.state.ri.us

WHO: State Agencies, City and Town officials and volunteers and community agencies
involved in emergency communications

FREE registration includes lunch on Wednesday and breaks