

Washington State Department of Health
**Public Health Emergency
Preparedness and Response Program**



2008 Annual Summary Report





**A Message from
Mary Selecky,
Secretary of Health
and
John Erickson,
Special Assistant**



The Washington State Department of Health is pleased to present the *Public Health Emergency Preparedness and Response Program 2008 Annual Summary Report*. As you'll see in the pages that follow, emergency planning and response activities include everything from managing and allocating resources to providing on the ground support during emergencies.

To accomplish this work, we collaborate with local, state and federal partners. Our goal is to prepare together to make sure we're ready to meet any public health emergency.

In this report, we've detailed some of the many efforts that go into building and maintaining an effective public health emergency planning and response system. One of the things the report doesn't adequately capture is the dedication of our staff and partners to this work. Our team is committed to providing an effective and emergency response system for the people of our state.

About this report

We have organized the information in this report using Governor Gregoire's *Management Framework*. The framework provides a structure for developing strategic, responsive and accountable programs, as well as tools for assuring ongoing quality improvement.

We've highlighted program projects that illustrate the principles of this approach, as well as significant accomplishments in individual program areas.

This report summarizes activities for the Federal Fiscal Year 2007 (September, 2007 through August, 2008).

1. Plan:

We collaborate with our partners to determine preparedness priorities at the state, regional and local levels.

Example: In the spring of 2008, the Public Health Emergency Preparedness and Response Program Steering Committee met to update the statewide Strategic Program Workplan. Based on local, regional, state, tribal and federal priorities and requirements, the group prioritized program work for the next three years. The following mission, vision statement and prioritized activities were developed by the committee and approved by Secretary of Health Mary Selecky.

Vision Statement:

Washington State responds effectively to public health threats and emergencies.

Mission Statement:

The Public Health Emergency Preparedness and Response Partnership prepares for and responds to major, acute threats and emergencies, including terrorism, that impact the health of the people of Washington State.

Program Goals:

- Prepare systems and partners for effective emergency response.
- Work to assure that effective disease surveillance systems are in place statewide.
- Develop surge capacity for the health system response.
- Increase internal and external awareness of public health threats and our activities.



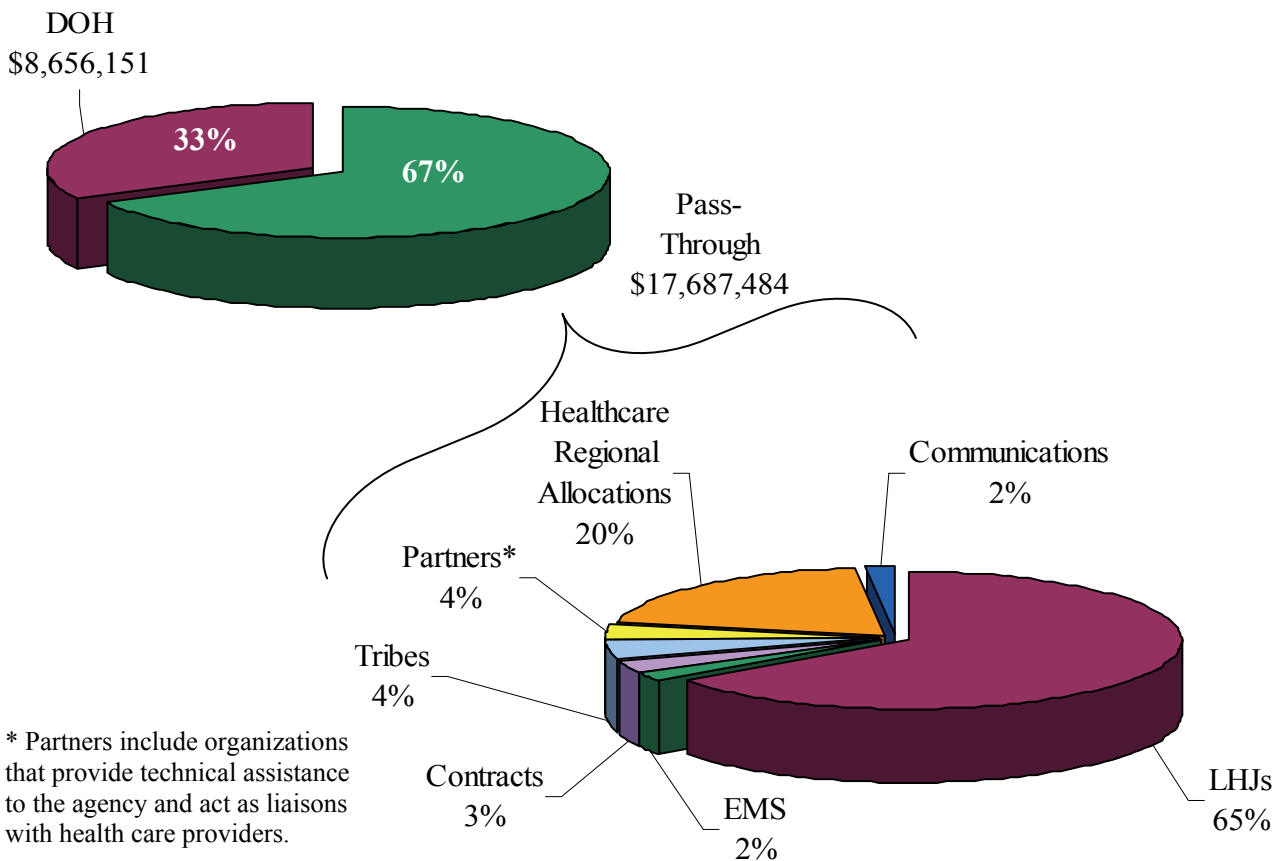
2. Allocate Resources:

Our federally funded program is dedicated to effectively using its resources to improve our public health and health care systems' ability to respond to public health emergencies.

Example: With our partners, we build preparedness capacity by emphasizing planning training, and exercises. Our primary activities are to:

- Plan for emergency response and continuity of operations for the agency during an emergency.
- Exercise plans annually to determine areas for improvement.
- Train staff.
- Provide technical assistance and emergency response support to regional and local partners.
- Help local and regional partners obtain response equipment and supplies.

FFY 2007 PHEPR Expenditures — \$26,343,635



* Partners include organizations that provide technical assistance to the agency and act as liaisons with health care providers.

3. Manage Program:

We work closely with our partners to find ways of doing business efficiently and effectively.

Example: In 2007, we reorganized the program to reflect reductions in federal funding, program maturity and changing priorities. The program is now divided into three units: Administrative Operations and Program Coordination, Emergency Programs, and Emergency Preparedness. The reorganization integrates public health and health care system activities, more appropriately distributes the workload and maximizes resources and staff talents.

We continue to work with our local partners to set clear expectations and goals. We encourage our partners to share best practices, consolidate resources and continue to be innovative with their approach to preparedness.

4. Analyze Process:

We regularly collect and analyze data to measure progress, make informed decisions and continue to develop the program.

Example: In fall 2007, we convened an independent workgroup to develop a set of recommendations for altered standards of care to be used during a flu pandemic. The group consisted of health care workers, public health professionals (state and local), emergency management and other partners. Using an agreed upon set of assumptions, ethical considerations and guiding principles, the group identified several areas of concern:

- a) Demand for care in an emergency will exceed resources.
- b) The public will expect the same quality of care as usual.
- c) Care delivery should be guided by ethical considerations.
- d) Licensing, legal and regulatory issues.
- e) Training for health care professionals will be needed.

The committee made recommendations for addressing each of these concerns but further study will be required. The Secretary of Health will decide the appropriate steps for the coming year.



5. Respond:

We continually monitor data and emerging issues to effectively plan and prepare for emergency response.

Example: In preparation for the 2010 Olympics in Vancouver, British Columbia, we are working closely with public health colleagues from the British Columbia Centre for Disease Control, British Columbia Ministry of Health, Vancouver Coastal Health Authority, Fraser Health Authority, and the Whatcom County Health Department to assure systems are in place for a rapid epidemiological response to a potential public health emergency. Our accomplishments include:

- Holding our 5th annual cross border workshop, *Cross Border Public Health Collaboration: Mass Gatherings and Major Events*, which attracted 200 participants from Canada and the United States.
- Increasing and testing our cross border electronic systems for sharing health alerts and epidemic information.
- Developing an epidemiology data sharing agreement with British Columbia for communicable disease outbreaks and investigations.
- Developing a public health laboratory surge capacity agreement with British Columbia that allows us to share laboratory services to identify infectious diseases or suspected bio-terrorism agents.
- Continuing review and implementation of the International Health Regulations with our British Columbia public health partners.
- Setting the groundwork for establishing the *Pacific Northwest Border Health Alliance* to formalize bi-national public health collaboration in the Pacific Northwest.
- Developing an operational plan, *Sharing Health Care Providers and Resources across the Washington and British Columbia Border*, to guide the movement and use of health professionals and resources across the border during an emergency.



6. Improve:

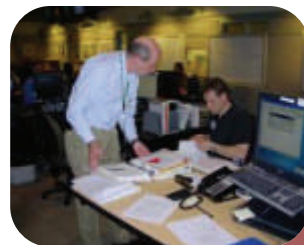
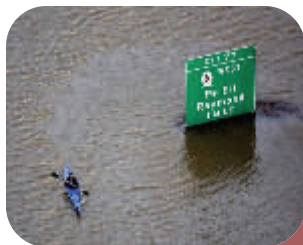
We continually work to improve our program by exercising our plans, evaluating lessons learned and sharing best practices.

Example: The December 2007 flood and windstorm events in Washington presented a robust test for both the Washington State Department of Health and the affected local health jurisdictions.

The department activated its Emergency Operations Center for the first time in response to a real event. We found that once activated, we were able to effectively coordinate the many response activities the agency was engaged in.

Many lessons were learned. The main lesson was that it is impossible to plan for all problems that might arise, especially when it comes to nature. For example, the winds were so strong that it was not safe for helicopters to fly. Since all land transportation routes were unusable, an alternative had to be developed.

Overall, emergency responders commented that earlier planning and preparedness activities made a successful response possible. We will continue to take the lessons learned from this event, and any future events, and incorporate them into exercises and planning efforts.



7. Communicate Results and Listen:

We are committed to effective, proactive communication on emergency issues with staff, partners and the public.

Example: A comprehensive public outreach program has been part of our program from the first (see details on page 11). During the past year we also turned our focus inside the agency, launching an internal emergency preparedness awareness program for department staff.

The campaign kicked off in May 2008, with an agencywide survey. Over 65 percent of department staff responded. Survey results helped us strengthen internal preparedness resources including an expanded intranet site with new emergency planning tools.

Over 500 staff attended the agency's Emergency Preparedness Fair in July, with events held at all agency locations. Programs from throughout the agency participated to discuss their emergency preparedness and response roles.

Since the fair, we've sponsored a series of lunchtime information sessions to give interested staff opportunities to learn more about all aspects of personal preparedness—from preparing for power outages to protecting their pets. The sessions have been a great success, attended by hundreds of staff.

Internal Preparedness Campaign Overview

Increase awareness of:

- Emergency preparedness at work and at home.
- Everyone's role in public health preparedness and response.
- The need for ongoing education and training to help assure readiness.
- Agencywide and program-specific emergency plans.

Take action:

- Complete online emergency preparedness training annually.
- Engage and support staff in planning and training.
- Identify and document emergency roles for each position.



PREPAREDNESS and PLANNING

To prepare for emergencies we plan with our partners, train to our plans and exercise them to determine both strengths and gaps.

What we do:

- Provide planning assistance.
- Maintain the agency's Comprehensive Emergency Management Plan.
- Assure that staff are trained to plans, and that all plans are exercised.
- Support federal programs: Strategic National Stockpile, Cities Readiness Initiative, and CHEMPACK.
- Develop secure communications systems.



Quick Facts for 2008

- Conducted the annual bioterrorism exercise in fall 2007 to test the standup, staffing and operation of a Reception, Storage and Staging center in Eastern Washington.
- Developed a state-level mass fatality response plan and shared it with local health jurisdictions.
- Twenty state agencies coordinated planning efforts for statewide pandemic influenza response.
- Eighty agency staff are trained to work in the emergency operations center during an emergency.
- All agency divisions have started pan flu contingency plans and have started to do cross-training.
- The State Strategic National Stockpile Program rated 90 out of 100 by federal auditors.
- Developed a Community Mitigation Report based on regional recommendations.

For more information about Preparedness and Planning
Visit us at: <http://www.doh.wa.gov/phepr/default.htm>

EPIDEMIOLOGY and SURVEILLANCE RESPONSE

Our program works to assure disease outbreaks and possible acts of bioterrorism can be rapidly detected and investigated.

What we do:

- Encourage accurate and timely reporting of key diseases.
- Create the ability to rapidly investigate and respond to a disease outbreak.
- Maintain a comprehensive epidemiological response plan.

Pandemic Influenza Severity

Characteristics	CDC Pandemic Severity Index (Category)				
	1	2	3	4	5
Mortality (%)	75.00	75.00	75.00	75.00	75.00
Case fatality rate (%)	<0.1	0.1-0.5	0.5-1.0	1.0-2.0	>2.0
Excess deaths/100,000	<25	25-40	40-60	60-100	>100
Potential US deaths	<10,000	10,000-40,000	40,000-100,000	100,000-250,000	>250,000
20 th Century US Experience	Seasonal influenza (1968-2009)	1957, 1968	1968	1918	1918

Quick Facts for 2008

- The fourth year of the *Epi Road Show* provided training for 107 public health professionals. Topics included: Revised Notifiable Conditions Surveillance and Reporting Guidelines, Community Mitigation of Pandemic Influenza, and Multi-County Pertussis Outbreak Investigations.
- Established electronic linkages to monitor data collected by the Washington Poison Center to enhance the state's real time disease detection capability.
- Communicable disease epidemiologists monitor data collected from hospital emergency rooms in King, Pierce and Kitsap counties through syndromic surveillance systems (ESSENCE and ODIN) for early warning disease detection in the community.

For more information about Epidemiology & Surveillance, visit us at: <http://www.doh.wa.gov/notify/>

BIOLOGICAL LABORATORY CAPACITY

Highly trained staff and state-of-the-art instrumentation give our state laboratory the ability to effectively respond to threats from infectious diseases.

What we do:

- Prepare clinical laboratories throughout the state to meet the unique demands that would result from an infectious disease outbreak.
- Make staff available 24/7 to respond to bioterrorism or other public health threats.
- Perform all Laboratory Resource Network (LRN)-recognized tests for agents of bioterrorism and other public health threats.
- Advise sentinel labs on collection of patient sample, recognition of a bioterrorism agent and the proper packaging and shipping of samples.



Quick Facts for 2008

- Chosen to participate in a Centers for Disease Control and Prevention (CDC) validation study for anthrax spore retrieval.
- Chosen to validate CDC bird flu detection protocol for Food and Drug Administration approval.
- Established contact roster for all border laboratory partners.
- Distributed 200 bioterrorism calendars to all sentinel labs in Washington and to public health laboratory trainers in the United States.
- Cross-trained 100 Department of Health staff for surge response in five different roles.

For more information about Biological Laboratory
Visit us at: <http://www.doh.wa.gov/EHSPHL/PHL/>

CHEMICAL INCIDENT RESPONSE PROGRAM

We provide technical assistance and support to local jurisdictions during a chemical terrorism event or incident. We may also perform the analysis in-house, or may facilitate the analysis by another suitable laboratory.

What we do:

- Analyze clinical specimens for identification of chemical agents or unknown chemicals or obtain analysis at an appropriate laboratory.
- Confirm chemical exposure.
- Assist with specimen packaging and shipping.
- Coordinate specimen delivery to a suitable Laboratory Reference Network laboratory.
- Provide Laboratory Reference Network-Chemical Level-2 analytical support.



Quick Facts for 2008

- Participated in three large-scale federal exercises this year.
- Participated in response to five white powder incidents.
- Trained hospital staff in all nine PHEPR regions regarding Centers for Disease Control and Prevention (CDC) procedures for specimen collection, packaging and shipping.
- Added two new CDC analytical methods.
- Successfully completed the CDC Director's Emergency Operations Center 24/7 notification drill.

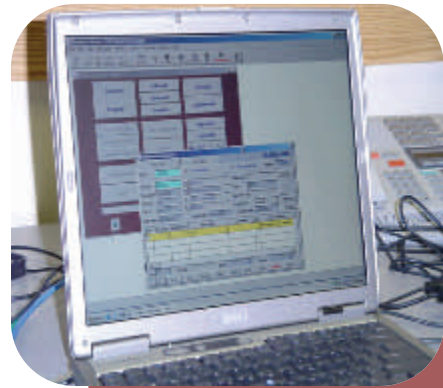
For more information about Chemical Laboratory
Visit us at: <http://www.doh.wa.gov/EHSPHL/PHL/>

INFORMATICS

We help health departments and other response partners establish ways to exchange information and data quickly and securely when investigating or responding to public health emergencies.

What we do:

- Improve disease reporting.
- Help laboratories report results quickly and accurately.
- Provide an efficient, secure system for sending urgent information.
- Help local health agencies meet technology needs.



Quick Facts for 2008

- Added the HIV and Water Bacteriology labs at the Public Health Laboratory to the Laboratory Information Management System.
- Added tuberculosis to the conditions in the Public Health Issues Management System.
- Completed development of the Washington Health Volunteers in Emergencies system, a Web-based advance registration system for licensed health professionals wanting to volunteer.
- Developed and launched the Public Health Reporting of Electronic Data Web-submission option, which lets laboratories report test results online.
- Used the 2008 Emergency Medical Services Preparedness Survey to assess hospital to emergency vehicle communications capabilities and interoperability.

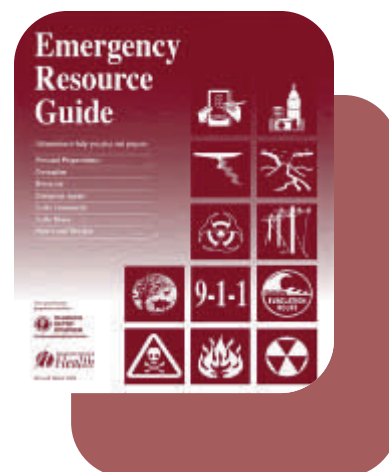
For more information about Informatics
Visit us at: <http://www.doh.wa.gov/wedss/>

RISK COMMUNICATIONS

We help the public and our partners get the information they need to effectively prepare for and respond to public health emergencies.

What we do:

- Promote public preparedness with education and outreach programs.
- Develop statewide resources including risk communication training and tools, and materials for initiatives such as the Strategic National Stockpile.
- Support local public health emergency communication and planning efforts.
- Coordinate information from local, state and federal partners to help assure consistency.
- Respond quickly and effectively to emerging issues.



Quick Facts for 2008

- Hosted a Strategic National Stockpile communications training in January for local health jurisdictions, tribes, state agencies, hospitals and other partners.
- Developed and delivered risk communication training for tribal, local health, state agency and other partners statewide.
- Launched *Emergency Communications Toolkit* Web site with templates, risk communication resources, fact sheets (including translations) and other materials on critical issues for partners: <http://www.doh.wa.gov/phepr/toolkit>
- Launched Medication Center signage and resource site: www.doh.wa.gov/phepr/signs
- Developed a flash drive with communications resources (fact sheets, templates, risk communication materials) for distribution to local health and emergency partners.
- Printed the fourth edition of the popular 48-page Emergency Resource Guide and distributed over 100,000 copies statewide.

For more information about Risk Communications
Visit us at: <http://www.doh.wa.gov/phepr/factsheets.htm>

EDUCATION and TRAINING

We help connect public health staff, health care providers and other partners with the training they need to meet their new emergency response roles.

What we do:

- Coordinate and promote learning activities.
- Develop and provide training on public health topics.
- Make learning opportunities available in a variety of formats.
- Create learning plans specific to Public Health response roles.
- Develop the workforce to respond quickly and effectively to emerging issues.



Quick Facts for 2008

- Approximately 3,600 staff throughout Washington State have accessed SmartPH, which offers over 3,800 online courses.
- Learning opportunities offered this year included 69 instructor-led trainings, 120 satellite broadcasts, and numerous Web casts and iLinc virtual classroom sessions.
- The agency's Internal Training and Education Plan defines 106 response roles for the agency. There are 412 staff identified to fill these roles; 76 specific training courses are offered routinely to reinforce the skills needed for response.

For more information about Education & Training
Visit us at: <http://www.smartph.wa.gov>

PARTNER PROGRAMS

We help bring together state, local and regional public health staff, health care providers and other partners to plan collaboratively for emergencies.

What we do:

- Support the nine Regional Healthcare Coalitions.
- Provide technical assistance to tribes, community migrant health clinics, hospitals and other health care partners.
- Collaborate with partners to include special needs communities in emergency planning preparedness and response.
- Maintain the Washington Health Volunteers in Emergencies (WAHVE) system.



Quick Facts for 2008

- Distributed special needs planning resources to over 14,000 emergency responders.
- Distributed a strategic planning template to regional health care coalitions to assist them in the strategic planning process.
- Launched the Washington Health Volunteers in Emergencies (WAHVE) system in August 2008.
- The new WATrac Web-based software system will provide daily tracking of emergency department status and bed availability and incident management for disaster response.

OUR TRIBAL PARTNERSHIPS

The 5th Annual Washington State Tribal Emergency Preparedness and Response Conference was held July 23-24, 2008. The conference, co-sponsored by the Washington State Department of Health, Oregon State Department of Health, University of Washington Center for Public Health Practice and the Northwest Portland Area Indian Health Board was hosted by the Confederated Tribes of the Umatilla Reservation. Over 200 tribal, regional, health care coalition, state and federal representatives from Washington, Oregon and Idaho attended the conference.

Rear Admiral W. Craig Vanderwagen, Assistant Secretary for Preparedness and Response, was the keynote speaker. Various presentations and panel discussions provided opportunities for thoughtful dialogue between state, tribal leaders and emergency preparedness representatives. An evening reception, at the Tamastlikt Cultural Institute, provided an exceptional view of the history and culture of the tribes of the Confederated Tribes of the Umatilla Reservation.



MANAGING OUR HEALTH CARE PROFESSIONAL VOLUNTEERS

We developed and launched WAHVE (Washington Health Volunteers in Emergencies), a Web-based system for registering, and verifying the credentials of, health professionals who volunteer to work in emergencies. Licensed medical professions can register themselves, enter their own contact information and note specialty qualifications and geographical preferences for volunteering.



In an emergency, local system administrators will access the database to identify, contact and mobilize volunteers in their jurisdiction according to local protocols. When there is a national emergency and local resources have been exhausted, we can access the database to identify individuals with the proper qualifications who have indicated a willingness to volunteer nationally.

In July 2007, we held three one-day training sessions for new system administrators. Over 40 participants from all nine regions attended.

For more information about Volunteer Management
Visit us at: <http://dow.wa.gov/phepr.wahve/default.htm>

RETURN ON INVESTMENTS

- We have distributed over one million copies of the Emergency Resource Guide to the public and planning partners in the last few years.
- Our emergency communications Web sites have had over 2 million hits in the past year.
- A plan is in place to distribute emergency medications to the Puget Sound population – over 3 million citizens – in 48 hours.
- All hospitals in Washington State have a cache of antibiotics that can be used to protect their staff during a disease outbreak.
- Mutual Aid Agreements are in place with British Columbia, Canada, to provide patient laboratory samples and move health care professionals across the international border during an emergency.
- Public health and health care professionals have access to training on 3,800 preparedness and response topics.

FUTURE PLANS

As this report has shown, public health has made significant strides in emergency preparedness, but there is more work to do. The Department of Health's Public Health Emergency Preparedness and Response program is committed to helping our state prepare to meet future challenges through:

Effective Planning

We will continue to improve state plans, and to provide technical assistance to partners in planning, training and exercises to help assure system-wide readiness.

Detection and Response Readiness

We will maintain robust epidemiology and surveillance plans to help assure rapid disease detection and response capabilities. We will also maintain the highest standards of laboratory readiness to help assure rapid and effective response to chemical and environmental emergencies.

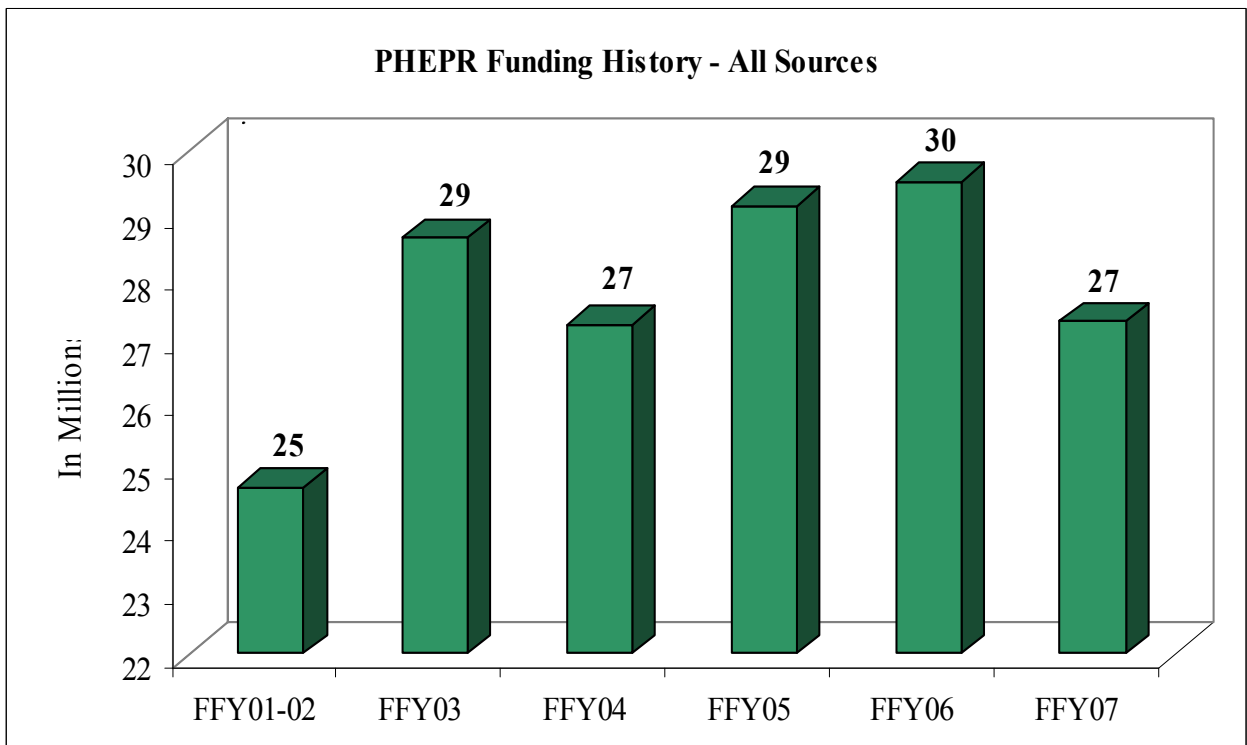
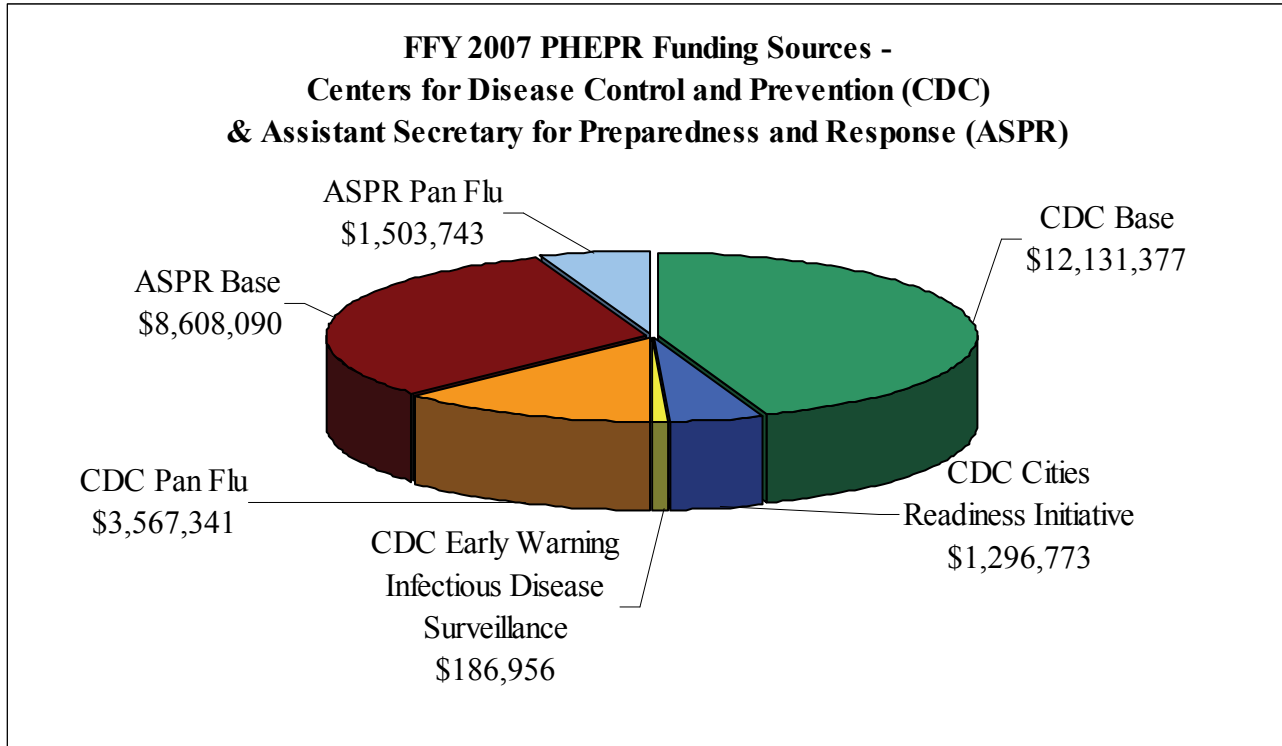
Communication and Outreach

We will continue to develop and provide communication resources to help assure consistent and effective partner communication and public outreach statewide.

Leadership

We will continue to provide leadership in taking an all-hazards approach to public health preparedness, and will work with partners in building a comprehensive system emergency response system for the people of our state.

OPERATING BUDGET



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WEB SITES

Public Health Emergency Preparedness and Response

<http://www.doh.wa.gov/phepr/default.htm>

Emergency Medical Services

<http://www.doh.wa.gov/hsqa/emstrauma/default.htm>

Emergency Resource Guide—2008

<http://www.doh.wa.gov/phepr/handbook.htm>

Emergency Communications Toolkit

<http://www.doh.wa.gov/phepr/toolkit/>

Pandemic Influenza Resources

<http://www.doh.wa.gov/panflu/default.htm>

Emergency Resources—Spanish

<http://www.doh.wa.gov/phepr/spanish.htm>

Medication Center Signage and Resources

<http://www.doh.wa.gov/phepr/signs/>