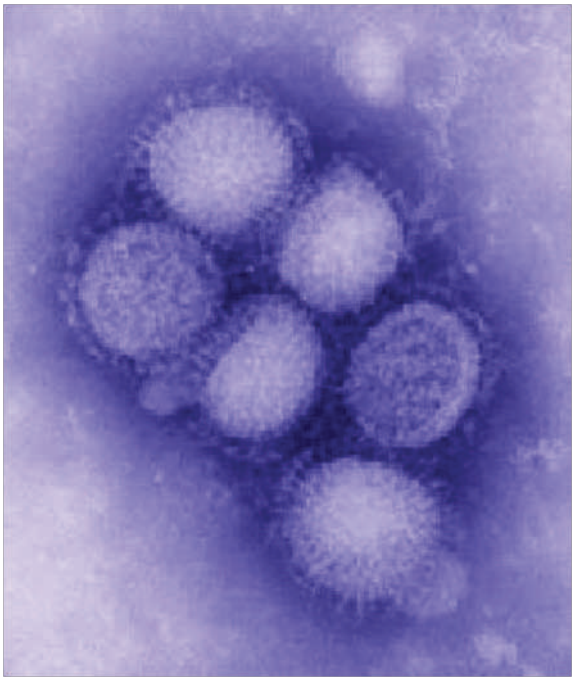
Washington State Department of Health

Public Health Emergency Preparedness and Response Program



2009 Annual Summary Report

Washington State Department of Health

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 2009 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 described 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 emergency response system for the people of our state.

About this report

The PHEPR 2009 Annual Summary Report describes activities for the Grant Year 2008 (August 2008 through August 2009).

We have organized the first half of 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, along with our spring 2009 H1N1 outbreak response efforts.

The second half of the report describes the PHEPR Program Areas and their efforts in preparedness and response activities. Accomplishments and best practices are given special attention.

Please note that we received $29,811,176 of federal funding for planning and responding to H1N1 in fall 2009. This money was received at the end of the current grant period. See pages 18-19 for a brief description of planned activities. A full description of our H1N1 work will be included in next year's annual summary report.

1. Plan:

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

Example: The agency collaborates annually with the Public Health Emergency Preparedness and Response Program (PHEPR) Steering Committee and local health jurisdictions (LHJs) to review and update the PHEPR Program Strategic Plan.

During this process the priorities for the year are identified. After completing the annual review in March 2009, the H1N1 spring event occurred. The response to the novel virus was an unexpected test of the Washington public health system's ability to respond to a widespread contagious disease. It quickly became clear that the previously identified program priorities needed to be adjusted.

On April 29, 2009, the agency worked closely with the PHEPR Steering Committee to rapidly identify and formalize our priorities for the emerging novel H1N1 virus. Once these recommended priorities were approved by the Secretary of Health, the program shifted its focus to enhance our ability to respond to H1N1.

The 2010 PHEPR Program Priorities are:

- Vaccine Distribution System Planning
- Medical Logistics Planning
- Public Information
- Alternate Care Facility Planning
- Tribal Coordination and Engagement

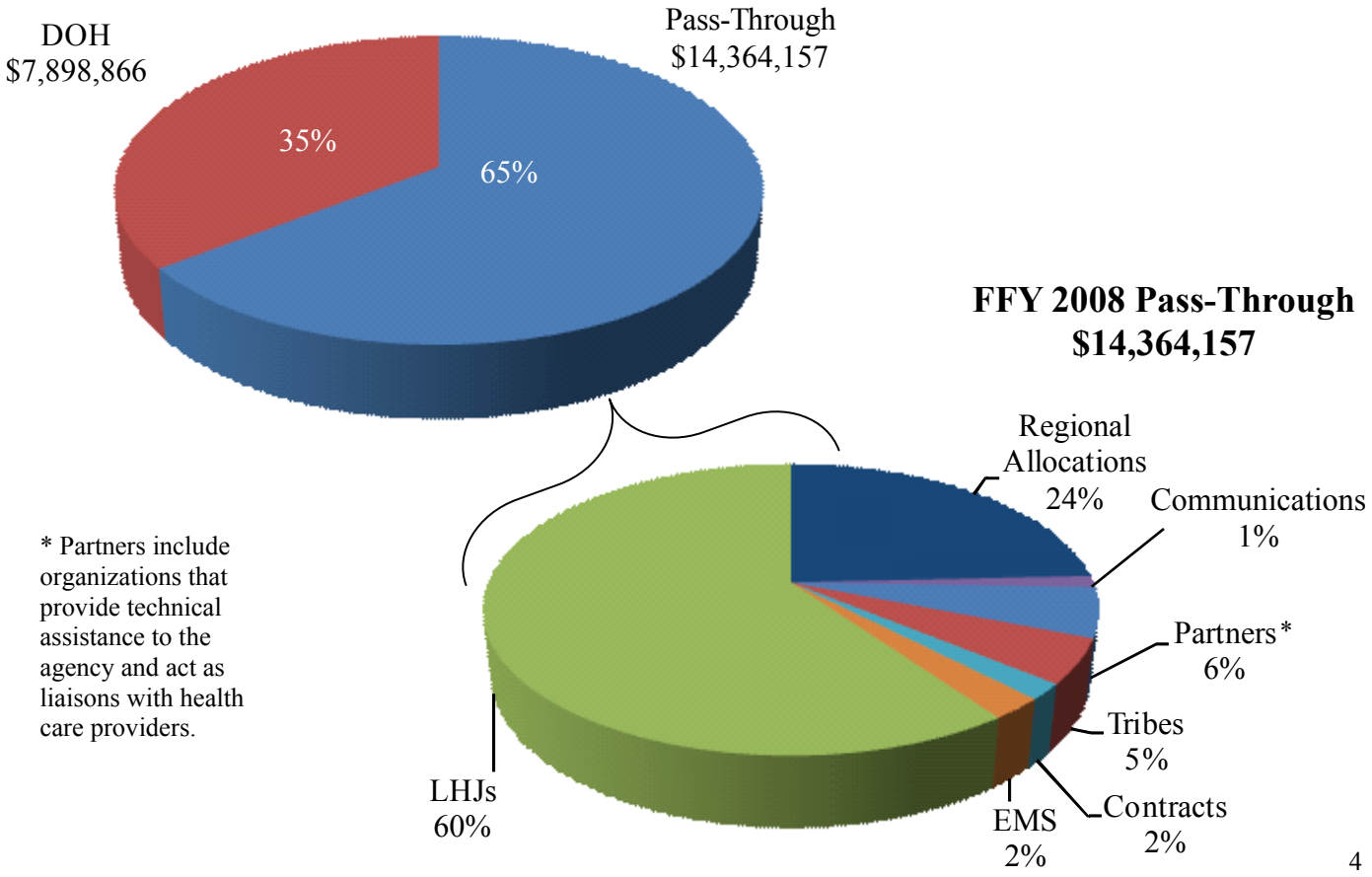
2. Allocate Resources:

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.

With our partners, we build preparedness capacity. 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 2008 PHEPR Expenditures — $22,263,023



* 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: Each PHEPR region is different in regard to preparedness and response needs and priorities. To respect the individuality of our regions, we assist them in making programmatic and budgeting decisions for their jurisdictions. We allocate a lump sum of funding for preparedness and response activities to the regions. In turn, the regions have an open dialogue with their local health jurisdictions (LHJs) to determine how the activities and funds are divided up.

This is the second year that we have used this successful approach to allocate preparedness funds to our LHJs. The LHJs have appreciated the opportunity to customize their regions' roles and responsibilities.

4. Analyze Process:

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

Example: On April 26, 2009, the agency decided to hold weekly conference calls in response to the H1N1 novel influenza outbreak. The purpose of these calls was to provide local health jurisdictions with high-level updates on the event. These calls led to conversations about policy and recommendations on what needed to be done during the response. The following topics were thoroughly discussed:

- School closures
- Antiviral planning and distribution
- Community mitigation strategies
- Vaccine distribution

The SECURES Document Library is used to store and share the most current information on these and other H1N1-related topics between DOH, LHJ's and Tribes.

5. Respond:

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

Example: The Bioterrorism and Chemical Incident Response Laboratories (CIRL) teams received a possible Ricin related event alert late on the afternoon of Wednesday, June 3, 2009. The laboratories were activated the following morning and began receiving samples that afternoon. Samples included:

- Environmental samples from the hot zone (a house in Everett, WA)
- Clinical specimens from potential exposure victims

One environmental sample tested positive for Ricin. Urine specimens of occupants and first responders resulted in a presumptive positive. We were then required to ship samples for confirmation to the CDC in Atlanta, GA, and the FBI Laboratories at Quantico, VA. Those two federal laboratories held a telephone conference with members of the Washington Public Health Laboratories PHEPR teams, Seattle FBI, and WA State Epidemiology to discuss investigation details.

With chain of custody preservation from the CIRL, the FBI shipped forensic evidence from the scene to its laboratory in Maryland. PHEPR Bioterrorism Laboratory testing for Ricin and castor bean plant DNA were confirmed by CDC on Tuesday, June 9. The elevated level of the Ricin marker found in the clinical specimen was confirmed by CDC on Wednesday, June 10. Follow-up testing of the exposed individual by the CIRL and CDC showed decreasing levels in the absence of exposure, and the individual survived. The FBI pursued charges against one of the occupants of the house.

PHEPR Bioterrorism Laboratory continued monitoring by conducting environmental testing throughout the two-week site cleanup efforts.

6. Improve:

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

Example: We were notified on April 29 to prepare for the arrival of federal medical resources in response to the spring H1N1 outbreak. We deployed the full Reception, Storage and Staging (RSS) Task Force Team on May 1, 2009, and we received the first shipment at 8:00 a.m. We led these activities in partnership with the Department of General Administration and the Washington State Patrol. In 10 days we accomplished the following activities:

- Deployed 56 DOH personnel, 5 General Administration personnel, and 12 state troopers.
- Received 181 pallets from seven 53-foot tractor trailers containing:
    - 51,744 courses of Relenza.
    - 183,600 courses of 75 mg, 45 mg and 30 mg Tamiflu.
    - 1,260 bottles of 12mg/ml Tamiflu Oral Suspension.
    - 445,500 surgical masks and 359,180 N95 procedure masks.
    - 17,472 disposable face shields and 260 reusable face shields.
    - 83,500 surgical gloves and 11,300 surgical gowns.
- Allocated resources into orders for each of the state's 35 local health jurisdictions.
- Delivered resources for 29 LHJs and temporarily stored resources for 6 LHJs.
- Completed RSS-related efforts on May 8 and shut down the site.

This was our first activation of the RSS for a real event. We discovered that our logistical communication processes needed to be refined in time for the upcoming flu season. In order to do that, we added a new staff position to provide customer service and complete the communication loop. A new RSS status board was also added to the WebEOC system.

7. Communicate Results and Listen:

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

Example: As soon as the spring H1N1 outbreak began, the Department of Health began working with local health jurisdictions, state agencies, tribes, schools, businesses and community organizations to coordinate consistent messages and provide resources statewide. Along with media outreach, we developed a variety of communication tools including internal and external Web sites, recorded information phone line, fact sheets, mirror clings, posters and other materials for staff, partners and the public.

Our activities included:

- Developed H1N1 Web site with information and resources for specific audiences including public health and health care professionals, individuals, businesses, schools and others. Online resources included Frequently Asked Question page regularly updated in English and Spanish.
- Launched prepare@doh.wa.gov e-mail box for real-time questions from staff, partners and the public.
- Used Twitter to provide ongoing updates to media, partners and public.
- Translated materials into multiple languages to meet public and partner needs.
- Convened statewide communicator conference calls to coordinate outreach and identify/fill gaps.
- Planning for statewide call center surge capacity resources.
- Produced radio public service announcements in English and Spanish; began work on planning larger media campaign for the fall.

PREPARING the STATE for PUBLIC HEALTH EMERGENCIES

In order for our agency to do our preparedness and response activities, we rely on all five divisions in the department. Our program is matrix managed to assure efficient use of our staffs' talents and expertise. Although staff sit across the agency, we all work towards the same program vision, mission and goals. The following section describes the activities and accomplishments of our Program Areas.

Vision Statement:

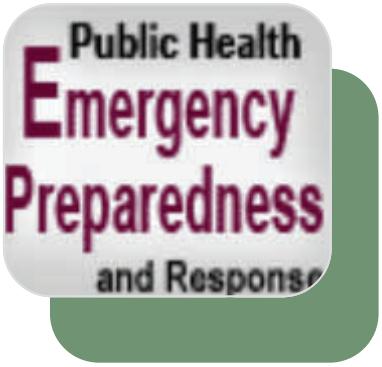
Washington State responds effectively to public health threats and emergencies.

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.



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 our agency's Comprehensive Emergency Management Plan.
- Train our staff to plans and exercise all plans.
- Support federal programs: Strategic National Stockpile, Cities Readiness Initiative, and CHEMPACK.
- Develop secure communications systems.

2009 Highlights

- Actively supported 23 local health jurisdictions during the January 2009 flood event with personnel and resources. This included temporarily closing 27 commercial shellfish areas due to contaminated run-off from floodwaters. We also provided Women, Infant and Children (WIC) nutrition and vaccination services to affected areas.
- In cooperation with Public Health Seattle King County, conducted a full scale exercise ("Pandemonium") testing state and local ability to respond to a large scale influenza outbreak. The exercise included the set-up and operation of an alternate care facility to be used if the healthcare system becomes overwhelmed.
- Recruited and trained agency staff on Emergency Operation Center (EOC) roles and responsibilities. This effort has resulted in six levels deep of trained staff to draw from in an emergency.

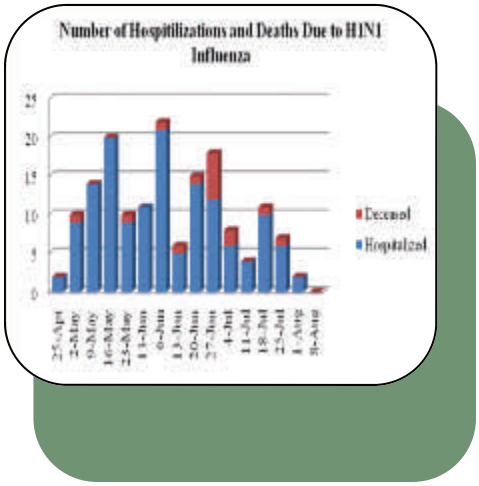
For more information about Preparedness and Planning
Visit us at: http://www.doh.wa.gov/phepr/default.htm

EPIDEMIOLOGY and SURVEILLANCE RESPONSE

Our program prepares to rapidly detect and investigate disease outbreaks and possible acts of bioterrorism.

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.



2009 Highlights

- Trained 107 public health professionals via the Epi Road Show program. Topics included Vaccine Preventable Disease Outbreaks and Vaccine Hesitancy, Pertussis Outbreak Investigations, and an Overview of Seasonal, Zoonotic, and Pandemic Influenza Surveillance.
- Investigated a pertussis outbreak that originated in Eastern Washington. The disease spread through a network of high school wrestlers, resulting in at least 52 cases of pertussis in seven Washington counties.
- Coordinated 11 suspicious substance investigations with local health jurisdictions, the Department of Health, Federal Bureau of Investigation, and local law enforcement. Two of the investigations involved the poison, Ricin.
- Signed three cross-border public health preparedness and response agreements with our public health colleagues in British Columbia and other Pacific Northwest states to enhance regional response to public health emergencies.

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 samples, recognition of a bioterrorism agent and the proper packaging and shipping of samples.

2009 Highlights

- Validated the FDA Polymerase Chain Reaction (PCR) test for seasonal influenza. We received the test kit for the novel virus strain when CDC released it soon after the identification of the H1N1 influenza infections.
- Tested more than 2000 samples for the novel H1N1 influenza virus.
- Purchased robotic equipment to assist in the preparation and testing of patient samples for the fall flu season. This equipment will result in a higher throughput and lessen the fatigue of staff who must continue to perform the routine testing for syphilis, rabies, botulism and other diseases.
- Worked with the Chemical Terrorism Response team to process and test more than 40 environmental samples for Ricin toxin poisoning. We provided test results to the Snohomish County Health officials, the FBI and EPA.

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 analysis in-house, or facilitate 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.

2009 Highlights

- Responded to five real events during the year— two involving a select agent and one Toxic Industrial Chemical.
- Analyzed five white powders during the year—one was sent to Washington's governor.
- Took part in seven exercises sponsored by local, state, and federal governments.
- Trained in two new LRN methods for the Liquid Chromatograph-Tandem Mass Spectrometer, and three Food Emergency Response Network methods for detection of contaminants in food.
- Took part in 12 proficiency tests of LRN and FERN methods.

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.

2009 Highlights

- Maintained all critical information systems at a 99.99 percent availability rate. The single downtime was the result of a hardware failure. It was restored within three hours.
- Recruited 20 new laboratories to participate in electronic laboratory reporting of notifiable conditions.
- Enabled laboratories to report electronic influenza results through the laboratory reporting system. This was implemented in three hours after the emergency reporting rule was declared.
- Added childhood blood lead and novel influenza as conditions in Public Health Issues Management System (PHIMS).
- Updated the PHIMS new influenza case form for faster data entry.

For more information about Informatics
Visit us at: http://www.doh.wa.gov/EHSPHL/Informatics/default.htm

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 and materials, including resources for special needs communities.
- Develop and deliver risk communication training for local public health and other emergency response partners.
- Support local health and system partners to help assure consistent messages and effective response statewide.
- Coordinate with federal and cross-border partners.

2009 Highlights

- Provided risk communication training to hundreds of state agency, local health and emergency response partners statewide.
- Developed a variety of publications on emergency issues and distributed over a million materials statewide.
- Received millions of hits and downloads on emergency resource Web pages.
- Launched new Web sites and used new media tools to expand outreach on emerging issues including H1N1.
- Developed preparedness materials in 10 different languages to meet partner and public needs.

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 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.

2009 Highlights

- Hosted a two-day "Mass Fatality Incident Response Planning" course on each side of the state.
- Offered 12 hours of "Hospital Incident Command System" training in seven different locations.
- Hosted training sessions on SmartPH, completed by 4,387 public health staff.
- Sponsored training throughout the state on a variety of emergency preparedness topics including:
  - *Release of Information in Public Health Emergencies*
  - *The Use of Social Media During an Emergency Response*
  - *Homeland Security Exercise and Evaluation Program (HSEEP) Training*
  - *National Incident Command System (NIMS) Training*
- Provided training for designated agency response roles attended by 383 DOH staff.

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, healthcare providers and other partners to plan collaboratively for emergencies.

What we do:

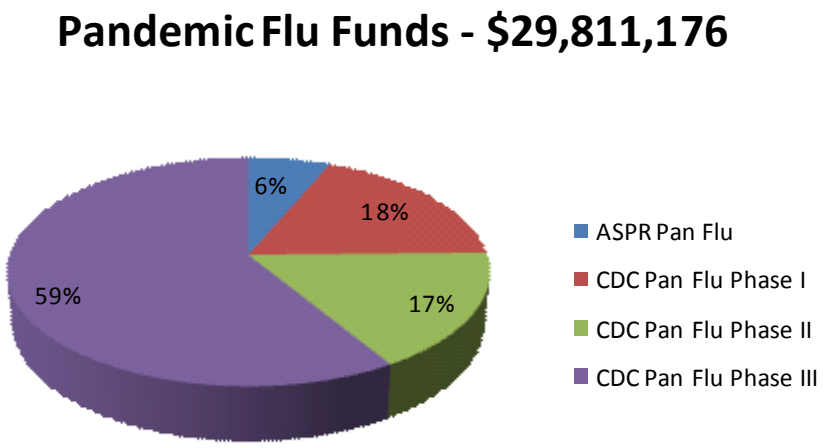
- Support the nine Regional Healthcare Coalitions.
- Provide technical assistance to tribes, community migrant health clinics, home health care, hospitals and other health care partners.
- Collaborate with partners to include special needs communities in emergency planning preparedness and response.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

2009 Highlights

- Using the WAHVE system, we verified over 1550 licenses of registered vaccine providers for the upcoming seasonal and H1N1 fall flu season.
- The Washington State Medical Reserve Corps and AmeriCorps partnership received the "Outstanding Medical Reserve Corps Partnership Award" in April 2009 for our innovation and hard work.
- Hosted the annual regional statewide healthcare coalition conference "Planning for Healthcare Systems Response: The Flood Example." The conference focused on the following topics: Taking Care of the Community, Stories from the December 2007 Storm, Provider Perspective on Healthcare Systems Planning and Response, and Organizational Perspective on Healthcare Systems Planning and Response. Seventy healthcare professionals attended.

Responding to H1N1 Influenza

On April 26, 2009, the Secretary of Health and Human Services declared a public health emergency in response to the 2009 H1N1 influenza virus. This allowed the federal government to award funding to the states to assist in planning and responding to H1N1 influenza. Washington State received a total of $29,811,176. We received funding from both the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC).



The primary purpose of the ASPR funding is to improve the healthcare systems ability to develop and implement activities related to:

- Mass vaccination for employees
- Employee workplace policies
- Personal protection equipment and systems
- Healthcare system decompression
- Alternate care site capability
- Situational awareness
- Media strategies

The purpose of the CDC grant is to support and enhance the state and local public health infrastructure that is critical to public health preparedness and response.

- *Focus Area 1:* Planning activities for vaccination, antiviral distribution/dispensing and administration, risk communication, and community mitigation.
- *Focus Area 2:* Planning activities for laboratory, epidemiology, and surveillance.
- *Focus Area 3:* Response activities for the implementation of the 2009 H1N1 influenza mass vaccination campaign.

Getting Ready for the Fall 2009 H1N1 Season

The Washington State Department of Health is actively working with partners around the state to respond to the ongoing H1N1 pandemic virus. To assist and plan for the fall H1N1 season, we worked closely with our state and local partners to assure gaps and needs are identified and addressed. Seven workgroups were established in the summer.

H1N1 Planning Team – This core team is responsible for the overall operational direction of planning activities for the agency. The team meets weekly to review situational awareness, determine next steps, and discuss issues which may need further evaluation.

Vaccine Workgroup – This workgroup organized the federally directed H1N1 vaccination event campaign. They gather information from the federal government and work with local health jurisdictions to determine gaps to help guide priority activities.

Community Mitigation Workgroup – This workgroup focuses on four key areas: isolation, quarantine, school dismissal and social distancing. They consider the severity of a pandemic along with its spread when determining appropriate public health actions.

Communications Workgroup – This workgroup works with partners to develop and distribute consistent pan flu messages and provide timely and accurate information to the public.

Surveillance Workgroup – This workgroup focuses on improving the ongoing pandemic H1N1 and seasonal influenza surveillance systems. The current surveillance system includes many components such as sentinel providers reporting the proportion of patients they see with influenza-like-illness and submitting specimens to the Public Health Laboratories for influenza testing and subtyping.

Antiviral Workgroup – This workgroup is tasked with the ongoing activities to support the distribution, storage, dispensing and tracking of antivirals. They determine the activities and decisions needed if additional assets come to the state, and work to improve the systems associated with the receipt, distribution, dispensing and tracking of these assets.

Healthcare System Workgroup – This workgroup focuses on the needs and issues related to the broader healthcare system. Areas of focus include coordination with local and state public health agencies, healthcare situational awareness, protection of healthcare infrastructure and personnel, reduction of disruptions in service delivery, organized and timely medical surge response and recovery to normal levels of service.

For more information about H1N1 response activities:
http://www.doh.wa.gov/h1n1/default.htm

RETURN ON INVESTMENTS

- We received, stored and distributed over 236,600 courses of antivirals and over 905,900 items of personal protection equipment during the spring H1N1 outbreak.
- Our emergency communications Web sites have had over 3.7 million hits in the past year.
- We have created five regional mass fatality supply caches. Personal protective equipment and disaster site supplies are stored in trailers which can be easily transported when needed.
- We coordinated 11 suspicious substance investigations with local health jurisdictions, the Federal Bureau of Investigation, and local law enforcement - two of which involved the poison, Ricin.
- The Washington State Public Health Inter-Jurisdictional Mutual Aid Agreement has been signed by 29 local health jurisdictions. The LHJs agree to voluntarily aid and assist each other during a public health emergency event.
- We partnered and participated in at least eight 2010 Olympics preparation exercises.

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 maintain 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.

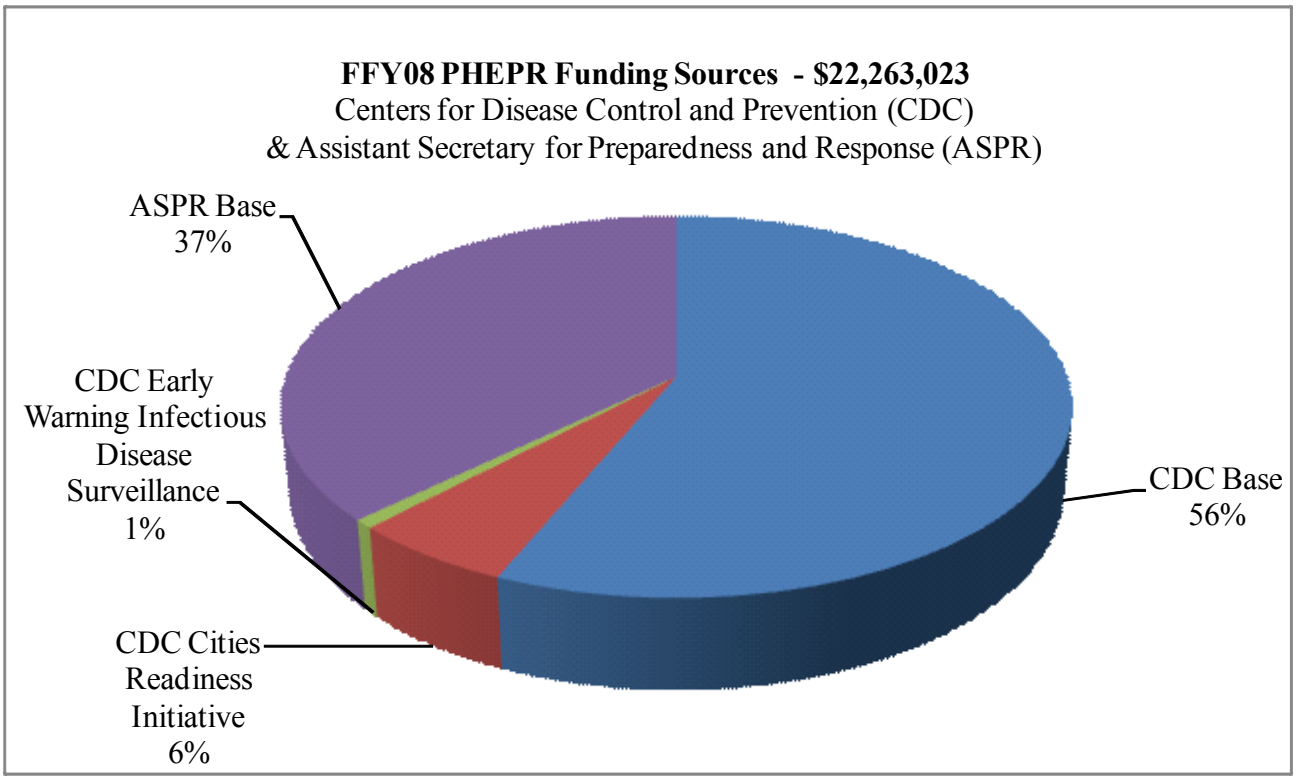
Communication and Outreach

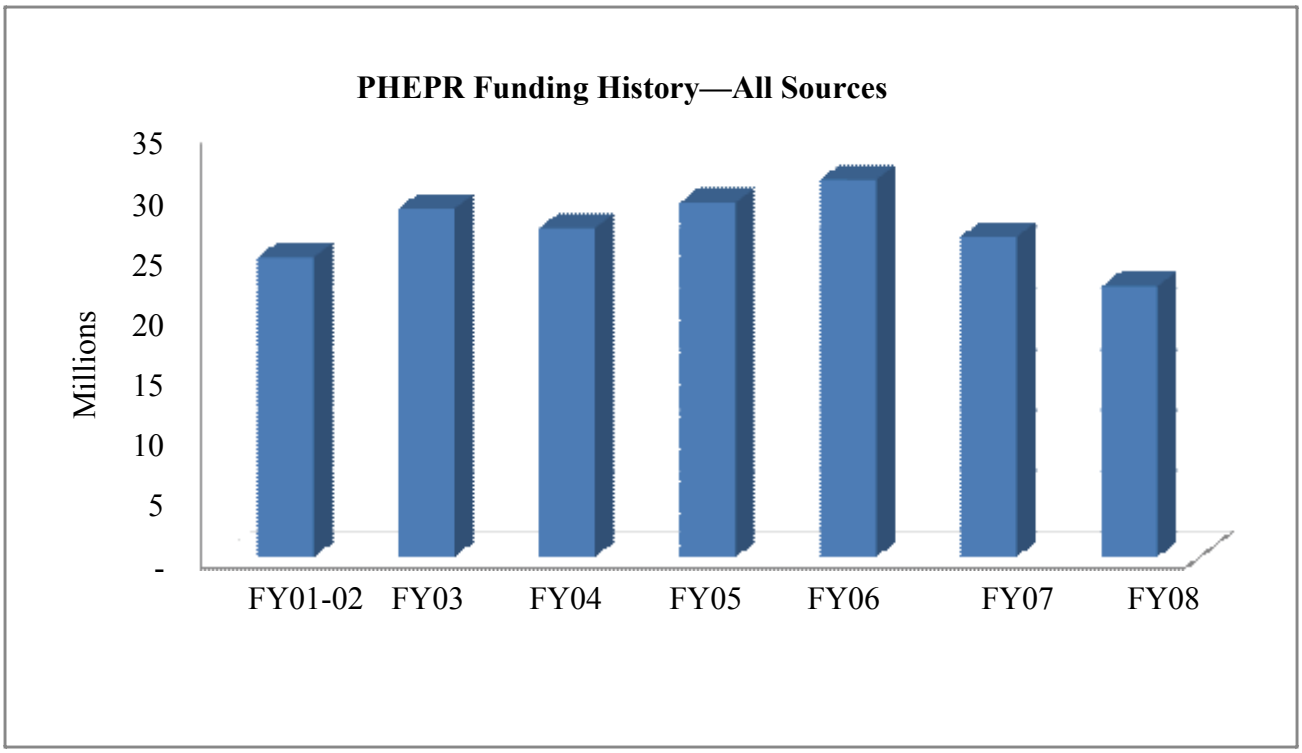
We will continue to develop and provide communication resources to help provide consistent and effective partner communication and public outreach statewide.

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/

H1N1 (Swine Flu) Resources
http://www.doh.wa.gov/h1n1/default.htm

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/

Washington Health Volunteers in Emergencies
http://www.doh.wa.gov/phepr/wahve/default.htm

Notifiable Conditions
http://www.doh.wa.gov/notify/

Washington State Public Health Laboratories
http://www.doh.wa.gov/EHSPHL/PHL/

Learning Management System: SmartPH
https://fortress.wa.gov/doh/smartph/