BIOTERRORISM PREPAREDNESS UPDATE

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HIGHLIGHTS

California Develops Standards and Guidelines for Healthcare Surge

In February 2006, the California Department of Health Services (CDHS) conducted the California Hospital Surge Capacity Survey to assess healthcare surge capacity among Health Resources and Services Administration participants. The survey identified gaps and indicated that many California hospitals are unprepared to handle a surge in demand for patient care. Disasters, such as earthquake, flood, pandemic influenza or radiological attack, may impose overwhelming demands on California's health care system. During such an emergency, health care professionals and facilities must be able to respond quickly to a sudden increase in demand for medical services, including needs for staff, bed capacity, medical equipment, and supplies.

The California Healthcare Surge Project was initiated by CDHS to strengthen California's preparedness for a manmade or natural disaster by developing the first recommendations for statewide standards and guidelines for health care providers to use when responding to a sudden and significant surge in sick or injured patients. PricewaterhouseCoopers, LLP, an international consulting firm, is working with CDHS in developing surge capacity standards and guidelines for emergency planning and operations of health care facilities and licensed health care professionals. The guidelines will cover such issues as flexibility to state requirements during an emergency, liability and reimbursement for health care workers, and appropriate care for patients at alternate care sites.

One of the keys to project success is the active participation of project stakeholders. Stakeholders with expertise in various aspects of the healthcare delivery system will be actively engaged in the project, which will culminate in the production of operational templates, standards and guidelines, and training manuals that can be used by all communities. The methodology to accomplish these objectives will be to drive several clinical use cases through multiple scenarios that sequentially address the three areas described above. The output from these sessions will be gap identification; then work group activities will commence to close these gaps.

For more information on this project and how to participate, see www.dhs.ca.gov/epo/surge. Conference calls will be held on February 5 and 8, 2007 to review the project and answer questions. Information on the calls can also be found on the website.

The surge capacity standards and guidelines will be disseminated to health care facilities, insurers, licensed health care professionals, local health departments (LHD) and others. For additional information on this project, contact Ted Selby, Chief of the Healthcare Capacity Section at (916) 650-6461 or tselby@dhs.ca.gov.

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This monthly report of bioterrorism preparedness activities and information from the California Department of Health Services contains information on programs and policy that may be secure or confidential. This communication is intended exclusively for the use of local health departments, should be considered privileged, and not distributed further.

California Among the Best in Distributing Emergency Funds

A new federal report on expenditures of public health emergency preparedness funds ranks California as having the third lowest percentage of unobligated funds in the nation. According to the report from the Office of Inspector General of the federal Department of Health and Human Services (HHS), only 2.7 percent of funds awarded to CDHS by the Centers for Disease Control and Prevention (CDC) for the period August 31, 2004, to August 30, 2005, remained unobligated at the end of the period. California received $68,819,980 from the CDC and had $1,882,804 unobligated. These figures exclude Los Angeles County, which received a separate grant. A total of 60 other entities, including 48 states, nine U.S. territories and three municipalities, received funding. Of these, only Washington (2.2 percent) and Kansas (0 percent) had a lower percentage of unobligated funds. Of the ten largest recipients of funds, none did a better job than California of executing its expenditure plans.

Pandemic and All-Hazards Preparedness Act

On December 19, 2006, President Bush signed S. 3678 into law, known as the Pandemic and All-Hazards Preparedness Act. S. 3678 designates the HHS Secretary as the lead over all federal public health and medical responses to public health emergencies and incidents. It creates the Assistant Secretary for Preparedness and Response, who will be responsible for the National Disaster Medical System, Hospital Preparedness Cooperative Agreement Program, Public Health Preparedness Cooperative Agreement Program, and coordination of the Medical Reserve Corps, Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), Strategic National Stockpile, and the Cities Readiness Initiative.

The entire text of the bill is available online at http://help.senate.gov/S3678.pdf. CDHS will continue to monitor information on S. 3678 and provide

NEWS NOTES

HHS Funds Advanced Development of H5N1 Influenza Vaccines

HHS Secretary Mike Leavitt recently announced that HHS has awarded contracts totaling $132.5 million to three vaccine makers for the advanced development of H5N1 influenza vaccines using an immune system booster called an adjuvant. An adjuvant is a substance that may be added to a vaccine to increase the body's immune response to the vaccine's active ingredient, called antigen.

"In the event of an influenza pandemic, a vaccine that uses adjuvant could provide a way to extend a limited vaccine supply to more people," Secretary Leavitt said. "These contracts are a continuation of our aggressive multi-pronged approach to a potentially critical public health challenge."

Under the contracts, each company will build up its capacity to produce within six months after the onset of an influenza pandemic either 150 million doses of an adjuvant-based pandemic influenza vaccine or enough adjuvant for 150 million doses of a pandemic influenza vaccine. The addition of adjuvant to current candidate vaccines for H5N1 may reduce the amount of antigen (active ingredient) per dose needed to achieve effective individual protection.

More information on pandemic preparedness, including information on vaccines, can be found online at www.pandemicflu.gov/vaccine/index.html.

Potential Death Toll of Flu Pandemic: 62 Million

A study published in *The Lancet* concludes that the death toll worldwide of a pandemic flu is likely to range from 51 to 81 million individuals. If the deaths occurred within a single year, global mortality could increase by 100 percent. Researchers used government mortality

records from the 1918-1919 pandemic flu and 2004 World Health Organization population estimates to predict what might happen should a similar virus spread worldwide today. The mortality estimate is based solely on death records from countries with comprehensive vital registration systems, rather than on theoretical models or assumptions about attack and case-fatality rates. The study's results single out the 0-14, 15-19, and 30-44 age groups as those that would experience the highest number of deaths. The study also found that 96 percent of the deaths would occur in developing countries.

The researchers point out that many factors involved in the 1918-1919 pandemic are different today. Medical treatment of influenza symptoms has improved, antivirals are available, and vaccination is now a possibility. However, these interventions could be largely unavailable in middle- and low-income countries. The authors argue that, because a large proportion of deaths in the 1918-1919 pandemic were caused by secondary bacterial pneumonia, the most affordable strategy that would have the largest effect on mortality in those countries would be to plan for prompt access to antibiotics to treat secondary infections. According to the authors, no matter how virulent a contemporary pandemic flu proved to be, the vast majority of deaths would occur in developing countries.

Reference: Murray JL, Lopez AD, Chin B, Feehan D, Hill KH. "Estimation of potential global pandemic influenza mortality on the basis of vital registry data from the 1918-20 pandemic: a quantitative analysis." *The Lancet* 368 (2006): 2211-2218.

Human Trial of DNA Vaccine for H5N1 Avian Influenza Virus Begins

The first human trial of a DNA vaccine against the H5N1 avian influenza infection began on December 21, 2006 at the National Institutes of Health (NIH). The vaccine was designed by scientists at the Vaccine Research Center (VRC) at the National Institute of Allergy and Infectious Diseases (NIAID), a component of the NIH. Scientists at the VRC have previously shown the DNA vaccine approach to be effective against influenza viruses in animal models. Use of this DNA vaccine technology can potentially improve the production capacity for vaccines to prevent seasonal influenza and other diseases. Since the vaccine is DNA-based, it contains only portions of the influenza virus' genetic material and it contains no infectious material. This vaccine is aimed at newer strains of the H5N1 virus and represents the ability of modern technology to respond to the emergence of new virus strains.

With this study, the investigators hope to learn whether DNA vaccines can provide protection against such viruses. NIAID researchers will measure immune responses to the vaccine, assess its safety, and compare its potency to more traditional vaccine approaches. For the full article see www.nih.gov/news/pr/jan2007/niaid-02.htm.

PROGRAM UPDATES

California Health Alert Network (CAHAN) Expansion Project

CAHAN is a collaborative Health Alert Network that is accessible 24-hours, 7 days a week, and is part of a nationwide initiative led by the CDC. CDHS has approximately 7,500 users in the CAHAN system; however, this number expands monthly due to increasing interest in rapidly disseminating and sharing health alert information.

Portal Consolidation

EPO has undertaken a project to improve CAHAN functionality by consolidating the six CAHAN portals into one over the next eight months. The consolidation will result in a much easier to use system for CDHS partners and stakeholders. Project participants include CDHS staff from EPO and the Division of Communicable Disease Control, as well as LHD representatives. The group's bi-monthly discussions have resulted in the new Document Library design that will contain four

main (root-level) folders as follows:

- Emergency Response: Resources, information, and documents necessary during an emergency
- Information & Resources: Emergency resources, information, and documents
- Multi-Organization Partnerships: Collaborations that occur at state and local levels across diverse organizations
- CAHAN Support : Items that relate to the use and administration of CAHAN

Outreach Activities

CDHS' Division of Drinking Water and Environmental Management (DDWEM) will expand their CAHAN usage to include all the local water districts. This will provide a secure location to collaborate and share water-related health issues and alerts.

There continues to be an increase in CAHAN interest from outside CDHS, as well. The California Department of Corrections and Rehabilitation wants to utilize CAHAN for their pandemic alerts and plan collaboration. Additionally, CDHS' Office of Binational Border Health will be added as a CAHAN user, which will give CDHS the ability to send health alerts across the border to public health partners in Mexico.

EPO recently held training sessions for Sierra, Ventura, Yolo, and Pasadena LHDs. These tailored workshops included the setup of CAHAN to reflect the policies, procedures, and protocols for each jurisdiction. At the end of their workshop, the City of Pasadena added their Emergency Preparedness Partnership (first-responders) users to CAHAN and began to use the system immediately.

If you have any questions or comments regarding CAHAN, or want to participate in the consolidation project, please email CAHANinfo@dhs.ca.gov, or call (916) 498-8720.

The CDC Portfolio Management Project (PMP) and the Senior Management Official's Roles in Public Health Emergency Preparedness

The PMP was created in 2005 to improve and strengthen CDC's relationships with state and local public health agencies. The three over-arching goals of the PMP are: 1) to foster shared leadership, dialogue and collaboration at an executive level between CDC and its public health partners; 2) to promote the alignment of CDC and state health protection goals, programs and resources to meet national public health challenges; and, 3) to improve CDC business practices and field services supporting public health at the national, state and local levels.

One essential element of the portfolio management model is the enhancement of the executive leadership relationship between CDC and its state and local health partners. CDC created the Senior Management Official (SMO) position and collaborated with state, local and district health officials to establish SMOs as members of the executive staff in their respective health departments. The SMO serves as the CDC Director's primary management official in their assigned state. As of January 2007, SMOs have been established in 11 states and the District of Columbia.

The manner in which the SMO carries out the emergency response role varies according to state health department needs, differing response situations and existing response infrastructure in the states where they are assigned. During hurricanes Katrina and Rita, the SMOs in Florida, Louisiana, Arkansas and Texas played critical roles in assisting the affected states to request and deploy HHS/CDC assets.

The overall objective of the SMO is to ensure optimal CDC emergency response support to the state and LHDs. Specifically, the SMO functions as a single point of contact for the State Health Officer/Incident commander for CDC resources; ensures that CDC

mission assignments are implemented effectively and complementary to the existing command structure; provides a bi-directional direct link between CDC's emergency response elements and the state's public health leadership/Incident Command structure; and, maintains situational knowledge of CDC resources deployed to the state.

During an emergency situation in our state, California's SMO, Michael Hughes, would be physically located in CDHS' Joint Emergency Operations Center in Sacramento. If CDHS or other state entities decide to formally request technical, material or personnel assets from CDC, the SMO will work with CDHS, the Governor's Office of Emergency Services and HHS, using procedures developed by OES and the federal government.

For more information about the PMP, contact Michael Hughes at MHughes@dhs.ca.gov or by phone at 916-552-9275.

Disaster Response Policy Statement

The California State Board of Pharmacy has taken a proactive stance in encouraging pharmacists, intern pharmacists (students), and pharmacy technicians to become involved in local, state, and national emergency and disaster preparedness efforts. The Board has adopted a "Disaster Response Policy Statement" that outlines its expectations for disaster response in California.

The Board encourages potential volunteers to register and get information at www.medicalvolunteer.ca.gov (California) and www.medicalreservecorps.gov (federal). "The board further encourages its licensees to assist in emergency circumstances or disasters" and acknowledges that "it may be difficult or impossible for licensees in affected areas to fully comply with regulatory requirements governing pharmacy practice or the distribution or dispensing of lifesaving medications." In an event of a declared disaster or emergency, the Board expects to use its statutory authority to "encourage and permit emergency provision of care to affected patients and areas" and "…by waiving such requirements as prescription requirements, record-keeping requirements, labeling requirements, employee ratio requirements, consultation requirements and other standard pharmacy practices and duties that may interfere with the most efficient response to those affected."

The full text of the "Disaster Response Policy Statement" can be found in the January 2007 edition of its newsletter "The Script" at www.pharmacy.ca.gov/publications/07_jan_script.pdf.

CDHS is very appreciative that the members of the California State Board of Pharmacy and, its Interim Executive Officer Virginia Herold, have taken this approach to assist public health disaster preparedness efforts.

TRAINING

Emergency Provider Health and Support Satellite Conference and Webcast

The Alabama Public Health Training Network will offer a satellite conference and live webcast titled, "When the System is Overwhelmed: Protecting the Provider During Biodisaster," February 27, 2007 from 10:00 – 11:30 PST. The presentation will focus on the impact of various public health disasters on both the system and the emotional dynamics of healthcare providers. For more information, see www.adph.org/alphtn/.

California Distance Learning Health Network (CDLHN) Conference

CDLHN will hold its Third Biennial California Distance Learning Conference "Building Capacity: Reaching New Heights in Global Preparedness" on April 5-6, 2007 at

the Embassy Suites Hotel in South Lake Tahoe, CA. The two-day conference on distance learning and public health preparedness capacity-building will emphasize the importance of preparedness during a pandemic influenza and other public health emergencies. For more information, visit www.cdlhn.com/dlc2007.info.

Crisis and Emergency Risk Communication (CERC) Training for Water Districts

In collaboration with CDHS' Drinking Water and Environmental Management Branch, EPO has been conducting trainings throughout California with local and regional water utility districts. The trainings focus on the CERC Workbook, which was adapted from the CERC Tool Kit to address communication issues specific to drinking water emergencies. The training provides information and skills for water utility engineers and hands-on practice through a tabletop exercise. Several trainings are scheduled for 2007. If you are interested in scheduling a training or have questions, contact Holly Sisneros at hsisnero@dhs.ca.gov or (916) 650-6442.

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