



EMERGENCY PREPAREDNESS & PUBLIC HEALTH BLOOMINGTON

June 2003

MAKING PROGRESS

- Denise Dunn, Emergency Preparedness Coordinator
Bloomington Public Health

The tragedy of September 11, 2001 and the anthrax outbreaks that followed have called attention to the critical role public health has in homeland security. Local public health agencies (governmental agencies responsible for protecting the health of our communities) are "first responders" to acts of bioterrorism and other public health emergencies that may take place in our community.

Prompted by increased threats and aided by increased funding from Congress, public health has been making new plans, learning and teaching new skills, and working with communities to improve local public health preparedness. A five-million dollar Emergency Preparedness grant from the Minnesota Department of Health (MDH), through the Centers for Disease Control & Prevention (CDC) is funding the work.

Focus areas within the grant are receiving concentrated efforts. The following is a list of these areas, including activities that have been completed or are currently underway in our community.

Coordination

- Building connections with community partners including emergency management, public safety, voluntary organizations, schools, other health departments, hospitals, and community groups
- Forming a local *Bioterrorism Advisory Committee*
- Collaborating with metro-wide public health workgroups
- Three-city coordination: Bloomington, Edina, Richfield

Assessment

- Assessing the training needs of staff
- Visiting potential mass-clinic sites
- Assessing our preparedness and response capacity (CDC inventory)

Planning/Exercise

- Participating in regional exercises (mass clinic set-up, chemical spill tabletop, biological release tabletop)
- Organizing a three-city local tabletop exercise (disease outbreak)
- Planning a large-scale regional biological exercise for later this year
- Planning for mass clinics (staffing, contracts, logistics)
- Running regional smallpox clinics (a real-life exercise opportunity)

Response/Disease Surveillance

- Strengthening connections with Fairview Southdale Hospital

Health Alert Network (HAN)

- Adding additional partners to our network (veterinarians, pharmacies)
- Testing our system

Risk Communication

- Risk communication principles and strategies training
- Using city communication resources for education (print, web, cable)
- Planning for communication challenges with multi-cultural and vulnerable populations

Training

- Presenting Incident Management System basics to staff
- Educating on smallpox and smallpox vaccine
- Clinic protocol and immunizations skills education
- Screening and vaccinating skills for smallpox immunizations

Additionally, all local public health agencies in the state were involved in planning and implementing regional clinics for the National Smallpox Vaccination Program. Minnesota voluntarily vaccinated 1,476 response team members between February and April 2003. These vaccinated individuals will help improve our response capacity to a smallpox event.

Details of next year's funding are now coming to us from the federal government. We hope to continue the work begun in 2002/03 as well as plan for further improvements in public health emergency preparedness.

BLOOMINGTON PREPAREDNESS

Representatives from Public Health, Environmental Health, Police, and Fire participated in "Operation Snowball," a metro-wide biological tabletop exercise held December 11, 2002.

Four Bloomington Public Health nurses helped staff the regional smallpox vaccination clinic (an intensive training experience); two nurses received immunizations.

April 26, 2003: Police Lt. Paul McCullough and Denise Dunn (Public Health) spoke to hundreds of Bloomington citizens about emergency preparedness at the annual Block Captains' Workshop. Topics covered included weather emergencies, bioterrorism, and SARS.

SARS Makes Its Presence Known

The Centers for Disease Control and Prevention (CDC) and state and local departments of health are investigating a new disease called Severe Acute Respiratory Syndrome (SARS). The disease was first reported among people in Guangdong Province (China), Hanoi (Vietnam), and Hong Kong. It has since spread to other countries.

As of June 24, over 8,400 probable cases have been reported worldwide with 807 deaths. Twenty-five states, including Minnesota, are reporting probable cases.

Approximately 340 people are currently being followed in the U.S. with suspect disease, but only 75 of those are classified as probable cases by the new case definition of SARS. There are no reported deaths from the disease in this country.

Symptoms of SARS

In general, SARS begins with a fever greater than 100.4°F [$>38.0^{\circ}\text{C}$]. Other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms. After 2 to 7 days, SARS patients may develop a dry cough and have trouble breathing.

At least 80 percent of victims recover after about a week, but the remainder experience some deterioration in their health. Many of those develop pneumonia, and about eight percent die. SARS is believed to be caused by a previously unknown microbe in a family of viruses known as coronaviruses. There is no treatment or vaccine.

SARS in Minnesota

On April 25, the Minnesota Department of Health (MDH) announced that a two-year-old child from Ramsey County was the state's first probable case of SARS. Currently, MDH reports that the state has three probable cases of the disease.

"For most people," said Dr. Harry Hull, Minnesota State Epidemiologist, "the risk of getting SARS remains quite low. Unless they travel to one of the areas with community transmission of SARS, or have had close contact with a SARS patient, most Minnesotans don't face any special risk of getting SARS."

How SARS spreads

Public health experts think SARS is spread by close contact between people; it is most likely spread when someone sick with the disease coughs droplets into the air and someone else breathes them in. It is possible that SARS also can spread more broadly through the air or from touching objects that have become contaminated.

For more information:

MDH Web site: www.health.state.mn.us (click on Severe Acute Respiratory Syndrome under "Hot Topics"). This website provides links to the CDC (Centers for Disease Control and Prevention) and the WHO (World Health Organization), and information for health professionals.

Center for Infectious Disease Research and Policy

Web site, University of Minnesota:

www.cidrap.umn.edu

CDC public response hotlines:

888-246-2675 (English) 888-246-2857 (Español)
866-874-2646 (TTY)

Minnesota Department of Health (MDH) hotlines:

612-676-5414 or 877-676-5414

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Smallpox Vaccination Plan Update

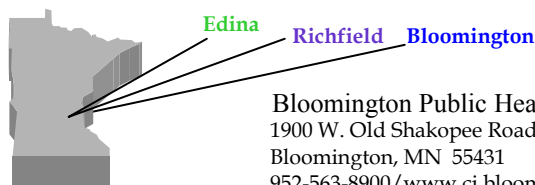
Phase I vaccinations, as part of the National Smallpox Vaccination Program, began mid-February 2003 and ended early April 2003. A total of 1,476 persons received vaccine in our state. Public Health staff was involved in the regional planning and implementation of these vaccinations.

The goal of Phase I is to prepare health care providers and public health workers so they can respond safely and quickly if an actual smallpox case is reported in the state. By vaccinating a limited number of people in advance, we can immediately begin vaccinating other emergency response personnel and members of the public, if necessary. (These previously vaccinated persons can begin their critical tasks right away in an emergency, without taking time to be vaccinated themselves).

The first phase of this effort has now largely been completed and we are assessing the results. We are awaiting guidance from the federal level regarding any future expansion of the vaccination campaign.

Information provided by Bloomington Public Health and is funded through the Minnesota Department of Health and the Center for Disease Prevention & Control.

Bloomington Public Health serves the communities of:



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