

Texas Department of Health Public Health Region 1

Preparedness Planning Review

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ProtectTexas™
Texas Department of Health

Public Health Region 1
1109 Kemper
Lubbock, TX 79403

Region 1 Administration

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Barry Wilson
Acting Deputy Regional
Director

Dr. Connie Lindley
Acting Associate Regional
Director, Health Planning

Acting PHP Director Ready for Challenges

The Public Health Preparedness (PHP) program in Public Health Region 1 (PHR 1) is under new leadership. Dr. Connie Lindley has willingly taken over the many responsibilities of PHP activities, as Acting Associate Director of PHP. The initiatives and goals of the PHP program are very familiar to Connie. She was the initial Strategic National Stockpile (SNS) Regional Coordinator in 2003. Claudia McQueen is now the regional SNS Coordinator. Before the appointment,

Connie served as the Senior Epidemiologist and team leader for the EPI Response Team. She will continue in this capacity, as well as this exciting new assignment.

Many exciting events are being planned. PHR 1, with assistance from Texas Engineering Extension Ser-

vice (TEEX), will host a tabletop exercise which will test the SNS and Regional plan on July 22, 2004. In order to prepare for the exercise a planning meeting is scheduled for June 11, 2004, followed by Incident Command System training on July 13-15, 2004. We hope to have many participants attending these events. Currently PHR 1 has a network of 23 rural hospitals



Dr. Lindley

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Out Our Website

<http://www.r01.tdh.state.tx.us>
or call us at
806-744-3577

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Region Hosts CDC for SNS Evaluation

Region 1 hosted a Strategic National Stockpile (SNS) evaluation visit on February 23, 2004. Its purpose was to brief participants on the progress Region 1 has made in the development of a plan to receive and distribute stockpile medications and materials. Attendees included representatives from the Centers for Dis-



ease Control, the United States Marshals Service, Department of Public Safety, Lubbock and Amarillo Health Departments, as well as South Plains Public Health District and the Texas Department of Health (TDH) Region 1.

The meeting began with a briefing from TDH Public Health Region 1 on the regional strategy to receive, store, and distribute the SNS medications, as well as providing volunteers and security to assist in the process. The

cities of Lubbock and Amarillo, along with South Plains Public Health District gave briefings on their SNS strategies.

The evaluation visit was very productive both in updating the CDC and the TDH State SNS Coordinator on the progress for Region 1, and in providing for some interesting and useful topics for discussion. The Region's overall goal is to distribute SNS materials in the most effective and efficient way

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Outbreaks of Norovirus and Shigellosis Reported in Region

There have been a number of confirmed cases of Norovirus in the northern panhandle.

Norovirus is a disease characterized most frequently by:

- ◇ Acute onset vomiting
- ◇ Watery non-bloody diarrhea
- ◇ Abdominal Cramps
- ◇ Nausea
- ◇ Fever
- ◇ Headache

Dehydration is the most common complication. Duration of the illness is 12-60 hrs.

Transmission of the virus is through person-to-person contact or consumption of contaminated food or water and through airborne droplets of vomitus. The infectious dose requires only a small number of viral particles.

There is no specific treatment for Norovirus illness. Symptomatic therapy consisting of replacement of fluids

and electrolytes may be necessary. The most important prevention measure for Norovirus is through frequent hand washing.

Shigellosis has been confirmed in Hale, Deaf Smith, Hutchinson, Parmer and Hockley Counties in the last month with possible spread to other communities.

Shigellosis is a diarrhea illness resulting from infection with Shigella bacteria. This infection ranges in severity from relatively mild illness, with symptoms of watery stools for a few days, to severe symptoms including cramps, headache, high fever, profuse or bloody diarrhea, and dehydration.



Most important prevention measure for both diseases is frequent hand washing.

Most cases reported this year have been due to Shigella sonnei. Shigellosis is highly communicable. Ingestion of only a few bacteria can result in infection. The route of transmission is fecal-oral usually through person-to-person contact.

Infected persons may excrete Shigella bacteria in their feces for a few weeks. Thorough hand washing with soap and water after using the toilet and before handling food is essential for prevention of additional cases. This is the single most effective control measure to decrease transmission in most settings.

The period from exposure to illness varies from 1 to 7 days, but is usually about 1 to 3 days.

Refer to Page 3 for Epidemiology Response Team contact information.

Administrative Assistants Keep Program Staff on the Right Path

Two of the most valuable Public Health Preparedness (PHP) team members are Stormi Valdez and Patricia Lara, both Administrative Assistants.

Stormi has worked at Texas Department of Health (TDH) Region 1 since March 2002. She is currently in the Administrative Services Center supporting the Deputy Regional Director, Associate Regional Director, Health Planning and other Department Managers. Her duties



Valdez

include administrative support to the PHP program (i.e., assisting with setting up meetings, taking minutes, time and leave, etc.). Stormi is also heavily involved with assisting in the coordination of efforts related to the Region 1 Public Health Preparedness Work Group.

Stormi can be contacted at 806-767-0469 or email: stormi.valdez@tdh.state.tx.us.

Pat has been with TDH Region 1 since December 2000. In August 2002 she became a member of the PHP Team. Pat provides administrative/clerical support for the PHP

team, however, the majority of her duties involve working with the Epidemiology Response Team as administrative support, entering data (i.e., TX EDDS, databases, etc.).



Lara

Pat can be contacted at 806-767-0430 or email: patricia.lara@tdh.state.tx.us.

Facts about Pneumonic Plague

Plague is an infectious disease that affects animals and humans. It is caused by the bacterium *Yersinia pestis*. This bacterium is found in rodents and their fleas and occurs in many areas of the world, including the United States.

Y. pestis is easily destroyed by sunlight and drying. Even so, when released into air, the bacterium will survive for up to one hour, although this could vary depending on conditions.

Pneumonic plague is one of several forms of plague. Depending on circumstances, these forms may occur separately or in combination:

Pneumonic plague occurs when *Y. pestis* infects the lungs. This type of plague can spread from person to person through the air. Transmission can take place if someone breathes in aerosolized bacteria, which could happen in a bioterrorist attack. Pneumonic plague is also spread by breathing in *Y. pestis* suspended in respiratory droplets from a person (or animal) with pneumonic plague.

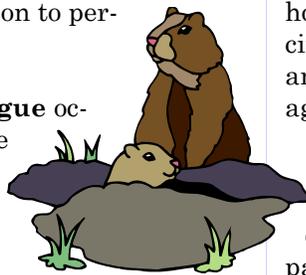
Becoming infected in this way usually requires direct and close contact with the ill person or animal. Pneumonic plague may also occur if a person with bubonic or septicemic

plague is untreated and the bacteria spread to the lungs.

Bubonic plague is the most common form of plague. This occurs when an infected flea bites a person or when materials contaminated with *Y. pestis* enter through a break in a person's skin.

Patients develop swollen, tender lymph glands (called buboes) and fever, headache, chills, and weakness. Bubonic plague does not spread from person to person.

Septicemic plague occurs when plague bacteria multiply in the blood. It can be a complication of pneumonic or bubonic plague or it can occur by itself. When it occurs alone, it is caused in the same ways as bubonic plague; however, buboes do not develop. Patients have fever, chills, prostration, abdominal pain, shock, and bleeding into skin and other organs. Septicemic plague does not spread from person to person.



Symptoms and Treatment

With pneumonic plague, the first signs of illness are fever, headache,

weakness, and rapidly developing pneumonia with shortness of breath, chest pain, cough, and sometimes bloody or watery sputum. The pneumonia progresses for 2 to 4 days and may cause respiratory failure and shock. Without early treatment, patients may die.

Early treatment of pneumonic plague is essential.

To reduce the chance of death, antibiotics must be given within 24 hours of first symptoms. Streptomycin, gentamicin, the tetracyclines, and chloramphenicol are all effective against pneumonic plague.

Antibiotic treatment for 7 days will protect people who have had direct, close contact with infected patients. Wearing a close-fitting surgical mask also protects against infection.

A plague vaccine is not currently available for use in the United States.

For more information, visit www.bt.cdc.gov or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

October 14, 2001

Source CDC Website

Contact Information

Region 1 Epidemiology Response Team

Wilson, Barry	Acting Deputy Regional Director	806-767-0479
Lindley, Connie	Epidemiologist/Acting Assoc. Regional Director for PHP.....	806-655-7151 ext. 214 (Canyon) 806-767-0484 (Lubbock)
McDonald, Diane.....	Nurse	806-767-0483
Smallwood, Rebecca	Nurse	806-767-0406
Woods, Sharon.....	Epidemiologist	806-767-0319
Lara, Patricia	Administrative Assistant	806-767-0430

(Continued from page 1) New Director entering data into the web based infectious disease surveillance database called Rapid Syndrome Validation Project (RSVP). The five hospitals which did not receive a computer for this purpose last year, will be able to contract for a computer this year.

To continue to boost RSVP surveillance, PHR 1 will be contracting with Independent School Systems (ISDs), which signed SNS Memorandum Of Understanding for dispensing sites, to purchase new computers for their school nurse/administrator. School absenteeism due to illness will be entered in RSVP. The Region is also going to provide a computer to each of the two educational service centers in the Region for their School Health Education Specialist to be able to monitor their respective ISD's data. Adding these additional 73 RSVP sites

will dramatically increase infectious disease surveillance throughout the Region.

PHR 1 is actively completing contracts with our two Council of Governments, Panhandle Regional Planning Commission (PRPC) and South Plains Association of Governments (SPAG), to assist in developing the Regional BT/WMD/Disaster plan. PRPC, SPAG, and PHR 1 are working together to develop an "all hazards" approach for each county. The Regional plan will address tactics for dealing with deliberate, accidental, and naturally occurring public health emergencies in our counties. This will be a cascading strategy. The county will have a plan on providing the first wave of response. When the county capacity is exceeded, subsequent responses will follow with the deployment of assets from neighboring counties, the state,

the federal government, or all three depending on the severity of the event. The objective of our collaborative plan is to prepare each county and the Region to respond to public health events/disasters with the ultimate goal of saving lives.

Our appreciation and thanks to the many partners coming together in the region, i.e., the local health departments, MMRS cities, emergency management personnel, local law enforcement, Department of Public Safety, council of governments, hospitals, and others, to diligently develop a cohesive and responsive plan which will be effective in accomplishing our unified mission to protect people and save lives.

Dr. Connie Lindley can be contacted at 806-655-7151 or email: connie.lindley@tdh.state.tx.us.

(Continued from page 1) SNS Evaluation

possible, while doing so in a cooperative effort with our Region 1 partners. Local health departments, city and local officials, rural or otherwise, will play a critical role in the planning and distribution of these vital materials. Working together will definitely help the SNS process.



For more information on SNS, Claudia McQueen can be contacted at 806-767-0408 or email: claudia.mcqueen@tdh.state.tx.us.

TDH Region 1

Dallam + Dalhart	Sherman Stratford	Hansford Spearman	Ochiltree Perryton	Lipscomb Lipscomb
Hartley Channing	Moore Dumas	Hutchinson Stinnett	Roberts Miami	Hemphill Canadian
Oldham Vega	Potter Amarillo x	Carson Panhandle	Gray + Pampa	Wheeler Wheeler
Deaf Smith + Hereford	Randall Canyon ★	Armstrong Claude	Donley + Clarendon	Collingsworth Wellington
Parmer Farwell	Castro Dimmitt	Swisher + Tulia	Briscoe Silverton	Hall Memphis
Childress Childress	Bailey Muleshoe	Lamb Littlefield	Hale Plainsview x	Floyd Floydada
Motley Matador	Cochran Morton	Hockley Levelland	Lubbock ★ x Lubbock	Crosby Crosbyton
Dickens Dickens	King Guthrie	Yeaakum Plains	Terry Brownfield x	Lynn Tahoka
Garza Post				

- ★ -- TDH Regional Headquarters or Sub-Office
- + -- TDH Field/Clinic Office
- x -- Local Health Department

To cancel subscription or for general comments please send email to: sandra.perez@tdh.state.tx.us or call 806-767-0486