



THE PREPAREDNESS REPORT

IN THIS ISSUE

New Staff Members	1
2013 Program Accomplishments	2
Cities Readiness Initiative (CRI)	3
Upcoming Events & Trainings	4
Case Investigation Review	5
Flu Activity & Weather Precautions	6
Community Preparedness Contact Info	7



New Community Preparedness Team Members

UPCOMING FULL-SCALE REGIONAL EXERCISE DETAILS ON PAGE 4

New Faces, New Year

Meet our new Community Preparedness staff at the Texas Department of State Health Services, Health Service Region 2/3. From left to right:

Stephanie Patrick was the Program Specialist for Community Health Services for DSHS HSR 2/3. She was hired in October of 2013 as the Community Preparedness CRI coordinator.

Diana Cervantes, MS, DrPH became the lead epidemiologist in July 2013. Dr. Cervantes has 12 years of experience in public health practice as both a microbiologist and epidemiologist. Dr. Cervantes is also an adjunct assistant professor at The University of North Texas Health Science Center in Fort Worth.

Scott Mize was the Zoonosis Control Specialist before he was hired as an Epidemiologist II, where he now serves as the Regional Influenza Coordinator. Scott received his MPH in Epidemiology from the UNT Health Science Center.

Elyse Fritchel transferred from DSHS Central Office in Austin to DSHS Region 2/3's Preparedness Program, Epidemiology Branch on January 6th. Elyse received her MPH in Epidemiology from the UNT Health Science Center and has experience in regenerative tissue engineering and vaccine research and production.



Upcoming Events & Trainings

Brenda Hart

Preparedness Planner, Preparedness Branch

FEMA Region 6 Medical Countermeasures Tabletop - February 25, 2014

FEMA Region 6 in Denton will host a tabletop exercise that will provide Dallas MSA partners an opportunity to assess Strategic National Stockpile (SNS) plans and how federal partners can assist or augment the state and local partners in the process. For additional information, please contact Matt Honza at matt.honza@dshs.state.tx.us

ICS 300/400 - March 3-7, 2014

DSHS will host ICS 300 and 400 on March 3-7, 2014 at HSR 2/3 headquarters at 1301 S. Bowen Road, Arlington, TX 76013. This class is intended for management-level responders and will teach participants to coordinate complex multi-agency responses. For additional information, please contact David Tackett at David.Tackett@dshs.state.tx.us

Vector Control and Mitigation Planning Workshop - March 10, 2014

DSHS HSR 2/3 is collaborating with Texas A& M Agrilife Extension Service to bring Integrated Mosquito Management training to our region. The training will focus on mitigation strategies for vector control and current mosquito-borne illness trends in our region. For additional information, please contact: Brenda Hart at Brenda.hart@dshs.state.tx.us

Haskell County Medical Countermeasure Tabletop - May 12, 2014

DSHS HSR 2/3 in collaboration with Haskell County will conduct a tabletop exercise to discuss how to respond to a public health emergency that requires dispensing of medical countermeasures to their entire population. Local and state government officials as well as private partners, civic organizations, and healthcare entities are invited to participate. For additional information, please contact Matt Honza at matt.honza@dshs.state.tx.us

Upcoming Workshops

HSR 2/3 is working to schedule workshops for mass fatality planning, disaster behavioral health response, and epidemiology. These workshops will be offered in late spring and early summer. *More details will be in the next newsletter.* If you are interested in assisting with the workshop planning, please contact Brenda Hart at Brenda.hart@dshs.state.tx.us

Upcoming Regional Exercise

Coming Soon to a County Near You!

Full-Scale Regional Exercise "Operation Keep On Truckin' "

For the 2014 performance period, Region 2/3 will exercise a component of its large scale mass prophylaxis response plan on May 31, 2014. Invited participants include all CRI contracted counties, other local health departments, hospital partners, EOC/first responder agencies, and closed POD agencies. The initial planning meeting took place during the January 23, 2014 CRI Meeting. *More details will be in the next newsletter.*



Case Investigation Under Review: The Contaminated *Campylobacter* Concoction

Diana Cervantes, MS, DrPH, CPH
Chief Epidemiologist, Epidemiology Branch

During the Christmas and New Year holidays, a woman and her family traveled to Mexico. While in Mexico, the family stayed with relatives in a mostly rural setting. During the visit, a friend of the family who had not seen the woman for a long period of time, brought a special homemade drink to a small family celebration for the woman. The drink called “jocoque” is a general term for a cold dairy drink that is made from natural yogurt or fermented traditional buttermilk. The drink which can be made with both pasteurized and unpasteurized dairy products is thought to be rich in probiotics, live bacterial species that are thought to enhance gut-based immunity.

The woman, who was the only person in her family to consume the drink, began feeling ill two days later, after she had returned to the United States. The woman presented to her healthcare provider with non-bloody diarrhea, headache, and body chills. Cultures were performed revealing heavy growth of *Campylobacter lari*. *Campylobacter* infections have commonly been associated with consuming raw or under cooked chicken, unpasteurized milk and contact with animals with symptoms occurring 2-4 days after exposure. Upon investigation it was found that the woman was the only person in her family who became ill; she did not have contact with animals and all other foods were consumed by multiple relatives; none reported any illness. Investigation also revealed that the “jocoque” was prepared with raw milk as it was both available and thought to increase the probiotic qualities of the drink. In addition, due to the acidic nature of the traditional buttermilk fermentation, it was thought to reduce any harmful bacteria in the drink. The woman who recovered fully after 5 days of illness was provided information regarding *Campylobacter*, the potential for bacterial illnesses when consuming raw dairy products including fermented products and alternatives that include “jocoque” prepared with pasteurized dairy products.



Preparedness Points:

- Public health practitioners need to be aware of the potential of travel associated infections and the regional practices which may put the public at risk for illness.
- Maintaining traditional practices while offering alternatives to reduce the risk of illness is required and public health practitioners must exhibit understanding, communication and establishing trust with the general public.

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Protecting, Promoting and Responding for the Health of the Region

DSHS Region 2/3

