



# THE PREPAREDNESS REPORT

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2014 EPIC Presenters (from left to right.): Neil Pascoe (IDCU), Dr. Wendy Chung (Dallas County), Russ Jones (Tarrant County), Dr. Diana Cervantes (DSHS, HSR 2/3), Heidi Threadgill (DSHS, HSR 2/3), Dr. Chetan Tiwari (UNT)

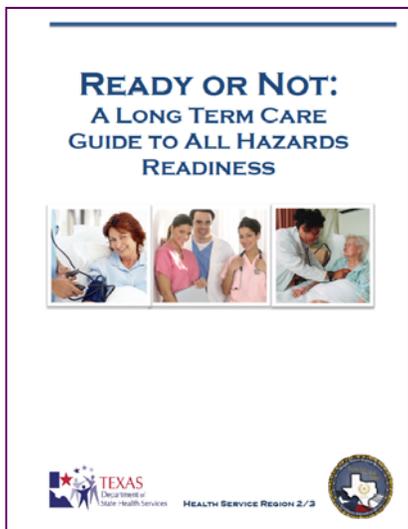
## 2014 EPIC Conference

On May 9th, The Texas Department of State Health Services (DSHS) Health Services Region (HSR) 2/3 held their first annual Epidemiology Programs Intercommunication Conference (EPIC) at the Sheraton Hotel in Arlington. Thirty-four people attended including epidemiologists from nine local health departments within the region, as well as various staff from HSR 2/3, DSHS Central office in Austin, and the University of North Texas Health Science Center. The purpose of this conference was to exchange information pertaining to epidemiological investigations, provide an open forum to discuss best practices in public health, and enhance communication, coordination, and collaboration among those working in epidemiology and related fields. EPIC presentations ranged from Texas Administrative Code policies to the role of media and politics in epidemiology, GIS applications in public health, and an interactive hospital acquired infection (HAI) discussion based exercise.



## Ready or Not: A Long Term Care Guide to All Hazards Readiness

Stephanie Patrick, M.Ed.  
CRI Coordinator, Preparedness Branch



Emergencies and disasters happen in all of our communities, and the main goal for the Emergency Preparedness community is to ensure no one group in the community is more impacted than another during an emergency. The challenges faced by long term care facilities in disaster-threat situations have been made clear by recent emergencies and disasters. Weather emergencies, disease outbreaks, and manmade disasters elucidate the need for better disaster planning and coordination between long term care facilities and their emergency resources.

In HSR 2/3 there are approximately 1,290 long term care facilities. Although, long term care facilities (LTCF) have difficult decisions to make regarding evacuation of residents or sheltering in place, they share a common responsibility with the emergency preparedness community for public health outcomes.

What types of challenges would these facilities encounter if there was an extended power outage following a severe ice storm, or if wildfires forced them to evacuate their facility, or if the seasonal flu spread quickly throughout their community? Acknowledging the need for emergency planning and preparedness for LTCF's, DSHS HSR 2/3 Community Preparedness Team created "Ready or Not: A Long Term Care Guide To All Hazards Readiness". This manual assists long term care and assisted living facilities to address the public health, medical, and behavioral health needs of their client population before, during, and after a catastrophic event by providing a checklist of tasks that will be helpful in their planning efforts. For those facilities new to emergency planning, this manual will help them start quickly. Those facilities which already have emergency preparedness plans in place might identify additional areas to work on.

Community outreach conducted by DSHS HSR 2/3, will focus on the development of medical countermeasure distribution plans, disease reporting, and personal preparedness. This is an opportunity for the facility representatives to meet their emergency planning partners within their jurisdictions and coordinating access to public health preparedness response and recovery information and services. For more information, please contact Brenda Hart at 817-264-4684.

This level of community engagement can strengthen preparedness and response efforts not just for long term care residents, but for the general population as well.

**Building Better Relationships for A Better Prepared Community!**



## Microbiology Lab Course

Ashley Rodriguez

Public Health Specialist, Epidemiology Branch

In June, Regional Epidemiologists attended a two-day microbiology course at Tarleton State University in Fort Worth. This course focused on varying microbiology lab topics such as: microbiology of infectious agents, agents of foodborne infection, Zoonotic infections, parasitic infections, selected drug-resistant bacteria (MRSA, VISA/VRSA, Carbapenim-resistant *E. coli* and *Klebsiella*, drug-resistant *Acinetobacter* spp.) , and selected fungal infections. The goal of the course was to enhance the regional epidemiology staff's understanding of how microbiology relates to their work in epidemiology.



Kay Sanyal and Scott Mize, DSHS HSR 2/3 Epidemiologists, work together in this hands-on exercise.



Regional epi staff actively engage in learning lab techniques.

The epidemiology staff learned laboratory techniques such as: specimen collection and transport, plate streaking, use of basal, selective and enriched media, automated microbial identification and susceptibility testing, immunoassays, molecular methods for infectious disease diagnosis (including PCR and PFGE), as well as generation and interpretation of laboratory reports.

This hands-on training was instructive and enlightening to many of the epidemiologists who have not previously worked in the lab environment. DSHS HSR 2/3 intends to offer this course in the future (bi-annually) for any new Epidemiology and field office staff.

Questions about an articles content? Suggestions? Feedback?

Please contact our newsletter editor Ashley Rodriguez at [Ashley.Rodriguez@dshs.state.tx.us](mailto:Ashley.Rodriguez@dshs.state.tx.us) or call 817-264-4639

## Case Investigation Under Review:

### *Shigella Slips and Slides into School*

Scott Mize, MPH

Epidemiologist II, Epidemiology Branch

During the beginning of May 2014, two cases of shigellosis were reported in elementary students attending the same school district. DSHS HSR 2/3 recommended that the school send home a letter to parents with information about Shigella and the importance of hand washing and exclusion from school attendance if symptoms developed.

Shigella is a bacterium that primarily infects the large intestine and can cause diarrhea, high fever, abdominal cramping, and other complications. Shigella is found in the feces of infected individuals and is spread by ingesting the bacteria via contaminated food, water, or objects, or by direct contact with the feces of an infected person. Because only a small number of bacteria are needed to transmit the disease, it is considered highly contagious. This is especially true in settings such as schools and child care facilities where many children share the same room and materials, and hand hygiene among attendees often leaves something to be desired. Along with meticulous hand hygiene, exclusion from attendance while symptomatic is the most effective tool for preventing further spread of Shigella in these settings.



In late May, one of the elementary schools in this district held a “splash day” event involving water toys and backyard water slides. Given the role that water can play in the transmission of Shigella, and the possibility that Shigella was already being transmitted at the school, this event was poorly timed. Although the subsequent cases cannot be conclusively linked to this splash day event, it was not surprising when the number of cases associated with the outbreak began to accelerate several days after, eventually reaching 14 confirmed and 10 probable cases.

Since the school year was almost over, and cases of shigellosis were still being reported from the county, HSR 2/3 epidemiologists contacted local childcare facilities, camps, and water parks to make them aware of the outbreak and remind them of exclusion criteria. The last case of shigellosis associated with this outbreak had an onset date of June 15th.

#### **Preparedness Points:**

- Prevention measures such as notifying/educating parents and scheduling hand washing sessions during the school day are most effective when implemented early in a suspected outbreak. Waiting for further spread before taking action is not advisable.
- Children and staff with vomiting, fever, and/or diarrhea should not attend school/childcare/public activities until 24 hours after symptoms resolve without medication.
- Children should be excluded from swimming for a minimum of one week after symptoms resolve.



## Operation Keep on Truckin' *A Full Scale Dispensing Exercise*

Matt Honza

SNS Coordinator, Preparedness Branch

DSHS HSR 2/3 jurisdictions are aware that an emergency of any type could require coordinated response operations. It is the vision of DSHS HSR 2/3 jurisdictions to facilitate a coordinated response to emergencies that affect multiple jurisdictions in the region. With that vision in mind, DSHS HSR 2/3 sponsored a regional Full Scale Exercise (FSE): Operation Keep On Truckin'.

On May 30-June 2, 2014, Operation Keep On Truckin' was conducted. This provided an opportunity for attendees from public health, law enforcement, hospitals, and emergency management to prepare for the activation of the Strategic National Stockpile (SNS) resources and to practice dispensing life-saving medications to their jurisdictions. DSHS activated the regional Receiving, Staging, Storing (RSS) site and dispatched vehicles to 15 Point of Dispensing (POD) sites in 14 Counties.



One of the trucks used for distribution arrives at the RSS site to begin the exercise.

Upon taking receipt of the shipments, jurisdictions commenced medical countermeasure dispensing operations in hospitals, closed PODs, or open PODs. This exercise opportunity allowed participants to test local and regional plans and processes in place for operational coordination; receiving, staging and storing (RSS) site activation; coordination of healthcare resources; and implementation of PODs across multiple jurisdictions. With the success of Operation Keep On Truckin', DSHS HSR 2/3 will build upon the lessons learned to expand future exercises and further test our regional response capabilities.



Truck and DPS escort arrives at their destination and begin the transfer of custody process.



## Disaster Behavioral Health Workshop: “Heartache to Healing, Preparing Our Community”

Brenda Hart

Preparedness Planner, Preparedness Branch

“Heartache to Healing, Preparing our Community” was held on June 4th at the Norris Conference Center in Sundance Square in Fort Worth. The event was well attended with 87 participants from multiple disciplines including: Emergency Management, School District Counselors, Behavioral Health Providers, and various Public Health partners. The workshop centered around the Wedgewood Baptist Church shooting and explained how that tragedy has impacted the community.

The Mental Health Connection in Tarrant County is an example of a positive outcome after the Wedgewood event. After the shooting, a committee was appointed to review and evaluate mental health services to try and prevent any future tragedies; this committee was eventually named Mental Health Connection with representatives from religious, mental health, and community advocacy groups.



The speakers for the workshop included several people with personal experiences during the shooting: Dr. Al Meredith, Senior Pastor at Wedgewood Baptist Church and Katherine Everest, Director of Guidance and Counseling with Fort Worth Independent School District. There was a panel discussion with Emergency Management Coordinators that have responded to events that had the potential to affect the behavioral health of both victims and responders, and how their agencies coordinated disaster behavioral health resources during the event.



The event ended with Cathy Stout, Director of Emergency Management with Tarrant County MHMR talking about the many behavioral health resources that have already been implemented around the region. In the coming months, HSR 2/3 will be working with local health departments and mental health partners throughout the region to develop response plans that include disaster behavioral health components.

Upcoming training opportunities will be announced as they are scheduled.



## Mass Fatality Workshop

Brenda Hart

Preparedness Planner, Preparedness Branch

On June 17th, the Texas Motor Speedway hosted a Mass Fatality Planning Workshop. National speakers introduced participants to the vital components of a comprehensive mass fatality plan. The workshop outlined the medico-legal authorities during a mass fatality event, as well as family assistance and public information. Arbie Goings and David Patterson, Federal DMORT members, spoke about remains recovery, morgue operations, and public information.

Terri Severin gave a poignant presentation about her experience after the American Airlines Flight 4184 tragedy in 1994; that took the life of her sister and young nephew. Terri has since become a prominent speaker after leading an advocacy group to the eventual passing of the Family Assistance Act in 1996. Going forward, HSR 2/3 plans to offer additional training to jurisdictions that have just started in the development of mass fatality plans, and conduct a regional tabletop exercise during the second quarter of 2015 to identify any planning gaps.



Eager attendees anxiously await the workshops beginning.



Workshop attendees converse and ask questions

Local jurisdictions are encouraged to continue developing their response plans to mass fatality and disaster behavioral health events using resources that were discussed at both workshops. Local health departments and HSR 2/3 are available to assist emergency management in the development of these plans. For additional information, please contact Brenda Hart at: [Brenda.hart@dshs.state.tx.us](mailto:Brenda.hart@dshs.state.tx.us)

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*Protecting, Promoting and Responding for the Health of the Region*

## DSHS Region 2/3

