Community Preparedness and Response Conference is a Success

On August 2 and 3, 2006, more than 100 people attended the Community Preparedness and Response Conference at the Hilton Midland Plaza hotel. The conference was sponsored by the Midland Health & Senior Services Department, Ector County Health Department, South Plains Health District, San Angelo Health Department, El Paso City-County Health & Environmental District, Andrews County Health Department, and Health Service Regions 9/10 ERT/PHP of the Texas Department of State Health Services.

In addition to the those who attended the conference in Midland, others in Texas were able to participate via video conferencing. The Texas Association of Local Health Officials (TALHO) was the provider for this medium. TALHO will make archived conference sessions available to its members in the near future.

Everyone attending the conference was able to participate in the Public Health Law session. A panel comprised of Denise Meyer, Team Leader for Customer Affairs with the Texas Medical Board, Miguel Escobedo, MD, Medical Officer for the CDC Quarantine Office in El Paso, Mark Majek, the Director of Operations for the Board of Nurse Examiners, and Monte Waters, Assistant General Counsel with DSHS. The moderator for this panel, Troy Bradshaw, questioned the panel on a variety of issues related to public health, credentialing, quarantine and isolation. Attendees also asked pertinent questions of the panel.

That panel was followed by a panel discussing the coordination, collaboration, and leveraging of activities by the Councils of Government, the Trauma Area Regional Advisory Committees, and Emergency Management Coordinators.

Burton Berry Joins DSHS ERT/PHP Team in San Angelo


Originally from Washington, DC, Burt and his wife moved to San Angelo in 1989. He spent 16 years in healthcare, serving in several capacities including Health System Safety Officer overseeing many hospital programs such as Safety, Fire Safety, Emergency Management, Medical Equipment, Hazmat, Security and Patient Safety. Most recently Burt served for 2 years as the Emergency Management Coordinator for Tom Green County and the City of San Angelo.

Burt’s immediate focus with DSHS will be working with the counties and Councils of Governments in Region 9/10 to develop local Pandemic Influenza Plans.
**MARK YOUR CALENDAR:**

**“PUBLIC HEALTH LEADERSHIP IN DISASTER RESPONSE TRAINING”**

On Monday, August 21, 2006, the Texas Health Institute will present a training program on “Public Health Leadership in Disaster Response”. The session will be held at Midland College in the Roadrunner Room of the Dorothy and Clarence Scharbauer, Jr. Student Union Building at 3600 N. Garfield in Midland. The session will begin at 8:30 am and end at 5:00 pm.

Continuing Education credits are available. There will be a $15 fee for the credits payable at the door.

The goals of the course are to

- Provide an integrated approach to preparedness and community response
- Build and enhance leadership capacity throughout the local and regional public health system.

Who should attend: Doctors, nurses, hospital administrators, emergency response planners, public health employees.

Registration is through the TRAINTexas System: [http://online.dshs.state.tx.us/train/](http://online.dshs.state.tx.us/train/)

For questions regarding the class or registration, please contact Liz Creel at 512-279-3906 or lcreel@texashealthinstitute.org

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**CDC PODCASTS**

Your iPod, portable music/video player, or desktop can now provide you with health information when you want it and while you are on the go.

The Centers for Disease Control is keeping up with the time. CDC now offers programs and information using Podcasts and Really Simple Syndication (RSS).

Information about the Podcasts and RSS is available at: [http://www2a.cdc.gov/podcasts/index.asp](http://www2a.cdc.gov/podcasts/index.asp)

- Smallpox
- Plague
- Anthrax
- Violence on the Job, Pt. 1 & 2

All of the CDC Podcasts are free. Subscription is simple. You will need to install appropriate software that is listed on the site at Podcast Help link. Maximum run time for the above titles is about 13 minutes.

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**RADIOLOGICAL POPULATION MONITORING**

The CDC has a two-hour webcast training on “Preparing for Radiological Population Monitoring and Decontamination” available.

This program is designed to educate about radiological population monitoring, including initial and long-term monitoring issues, and roles and responsibilities of local, state, and federal public health and emergency preparedness authorities.

Terrorist attacks using radiological material in conjunction with an explosive devise could pose significant problems for health and emergency response personnel.

The course is available at: [http://www.phppo.cdc.gov/PHTN/webcast/RadiationMonitoring-06/](http://www.phppo.cdc.gov/PHTN/webcast/RadiationMonitoring-06/)

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**HSR 9/10 ERT & PHP TEAM:**

**EL PASO:**
- Art Alvarado, Coordinator/Strategic Science Epi
- David Kolberson, Nurse
- Sandra Byrd, SNS Planner
- Cindy Perez, Planner
- Lupe Gonzalez, Surveillance
- Javier Jamie, GIS/HAN
- Irene Estrada, Admin.
- Joy Truesdale, Epidemiologist

**MIDLAND:**
- Jerry Damm, Risk Communication.
- Troy Bradshaw, Nurse
- Jacinda Moore, Surveillance

**SAN ANGELO**
- Burton Berry, Program Specialist

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**August 21, 2006**
**What About the... The American Red Cross**

The Red Cross has most recently assisted residents of El Paso and the surrounding area after the flooding earlier this month. More than 15" fell in a 10-day period. Ten shelters were opened by the Red Cross to assist more than 1500 homeowners affected by the flooding.

The American Red Cross is not a government agency. It was chartered by the US Congress to "carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same."

Red Cross disaster relief focuses on meeting people's immediate emergency or disaster caused needs. The Red Cross provides shelter, food, health and mental health services to address basic human needs.

The Red Cross also feeds emergency workers, handles inquiries from concerned family members outside the disaster area, provides blood and blood products to disaster victims, and helps those affected by disaster to access other available resources.

The Red Cross has many excellent publications to help people prepare for disasters or emergencies. Lists are available for preparing disaster supply kits.

**Focus on BT Agents:**

**Ricin**

Ricin is a potentially fatal poison. It is produced from Castor beans, specifically the waste from processing the beans.

Castor beans are readily available and processed throughout the world for Castor oil.

Ricin may take the form of a powder, mist, pelt, or be dissolved in a liquid like water.

Once Ricin enters the body, it gets inside cells and prevents the cells from making the protein they need.

Symptoms of Ricin vary with route of exposure and the amount received. If exposure is by inhalation, symptoms are respiratory distress, fluid build up in the lungs, etc. If the Ricin is swallowed, symptoms may include vomiting and diarrhea.

There is no antidote for Ricin, only supportive care.

DSHS & CDC web sites have details about Ricin: http://www.dshs.state.tx.us/preparedness/chemical/professionals/agents/toxins/ricin_fact_sheet or http://www.bt.cdc.gov/agent/ricin/

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Castor beans are readily available and processed throughout the world for Castor oil.

Ricin may take the form of a powder, mist, pelt, or be dissolved in a liquid like water.

**Available services & materials.**

**Become a Protect Texas Volunteer**

Help Save Lives

http://www.dshs.state.tx.us/comprep/protect/

**Two Page Conditions Guide**

DSHS Health Service Regions 9/10 released an easy to use Guide for reporting Notifiable Conditions. The guide is in a two-page chart format for handy use and retention.

The notification guide may be accessed at: http://www.dshs.state.tx.us/region9-10/documents/2006NotifiableConditions910GM.pdf

The guide lists Notifiable Conditions, reporting time frame, and phone/fax number to which to report on the front page. As footnotes, web sites are listed to obtain detailed information.

The notification guide will make it easier for providers to report conditions in a timely manner. Timely reporting is important in preventing, tracking and con-
Preparedness, H5N1 Flu Vaccine, Sentinel Provider Network, Communicable Disease Reporting, and Stop the Spread of Germs. The information about Influenza Plans is very timely because Flu season will be upon us again in the near future. Regardless of whether a pandemic occurs during the next season or not, having information about existing plans and the current situation will assist in response the seasonal flu experienced every year.

Reporting of the incidence of disease including the flu to Public Health Departments is vital to controlling its spread. From this information, plans and actions can take place to provide prophylactic vaccinations or medications.

As additional editions of this important newsletter are published you will learn more about the incidence and control of disease in HSR 9/10.

You may contact Joy at 915 834-7708 or Joy.Truesdale@dshs.state.tx.us.

Call 888 847-6892
To report public health emergencies or immediately reportable diseases after hours 24/7.
Much attention has been focused recently on the possibility of an influenza pandemic and on what each of the fifty states are doing to prepare if one occurs. The federal government has held 55 summits with local authorities around the country. More meetings and exercises are being planned.

It is difficult to prepare for pandemic influenza for three major reasons. The first is vaccine development and production. Vaccine is the first line of defense to protect people from getting influenza. With each new influenza virus, vaccine development is contingent upon the new influenza virus shifting to human-to-human transmission so the strain can be identified and characterized. The second issue centers around antivirals, which are prescription medications used to treat the influenza virus. Current manufacturing capacity for antivirals cannot produce enough to treat everyone.

The third is the relative speed with which infectious diseases can move due to international travel.

In Texas, one of the biggest challenges in preparing for pandemic influenza is reaching all our residents quickly. Texas has four of the nation’s biggest cities by population and also some of the most rural and sparsely populated areas in the country.

DSHS Health Service Region 9/10 is actively involved in efforts to prepare the public, municipalities, first responders, and hospitals regarding the potential impact of an influenza pandemic.
TEXAS PANDEMIC INFLUENZA PREPAREDNESS

An influenza outbreak for DSHS is always on the watch list. On average, there are three pandemic influenza outbreaks in a century. The last pandemic flu outbreak was in 1968. Texas began developing its current Pandemic Influenza Plan in 2003.

The revised Texas Pandemic Influenza Plan, with input from local and regional partners and the public will be completed in November. The plan includes:

- Guidance to local health departments for working with their community leaders;
- Considerations surrounding the allocation and distribution of vaccine and antivirals;
- Updated designs for mass vaccination clinics based on real-time, full-scale exercises;
- Development of information toolkits for health-care providers and community leaders.

Response to both Hurricane Katrina and Hurricane Rita has proved how critically important it is to have coordinated plans in place and have all levels of government—local, state, federal and in the case of a pandemic, international—know what is expected and what will happen at each level. And we need confidence in each other’s ability to do the job. In Texas we have seen how crucial it is to have coordinated plans.

G LAXO SAYS ITS H5N1 VACCINE WORKS AT A LOW DOSE BY: ROBERT ROSS (CIDRAP)

An H5N1 avian influenza vaccine made by GlaxSmithKline (GSK) triggered a good immune response in human volunteers at a much lower dose than other H5N1 vaccines reported so far, which means that hundreds of millions of doses could be produced by next year.

In a clinical trial, 80% of volunteers who received two vaccine doses containing 3.8 mcg of antigen with an adjuvant (a chemical that stimulates the immune system) had strong immune response.

By comparison, an H5N1 vaccine developed by Sanofi Pasteur induced a good immune response in 67% of volunteers who received two 30 mcg doses with an adjuvant, according to findings reported in May. The U.S. government is stockpiling the Sanofi vaccine.

As with all new discoveries, quite a lot of work has now got to be done to establish its place in public health and pandemic preparedness.

INFLUENZA SENTINEL PROVIDER NETWORK

Each year influenza viruses cause significant morbidity and mortality. To better monitor severe respiratory disease in our state, DSHS has coordinated a voluntary sentinel physician influenza surveillance network.

Participating primary care providers record and report the number of patients diagnosed with Influenza-Like Illness (ILI) weekly to DSHS either via e-mail, fax, or phone. Most physicians report that it takes their staff members less than 30 minutes per week to complete the requirements of this program.

Providers may submit laboratory specimens for influenza virus isolation and strain typing free of charge to DSHS. For more information contact:

- Kathy Wehmeyer (432) 571-4138
- Joy Truesdale (915) 834-7852
- Yvonne Vasquez (915) 771-5819

Response to both Hurricane Katrina and Hurricane Rita has proved how critically important it is to have coordinated plans in place and have all levels of government—local, state, federal and in the case of a pandemic, international—know what is expected and what will happen at each level.
DSHS HSR 9/10 has developed a 24/7 reporting system for Public Health Emergencies. This system allows DSHS to receive and evaluate urgent disease reports and public health emergencies through a medical exchange service that would refer appropriate calls to the Epidemiology Response Team (ERT).

Notifiable diseases include: Anthrax, Botulism, Measles, Plague, Severe Acute Respiratory Syndrome (SARS), Smallpox, Viral Hemorrhagic Fever, and Yellow Fever.

A public health emergency includes any situation in which multiple people are becoming ill or injured in excess of what is normally expected. This could be associated with a natural disaster, a manmade disaster such as a train derailment, chemical leak, spill, or explosion. A rapidly spreading or severe unknown disease is also considered a public health emergency.

You may reach DSHS during normal working hours, Monday through Friday from 8:00 a.m. to 5:00 p.m. at:
- El Paso (915) 834-7675
- Midland (432) 683-9492
- San Angelo (325) 659-7867
- After Hours: El Paso (915) 543-3186
  All other areas: (888) 847-6892 toll free

### Communicable Disease Reporting

**Article by: Jacinda Moore**  
**Chart By: Joy Turesdale**

<table>
<thead>
<tr>
<th>Condition</th>
<th>2005 Confirmed Cases</th>
<th>2006 Confirmed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amebiasis</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Botulism (Infant and Foodborne)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>43</td>
<td>52</td>
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<tr>
<td>Cryptosporidiosis</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Enterohem. E. coli</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Malaria</td>
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<td>0</td>
</tr>
<tr>
<td>Mumps</td>
<td>1</td>
<td>6</td>
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<tr>
<td>Pertusis</td>
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<td>1</td>
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<tr>
<td>Q Fever</td>
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<tr>
<td>Salmonellosis</td>
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<tr>
<td>Shigellosis</td>
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<td>84</td>
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<tr>
<td>Varicella</td>
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<td>402</td>
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<tr>
<td>Vibrio</td>
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</tr>
<tr>
<td>Yersiniosis</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands after coughing or sneezing.

Wash with soap and water or clean with alcohol-based hand cleaner.

Minneapolis, Minnesota

APIC

Minneapolis Department of Health

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