

State Office Reports

PHRST Words – Of Tall Ships and Small Rashes

On life's vast ocean diversely we sail, Reason the card, but passion is the gale.

Alexander Pope, *Essay on Man.*

It is not often that one begins her new job and is immediately struck by the weight of its responsibility and potential impact upon large numbers of people, but that is exactly the circumstance I found myself in upon assuming my position as director of PHP&R.

Even before having settled into my Raleigh office my first official duty was helping to coordinate the public health contingent staffing the “Pepsi Americas' Sail 2006” tall ships event Down East during the Fourth of July weekend. Our task was simple; to monitor for possible threats to the public's health and respond accordingly. As is often the case, this straightforward task quickly became much more complicated once the event began. For the tall ships event the dark cloud came in the form of a small rash.

On the first day of the event one of the aid tents reported that several volunteers and law enforcement officers had developed a rash. A quick retracing of their activities of the previous day determined that they had all been working in the same general area and had come in contact with one common element – a dark mulch covering the ground where the volunteers parked.

It did not take a brilliant epidemiologist to surmise that the mulch was a possible source of an irritant, but the implications associated with this possibility were tremendous. It was not just the parking lot that was covered – almost every unpaved area in the venue had been landscaped with the mulch. The implications were enormous.

Event organizers estimate that more than 150,000 people visited Beaufort and Morehead City, including more than 30,000 people who bought tickets to tour the ships. Thousands were packed into a small area to sample the free music, artwork and enough pirate actors and paraphernalia to film “Pirates of the Caribbean Part III.” If the mulch was the source of the rashes there was a real possibility that the event would have to be shut down. Millions of dollars in tourist and event spending would be lost and the vacation plans of tens of thousands would be ruined.

Ultimately it was determined that, lacking evidence that the mulch contained any irritants, and given anecdotal evidence that the patients had come in contact with poison ivy or a similar urushiol oil, the hard decisions did not have to be made. But what this story does illustrate is that we who work in North Carolina's public health preparedness system must have more than passion for our work. But passion is not enough. We must be prepared to make the hard decisions and to make such decisions based on reason and measured thought.

For me, the episode of “tall ships and small rashes” was the perfect reminder of that axiom, and one I promise will guide me as I carry on the work of my predecessors with PHP&R.

Dr. Julie Casani

Operation Winter Blast – A Cold Reality

Operation Winter Blast was a three-part exercise created to help enhance preparedness and response related to a set of target capabilities defined by the Department of Homeland Security (DHS). The DHS capabilities included Planning, Communications, Community Preparedness and Participation, Critical Resource Logistics and Distribution, Animal Health Emergency Support, Environmental Health, Mass Care, and Restoration of Lifelines.

The series began with two orientation seminars for state and local agency partners on February 16 and 27, a drill to test redundant communications on March 6-8, and concluded with a state and regional tabletop exercise March 20. The tabletop included local jurisdictions and exercised the effects of prolonged power outages on public health services in eastern counties. The communication and sheltering needs of special populations such as the blind, hard of hearing, and others were considered during the preparedness, response and recovery phases of the exercise, requiring the participation of agencies such as the Division of Aging and Adult Services, the Division of Mental Health/DD/SAS, and the Office of Educational Services. Videoconferencing to more than two dozen Public Health Training and Information Network (PHTIN) sites linked scores of participants into a single scenario simultaneously. Participants used web-based Instant Messaging (IM) to respond to injects from the controllers. The IM capability also provided a direct means to comment on lessons learned at each site prior to the exercise debriefing.

Regional SNS Mass Dispensing Exercises Build Strong PODs

The SNS Mass Dispensing Field Exercise Series – launched on March 30 and set to end on July 26 – consist of seven full-scale exercises, one per PHRST region. The overall goal for the exercises will be to identify opportunities for enhancing the Strategic National Stockpile (SNS) mass dispensing sites in local jurisdictions. The exercises evaluate communications/IT support call down lists, operational issues for unique groups including special populations and those with medical conditions, the methods and procedures of local SNS plans, specific plans and core management for points of dispensing (POD) sites.

Locations and times for the exercises are as follow:

- PHRST 2 – March 30 (8am – Noon), Wilmington
- PHRST 1 – April 12 (10:30am – 2:00pm), New Bern
- PHRST 7 – June 20 (9:00am – 12:30pm), Catawba County
- PHRST 3 – June 28 (Morning), Wayne County
- PHRST 4 – July 11 (Morning), Durham
- PHRST 6 – July 24 (10:00am – 2:00pm), Brevard
- PHRST 5 – July 26 (8:00am – Noon), Greensboro

CHEMPACK Workshops Conclude

PHP&R has sponsored seven regional CHEMPACK workshops during the first quarter of 2007 to help potential users become better prepared to apply this key response asset. The workshops targeted hospitals that house CHEMPACK containers as well as non-host hospitals. Participants also included local representatives from health departments, Emergency Medical Services, Trauma Regional Advisory Committee System (RACS), State Medical Assistance Teams (SMATs), Emergency Management (EM), and local law enforcement. The workshops provided an overview of the CHEMPACK program, an opportunity to evaluate current plans, review of current request/deployment/accountability procedures, and an opportunity to network with local responders.

The CHEMPACK program is a component of the federal Strategic National Stockpile Program (SNS) operated by the CDC. The program's mission is to provide state and local governments a sustainable nerve agent antidote cache to increase their capability to respond quickly to a nerve agent event such as a terrorist attack.

Deciphering CIPHER

During the first half of 2006 the state Division of Public Health (DPH) partnered with the NC Division of Emergency Management (NCEM) to conduct a statewide pandemic influenza exercise titled "Pandemic CIPHER 2006," with CIPHER standing for "Collaborative and Integrated Public Health, Hospital and Emergency Response." The goal of the exercise was to test the ability of state and local governments and the state's hospital system to respond to a pandemic influenza outbreak large enough to overwhelm the medical system and requiring activation of critical incident management procedures.

The exercise took place in two phases, a table top exercise conducted on April 26 and a two-day statewide, full-scale exercise on May 24 and 25. The tabletop exercise, funded by CDC, was a collaborative effort between Division of Public Health and the state Office of Emergency Medical Services. Simulated Education Services conducted the web-based conference call facilitated desktop drill to all state and local agencies simultaneously.

The full-scale exercise, funded by the Department of Homeland Security, was coordinated by NCEM contracted EnviroSafe, Inc., with funding for the full-scale exercise. This exercise fully activated all participating local agencies, the State Emergency Operations Center, and the State Public Health Command Center for two days.

NCEM was tasked with the design, development and execution of the exercise, with technical support supplied by the NC Division of Public Health and the NC Office of Emergency Medical Services.

NCEM convened an After Action Review (AAR) meeting in August with representatives from all participating groups attending. After identifying the major areas requiring further evaluation the group established the "CIPHER AAR Steering Committee" to review a draft AAR prepared by EnviroSafe, the exercise contractor. The steering committee then created several work groups to address the items of concern statewide and to recommend solutions.

Kiosks! By gosh!

PHP&R is happy to report that it has provided each region with a touch-screen portable kiosk available to county health departments on a check-out basis. Each kiosk has a "Be Ready!" disaster preparedness presentation and has already proven to be a great tool to use at health fairs, conferences and other public gatherings. The presentation employs three compelling ads developed by the Ad Council to draw viewers to the kiosk. The presentation then allows users to browse through information about preparing for disasters at home, school, work, etc, by simply touching the screen.

In October, PHP&R received the 2006 Silver Award for Excellence in Public Health Communication in the New Media (Outsourced) category from the National Public Health Information Coalition (NPHIC) for developing the kiosk concept.

A touch-screen presentation addressing preparedness and prevention associated with pandemic flu is in develop and should be ready by the beginning of the next flu season. The kiosks are also being used by the PHRSTs to operate LobbyGuard, a credentialing software program to be used during exercises and real events.

Local health departments should contact their regional PHRST if interested in using a kiosk.

Save the Date!

Fourth Annual NC Epidemiology Teams Conference

Dates: May 16 & 17

May 16: Computer-based Epi-Info training (space is limited)

May 17: Local epi teams present "lessons learned" from outbreak investigations.

Location: Sheraton Imperial Hotel, Research Triangle Park

Registration: www2.sph.unc.edu/oce/forms/epiteams_reg.htm

Staff Changes

Janelle A. Rhyne joined PHRST-2 in March 2007 as the Physician Epidemiologist / Team Leader. She was in private practice in infectious diseases and internal medicine in Wilmington for 18 years prior to joining the PHRST-2 team. Dr. Rhyne is the President-Elect of the North Carolina Medical Board and was a member of the Ethics and Pandemic Influenza Planning Task Force sponsored by the NC Institute of Medicine and the NC Division of Public Health. Dr. Rhyne received her Undergraduate Degree from UNC Chapel Hill, her Masters Degree from Arizona State University, and her MD from Wake Forest University.

Tom Rhyne joined PHP&R last October 2006 as Program Administrator, the position formerly held by Douglas Griffin. Tom came to PHP&R from the DPH Division Administrative Office where he was the Division Accounts Payable Manager. Prior to that position he started with DPH as the Division Purchasing Manager coming to the Division from The University of North Carolina at Chapel Hill..

Tammy Schneider joined the PHP&R team on January 29, taking the state Subrecipient Grant Monitor position previously held by Kate Abel. Tammy has previous state experience. Most recently with the Office of Medicaid Management Information Systems, she was part of a team dedicated to the project of building a new computer system for the Medicaid Program in North Carolina. Prior to that position, she was with the Division of Medical Assistance as a consultant for the Health Check Program.

Heidi Swygard, the physician for PHRST 4 has stepped down as team leader and now works with the team on a part-time basis. **Eddie Alfano-Sobsey**, the PHRST 4 Environmental Epidemiologist, has accepted the position of team leader. Heidi will be available as the medical consultant for the team, fulfilling any clinical and medical roles as needed. Heidi will be directing the Early Intervention Program that is run by Lincoln Community Health Center and will continue with her clinical responsibilities at UNC.

Michael Drennon, joined PHRST 3 as an Epidemiologist on December 18, 2006. Michael will assume the position previously held by Wanda Tart. Michael comes to PHRST 3 from Florida, where he was the Assistant Manager of the animal facility for the Moffitt Cancer Center Research Facility a branch of the University of South Florida. Michael has a BS in Animal Science from the University of Tennessee, and obtained his MSPH from the University of South Florida. We are extremely excited to have Michael and his expertise as well as his knowledge of Animal Science on our Team. Please join us in welcoming Michael to the Preparedness family.

Kelly Jeffer joined the Emergency Programs Division, Department of Agriculture and Consumer Services on June 5th as the new Public Health Liaison Veterinarian. Kelly recently moved here from California bringing with her 5 years of private practice experience in small animal medicine. As a graduate of Louisiana State University, School of Veterinary Medicine, she is happy to return to the south and wants to pursue further education through UNC's Public Health Programs.

Regional Surveillance Teams



Alamance, Chatham, Orange, Person, Franklin, Wake, Warren, Durham, Vance, Granville

Before stepping down as the PHRST 4 team leader, Heidi Swygard spent four months working on the Subcommittee for Bioterrorism and Public Health Preparedness in the U.S. Senate. The subcommittee, chaired by Sen. Richard Burr, is under the Senate Committee for Health, Education, Labor and Pensions.

While working on the subcommittee Heidi worked on a number of projects in public health preparedness, including organizing a roundtable discussion on the state of Emergency Care in America. She provided the senator with regular updates on pandemic, avian and seasonal influenza, and developed questions for a food safety hearing following the E.coli outbreak from contaminated spinach. Additionally, she drafted a review and analysis of the public health workforce shortage and included suggestions to address the shortage. While working for the senator, Heidi had the opportunity to see the “Pandemic and All Hazards Preparedness Act” (introduced by Sen. Burr and co-sponsored by Sen. Ted Kennedy) pass the Senate and House of Representatives. The bill was signed into law by President Bush in mid December.



Alleghany, Ashe, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, Yadkin

PHRST 5 is conducting routine community health assessments across the state using the same methodology created to perform rapid needs assessments (RNA) following disasters. The benefit of conducting community health assessments in this manner is that it teaches local public health staff how to collect field data rapidly while also developing their field epidemiology skills – skills that will facilitate a more efficient response to disasters. Health departments currently participating in the effort include the Appalachian Health District, Davie, Forsyth, Iredell, and Caldwell counties. The Carteret County Health Department is conducting a similar assessment but the data collected will be used solely for disaster preparedness information rather than a broader community health assessment.



Pandemic flu preparedness training: The North Carolina Center for Public Health Preparedness (NCCPHP) is currently engaged in several activities related to pandemic influenza. NCCPHP is working with the North Carolina Division of Public Health (DPH) to assist North Carolina's local health departments in pandemic influenza planning and to conduct an online training course. Members of the pandemic influenza project team are traveling around the state to provide technical assistance for local pandemic flu planning. Together with DPH, the team created a checklist of essential elements to be included in local pandemic influenza plans. They use this checklist to provide guidance for the structure and content of local plans. After a county has written a draft plan the NCCPHP team then reviews the plan and provides feedback in coordination with DPH. As of the end of March, 67 local pandemic flu plans have been received by the review team and 39 of these have achieved an initial 'pass' rating, having addressed the essential elements outlined in the checklist.

Some counties are getting even more involved in pandemic flu planning by participating in an eight-week online course offered this spring by NCCPHP and NCDPH. The course is designed to increase knowledge and build skills relevant to the essential and unique elements of an influenza pandemic response at the local level. It covers a range of topics, including command and control, surveillance, and disease containment. Currently, there are 37 active students in the Spring 2007 course which will conclude in April 2007. NCCPHP and DPH are looking forward to making the course available to more local health department staff in the Summer of 2007.

For more information on NCCPHP's pandemic flu activities, please contact Richard Rosselli at rosselli@unc.edu. For more information on the work of the Center, go to www.sph.unc.edu/nccphp.

Editor's Note:

The purpose of this newsletter is to provide information briefs that are useful and timely. It is designed to be scanned quickly to determine topics of interest and then provide pertinent information in two or three paragraphs. The primary contributors to the newsletter are the Office of Public Health Preparedness and Response and the state's seven Public Health Regional Surveillance Teams. This is because the PHRST Line Report is one of our primary communication tools as well as an historical record of our efforts. Topics submitted by counties, partners and stakeholders are also welcome as they pertain to bioterrorism and natural outbreak preparedness. Submissions should be e-mailed to our editor at Bill.Furney@ncmail.net.

This newsletter is also posted at www.epi.state.nc.us/epi/phpr/newsletters.html.

--End--