Preparedness workgroups continue work on coalition guidance

The multi-disciplinary workgroups with members from state and local public health, healthcare, and partner organizations continue to meet and develop guidance for regional coalitions. The six workgroups align with the threat domains identified in the Centers for Disease Control and Prevention guidelines for public health and healthcare preparedness.

The threat domains include: biosurveillance, community resilience, countermeasures and mitigation, incident management, information management, and surge management. There are 15 public health capabilities and 8 healthcare capabilities prioritized under the six threat domains included in the CDC document.

The coalitions are organized through the Regional Coordinating Hospitals and are responsible for creating plans along with their community partners following the guidance established by the workgroups. During

2013 Public Health Preparedness Summit

The District 2 Public Health Emergency Preparedness team attended the Public Health Preparedness Summit in Atlanta, March 12-15. The summit was an information-packed event with presentations on research, best practices, innovative tools, and first hand accounts about dealing with disasters and other public health emergencies. The summit was focused on strengthening public health and healthcare preparedness through innovation, integration and implementation.

Summit attendees were treated to first-hand accounts about recent incidents during plenary sessions on Tuesday, Wednesday and Friday. The three plenary sessions included presentations and panel discussions on the Aurora (CO) mass shooting, hospital evacuation during Hurricane Sandy, and maintaining public trust and instilling confidence before, during and after a disaster.

Organizers ensured there was something for everyone attending the summit by featuring a combination of interactive sessions, workshops, and sharing sessions each day on a variety of topics. Presenters and speakers included experts in preparedness and response, training, public information, continuity of operations, volunteer management, community engagement, and resource management. For more information about the summit visit: http://www.phprep.org/

Yusef Rahman leads the discussion of the Information Management Workgroup during a meeting in Macon on March 20, 2013.
HOSA competition showcases future healthcare leaders

By Donna Sue Campbell - District 2 Healthcare Liaison

According to many labor studies, healthcare is one of the most promising areas of employment for the future. The Health Occupations Students of America (HOSA) in Georgia are certainly banking on that prediction. Georgia has over 200 HOSA chapters, mostly in High Schools, Magnet Schools, Technical Schools, and Career Academies.

HOSA is a national student organization started in 1976. The organization’s two-fold mission is to promote career opportunities in the health care industry and to enhance the delivery of quality health care to all people. HOSA provides a unique program of leadership development, motivation, and recognition exclusively for secondary, postsecondary, adult, and collegiate students enrolled in Heath Science Education programs.

HOSA members are encouraged to take full advantage of the HOSA National Competitive Events Program. State competitions are held in the spring as a means of identifying those members eligible for competition at the HOSA National Leadership Conference.

HOSA offers 56 Competitive Events that are aligned to the National Healthcare Foundation and Accountability Criteria outlined by the National Consortium for Health Science Education. Some of the competitive events are Public Health, Extemporaneous Speaking, Prepared Speaking Skills, Creative Problem Solving, Biomedical Debate, Forensic Medicine, Interviewing and Job Skills, and Emergency Preparedness. Students may write papers, deliver speeches or present research in these areas of competition.

For the past two years, members of District 2 Emergency Preparedness staff have served as judges for the Georgia competition. Mark Palen, Director of Emergency Preparedness served as a judge for competition in Emergency Preparedness, Interviewing Skills, and Extemporaneous Speaking. Donna Sue Campbell, Health Care Liaison judged student competition in Public Health and Interviewing Skills.

CDC labels 2012-2013 flu season as “moderately severe”

The 2012-2013 influenza season began early and soon showed signs of being a longer-than-usual flu season. Influenza-like illness (ILI) rose quickly above the baseline and remained high for 15 consecutive weeks. The Centers for Disease Control and Prevention (CDC) says that now only six states, mostly in the Northeast are reporting widespread influenza. The CDC called this flu season ‘moderately severe’, saying that it started about four weeks earlier than usual and was intense.

Another indicator of severity, flu-associated hospitalizations, began to rise in mid-December. According to the CDC, about half of the people hospitalized were people 65 years of age and older.

Sadly, this flu season, there have been 111 pediatric deaths as of March 30, attributed to influenza. Most of the deaths were children who had not been vaccinated. Experts caution that this number could go higher as flu activity has declined but has not ended.

Comparing the 2012-13 flu season (in red) to past years, one can see on the chart at left that the 2003-04 season (purple) had more ILI visits reported but lasted only about seven weeks. The 2007-08 flu season (blue) was similar in number of ILI visits, but was shorter. The 2009 H1N1 pandemic (gray) recorded more ILI visits and lasted a similar period of time. However, the H1N1 virus from 2009 affected the young more than any other age group. Early in the season, the CDC acknowledged that the 2012-13 vaccine matched the circulating viruses well. However, there were still cases of vaccinated people getting the flu. Experts have initiated studies to determine why influenza vaccine protection varies from year to year. For more information visit: http://www.cdc.gov/flu/weekly/summary.htm
Update on Georgia’s Disaster Mental Health Program

By: Jeannette David - Disaster Mental Health Services Coordinator

For the past eight years Georgia’s Health Community Preparedness Program has funded the development of a statewide disaster mental health program, and as part of that funding the position of Disaster Mental Health Services Coordinator for the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD).

The purpose this program is to maintain continuity of care to individuals who receive DBHDD services and provide mental health support to the community following a disaster as required under the Georgia Emergency Operations Plan, Emergency Support Function 8, Public Health and Medical Services.

The State of Georgia Disaster Mental Health website was created through a contract with the University of West Georgia and The Resiliency Collaborative. This website, at www.georgiadisaster.info, has many resources available to support disaster mental health preparedness and response. Under the Professionals tab there is information related to self-care and resiliency for healthcare workers.

State of Georgia Mental Health Emergency Preparedness Planning Kits contain information and worksheets to guide planning of continuity of operations, surge capacity, community support, communication and much more. There are three kits: one for large behavioral health provider agencies, one for small outpatient providers and one for small residential providers.

Under the Training tab you’ll find information about the various free training programs that are offered for disaster mental health readiness. Georgia Disaster Mental Health Field Response Training is a one-day course that teaches disaster mental health responders, first responders and healthcare personnel skills that will enable them to assist with the emotional needs of co-workers and disaster survivors. Psychological First Aid is an eight-hour course that teaches healthcare professionals how to implement interventions to reduce stress and promote short and long-term coping in themselves and others. Also offered is a course titled Building Emotional Resilience in Response Workers Train-the- Trainer that teaches healthcare workers how to take care of themselves, and address the emotional needs of their peers and people they serve.

The Georgia Disaster Mental Health Program has a yearly contract with the International Critical Incident Stress Foundation to offer courses in Critical Incident Stress Management several times a year. Our Strategic National Stockpile Disaster Mental Health Course is four hours and targets the disaster mental health needs and interventions associated with SNS activation.

Finally, the Georgia Crisis Consortium (GCC) is a group of stakeholders that meets quarterly and is made up of agencies and organizations that represent the mental health and emergency response network in Georgia. The GCC's mission is to foster a collaborative statewide network to support behavioral health services during all phases of a disaster. Information about the GCC will be available on our website this summer.

For more information about Georgia's disaster mental health program or to schedule training, contact Jeannette David at 404-657-2354 or jedavid@dbhdd.ga.gov. For information about the University of West Georgia collaboration, visit: (http://www.westga.edu/ucmassets/news/2247.php)
Novel Coronavirus brings focus to illnesses spread by human contact

From April 2012 to March 2013, seventeen people in Saudi Arabia, Qatar, Jordan, the United Kingdom, and the United Arab Emirates have been diagnosed with a novel (new) coronavirus according to the World Health Organization. Eleven of the seventeen people have died. This prompted the Centers for Disease Control and Prevention to issue an updated travel notice for people traveling abroad, specifically to the United Kingdom and the Arabian Peninsula.

Although coronaviruses most often infect humans, some may cause infections in both humans and animals. SARS (Severe Acute Respiratory Syndrome) is one such coronavirus and although it caused a global epidemic in 2003, there has not been any reported infections of SARS-CoV since 2004. The current novel coronavirus is not the same coronavirus that caused SARS. Coronaviruses are likely spread from one infected person to others through the air by coughing or sneezing, and by close personal contact such as touching or shaking hands. The spread of the viruses could also occur by touching contaminated objects or surfaces and then touching your mouth, nose or eyes.

While the CDC does not recommend anyone change their travel plans because of these cases of the coronavirus, they do recommend that US travelers to these countries monitor their health and see a doctor right away if they experience symptoms associated with the illness. The symptoms include fever and signs of lower respiratory illness, such as cough or shortness of breath. Travelers should also tell their doctor about any recent travel.

Precautions to prevent coronaviruses include washing your hands often, not touching your eyes, nose or mouth, avoiding close contact with sick people, and being up-to-date on all immunizations. People who become sick should cover their coughs and sneezes and avoid contact with other people to keep from infecting them, and seek medical advice from their health care provider.

Human coronaviruses were first identified in the 1960s and are named for the crown-like spikes on their surface. There are three main subgroups of coronaviruses, known as alpha, beta, and gamma. A fourth new group is called delta. Most coronaviruses have become common illnesses that most people get sometime during their lifetime and usually cause mild to moderate upper-respiratory tract illness.

In the US, people usually get infected with coronaviruses in the fall and winter, but can become infected any time of the year. There are no vaccines to protect against human coronavirus infection, so good hygiene is the best defense against infection.

There are no specific treatments for illnesses caused by coronaviruses and most people recover on their own. Symptoms can be relieved by taking pain and fever medication and using a room humidifier or taking a hot shower to ease a sore throat and cough. Sick persons should also drink plenty of liquids and stay home and rest.

Diagnosis of coronavirus is confirmed by laboratory testing, but are seldom tested because people usually have mild illness from coronavirus infection. Nose and throat swabs are the best specimens for detecting common human coronaviruses. Specific laboratory tests may include: virus isolation in cell structure, polymerase chain reaction (PCR) assay or serological testing for antibodies to human coronaviruses.