



EMERGENCY PREPAREDNESS & PUBLIC HEALTH **BLOOMINGTON**

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Pilot program improves cities readiness

- Denise Dunn

Imagine the Twin Cities metropolitan area is the target of an anthrax attack. In order to stop the bacteria from infecting thousands or possibly millions of people, antibiotics have to be given within the next 48 hours. But how can 2.6 million residents receive antibiotics in such a short span of time?

Bloomington Public Health and other local organizations are using this kind of problem-solving exercise as part of their health preparedness and response planning. They are setting-up dispensing sites throughout the region to handle this type of an emergency.

To help fast-track the preparedness and response planning, the Centers for Disease Control and Prevention (CDC) has implemented a pilot program called the Cities Readiness Initiative (CRI). Its purpose is to aid large cities or metropolitan areas in increasing their capacity to deliver medicines during a large-scale public health emergency. Twenty cities and the District of Columbia have been chosen to participate in the CRI. In Minnesota, the CRI is a regional collaborative effort among the 11 Community Health Boards in the metro, rather than an effort by Minneapolis alone.

The Cities Readiness Initiative is aimed at building and sustaining the ability to provide antibiotics to large metro populations within 48 hours through:

- integrating federal, state and local emergency plans, including antibiotic distribution
- establishing systems to inform the public about the availability of antibiotics
- adopting security procedures for the distribution sites and personnel

Locally, we will be making additional visits to our mass dispensing sites and working with local law enforcement on security and traffic plans. We are also training staff in the roles they would assume if a large health emergency requiring rapid dispensing were to occur.

The CDC plans to share the best practice tools and information developed during the CRI with all cities and regions.

For more information on the Cities Readiness Initiative see the CDC website at: www.bt.cdc.gov/cri/pdf/ga.pdf

2004-2005 Influenza Vaccine Shortage

- Karen Stanley



Chiron Corporation, one of two manufacturers of the flu vaccine, had its license suspended on October 5, 2004. Subsequently, they could not deliver the expected 48 million doses of vaccine to the United States.

Immediately following this announcement, the Minnesota Department of Health limited flu shots to those most at risk for complications from the flu.

Voluntary compliance with the restrictions was extraordinary with many declining the vaccine for those who were "worse-off than they were." (This was attributed to "Minnesota Nice" and not seen in other states.) By mid-December, the flu vaccine was available to anyone 6 months of age and older.

The Minnesota Department of Health (MDH) flu hotline fielded over 17,000 calls in about 8 weeks regarding guidelines, flu shot sites, and availability. Locally, we responded to over 2,500 calls and administered over 5,000 flu shots. We also assisted with the redistribution of vaccine in Bloomington, Edina and Richfield.

Lessons learned from the 2004 Influenza season

- Prioritizing the use of limited resources is difficult.
- Communication—with the public, with health care workers, and with clinics—is critical!
- We need better data.

For the 2005 –2006 Flu Season

- Expect problems.
- Chiron Corporation still has its license suspended.
- MDH will work closely with local public health and establish a flu subgroup to do advanced planning.



WANTED:

Local health volunteers

In the event of a public health crisis or natural disaster, Medical Reserve Corps (MRC) volunteers would assist public health and medical staff. Duties could include a range of activities such as answering hotline calls, dispensing antibiotics, giving vaccinations, and providing medical care.

To learn more about MRC of Hennepin County call 952-351-5234 or visit the website at www.mrc-hennepin.org.

Isolation and quarantine: lessons from SARS in Toronto

- Sue Sheridan



Most of us think of isolation and quarantine as history. Well, history has a way of repeating itself.

During 2003 in Toronto, 225 individuals with suspected cases of SARS were isolated. In addition, another 23,103 individuals were quarantined due to their possible exposure to the disease.

To stop the spread of the disease, isolated and quar-

antined individuals were separated from the public and their movements were limited.

Public health has learned much from Toronto's experience with SARS. Minnesota (and other states) have adopted much of the model Toronto set-up in dealing a SARS-like illness. Specifically, how to handle isolation and quarantine (I/Q).

To monitor those in I/Q, a phone-calling system was set in place. Individuals were called twice a day to:

- assess health status
- address service requests
- monitor compliance

Toronto reported that each person who made phone calls could handle a caseload of fifteen individuals.

A second component of I/Q is the planning and assurance that "essential services" are available. This includes food, clothing, shelter, communication, medications and medical care (if needed), infection control supplies, thermometers, and personal protective equipment. Toronto found most were able to meet their own needs; some relied on help from families and friends.

Based on the Toronto model, Bloomington Public Health has been planning and coordinating with our own local resources. We can help make sure that those in isolation and quarantine are adequately monitored and have access to essential services.

Did you know.....

Minnesota has a statute that gives legal authorization to place individuals under isolation and/or quarantine.

Health and safety issues available in six languages



ECHO (Emergency & Community Health Outreach) is designed for limited-English speaking populations in Minnesota. It provides topical health and safety information through ECHO-TV broadcast (TVT Channel 17) and website, www.echominnesota.org. In the case of a large-scale state or health emergency, ECHO will provide information to limited English-speaking audiences through these communication methods.

ECHO-TV is broadcast via public television. It hosts a monthly series about health and emergency issues in six languages: Hmong, Khmer, Lao, Somali, Spanish, and Vietnamese.

To reflect the cultural perspectives of the ethnic communities, each segment features a community host and one or more health experts from the six communities. To help those in the process of learning English, each language version is also captioned in English.

Upcoming ECHO spring and summer topics include:

- Fire and Carbon Monoxide Safety
- Severe Weather Warnings
- West Nile Virus and Lyme Disease
- Immunization and Back-to-School Health

In addition, ECHO's website, www.echominnesota.org provides health and safety information on a variety of emergency preparedness topics, contacts, and links to other health sites.

MARK YOUR CALENDAR...

Clinic Partnership Meeting

Communication: Risk Communication & ECHO

Date: April 20, 2005

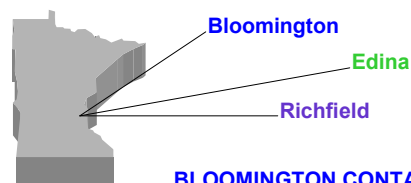
8:00 - 9:00 a.m.

Place: McLeod Conference Room, Bloomington Civic Plaza

Contact: Diane Anderson: 952-563-8919

Information provided by Bloomington Public Health and funded through the Minnesota Department of Health and the Centers for Disease Control & Prevention.

Bloomington Public Health serves the communities of



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