

## PREPAREDNESS UPDATE

April 1, 2003

Wisconsin Department of Health & Family Services  
Division of Public Health

*The PREPAREDNESS UPDATE provides a regular update on public health and hospital preparedness issues of importance in our state and is intended primarily for partners in the Public Health & Hospital Preparedness Program. Please let us know if the topics covered are on target or if there are others that you feel we should be addressing. Thank you.*

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### 1. Public Health Capacity Inventory on the HAN

The CDC Local Public Health Preparedness and Response Inventory is now available to be completed electronically using the Health Alert Network (HAN). This survey will be used to establish a baseline of Public Health preparedness among Local Public Health Departments post 9/11. The Inventory is organized into the six funded Focus Areas and associated sub-sections described in the CDC Bioterrorism Cooperative Agreement. Each Focus Area includes measures pertaining to Critical Capacities and Critical Benchmarks as well as additional measures to further assess emergency preparedness and response capabilities.

This Inventory is required to be completed by all Health Officers or their designee with input from local Emergency Management directors by May 15, 2003 as part of the CDC Supplemental Cooperative Agreement, the FEMA Supplemental Grant, and the Public Health Consortia Contracts. This Inventory will satisfy the public health assessment requirements of both the CDC and FEMA FY2002 grants. The survey can be accessed by Health Officers on the HAN by clicking [https://han.wisc.edu/mod\\_surv/surv\\_list.jsp](https://han.wisc.edu/mod_surv/surv_list.jsp).

### 2. Public Health & Hospital Draft Plans Integrated

Public Health and Hospital preparedness plans are being developed on the state and regional levels that will mirror each other and ultimately be referenced in the existing state and local Emergency Operations Procedures (EOPs). These plans will provide more detailed action steps for responding to natural or manmade chemical, biological and radiological events. Hospital expert panels and Division of Public Health Workgroups are drafting individual sections of the state plan that will then be modified by each Public Health Consortia and Hospital Region to suit their own area needs. The draft plans are being developed in the standard EOP format for uniform integration and should be ready for testing by August 31, 2003.

### **3. Tabletop Exercises Being Scheduled**

The seven Hospital Regions have begun scheduling their required regional exercises for this year. Most exercises will be biological tabletops scheduled in the early fall. The 12 Public Health Consortia are encouraged to participate in a neighboring Hospital Region's exercise to satisfy their own required regional exercise and foster hospital and public health cooperation. Scheduling a tabletop exercise by August 30, 2003 to occur by November 30, 2003 will satisfy the Consortia contract requirement. This change has been made to allow public health and hospitals to work together in exercising their new preparedness plans. The Division of Public Health is currently developing a tabletop exercise template with Wisconsin Emergency Management that can be used for this purpose.

### **4. Mutual Aid Legislation to be Introduced**

Mutual aid legislation is being introduced this legislative session as part of a larger bill that also includes establishing in statute an incident command system to be used in situations affecting multiple jurisdictions, multiple agencies within a jurisdiction, and multiple levels of government. The legislation establishes a statewide system of mutual aid for emergency responders, including local health departments and fire departments, EMS programs, and emergency management programs. Currently there is no statutory provision for intrastate emergency management mutual aid. The legislation is based on the interstate Emergency Management Assistance Compact (EMAC) of which nearly all Midwestern states, including Wisconsin, are members.

The legislation also creates a Public Health Council to monitor coordination of responses to public health emergencies, reimburses local health departments for their costs in quarantining people during a public health emergency declared by the governor, provides immunity from liability to persons acting under the direction of the Department of Health and Family Services or a local health department during a declared public health emergency, and creates penalties for threats to release or disseminate chemical, biological, or radioactive substances.

If the mutual aid legislation is passed, this may eliminate the need for formal written mutual aid agreements within and among Public Health Consortia. However, since the legislation is not specifically a budget-related priority, it may not be introduced until later this year. Therefore, by April 30, 2003 the Division of Public Health will provide a mutual aid template for agencies within a Consortium to use in achieving their contract objective. A single mutual aid agreement signed by all health departments within a Consortium will satisfy this objective.

### **5. CDC & HRSA Grant Guidance for FY2003**

The final guidance for the CDC & HRSA Bioterrorism Preparedness grants for FY2003 are now scheduled to be released on April 15, 2003. Guidance was previously to be released on March 15, 2003. Both grants will now be on the same funding cycle and both will have sections that are identical and unique. The Division of Public Health will have until June 15, 2003 to submit their re-applications. A writing team is being created that will include local public health and hospital representatives. There will be an opportunity for Program partners to review and comment on a draft of the application before it is submitted.

## **6. Homeland Security Council Appointed**

Governor Doyle has created a statewide Homeland Security Council to coordinate efforts to prevent and respond to potential terrorist attacks in Wisconsin. Ken Baldwin, administrator and state health officer in the Division of Public Health, was appointed to the council to represent the Department of Health and Family Services and act as contact point for the Department of Natural Resources, the Department of Agriculture, Trade and Consumer Protection, The Department of Public Instruction, Hospitals, Local Public Health Departments, and Local Human Services Groups. Major General Albert Wilkening, adjutant general of the Wisconsin National Guard, will head the council.

## **7. Smallpox Vaccination**

As of this update, the Division of Public Health has vaccinated 147 public health workers and 483 health care workers as part of the Pre-Event Smallpox Vaccination campaign. Twenty eight clinics in 21 different locations have been held. Seven states - Arizona, California, Illinois, Maine, Michigan, New York and Vermont - have suspended their inoculation programs during a federal investigation following the cardiac-related deaths of three people, including a Maryland nurse.

The Department of Health and Family Services has continued inoculations in Wisconsin. There are just a handful of clinics remaining in this initial campaign. Division of Public Health officials administering the vaccine are now asking potential vaccinees for detailed heart histories and screening out the ones with potential problems. New federal precautions have also been adopted, including screening out people with diabetes, high cholesterol or hypertension, in an effort to use an abundance of caution. There have been no hospitalizations or serious adverse events in Wisconsin.

### **Public Health & Hospital Preparedness Program Information**

*For more detailed information on the progress and activities of the Public Health Consortia, Hospital Regions, Focus Areas, Coalitions and Workgroups log onto the HAN at <https://www.han.wisc.edu> and click on the Libraries tab, then look under the Bioterrorism libraries.*

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*If your Public Health Consortia or Hospital region would like to be profiled in a future issue of the PREPAREDNESS UPDATE please email a brief profile of activities, accomplishments, best practices, new staff, etc. to Lisa White-Pentony.*