

# THE PREPAREDNESS POST

UTAH DEPARTMENT OF HEALTH  
YEAR 4, ISSUE 4

## Utah Scores 100 on SNS Review *By Brett Cross and Dean Penovich*

### *Kudos to SNS Program*

The Centers for Disease Control and Prevention (CDC) operates a program known as the Strategic National Stockpile (SNS). This program supplies large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake, or other major disaster) severe enough to deplete local supplies. Each of the 50 states and a few territories are responsible for creating and updating comprehensive plans to receive and distribute these federal assets.

Each year, Utah's SNS program is reviewed and scored by the CDC. This year, Utah received a perfect score of 100 percent on the state technical assistance review! This score isn't just a reflection of the state's effort; it required an enormous amount of assistance from local health departments, private sector partners, other state agencies, and local government. As the

dispensing arm of the operation, the local health departments updated their SNS plans, paving the way for overall success. Trainings and exercises held statewide and at the local level have proven to be invaluable.

While this perfect score is reason for us to pause and give ourselves a pat on the back for a job well done, the work must continue. Maintaining such a high score will require a continued commitment to excellence. Planning, exercising, building relationships, and maintaining a vigilant SNS committee will be paramount to success.

A simple "thank you" to all partners seems inadequate as a true expression of gratitude of the Utah Department of Health's Bureau of EMS and Preparedness.

To find Preparedness Training information:  
<https://www.utah.train.org>

*On Tuesday, September 6, 2011, Utah State Government, including the Utah Department of Health (UDOH), returned to a five-day work week. Jeff Herring, executive director of the Department of Human Resource Management, said, "The primary role of our employees is to serve the public. Agency employees should, and I believe will, be committed to this primary customer focus, regardless of the hours of operation." UDOH hours of operation are Monday through Friday, 8 a.m. to 5 p.m.*



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## Program Updates

### Preparedness Systems Communication *By Scott Munson*

On September 27, 2011, the Utah Department of Health's Bureau of EMS and Preparedness participated in a Centers for Disease Control and Prevention (CDC), Public Health Information Network (PHIN), Cascade Alerting exercise. Utah's Health Alert Network system, known as the Utah Notification and Information System (UNIS), is one of 17 systems in the nation certified to deliver Cascade Alert messages. The Cascade Alerting project is a secure connection that allows state Health Alert Systems to communicate directly with other systems, as well as the CDC's system. During this exercise, conducted by CDC's Public Health Informatics and Technology Program Office (PHITPO), UNIS was successful in both sending and receiving messages from other states and the CDC.

### Unified State Laboratories: Public Health (USLPH) *By Jana Coombs*

During a three month period (April, May, and September, 2011), the Bioterrorism Response Team and members of the Molecular Laboratory at Unified State Laboratories: Public Health (USLPH) participated in the Bio-Response Operational Testing and Evaluation (BOTE) project. This project is a Homeland Security Exercise and Evaluation Program (HSEEP)-compliant, two-phased interagency project designed to conduct and evaluate field-level indoor biological remediation studies of various decontamination technologies. It also exercises biological incident response. Both phases involved intentional release of *Bacillus anthracis*, and used the surrogate organism *Bacillus atrophaeus* subspecies globigii (BG).

BOTE Phase 1 was successfully completed in May 2011. This phase evaluated the efficacy and operational parameters of three biological decontamination methods (amended bleach, chlorine dioxide gas, and vaporized hydrogen peroxide) used to remediate an enclosed facility contaminated with BG, located at the Idaho National Laboratory (INL). Eight laboratory response network (LRN) labs supported testing of more than 2,000 samples during the five-week study. During the project, USLPH received 204 sponge-wipes, 86 HEPA socks, and 66 swabs for processing. Testing included sample extraction, manual dilution, and quantitative culture and filter plating. USLPH used 4,984 agar plates during Phase 1! Colonies of BG were counted and results were reported to the Centers for Disease Control and Prevention (CDC) within 24 hours after sample receipt.

Phase 2 of the BOTE project was conducted from September 10-23, 2011, also at INL. Phase 2 was a covert indoor BG release and was a full-scale exercise designed to address interagency roles and responsibilities for a biological incident response—from the initial public health and law enforcement response—through the environmental response (remediation) in a field setting. This exercise involved coordination among several federal agencies, including the Environmental Protection Agency (EPA), the CDC, and the Federal Bureau of Investigation (FBI). The exercise focused on response and recovery activities.

During this phase, 23 LRN laboratories, including USLPH, received and processed 285 sponge-wipes, swabs, and HEPA socks submitted by FBI, CDC/NIOSH, and EPA. BOTE provided valuable hands-on sample processing and testing experience for the laboratory. The exercise also evaluated field sampling and evidence collection procedures from the involved agencies, and tested communications and coordination between the field and the LRN laboratory. All costs associated with an interagency environmental response to a *B. anthracis* event in one building were documented. It was a very stressful exercise but was well worth the effort.



## Program Updates *continued*

### Access and Functional Needs Conference *By Rich Foster*

On September 28 and 29, 2011, the UDOH Bureau of EMS & Preparedness, Utah Emergency Management Association, and Utah Division of Emergency Management co-sponsored a Rocky Mountain Access and Functional Needs Conference in Salt Lake City. The conference attracted 144 attendees from six different states. Speakers included disability and “whole community” planning experts from across the United States.

The conference emphasized:

- Building collaborative community relationships between emergency management and disability communities
- Building an accessible transportation network using public and private partnerships
- Whole community planning and how to include people with access and functional needs in the process

The conference not only covered issues including sheltering, emergency communications, rural community preparedness, and emergency evacuations, but also created an atmosphere of collaboration designed to build and strengthen community partnerships.

For more information on whole community planning, visit <http://www.fema.gov/about/strategicplan2011-2014>

### Preparedness Funding Sent to Local Partners *By Dean Penovich and Kevin McCulley*

The UDOH receives preparedness funding from the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness and Response (ASPR). The money comes in the form of CDC Public Health Emergency Preparedness and ASPR Hospital Preparedness Program funds. To fulfill grant deliverables, UDOH contracts with numerous regional and local partners to facilitate public health and health care preparedness. Funding is provided to Utah’s local health departments, tribal entities, hospitals, long-term care facilities, community health centers, and others to fulfill grant deliverables. Program sub-grantees are critical partners in our efforts, as they ensure that planning and preparing for disasters is done locally and meets the needs of the unique attributes of communities throughout the state.

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## Contagion: When the Silver Screen and Reality Intersect *by Charla Haley*

In September 2011, the movie, *Contagion* premiered with much fanfare and discussion concerning the plot line that involved a mysterious, deadly infection that spread quickly from person-to-person. The story begins with Beth Emhoff returning to the United States following a business trip to Hong Kong. Soon after she returns, she dies from some sort of an infection. Her young son dies a few days later, while her husband seems immune. For the medical community, the race to find a cure and control the panic is just beginning.

To enhance the movie's realism, producers and writers consulted with a number of leading virologists and even shot some scenes at the Centers for Disease Control and Prevention (CDC) in Atlanta. Barbara Reynolds, senior adviser for crisis communication at CDC says, "Based on my knowledge of the movie, it is a dose of realism. It deals with issues that have, what we call in the business of investigating outbreaks, biological plausibility. How the virus unfolds in the movie is true to life in terms of how a virus behaves."



Many of us working in public health wondered how realistic the movie could be? Could something like this really happen?

As the CDC outlines on its website, "Disease outbreaks are natural plots for compelling entertainment. But life and death situations and heroic scientists battling against time and heavy odds to track the source of killer disease and contain them before the wipe out entire communities are not just movie plots." As the fast-moving pandemic grows, the focus becomes figuring out what caused it, finding a cure, and controlling the panic that is taking over society.

Some of our Utah Department of Health (UDOH) colleagues have seen the movie and provided some comments about the portrayal of the world's emergency response to a novel respiratory disease outbreak. UDOH epidemiologist Valoree Vernon commented, "The average person touches their face 3-5 times every waking minute. In between we're touching door knobs, water fountains, and each other."

Dean Penovich, UDOH Preparedness Director says, "It was nice that this movie demonstrated the efforts that would be undertaken by local, state, and federal public health to respond to such an emergency as portrayed in the film. This is the reason we work daily in public health emergency preparedness."

## New Leadership for Utah's Public Health Laboratories

By Barbara Jepson

The Unified State Laboratories: Public Health (USLPH) is now under the direction of new laboratories' director, Robyn M. Atkinson, PhD, HCLD. Following the departure of Dr. Pat Luedtke to Oregon, the Utah Department of Health (UDOH) was fortunate to persuade Dr. Atkinson to leave her position as director of the Knoxville Regional Laboratory in Tennessee. Dr. Atkinson holds a bachelor's degree in Biochemistry from Clemson University in South Carolina (the Clemson Tiger Paw is used as a decorating motif in her Utah office). She continued her education by completing a Doctor of Philosophy Degree in Microbial Pathogenesis at the University of Tennessee – Health Science Center. Her research focus was antimicrobial resistance in *Streptococcus pneumoniae*, one of the leading causes of ear infections in children. Following her graduation, she completed a fellowship in Medical and Public Health Microbiology at Washington University's School of Medicine, located in St. Louis. During this fellowship, Dr. Atkinson was introduced to public health and public health microbiology. She discovered she has a keen interest in learning about disease processes in the community versus focusing on the disease process in the individual.



At the conclusion of her formal education period, Dr. Atkinson was excited to join the New York State Department of Health as the Director of Clinical Bacteriology. While in this position, Dr. Atkinson was introduced to the numerous and complex issues regarding food safety and the standardization of laboratory practices among all state and local public health laboratories. After spending two years in New York, Dr. Atkinson was recruited to Tennessee's Department of Health to be the director of the Knoxville Regional Laboratory. During her tenure there, she continued her focus on food safety by becoming a member of the Tennessee Food Safety Task Force and is the 2011-2012 Chair of the Association of Public Health Laboratories (APHL) Food Safety Committee. Since 2009, Dr. Atkinson has served as a member-at-large to an FDA Coordinating Committee for the Partnership for Food Protection. In addition, her work with APHL has prompted her to begin to streamline standards of practice across all state and local public health laboratories. Dr. Atkinson is working with subject matter experts to draft Best Practice Guidelines for the isolation and characterization of several infectious organisms of public health significance. In 2010, APHL awarded its prestigious Emerging Leader Award to Dr. Atkinson for her service to public health and her efforts related to food safety and laboratory practice standardization.

Robyn and her dog, Sam, an adorable beagle mix, are ready to start their adventures living here in Utah. She is looking forward to experiencing Utah's winter snow sports, particularly cross country skiing. Dr. Atkinson's laboratory experience and leadership skills will be an asset to all the excellent public health and emergency preparedness work being done in our state. We are excited to welcome Dr. Robyn Atkinson to Utah.

### UDOH Web sites:

[health.utah.gov](http://health.utah.gov) (main)

[health.utah.gov/preparedness](http://health.utah.gov/preparedness)

[health.utah.gov/ems](http://health.utah.gov/ems)

**The Preparedness Post**

## Preparing for a Public Health Emergency *By Christine Warren, M.E.P.*

### *Practice Makes Perfect*

If Utah were the target of a large-scale biological terrorist attack, how would public health respond? That's what the Utah Department of Health (UDOH) and partners wanted to find out. So, on October 13, 2011, the UDOH Bureau of EMS and Preparedness conducted a functional exercise in response to a fictional bioterrorism foodborne terrorist attack.

The make-believe scenario involved a phony terrorist group, the "Potato Skins." In the exercise scenario, the radical cult laced powdered doughnuts with anthrax spores and handed them out at a statewide celebration infecting hundreds of people.

The exercise was held at UDOH's Cannon Building, with 45 people participating from the UDOH Office of Public Information and Marketing, Epidemiology, Unified State Laboratories: Public Health, EMS and Preparedness, along with key outside partners from the FBI, Salt Lake Valley Health Department, Utah County Health Department, and Department of Public Safety.

As the scenario unfolded, the UDOH emergency response team and partners took action in their assigned positions either in the Department Operations Center (DOC), Epi Operations Center, or in the Joint Information Center (JIC). The "players" interacted with the "actors" who simulated the roles of the media, hospitals, local health departments, concerned citizens, and others. The "players" then worked to determine what was causing the illness, how the "victims" were exposed, and who was behind the attack.

A "hot wash" was held immediately following the four-hour exercise to elicit feedback from participants and discuss strengths and areas of improvement. All information gathered will be considered when making adjustments to the UDOH all-hazards plans for use in future exercises. One positive item that was mentioned several times during the debriefing



described the value in having the various partners work together as a team.



Some of the participants were a bit skeptical of the "reality" of such a bioterrorism anthrax attack as played out in this scenario, but the truth is, Utah could face any type of threat or emergency. We need to be ready to respond to any type of disaster. After all, preparing to respond to a public health threat, whether it's an anthrax terrorist attack or a devastating earthquake, requires the same planning. UDOH will continue to test our plans as we grow in our abilities to respond to real-world emergencies.

#### ***Special thanks to our partners for their participation in the UDOH Exercise:***

*Steve Daniels, FBI, Special Agent*

*Debbie Bertram, FBI, PIO*

*Joe Dougherty, PIO, Department of Emergency Management*

*Bob Jeppesen, ERC, Salt Lake Valley Health Department*

*Steve Beach, SNS Coordinator, Salt Lake Valley Health Department*

*Carl Grafe, Epidemiologist, Salt Lake Valley Health Department*

*Tyler Plewe, ERC, Utah County Health Department*

*Jan Rogers, HPP Regional Coordinator, Utah County Health Department*

*Kelly Johnson, Professor, BYU Emergency Management*

*Steve Sautter, JIC Manager, Unified Fire/EMS Agency*

## A New Face in Preparedness

**Nicole Luscher** joins the Bureau of Emergency Medical Services and Preparedness as a Program Assistant in the Hospital Preparedness Program (HPP). Her position involves supporting emergency preparedness activities targeting Utah's public health workforce, health care professionals, and first responders.

Nicole has always shown a keen interest in emergency preparedness and response. She has been trained in and worked with Ground Search and Rescue, Wildland Firefighting, Policing, and First Aid/CPR. As a recent graduate from BYU, she holds a degree in Public Health with a minor in International Development. Her studies, volunteer service, and employment opportunities have taken her to 14 different countries around the world. She loves meeting new people and experiencing different cultures.

When she is not at the office, Nicole can usually be found at the nearest ice hockey rink. This Canadian native shares her country's passion for the game. She enjoys all sports and loves to try and learn new things. She tries to return to British Columbia as often as she can to visit with her parents, grandparents, sisters, brother, and adorable niece. She eagerly awaits the arrival of her first nephew, who is due to make his appearance in February.



### Are You Ready for Anything? *By Christine Warren*



There are all kinds of emergencies that we need to be prepared for and respond effectively to. The Centers for Disease Control and Prevention (CDC) is taking this seriously with the new Zombie Apocalypse Preparedness Campaign—be prepared for *any* type of disaster.

As CDC Director, Dr. Ali Khan, notes, “If you are generally well equipped to deal with a zombie apocalypse, you will be prepared for a hurricane, pandemic, earthquake, or terrorist attack.” To find out more about Zombie Preparedness, visit: <http://www.cdc.gov/phpr/zombies.htm>.

The campaign tagline, “If you're ready for a zombie apocalypse, then you're ready for any emergency,” is now the new CDC “slogan” in preparing for a *real-world* emergency or disaster. The CDC has even put out a “**Preparedness 101: Zombie Pandemic**” comic book. In the preparedness world, we all understand that a zombie attack, although it may seem comical, requires the same preparedness and exercise planning as for real emergencies and disasters including earthquakes, tornadoes, or bioterrorism attacks.



Newsletter edited and produced by Charla Haley