Tornadoes damage local counties and towns

In April, tornadoes tore across Alabama and Georgia killing over 290 people. As many as eight tornadoes were reported touching down in Georgia. One weather-related death was reported in Rabun County while other District 2 counties received significant property damage. Habersham, White and Lumpkin Counties join Rabun in being designated for disaster assistance.

Although it is practically impossible to tell when a tornado will touch down, new weather tracking technology makes it possible to monitor storms and weather situations and know when conditions are most favorable for tornadoes.

Early warning systems for severe weather have been improved through technological advances over the last decade. New tracking software and radar systems give meteorologists better information about the severity of a storm as it is occurring so they can warn residents of impending danger through the media or with warning sirens.

Experts in disaster preparedness continue to stress that preparing for disasters, like tornadoes, can save lives and reduce the impact that a disaster has on a community. Weather warning systems are important tools in preparedness and are valuable in alerting people when to evacuate or take cover during a severe weather event by monitoring conditions. District 2 Public Health urges all residents to get a kit, make a plan, and be informed. If you are in an emergency situation, your life could depend on preparedness plans that you have made. Visit www.phdistrict2.org, www.ready.gov, www.cdc.org/bt or www.fema.gov.
Community resiliency depends on preparedness efforts

When thinking about disasters, most people ponder only the results left by the disaster. However, as we in public health prepare for emergencies and disasters, we try to incorporate all the factors that can help reduce the effects of a disaster and thereby improve the resiliency of the community. This includes mitigation, preparedness, recovery and response.

Mitigation is one of the first steps in the disaster cycle but can occur throughout the cycle. Mitigation tools that are in place in District 2 include: decontamination equipment, materials and training for local hospitals; Emergency 9-1-1 systems; tornado warning systems; and public health’s disease prevention programs. These tools improve the overall health of a community and its ability to return to normal more quickly after a disaster.

Preparedness entails anticipating potential threats and preparing for such events. District 2 Public Health maintains a 50-bed portable hospital and medical trailer to be deployed to any area in the state where a hospital may be rendered uninhabitable. Ensuring that people are up-to-date on vaccinations is another way that public health improves the resiliency of the community. Fire departments and Emergency Medical Services hold special events in communities to educate residents about smoke detectors, CPR, and other life saving actions that can be used in emergencies. Emergency Management Agencies in several counties have formed Citizen Emergency Response Teams (CERT) and public health has a district-wide Medical Reserve Corps.

The agency responsible for the response to an emergency or disaster will depend on the event. However, each organization is guided by Federal Emergency Management Agency’s Emergency Support Functions (ESF’s). The 15 ESF’s will direct agencies in activities needed to respond to the disaster and will allow appropriate resources to be directed to the areas in need. A public health response could depend on distribution of preventive medications, assisting with sheltering, or managing a community reception center. It could also include epidemiological surveillance and laboratory support in determining a biological agent or disease outbreak. All of these supporting efforts make a community better able to recover from a disaster by informing each agency and organization about their role in the response and recovery phases.

Recovery is helping communities return to normal. Incorporating preparedness and mitigation steps ahead of time to minimize disaster damage, may shorten the recovery phase. Being informed about how to recover from disaster and practicing emergency plans is key to restoring services, reunifying families, and providing safe shelter. While each agency and organization has specific roles and responsibilities in the recovery phase, we will focus on public health. Keeping the public informed throughout the response and recovery phases will be critical in accomplishing a good outcome. During the response and recovery phases, public health will deliver health services, supply health education, provide surveillance, continue laboratory support, and maintain supplies and resources.

Community members can help improve the resiliency of their neighborhoods by acquiring knowledge about disasters that are most likely to occur in their area and learn what emergency responders would expect them to do. They can also prepare their homes by getting an emergency kit, making a plan and learning more about disasters and the emergency plans of their communities.

Public Health information presentations available online

Five presentations about public health are now available on the District 2 website: www.phdistrict2.org. These presentations are intended to provide an overview of the history of public health, programs and services available at District 2 Public Health departments, environmental health programs, epidemiology in public health and public health preparedness.

A survey is available that can be completed after viewing the presentations that will provide feedback so we can continue to improve our efforts to educate residents about public health. Participation in the survey is voluntary but will be appreciated by public health.
Yellow powder in northeast Georgia terrorizing some residents

Pollen. The springtime powder that terrorizes many residents is back. But there is no need to call the authorities or send samples to the Georgia Public Health Lab. Instead here are some common causes and preventive measures to help relieve the effects of pollen.

Tree Pollen

Trees are the earliest pollen producers, releasing their pollen as early as January in the Southern states and as late as May or June in the Northern states. Trees can aggravate your allergy whether or not they are on your property, since trees release large amounts of pollen that can be distributed miles away from the original source.

Of the 50,000 different kinds of trees, less than 100 have been shown to cause allergies. Most allergies are specific to one type of tree such as: catalpa, elm, hickory, olive, pecan, sycamore, walnut, or to the male cultivar of certain trees. The female of these species are totally pollen-free: ash, box elder, cottonwood, date palm, maple (red and silver), Phoenix palm, poplar, willow. Some people, though, do show cross-reactivity among trees in the alder, beech, birch and oak family, and the juniper and cedar family.

Grass Pollen

As with tree pollen, grass pollen is regional as well as seasonal. In addition, grass pollen levels can be affected by temperature, time of day and rain.

Of the 1,200 species of grass that grow in North America, only a small percentage of these cause allergies. The most common grasses that can cause allergies are: Bermuda grass, Johnson grass, Kentucky bluegrass, Orchard grass, Sweet vernal grass and Timothy grass.

Ragweed Pollen

Ragweed and other weeds such as curly dock, lambs quarters, pigweed, plantain, sheep sorrel and sagebrush are some of the most prolific producers of pollen allergens. Although the ragweed pollen season runs from August to November, ragweed pollen levels usually peak in mid-September in many areas in the country. In addition, pollen counts are highest between 5 - 10 AM and on dry, hot and windy days.

Preventive Strategies – in general

Avoid the outdoors between 5-10 AM. Save outside activities for late afternoon or after a heavy rain, when pollen levels are lower. Keep windows in your home and car closed to lower exposure to pollen. To keep cool, use air conditioners and avoid using window and attic fans. Be aware that pollen can also be transported indoors on people and pets. Dry your clothes in an automatic dryer rather than hanging them outside. Otherwise pollen can collect on clothing and be carried indoors.

For grass pollen, if you must mow the lawn yourself, wear a mask. Keep grass cut short and choose ground covers that don’t produce much pollen, such as Irish moss, bunch, and dichondra.

For tree pollen, if you buy trees for your yard, look for species that do not aggravate allergies such as crape myrtle, dogwood, fig, fir, palm, pear, plum, redbud and redwood trees or the female cultivars of ash, box elder, cottonwood, maple, palm, poplar or willow trees.

For more information about pollen and allergies, go to http://www.cdc.gov/climatechange/effects/airway_diseases.htm

From: The National Institute of Environmental Health Sciences, http://www.niehs.nih.gov/health/topics/conditions/asthma/allergens/pollen/
CDC releases preparedness guidelines for states, localities

In April, (2011) the Centers for Disease Control and Prevention (CDC) announced a set of standards for public health preparedness capabilities to help state and local public health agencies set priorities and strategies in an age of budget-cutting. The 140-page document, titled “Public Health Preparedness Capabilities: National Standards for State and Local Planning,” was in preparation for more than a year before it was posted on the CDC’s Web site in late March.

The guidance is the first of its kind from the CDC, said Dave Daigle, a spokesman for the CDC’s Office of Public Health Preparedness and Response. He said the guidelines are intended to help public health agencies at all levels with the challenges of budget and fiscal issues.

The CDC provides funds and technical assistance to state, local, and territorial health departments through the Public Health Emergency Preparedness (PHEP) cooperative agreement program, the document notes. PHEP grants have totaled about $700 million annually in recent years. But that funding has been declining, causing public health officials to worry about their ability to maintain the preparedness gains they made with the help of federal support provided in the aftermath of the 2001 terrorist attacks, the report says.

State and local planners will likely need to make difficult choices about how to prioritize and ensure that federal dollars are directed to priority areas within their jurisdictions. The CDC developed the new guidelines in response to those concerns and in preparation for a new 5-year PHEP cooperative agreement that will take effect in August (2011). More than 200 experts from the CDC, other federal agencies, and a number of professional organizations helped prepare the guidelines. The document covers 15 preparedness capabilities, in six categories:

- Biosurveillance: public health lab testing; public health surveillance and epidemiologic investigation
- Community resilience: preparedness, recovery
- Countermeasures and mitigation: countermeasures dispensing, medical materiel management and distribution, nonpharmaceutical interventions, responder safety and health
- Incident management: emergency operations coordination
- Information management: emergency public information and warning, information sharing
- Surge management: fatality management, mass care, medical surge, volunteer management.

According to information from the CDC, the guidelines probably don’t contain anything that’s new to people in public health, since groups like the National Association of County and City Health Officials (NAACHO) and the Association of State and Territorial Health Officials (ASTHO) were involved in writing them. The guidelines should be helpful for public health in general, not just emergencies. Many people think of preparedness as emergency response, but really preparedness is an everyday investment. If you invest in lab capacity, it’s not just for emergencies; it’s an everyday investment.

For more information, see: CDC preparedness standards guidelines http://www.cdc.gov/phpr/capabilities/ Sep 21, 2010, CIDRAP News story “CDC says state and local preparedness improving”