



Winter 2019
Volume 17 Issue 1

In This Issue

TFAH Report	1
Super Bowl Overview	1
T&E Planning Workshop	2
EP Summit	2
Golden Bulldog Award	2
Widespread Flu - Again	3

Trust for America's Health Report: Ready or Not

The annual TFAH report on preparedness has been released and while most states have improved in many areas, there are still more opportunities to become better prepared. The report examines preparedness on a state-by-state basis using ten priority indicators to determine the country's level of preparedness.

Annual reports have been compiled since 2003. This edition shows many states have made progress in key areas, including public health funding and participation in provider compacts and coalitions. In other areas such as flu vaccination, hospital patient safety, and paid time off for workers, progress



has stalled, or in some cases, lost ground. The report highlights that not moving forward in key indicators, the preparedness of the entire country is affected.

The ten top-priority indicators are:

- 1) adoption of Nurse Licensure Compact,
- 2) percentage of hospitals participating in healthcare coalitions,
- 3) accreditation by the Public Health Accreditation Board (PHAB),
- 4) accreditation by the Emergency Manage-

continued on page 4

Comprehensive planning led to few concerns for Super Bowl LIII

Super Bowl LIII is in the books and whether your team won or not, Atlanta and Georgia were victors. This massive event required many hours of planning from a host of different government agencies, organizations, and businesses. For more than a year local, state, and federal agencies coordinated plans and exercised contingencies to make the Super Bowl as safe as possible for visitors and local residents.

For those in emergency preparedness, the saying, "hope for the best, prepare for the worst" seems to prove itself more and more. Even with all the planning and coordination, from food safety and inspections, to epidemiology and responder safety, to countermeasures dispensing, to mass fatality planning, to overall incident management, unplanned events such as a temporary government shutdown or severe weather can create headaches in the days leading up to an event. However, this did not deter Super Bowl planners and responders from putting their best effort forward. Time and time again media reports highlighted visitors' comments on how well the event was managed, and how welcomed they felt arriving in Atlanta.

As with any event on a national scale, there is the potential for situations that require a response. Success is measured in how well those situations are handled by the responsible agency or organization. While there were a few incidents during the week, media reports showed they were handled quickly and effectively.





Annual Training and Exercise Planning Workshop held at GPSTC in Forsyth

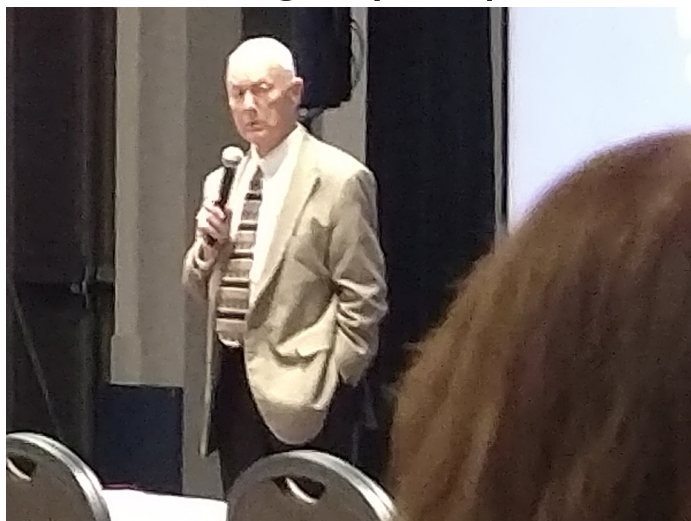
The training and exercise planning workshop for regional healthcare coalitions was held on Feb 28 at the Georgia Public Safety Training Center. With participants grouped according to healthcare coalitions, the workshop enables Public Health, GEMA/Homeland Security and Healthcare Coalition leadership to plan for needed training and coordinate exercise plans for the upcoming year.

Training for the upcoming year will seek to improve capabilities by providing classes in trauma nurse core capabilities, disaster pediatric care, stop the bleed and the strategic national stockpile. Exercises will focus on infectious disease, the strategic national stockpile, active shooter, and surge capacity. Through the training and exercise program, the region's coalition partners will identify planning gaps and seek to improve response to emergen-

cies by utilizing the tools in, *Readiness: Training Identification and Preparedness Planning* system developed by Federal Emergency Management Agency.



Annual Emergency Preparedness Summit held in Atlanta



During November 7-9, 2018 Emergency Preparedness staff from public health and health care organizations met in Atlanta for the annual preparedness summit. The summit provided updates from Centers for Disease Control and Prevention, Georgia Hospital Association, Public Health Emergency Preparedness Program, and the Healthcare Preparedness Program.

Attendees learned about initiatives to improve technology across the program, funding changes, updates for emergency/training plans, and new strategies to deal with health issues. Presentations by districts reflected on challenges and disasters they responded to in the past year. Dr. O'Neal, DPH Commissioner (left), discusses how building relationships with other districts and partners can improve management of crisis situations as they arise.

District 2 EP team earns DPH-EPR 'Golden Bulldog' award

The 2018 Golden Bulldog Award was presented to the District 2 EP Team during the Annual ESF-8 Meeting in Atlanta. The award is given each year to the district team that demonstrates a high degree of support to other districts, organizations, and partners throughout the year.

During the past year, District 2 Emergency Preparedness coordinated response activities with other Public Health Districts, the State Office, Region B, D and E Healthcare Coalitions, and other community partners. Mark Palen, District 2 EP Director said, "Whether we are faced with winter weather, hurricanes or the Super Bowl, we're all members of the public health team, and respond best to emergencies when we support each other."





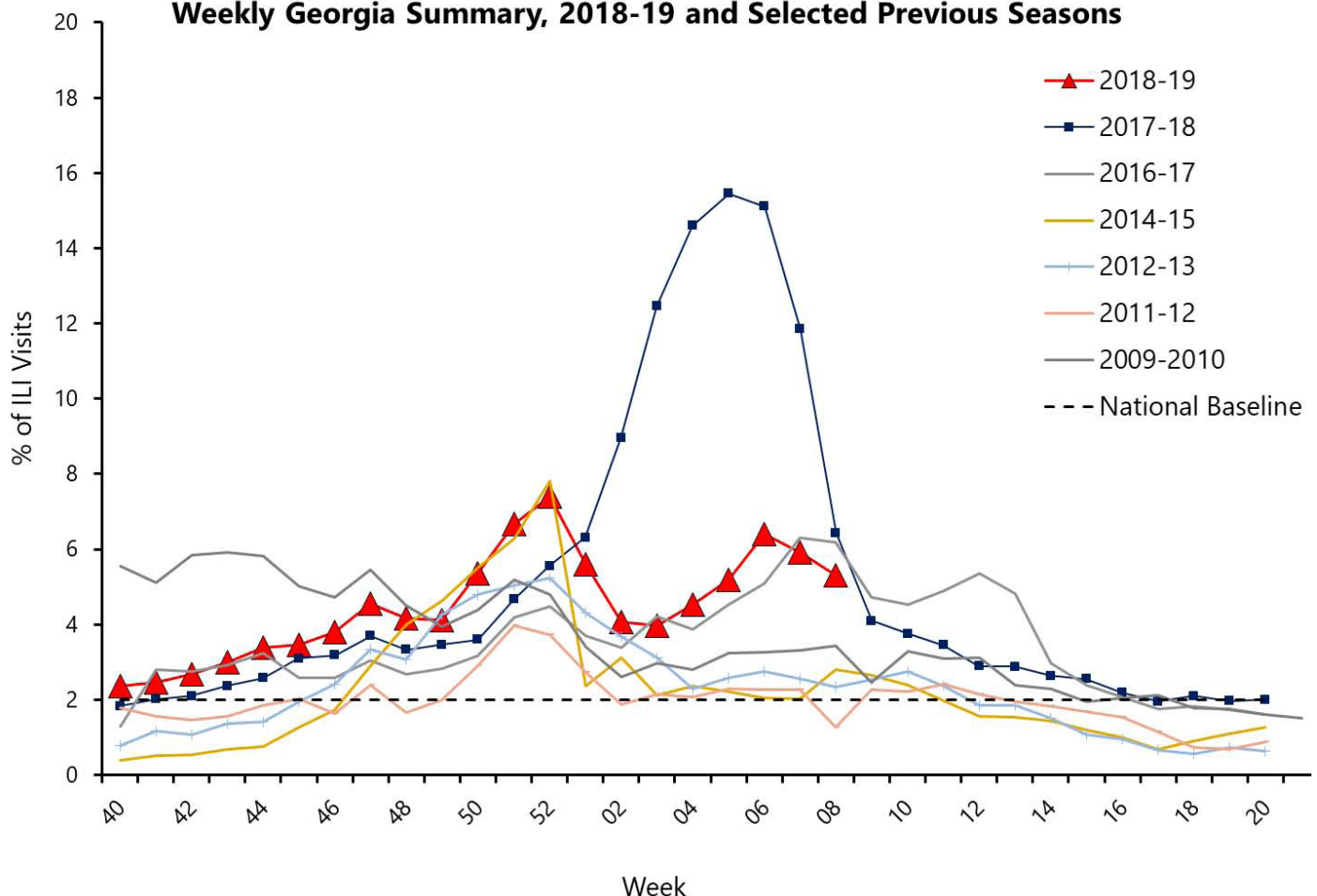
For second year, Georgia and US hit by high influenza activity



After last year's record flu season, Georgia started the 2018-19 season with some similarities. Luckily, illness this season has not been as severe as last year's. In October, when public health officially starts tracking influenza, activity was already above the baseline. The Centers for Disease Control and Prevention said in December that Georgia was leading the nation in the number of flu infections. As flu activity spread throughout the state, health officials encouraged vaccination and taking other precautions to limit the spread of the illness.

Reporting for influenza-like-illness rose steadily for the remainder of 2018. However, during the first four weeks of 2019 there was a decrease in activity, as seen in the chart below. But, at the start of February, the activ-

Percentage of Visits for Influenza-like Illness (ILI) Reported by the Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly Georgia Summary, 2018-19 and Selected Previous Seasons



ity began to rise again. This is not unusual as flu typically peaks in January and February. H1N1 and H3N2 strains of flu have been active in Georgia. Both strains were included

in this years flu vaccine, so individuals who got the shot had protection. For those individuals who haven't received the flu shot, it is not too late to get it.



Trust for America's Health Report: Ready or Not



Continued from page 1
ment Accreditation Board (EMAT), 5) size of state public health budget, 6) percentage of population who used a community water system that failed to meet all applicable health-based standards, 7) percentage of employed population with paid time off, 8) percentage of people ages 6 months or older who received a seasonal flu vaccination, 9) percentage of hospitals with a top-quality ranking (grade A) on the Leapfrog Hospital Safety Grade, and 10) the public health laboratory has a plan for a six-to-eight week surge in testing capacity.

Seventeen states scored in the top tier for indicators. Georgia was part of 20 states and DC that scored in the middle tier for all of the indicators, while thirteen states scored in the bottom tier for preparedness. Here is how Georgia scored. For the first indicator, Georgia joins 30 states that have Nurse Licensure Compacts. This is a good method for increasing capacity of qualified medical personnel during a disaster. The second indicator, hospital participation in health care coalitions, improves the ability to respond to medical emergencies. Ninety-seven percent of Georgia's hospitals participate in a health care coalition.

Accreditation includes indicators three and four. Georgia is accredited by the Emergency Management Accreditation Board but not by the Public Health Accreditation Board. However, work toward PHAB accreditation is currently ongoing. Only eight states do not hold accreditation from either board. Public health funding is the next indicator and Georgia increased spending by 6.4% from the previous year. Seventeen states saw a reduction in funding.

Safe drinking water, the sixth indicator, showed that 8% of Georgia's population gets water from a system

with health-based violations at some time during the year. The seventh indicator shows 62% of Georgia workers get some form of paid time off. The best was Texas at 68%. Paid leave is important because it allows workers to stay home from work to help stop the spread of illness. Vaccination, the eighth indicator is also important. When people are vaccinated against illnesses like influenza, it helps lower the chance for epidemics or pandemics. The national average for influenza vaccination is 43 percent. Georgia had 38.7 percent during the 2017-18 flu season. Rhode Island had the highest percentage of vaccinated residents at 50.1%.

Patient safety in hospitals has long received attention for issues such as infection rates, available hospital beds, qualified ICU staff, and nursing staff volume. The Leapfrog Group assesses hospitals for general care. Their 2018 report found that 28% of hospitals across the U.S. met the requirements for a grade of A, but that the results varied widely from state to state. With 35% of hospitals meeting a grade A, Georgia was in the top 20 states in the U.S. The last indicator, a plan for public health laboratory surge capacity over a six-to-eight week period found Georgia to be one of six states still working on a plan. The report included recommendations for improvement in each of the ten priority areas. In addition, the report highlighted some of the issues that public health and health care will face in the near future. Some of these include increasing funding for public health preparedness, improving vaccination rates, and making coalition partnerships even stronger. The full report can be found here: <https://www.fema.gov/media-library-data/1541781185823-2ae55a276f604e04b68e2748adc95c68/2018NPRRrpt20181108v508.pdf>

THE SENTINEL

is a quarterly publication
of District 2 Public Health
Emergency Preparedness
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