



THE SENTINEL



Public Health

Reporting on Preparedness

District 2 Public Health (North) • Emergency Preparedness • Gainesville, Georgia

Winter 2015
Volume 13 Issue 1

Personal Preparedness: One step at a time

In This Issue	
Personal Preparedness	1
PH disease challenges	2
MRC Updates	4
Towns County Exercise	5
Area 1 tabletop exercise	5

In addition to causing a run on milk and bread at grocery stores, winter weather in north Georgia can cause major damage to property and create life threatening situations. As we saw with the two weather events in February, ice laden trees falling across power lines left thousands of residents without power for days as crews work long hours in harsh conditions to restore service.

For many of us, losing power meant that we also could not cook our food or heat our homes. So, what can we do to better prepare for these events?

Preparing and making sure that we have a plan to survive on our own for at least 72 hours (three days) is the first step to preparedness. It is also important to ready our property, homes, and families for any type of emergency that might occur. Assess your property for trees that could potentially fall across power lines or your home. Consider



Falling trees take down a road sign on Hwy 365 in Hall County during the February 16-17, 2015 ice storm.

having them trimmed or removed. If you use any type of alternative heating source, such as an oil heater make sure that it is in proper operating condition. When using a generator, make sure it is safe and capable of running the devices you hook to it. Before using your fireplace or wood stove, check your chimney to ensure safe operation.

Gather items for a kit that you and your family can use. You will need one gallon of water per day for each person. Non-perishable, ready-to-eat foods are also impor-

tant if you do not have a way to cook. A flash light, either wind-up or battery powered, is also necessary. Battery powered candles or portable LED lights are safe and can provide sufficient light.

Ahead of potential severe weather, check your prescription medication to make sure you have enough medicine for several days. Make copies of important documents like identification, insurance, prescriptions, and telephone numbers and keep them handy in case you need them. Charge cell phones and other necessary electronic devices.

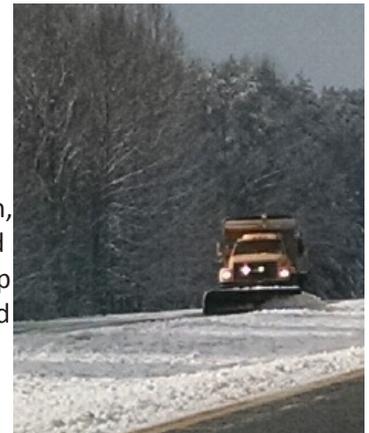
Make plans with your family. Practice your plans every few months so that every person knows

what to do. Include plans to evacuate your home if needed or if instructed to do so by authorities. Also have a plan to stay in your home. Be prepared to be on your own for at least three days. Develop a communications plan for family members. Have one person designated as the contact for everyone to call. The 'contact' person can relay information to other family members.

Become informed about what to do during an emergency. If you need to turn off utilities at your home, learn how to do it and teach others in your family how. Know who to call for different situations and keep telephone numbers handy. Develop a plan to check on your neighbors. Help each other. Learn as much as you can about what to do, and when and how to do it.

The easiest way to get started is to take one step at a time. For instance, buy bottled water each time you go grocery shopping until you have enough for each family member. When you complete this step, move to the next item on your list. Soon your kit will be complete.

For information about threats in our area. Visit www.ready.gov to get great tips on preparedness. Other websites include www.cdc.gov, www.ga.dph.gov, www.phdistrict2.org, and www.noaa.org just to name a few.



Habersham County road crews clear snow on February 26



2014 brought some new disease challenges for public health

The year 2014 is history. But it was a busy and challenging year for public health and those in the field of health care. Responding to disease outbreaks, learning new techniques to protect health care workers, and developing guidelines for protecting the public from diseases were just a few of the challenges we faced.

In August of 2014, clusters of people infected with **Enterovirus D-68** began to appear in Kansas City, Missouri and soon spread to 11 Midwestern states. In October 2014, the Centers for Disease Control and Prevention reported that from August to October, 691 people in 46 states and the District of Columbia had been infected with EV-D68 and that five children had died from the illness. By January 2015 that number had grown to 1,153 people in 49 states and DC, almost all of them children with asthma or a history of wheezing. The CDC estimates that the real number of those affected could have been millions with milder symptoms that did not seek treatment.



Enterovirus D-68 was first detected in California in 1962 and cases have been occurring in other parts of the United States since. However, the 2014 outbreak was the largest one ever reported in North America. According to health officials this could be the result of enhanced surveillance and better reporting by public health and CDC.

In general, infants, children and teenagers are more susceptible to the illness because they do not have immunity built up from previous exposures to these viruses. Youth with asthma and other respiratory conditions may be more at risk for severe illness caused by EV-D68 infection. There are no specific treatments for individuals with respiratory illness caused by EV-D68 infection. Some people may need to be hospitalized for supportive care. Moreover, there are no antivirals specifically for EV-D68. Prevention methods include frequent hand-washing, avoiding touching eyes, nose or mouth with your hands, avoiding close contact such as hugging, kissing, and sharing eating utensils, covering coughs and sneezes, and staying home if you are sick.

Chikungunya is a mosquito-borne illness that has caused outbreaks in countries in Africa, Asia, and Europe and in countries in the Indian and Pacific oceans. According to the World Health Organization, the debilitating virus has been spreading in the Caribbean since December 2013. Health officials have reported imported cases of the virus in Cuba and the United States in individuals that had traveled in the Caribbean. In June 2014, the Georgia Department of Public Health confirmed the state's first case of chikungunya. Health officials said the patient was infected during a recent trip to a Caribbean nation. Cases were also reported in North Carolina and Tennessee and were also the result of travel to the Caribbean.

Experts say American tourists are bringing chikungunya back home, and it's just a matter of time before it starts to spread within the United States. New to the Americas, the virus, which causes fever and joint pain that can become chronic, has no cure or vaccine. Preventing mosquito bites, the mode of transmission, is crucial to avoiding infection.

Nearly all people infected with the virus will develop some symptoms which usually begin 3-7 days after being bitten by an infected mosquito. The most common symptoms are fever and joint pain. Other symptoms are headache, muscle pain, joint swelling or rash. The disease seldom results in death but symptoms can be severe and disabling. Most people infected with the virus will feel better within a week but in some the joint pain may persist for months.

Individuals at risk for more severe disease include newborns infected around the time of birth, adults 65 years of age and older, and people with medical conditions such as high blood pressure, diabetes or heart disease. Researchers believe that once a person has been infected with the virus, he or she will be protected from future infections. If an individual develops the symptoms described he or she should see their health care provider. Your doctor may order blood tests to determine if you have been exposed to Chikungunya or other similar disease.

There is no medicine to treat chikungunya virus infection or disease but you can decrease the symptoms. Get plenty of rest, drink plenty of fluids to prevent dehydration, and take fever and pain reducing medicines recommended by your health care provider.

The **Ebola** virus infected an American nurse and doctor who were on a medical mission to care for people in West Africa. In August 2014 they became the first cases

continued on page 3

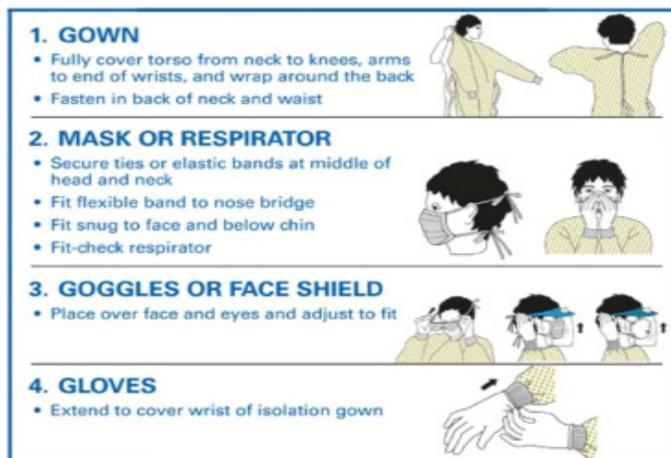


2014 brought some new disease challenges for public health

continued from page 2

treated for the illness in the U.S. Several weeks later, a lone traveler from West Africa who was infected with the virus returned to Texas and transmitted the illness to two nurses providing care for him. These first cases of Ebola caused quite a stir in the U.S. medical community as health officials looked at best practices to treat the patients and grappled with ways to protect workers from the illness.

Infectious disease experts worked diligently to determine what type of personal protection equipment (PPE) was sufficient and to provide training to health care workers on proper use of protective equipment. Suppliers also had issues delivering the quantities of PPE being ordered.



An example of guidance from the CDC

Pharmaceutical interventions are very limited for Ebola and there is no preventive vaccine. Therefore, the most effective way to combat the disease is to limit the potential spread of the illness. In order to do this, procedures had to be implemented quickly to screen travelers from affected areas who potentially could have been exposed to the virus. Guidelines for screening were established at airports, seaports, and border locations where travelers enter the U.S. Clinics, hospitals, health departments, and other medical facilities also implemented patient screening protocols and procedures.

When travelers to the U.S. are identified through the screening process as coming from the affected area, they are required to self-monitor for symptoms for 21 days and report certain information. In Georgia, travelers report to the Department of Public Health each day.

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in Africa, according to the Centers for Disease Control and Prevention. As of February

10, 2015 there were 23,034 suspected, probable and confirmed cases. Of these, 14,028 were laboratory confirmed and there were 9,268 deaths.

Measles was declared eliminated in the U.S. in 2000 due to high population immunity achieved through very effective vaccine coverage. Currently, more than 98 percent of children in Georgia headed to Kindergarten have received all required immunizations, including two doses of measles vaccine. But, in many parts of the world, measles continues to be a very serious problem. When a person infected with measles comes into the U.S., there is a potential for an outbreak among those who do not have immunity. There are two ways to get immunity - be properly vaccinated or have the disease. Health officials overwhelmingly recommend vaccination because the measles virus can cause serious complications for many individuals. Since 2002, eleven cases of measles have been reported in Georgia, including the one case that occurred this year. All of those cases were imported or linked to an imported case. The current multi-state outbreak began at Disneyland in California and has infected more than 100 people in fourteen states. The majority of those affected in this outbreak had ties to the Disneyland outbreak. Most were unvaccinated or did not know their vaccination status.

Measles is a highly contagious, serious respiratory illness that is particularly dangerous for infants. Because infants can't be vaccinated until they are at least six months old, it is very important for others living in the home or caring for infants to be immunized against measles. The measles vaccine has proven to be about 97 percent effective in preventing the illness. The virus is spread through respiratory droplets in the air when an infected person breathes, coughs, or sneezes. Measles causes fever, cough, runny nose, and red eyes. Tiny white spots appear on the lining of the cheek. A rash of tiny red spots that starts at the head and spreads to the rest of the body, often becoming joined together as they multiply.

Doctors recommend two doses of MMR vaccine for best protection. The first dose is given to children 12 to 15 months old and the second dose between 4 to 6 years old. Students at colleges and universities who do not have evidence of immunity need two doses of MMR that are separated by 28 days. Adults who do not have evidence of immunity should get at least one dose of MMR vaccine, especially if they travel outside of the U.S. or were born in the early 1960's when a less effective vaccine was used. A simple blood test can determine immunity status. For more visit <http://dph.georgia.gov/immunization-schedules>



District Emergency Preparedness Director recognized as Master of Safety

Editor's Note: This article originally appeared in the Georgia Department of Public Health's DPHWeek on February 20, 2015. Thanks to Sandra Roberts, DPH Communications for her contributions to the story.

Eight Gainesville and Hall County public safety leaders were recently recognized at the Masters of Safety: Builders of Community Trust ceremony coordinated by Featherbone Communi-versity. Among those honored was Mark Palen, emergency preparedness director for the Georgia Department of Public Health's (DPH) North Health District.

The Masters of Safety is a collaborative between Featherbone Communi-versity and Lanier Technical College for the Masters Series Program, a recognition initiative that highlights the expertise and contributions of professionals in a specific trade or industry including nursing, construction and teaching. The Master of Safety ceremony specifically honors professionals specializing in public safety and emergency preparedness.

During the event, each recipient shared their reasons for becoming a public servant and how their work benefited the community. Palen commented on his long-time commitment to public service that began during his childhood volunteer experiences.

"My interest in public safety and public service began during the 1960's when I was a Boy Scout and participated in community civil defense activities and exercises," said Palen. "I was impressed that despite the number of existing public safety and health care professionals in the community, there was still room for dedicated volunteers of all ages who possessed skills that would help others in a disaster or emergency."

Constant training and preparation, identifying team members' roles before a crisis and forming a response network were key messages reiterated among all of the honorees. Palen sharpened his skills in these areas while serving the nation in the United States Army.

"My military career enabled me to practice and refine organizational leadership skills, and gave me a good introduction to preparing for and responding to chemical, biological, and radiological threats and agents," he said. "Since retiring from the Army, my professional experiences have reinforced the value that education and training play in personal, family and community planning and preparedness."



Mark Palen, District 2 Emergency Preparedness director speaks during a panel discussion at the Masters of Safety awards ceremony held at Featherbone Communi-versity in Gainesville.

Palen credits his success as a Master of Safety to having supportive district leadership, a professional emergency preparedness team and access to the expertise found in Georgia's health departments and community partners.

"I believe that together we can make great strides toward building a community of responders – a resilient community that does more than just bounce back from a disaster or emergency, but rather bounces ahead in anticipation of the next challenge facing public health."

The founding members of Featherbone Communi-versity are the Brenau University Department of Nursing, the Interactive Neighborhood for Kids and the Lanier Technical College Manufacturing Development Center. It is also the home for the Gainesville offices of the University of Georgia Small Business Development Center and the Georgia Tech Enterprise Innovation Institute.

To learn more about happenings in the North Health District, visit www.phdistrict2.org. Visit www.phdistrict2.org.

MASTERS OF SAFETY

Builders of Community Trust





Medical Reserve Corps Coordinator updates local chapters

The MRC statewide conference was held on February 19-20. Kathy Handra, Regional Coordinator for Region IV discussed national initiatives and partnerships, member resources, and youth engagement through Health Occupations Student Association (HOSA). Jenaila Hawkins, Health Care Liaison for District 3-1 offered tips on how to keep volunteers engaged and Zain Farooqui, Associate General Council for DPH addressed liability protection for emergency volunteers.

Dr. Pat O'Neal, Director Health Protection (DPH) and Kelly Nadeau, Director of Healthcare Community Preparedness Program, provided updates on Ebola, the tiered hospital system, and the EMS agreements in place statewide. Katie Jerwers, District 2 MRC Coordinator, presented information about activities in our district including exercises, flu clinics, health fairs, and trainings. For more about MRC: <http://dph.georgia.gov/medical-reserve-corps-mrc>



Above: Kathy Handra, Regional Coordinator, Region IV for the Division of the Civilian Volunteer Medical Reserve Corps discusses MRC initiatives with workshop participants.

Left: Dr. Patrick O'Neal, Director of Health Protection for the Georgia Department of Public Health gives updates on Ebola and other issues facing public health in Georgia.

Below: Kathy Handra, presents "Volunteer of the Year" awards to individual volunteers from chapters around the state. In all, seven Georgia chapters were represented by members receiving the award.





Towns County holds tabletop exercise to discuss Ebola response

On December 17, Towns County Emergency Management held a tabletop exercise with its community partners to address concerns about Ebola. Dr. Robert Stahlkuppe, Chairman of the Towns County Board of Health provided an overview of the Ebola disease including symptoms, treatment and likelihood of the spread of the disease in the U.S.

The District 2 Public Health Emergency Preparedness team facilitated the exercise. Participants were asked to evaluate current plans and capabilities in response to an illness like Ebola, to examine a coordinated response among community partners, and to identify planning gaps and potential resources to address the gaps.

The scenario was a family returning to Young Harris from Sierra Leone, an Ebola affected country in West Africa. The father became ill and then the mother began to display symptoms. Each group was asked what they would do as the scenario unfolded with more challenges.

Dr. Stahlkuppe said, "The scenario presented here today for you all to work on, potentially would involve ev-

ery facet of this county's government and then some, and it will not be inexpensive. Hopefully this scenario never happens up in this area, but I can see that it very likely could."



Mark Palen, Director Emergency Preparedness, District 2 Public Health presents scenario during tabletop exercise.

Area 1 All Hazards Council tabletop exercise held in Oconee Co.

On February 10, responders and representatives of organizations in Area 1 met at the Oconee County Civic Center to participate in a tabletop exercise to review the application of policies, procedures, plans, current assets and capability gaps of stake holders in response to a large-scale event. The exercise sought to determine what resources are available to the region for a variety of incidents, to identify whether those resources are adequate to meet the community's needs, and define steps to close gaps between resources available and those needed for an effective response.

The scenario for the exercise was a winter weather event with ice and freezing temperatures moving into the area and the effect this weather system would have on communities. Some of the key sectors affected included transportation, utility companies, emergency medical

services, law enforcement, schools and emergency management. Each organization was given an opportunity to describe how they would respond to each issue caused by the events of the scenario.

Challenges such as an overturned tanker on interstate with the potential to leak a hazardous material were included in the scenario. This scenario closed a portion of the highway and created a possible exposure for the residents and travelers in the area. Discussion centered on securing a safe perimeter, notifying the responsible agencies, containing any leakage and removing the material.

Other parts of the exercise discussed messaging to the public, communications between response organizations, pre-positioning of resources, when and who to call for additional resources, how to determine priority of critical facilities, and how to manage restoration activities.

THE SENTINEL

is a quarterly publication of District 2 Public Health Emergency Preparedness 1280 Athens Street, Gainesville, Georgia 30577 770-535-5743

David N. Westfall, M.D., MPH, CPE
District Health Director

Mark Palen
Emergency Preparedness Director

Donna Sue Campbell
Healthcare Liaison

Brandin DiBlasi
Traning Coordinator

Katie Jerwers
EP Program Administration

Dave Palmer, Public Information Officer
Editor of TheSentinel
dbpalmer@dph.ga.gov