

Louisiana Deploys Staff Statewide during Operation Prepare Community outreach is critical in addressing the needs of at-risk populations.



The second annual *Operation Prepare* field deployment exercise occurred throughout Louisiana during the summer of 2007.

Participating agencies included the Louisiana Department of Health and Hospitals, the Office of Public Health (OPH), and the Center for Community Preparedness. This community outreach effort focused on educating Hurricane Katrina- and Rita-affected communities and at-risk populations through crisis literature and surveys about preparation for evacuation and disasters. The event also tested the ability of public health agencies and partners to reach at-risk populations during an emergency, their knowledge and ability to operate within the National Incident Management System, and their communications plans and equipment. OPH teams also used the opportunity to provide free health screenings (with blood pressure checks, immunizations, and mental health consultations) via mobile clinics.

The exercise was conducted in phases across the state. Educational efforts targeted housing development

residents, the Vietnamese population of the New Orleans area, displaced Hurricane Katrina residents living in Baton Rouge, rural residents in low-lying marsh areas, and elderly residents in areas affected by Hurricane Rita. Dozens of emergency response and public health agencies, businesses, non-profit organizations, and churches partnered with OPH to make *Operation Prepare* a success.

According to the Louisiana Office of Public Health, the cooperative agreement is valuable because without the funding, the state would not have been able to coordinate emergency response activities, hire additional staff to coordinate emergency response activities, or provide proper training for its staff. The cooperative agreement also has provided for new equipment and supplies that have improved Louisiana emergency response.

Snapshot of Public Health Preparedness

Below are activities conducted by Louisiana in the area of public health preparedness. They support CDC preparedness goals in the areas of detection and reporting, control, and improvement; crosscutting activities help prepare for all stages of an event. These data are not comprehensive and do not cover all preparedness activities.

Disease Detection and Investigation

The sooner public health professionals can detect diseases or other health threats and investigate their causes and effects in the community, the more quickly they can minimize population exposure.

Detect & Report	Could receive and investigate urgent disease reports 24/7/365 ¹	Yes
	- Primary method for receiving urgent disease reports* ²	Telephone
	Linked state and local health personnel to share information about disease outbreaks across state lines (through the CDC <i>Epi-X</i> system) ³	Yes
	Conducted year-round surveillance for seasonal influenza ⁴	Yes

* Telephone, fax, and electronic reporting are all viable options for urgent disease reporting, as long as the public health department has someone assigned to receive the reports 24/7/365.

¹ CDC, DSLR; 2005; ² CDC, DSLR; 2006; ³ CDC, *Epi-X*; 2007; ⁴ HHS, OIG; 2007



Louisiana



Public Health Laboratories

Public health laboratories test and confirm agents that can threaten health. For example, advanced DNA “fingerprinting” techniques and subsequent reporting to the CDC database (PulseNet) are critical to recognize nationwide outbreaks from bacteria that can cause severe illness, such as *E. coli* O157:H7 and *Listeria monocytogenes*.

Detect & Report	Number of Louisiana laboratories in the Laboratory Response Network ¹	1
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE): ²	
	- Number of samples received (partial year, 9/06 – 2/07)	None
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	N/A
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE): ²	
	- Number of samples received (partial year, 9/06 – 2/07)	None
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	N/A
	Had a laboratory information management system that could create, send, and receive messages ³ (8/05 – 8/06)	No
	- System complied with CDC information technology standards (PHIN) ³ (8/05 – 8/06)	N/A
Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens ³ (8/05 – 8/06)	Yes	
Crosscutting	Conducted bioterrorism exercise that met CDC criteria ⁴ (8/05 – 8/06)	No
	Conducted exercise to test chemical readiness that met CDC criteria ⁴ (8/05 – 8/06)	No

¹ CDC, DBPR; 2007; ² CDC, DSLR; 2007; ³ APHL, Public Health Laboratory Issues in Brief: Bioterrorism Capacity; May 2007; ⁴ CDC, DSLR; 2006

Response

Planning provides a framework for how a public health department will respond during an emergency. The plans can be tested through external reviews, exercises, and real events. After-action reports assess what worked well during an exercise or real event and how the department can improve.

Control	Developed a public health response plan, including pandemic influenza response, crisis and emergency risk communication, and Strategic National Stockpile (SNS) ^{1,2}	Yes
	Louisiana SNS plan reviewed by CDC ²	Yes
	- Score on CDC technical assistance review (1-100)	82
	Number of Louisiana cities in the Cities Readiness Initiative ³	2
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: ¹ (8/05 – 8/06)	
	- Hospitals	Yes
	- Local/regional emergency management agencies	Yes
	- Federal emergency management agencies	Yes
	Public health department staff participated in training to support cooperative agreement activities ⁴	Yes
	Public health laboratories conducted training for first responders ⁵ (8/05 – 8/06)	Yes
	Activated public health emergency operations center as part of a drill, exercise, or real event* ¹⁶ (partial year, 9/06 – 2/07)	Yes
Conducted a drill or exercise for key response partners to test communications when power and land lines were unavailable ¹⁶ (partial year, 9/06 – 2/07)	Yes	
Improve	Finalized at least one after-action report with an improvement plan following an exercise or real event ¹⁶ (partial year, 9/06 – 2/07)	No

* Activation means rapidly staffing all eight core ICS functional roles in the public health emergency operations center with one person per position. This capability is critical to maintain in case of large-scale or complex incidents, even though not every incident requires full staffing of the ICS.

† States were expected to perform these activities from 9/1/2006 to 8/30/2007. These data represent results from the first half of this period only.

¹ CDC, DSLR; 2006; ² CDC, DSNS; 2007; ³ CDC, DSNS CRI; 2007; ⁴ CDC, DSLR; 1999-2005; ⁵ APHL, Chemical Terrorism Preparedness; May 2007; ⁶ CDC, DSLR; 2007