

Wyoming Participates in a Multi-state Pandemic Influenza Exercise

Exercises highlight strengths and enhance response during a real incident.



In 2006, Wyoming participated in a multi-state pandemic influenza tabletop exercise, *Operation Wide Open Spaces*, that focused on strategies to mitigate the spread of disease and to assess the availability of local resources should a pandemic occur. Video conferencing technology brought together 31 bordering counties in Wyoming, Colorado, Kansas, and Nebraska, covering a population size of approximately 850,000. The exercise included representatives from four state, six regional, and ten local public health departments; the Indian Health Service; and other state and local agencies.

The exercise scenario involved avian influenza cases identified in airline passengers arriving in the United States from Asia. Participants discussed effective and timely cross-border and public communication strategies, cross-jurisdictional and multi-level information sharing, isolation and quarantine measures, and use of non-traditional partnerships. The Incident Command System was also exercised, enabling people from different agencies and jurisdictions to work together. In addition, the Wyoming Department of Health conducted drills leading up to and during the exercise to test communication

systems, such as the Health Alert Network, the new emergency communication management system, two-way radios, satellite phones, and remote video/teleconferencing. Wyoming identified areas of strength which served the state well during this tabletop exercise, as well as areas for improvement. This allowed the state to strengthen its response capabilities should a real influenza pandemic occur in the future.

According to the Wyoming Department of Health, the cooperative agreement is valuable because it has allowed the department to hire staff to improve disease surveillance and laboratory testing, working relationships with the Eastern Shoshone and Northern Arapaho tribes, and preparedness at the county level; enhance laboratory capabilities by implementing rapid testing methods, training clinical laboratory staff, and establishing a courier system to rapidly transport samples to public health laboratories; and implement a communication system to rapidly disseminate health alerts.

Snapshot of Public Health Preparedness

Below are activities conducted by Wyoming 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



Wyoming



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 Wyoming 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)	4
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	100%
	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)	N/A

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
	Wyoming SNS plan reviewed by CDC ²	Yes
	- Score on CDC technical assistance review (1-100)	72
	Number of Wyoming cities in the Cities Readiness Initiative ³	1
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: ¹ (8/05 – 8/06)	
	- Hospitals	Yes
	- Local/regional emergency management agencies	No
	- Federal emergency management agencies	No
	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)	Yes

* 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