

## Georgia Responds to Wildfires

Better communication increases comprehensive and coordinated emergency response.



When severe wildfires struck southeast Georgia in spring 2007, the public health district office, which covers 16 counties

and 17 local public health departments, opened its district operations center. From there, the district staff coordinated with local health departments to respond to the fire and deal with the smoky conditions which had increased the public health risk for respiratory problems. The district also helped health department staff give protective masks and tetanus shots to first responders working in wooded areas.

The district public information officer informed the community, media, and local emergency response agencies about the wildfires through numerous public service announcements, press releases, and the district's website. Nurse managers and staff went door-to-door to provide information about the smoke to residents living in more remote areas. Local "hangouts" were used to get information out to the public and the emergency management agency set up a hotline to address community questions and concerns. Town hall meetings also were held to inform the public and allow for questions.

Since 2001, communication between local agencies (first responders and others) and public health has increased significantly. Today, public health is included in emergency planning and response. As a result of increased partnership and communication, the counties affected by the wildfires have not seen an increase in respiratory problems. In addition, first responders are now protected from tetanus infection for future emergency response situations outdoors.

**According to the Georgia Division of Public Health, the cooperative agreement is valuable because** funding has built a strong, statewide foundation for preparedness through extensive planning and training efforts combined with procurement of critical assets necessary in a response. This infrastructure has benefits in daily operations and has proven itself in several actual emergency incident responses.

## Snapshot of Public Health Preparedness

Below are activities conducted by Georgia 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 <sup>1</sup>	Yes
	- Primary method for receiving urgent disease reports* <sup>2</sup>	Electronic Reporting
	Linked state and local health personnel to share information about disease outbreaks across state lines (through the CDC <i>Epi-X</i> system) <sup>3</sup>	Yes
	Conducted year-round surveillance for seasonal influenza <sup>4</sup>	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.

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



# Georgia



## 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 Georgia laboratories in the Laboratory Response Network <sup>1</sup>	7
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE): <sup>2</sup>	
	- Number of samples received (partial year, 9/06 – 2/07)	13
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	85%
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE): <sup>2</sup>	
	- Number of samples received (partial year, 9/06 – 2/07)	8
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	25%
	Had a laboratory information management system that could create, send, and receive messages <sup>3</sup> (8/05 – 8/06)	Yes
	- System complied with CDC information technology standards (PHIN) <sup>3</sup> (8/05 – 8/06)	Yes
Crosscutting	Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens <sup>3</sup> (8/05 – 8/06)	Yes
	Conducted bioterrorism exercise that met CDC criteria <sup>4</sup> (8/05 – 8/06)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria <sup>4</sup> (8/05 – 8/06)	No

<sup>1</sup> CDC, DBPR; 2007; <sup>2</sup> CDC, DSLR; 2007; <sup>3</sup> APHL, Public Health Laboratory Issues in Brief: Bioterrorism Capacity; May 2007; <sup>4</sup> 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) <sup>1,2</sup>	Yes
	Georgia SNS plan reviewed by CDC <sup>2</sup>	Yes
	- Score on CDC technical assistance review (1-100)	24
	Number of Georgia cities in the Cities Readiness Initiative <sup>3</sup>	1
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: <sup>1</sup> (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 <sup>4</sup>	Yes
	Public health laboratories conducted training for first responders <sup>5</sup> (8/05 – 8/06)	Yes
	Activated public health emergency operations center as part of a drill, exercise, or real event* <sup>6</sup> (partial year, 9/06 – 2/07)	Yes
Improve	Conducted a drill or exercise for key response partners to test communications when power and land lines were unavailable <sup>6</sup> (partial year, 9/06 – 2/07)	Yes
	Finalized at least one after-action report with an improvement plan following an exercise or real event <sup>6</sup> (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.

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