

Los Angeles County Collaborates with the Federal Bureau of Investigation Cross-jurisdictional investigation protocols promote timely and coordinated response.



In the event of public health incidents of suspicious and possibly criminal origin, public health and law enforcement agencies must coordinate their investigations closely to reach shared objectives (e.g., determining where, when, and how the incident occurred). In an effort to promote close collaboration, the Los Angeles County Department of Public Health (LACDPH) developed and signed a memorandum of understanding (MOU) with the Federal Bureau of Investigation (FBI) that guides the course of joint investigations. Under the MOU, LACDPH developed written protocols for sharing public health information with FBI and protocols for FBI to share threat intelligence information with LACDPH.

LACDPH and FBI conducted a nationally unprecedented day-long, full-scale joint investigation exercise in March 2007 to test the recently developed joint investigation protocols with over 100 LACDPH and FBI personnel. The exercise tested the ability of the two agencies to conduct a joint investigation of a covert bioterrorism event; conduct joint patient interviews with field staff from both agencies following established protocols at multiple sites; and exchange mission critical information

in a timely manner. LACDPH and FBI activated their respective operations centers, deployed representatives at each agency's operations center, exchanged situational analysis information, and tested their ability to jointly manage the event following Incident Command System standards.

According to the Los Angeles County Department of Public Health, the cooperative agreement is valuable because it has enriched public health infrastructure across the board and has contributed to improvements in staff, equipment, and systems. More than 165 new positions have been added to work on preparedness efforts, and needed equipment and technologies have been purchased. Finally, the funding has allowed the county to improve detection and response to local emergencies, such as disease outbreaks and wildfires, which have served to prepare the department for addressing larger scale emergencies.

Snapshot of Public Health Preparedness

Below are activities conducted by Los Angeles County 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	—

* 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.

† Localities were not asked to respond to this question.



Los Angeles County



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 Los Angeles County laboratories in the Laboratory Response Network ¹	1
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE):* ²	
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE):* ²	
	Had a laboratory information management system that could create, send, and receive messages* ³ (8/05 – 8/06)	—
	- System complied with CDC information technology standards (PHIN)* ³ (8/05 - 8/06)	—
Crosscutting	Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens* ³ (8/05 – 8/06)	—
	Conducted bioterrorism exercise that met CDC criteria ⁴ (8/05 – 8/06)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria ⁴ (8/05 – 8/06)	Yes

* Localities were not asked to respond to this question.

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
	Los Angeles County SNS plan reviewed by CDC ²	Yes
	- Score on CDC technical assistance review (1-100)	87
	Participated in the Cities Readiness Initiative ²	Yes
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	No
	Public health department staff participated in training to support cooperative agreement activities ³	Yes
	Public health laboratories conducted training for first responders* ⁴ (8/05 – 8/06)	—
Improve	Activated public health emergency operations center as part of a drill, exercise, or real event ^{†5} (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 ^{‡5} (partial year, 9/06 – 2/07)	No
	Finalized at least one after-action report with an improvement plan following an exercise or real event ^{‡5} (partial year, 9/06 – 2/07)	Yes

* Localities were not asked to respond to this question.

[†] 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.

[‡] Localities 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 CRI; 2007; ³ CDC, DSLR; 1999-2005; ⁴ APHL, Chemical Terrorism Preparedness; May 2007; ⁵ CDC, DSLR; 2007