

COCA Conference Call – CDC Operations and Disasters

March 28, 2006

Speaker: Dr. Dahna Batts

Coordinator: Good afternoon and thank you for standing by. All participants will be able to listen only until the question-and-answer session.

This conference is being recorded. If you have any objections, you may disconnect at this time.

I would now like to turn the call over to Dr. Hadzibegovic. Ma'am, you may begin.

Diana Hadzibegovic: Okay. Thank you.

Good afternoon. Today's conference call is (Disaster) CDC operation. I'm glad to present the speaker for today's call, Dr. (Dahna Batz). Dr. (Batz) has been a medical officer working in the areas of disaster epidemiology and health assessment at the CDC since 1996.

She is presently acting team leader of the disaster epidemiology and assessment health studies branch, National Center for Environmental Health at the CDC.

The disaster epidemiology and assessment team offers technical assistance, disaster preparedness training and consultative services to international, national, state, and local governments and agencies.

The PowerPoint slides for today's presentation, you can find on our COCA Web site, www.dt.cdc.gov/coca/callinfo.asp. Dr. (Batz), you may start.

Thank you.

(Dahna Batz): Good afternoon, everyone.

I hope everyone can hear me well.

I will try to remember to say "Next slide" although that's a bit of a challenge for me but you have everything in front of you that I want to refer to and feel free to, you know, to read it at your leisure. I'm just going to kind of go through the slides so I know we have a limited amount of time and I do want to leave some time for you all to ask questions if you have any.

So if you go to the next slide on session objectives, I'm going to review some basic types of disasters and talk a little bit about potential public health impacts, review a -- give you a general overview really of the procedures for federal government involvement and response to disasters.

Then I'll spend a little bit of time talking about how it operates to CDC (the right emergency) operation system.

And then I want to give you a couple of specific examples of some responses that occurred within the last couple of years.

Next slide.

I always like to start it with some basic definitions as far as what is an emergency.

A lot of time, we use to term disaster emergency events interchangeably and there are subtle differences. The Webster dictionary defines an emergency as

an unexpected serious occurrence or situation urgently requiring prompt attention.

And you see that there's several different photos or different types of emergencies there and (house fire). That middle photo is from Banda Aceh Indonesia right after the tsunami in 2005.

Next slide.

The idea of is it a disaster. There's three different terms that we generally use when we're referring to a disaster event.

The first is a hazard, and that is not the disaster in itself it's just the factor, the event that can cause a disaster.

That next term, emergency, as I've mentioned before, the definition is just an event that requires immediate response.

We use the term disaster primarily when we're talking about an event that overwhelmed the affected community and that really requires outside assistance.

All of these different terms and occurrences can have a potential for negative human impact.

Next slide.

There are some photos there of different types of event that disaster types such as the natural disasters, which is the area that I primarily get involved with.

There's also technological disasters, complex disasters or acts of terrorism are another type.

Next slide.

To give some examples specifically of natural events, we can categorize them a number of different ways, for me, it's usually easier to look at it as climate related events such as hurricanes or severe flooding or tsunamis, tornados, and then there's extremes of weather such as ice and cold and heat.

There's also - next slide - geologic events such as volcanic eruptions, earthquakes, landslides, avalanches, things that are due to the forces of the earth movement or other incidences.

Then I also listed there a couple of other things that can potentially become disastrous. Some of these are flow onset events such as drought or famine. But sometimes, disease outbreak season or fires can turn into disastrous events.

Next slide.

Another way to categorize another different type of disaster is human-induced events, and these may be accidental such as the technological or industrial, you know, releases -- oil spills, hazardous chemical releases, issues with material shortages for transportation emergencies.

And then - next slide - there are also human-induced events that are more intentional and these, we primarily focus on the different types of terrorism acts, you know, chemical, biological, radiological, nuclear, and even explosions are often times terrorist acts.

Next slide.

A special type of disaster that we also look at in our center is complex emergencies.

These are events that are usually spurred from a humanitarian crisis in a country or region or a particular facet of society and it's most likely due to some type of internal or external conflict and there's a breakdown in effective authority and this requires not only outside assistance.

It's usually oftentimes, requires international response; and exceeds the capacity of usually any one single agency.

Some of these examples are armed conflicts or wars or any time there's kind of a massive displacement of people or refugee-type events, those events are often termed complex emergencies.

But that's just a brief overview of some of the different types of disasters. I always like to put this slide in as far as what is the risk.

Next slide.

Because when you look at all of these different types of events, you really still can't beat mother nature when you look at it from idea of the probability and likelihood of the event occurring as well as the impact on, you know, human populations.

Next slide.

The public health response is one that we try to incorporate just an all hazard approach, no matter what the event or to have it that's causing the particular disaster.

Some of the techniques and strategies that we use are common.

They transcend either terrorism, they transcend just natural events. There may be some differences as well depending on if it is a natural event versus a terrorism act, the lead agency may vary.

It may be FBI for a terrorist event, versus FEMA for usually natural events. Besides the scope of the response also may vary.

The different messages that you want to communicate to the public also may vary depending on the type of event.

With terrorist acts, of course, there are always issues regarding evidence and chain of custody for those type of contents. And then the psychological impact may vary depending on the type of event.

But in general, we all try to look at disasters in an all hazard approach.

Next slide.

I listed - what I have is a priority public health issues.

But when you really look at it as the public's expectations; expectations that either, you know, you or I or our parents, our kids, our neighbors, friends, we all have certain expectations that really transcend disaster settings.

We expect to have safe food and water. We expect to have a place that's secure and shelter from the elements. We expect to have a safe environment. We expect to have adequate health and medical and even mental healthcare if necessary.

And then we expect some way to communicate with each other as well as those in power to find out what we need to do. What are the directions? Do we need a shelter in place? Do we need to evacuate?

Those kind of issues transcend, like I said, the disaster setting and it's just expectations that the public have.

Next slide.

I also like to emphasize that all disasters begin locally.

Preparedness activities always start at the local level. The first responders, most often, and public health emergencies are astute local healthcare providers such as yourself.

There may not be an event that is so over such as chemical release or a tornado. There may be events such as outbreaks of illnesses that have to be diagnosed and determined by local clinicians.

So I always like to emphasize the fact that the local healthcare system is paramount and that local preparedness is essential and all phases are the disaster.

And it's not just the hospitals and trauma centers and the public health department; you have to look at the broader kind of aspect of the healthcare

system as far as bringing in the private practitioners, pharmacists, nursing home, assisted living facilities, house visits.

How can you incorporate all of these different facets at the local level when you're responding to an event?

There's a number of different ways, also I just want to point out the individual clinicians can volunteer and get involved in efforts.

There's disaster medical assistance team, there's medical reserve corps, there's metropolitan medical strike teams. There are a number of different entities that local healthcare providers can get involved in the bigger federal system as well.

Next slide.

There are times when local and state resources are exhausted in an emergency and at that time, when outside assistance may be necessary.

Next slide.

Rapid mobilization of resources across agencies and jurisdiction alliance may look something like this diagram where there's a bunch of confusion basically.

But the government has a number of assets and management of them can be a challenge. And of course, there's always issues of who's in charge, and who reports to whom?

But we do have mechanisms to help define how each of these agencies should interact with each other and it's a complex endeavor, but there are mechanisms to help with that.

And I wonder how many of these acronyms as you all can name. I won't go through all of them, but they're all mostly federal agencies.

Next slide.

In order to help address some of that confusion and the challenges with coordination, we have a national response plan. And this is the plan that was developed for alliance federal coordination basically of resources.

And once again, you'll see here it's an all hazards approach and it's for primarily domestic incidence management. It incorporates some previous plans that we have which works to federal response plan. We also had a federal (radiological) emergency response planning. We had a terrorism response plan.

So these entities have been incorporated into the national response plan.

And there's been a couple of slides going through this because I think it's important for everyone to kind of know because this is the key entity that federal agencies work under their key structure that we work under during an emergency.

Next slide.

It's -- the National Response Plan was signed by 29 federal agencies including some non-governmental agencies and volunteer agencies such as the American Red Cross which has a key role in the national response plan.

The all hazards approach, it was based on the Stafford Disaster Release Emergency Assistance Act. And as you can see there initially was adopted in 1992.

But most recently, December of 2004, the Federal Response Plan was replaced by the National Response Plan.

And it's all organized under an infinite command system structure as well as the national incidence management system which is, I'm not sure how many of you are familiar with that but it's based on fire department services and it's a way to organize a response where you have an incident commander, you have a planning component, logistics component, operations component, and then finance component.

In addition there, liaison officers, safety officers, and public information officers; and the whole purpose of it is that there's one infinite command system and it's a structure that can be modified for the situation that's flexible. It can either be expanded or collapsed based on need.

Next slide.

The national response plan usually correlates with the state as well as local plans. Most of them take on the same type of planning structure with the emergency support functions. And there's 15 of those and there's a designated lead agency as well as support agencies for the 15 emergency support functions.

The components of the plan itself, there's a base plan that describes the structure and the process. There are appendices, and then there are support annexes that go more into the individual emergency functions.

And then there's also special indexes which is the fourth component for special hazard situation such as a chem. event or a radiation event, if there's certain incident annexes that address those specific type of issues.

Next slide.

And as you can see here, it's a pretty complex structure, but these are the 15 emergency support functions and they - these are things that you would think that would need to be addressed during any type of emergency event.

Things from transportation and communication, to energy, public safety, agricultural, and as you can see, they have listed the lead agencies for each of those functions.

The one that's near and dear to my heart of course is ESF8 which is the public health and medical services function and the Department of Health and Human Services at the lead agency for that particular ESF at the federal level.

Next slide.

And I just wanted to go a little bit more to ESF8 so you can get an idea of what it addresses. And this is coordinated by the secretary of health and human services which is currently (Michael Levitz) and the assistant - secretary of the public health and emergency preparedness.

There are 18 core functions that this particular support function is supposed to address.

And as you can see there, they're numerous. The ones that I have italicized are the ones that CDC primarily is the lead agency for. For example, surveillance, medical equipment, and supplies through the stock pile. We also are the lead for worker health and safety which is on the next slide and up to (9OSH risk communication) and public health information is also key for us.

(Sector) control is also one of our -- (is following our) domain, and also some of the water and waste water issues we share with the Indian Health Service.

But if you look at all these 18 functions, pretty much anything that would relate to health or medical services is covered, anywhere from patient care and evacuation, personnel issues, mortuary services, animal health, it's really a comprehensive way to look at health and medical services.

Next slide.

The way a mission is assigned during a federally declared disaster, the governor is the person who declares the disaster and then asks for assistance from the President.

Once the local health needs are identified, once again, all disasters are locally. The local emergency management agency tries to address the issues and assess the situation.

Then if it goes beyond their capacity at the time; because most of the times, of course, the local (unintelligible) themselves, you know, personally when any

event occurs in that area. It may move then to the state emergency management agency or the state health agencies.

At that stage, sometimes, state can go from state to state just to try to get mutual aid or there's a program called EMAC, which is Emergency Management Assistance Contact where another state can request particular type of resources from another state.

Those type of mechanisms can be engaged and then if it still goes beyond the local and the state level, they can then ask for assistance at the federal level and FEMA for - especially natural events are - is the lead agency for that.

FEMA then would get the request that it is an identified need, and if it's an event that falls on the health and medical services which is (ESF8), then they would route that request to DHHS which is the lead agency for that emergency support function.

There's a whole lot of steps in between there but once the mission is assigned to DHHS, if you look at the next slide, DHHS has a number of different agencies along with CDC that can be mobilized during an emergency.

I think the majority, however, of requests during, at least a natural event do come from HHS usually come to CDC. But any of these other agencies get involved with a variety of health service (Stanford HTSDR) which is a CDC sister agency.

So HHS can pull upon any of these agencies to carry out those (ESF8) functions.

Next slide.

I just want to put on here the vision and mission statement for our emergency preparedness at CDC. And I think the mission is important because it incorporates our general business such as preventing death, disability and disease and injury, and that - at all times. But it's related to the urgent health threats.

And also, as far as our role in improving preparedness, not only of the public health system but also of the healthcare, the medical delivery system as well as the general public.

And our forte of course is to utilize science as well as provide services in these areas for the states (in our specific areas).

Next slide.

When you look at the emergency response resources at CDC (HTSDR) has - there are a number. And I kind of categorize them here onto these three main areas, although, there's a number of different ways to categorize our assets.

But the first bullet there is the strategic national stock pile, and it's a natural cache of medical supplies and pharmaceuticals needed for response to public health and weapons of mass destruction emergencies.

It's designed to supplement the local supplies and resupply state and local public health agencies in the event of a natural emergency within the US and its territories.

Some of you may be familiar but they have a - these push packages that are available to the states and are supposed to be able to be delivered anywhere in the country within 12 hours upon the decision to deploy that asset.

The third bullet there, I'll jump a little is the specialized laboratory support. CDC has a number of labs in our - in infectious disease as well as our environmental health center and primarily, we do biological specimens -- blood, urine, can be sometimes they do hair, nails, other biological specimens, to help states identify agents or help assist with exposure.

And then the middle bullet there, I think what we most often, especially from my side of things get involved with this technical complication and expertise. We can provide search capacity to the state if they need at the assistance. There - we have a number of different specialties and subject matter experts and advisers that are available at CDC to the states and who else - whoever else request.

We have specialized risk communicators, there's environmental health specialist, we have worker health and safety specialist, et cetera.

So there's a number of different functions that CDC can carry out based on the state's needs.

Next slide.

The initiation point for CDC during an emergency is the Director's Emergency Operation Center, the DEOC.

It's essential point for monitoring the agencies' involvement and public health event, and it - and that's all public health emergency event, disasters, outbreaks, et cetera.

They work in concert with our centers who have responded to the disaster. For example, a natural disaster is the center for environmental health, my center is the lead. If it's a, you know, pandemic flu or something like that, the infectious disease center would be the lead.

And during an emergency, it's really your life line to CDC. Then I've listed a number there, it's a 24-hour number, and you can contact them at any time for questions or any need that you have.

Next slide.

The CDC, once we are activated as far as there's a request out of HHS for assistance from our agencies, we have emergency response coordinators who are experienced in not only what CDC has to offer, but they also have some experience usually with local as well as various state health programs.

And they're there to support the states and to be a coordinating body between CDC like liaison between CDC and the states, and then they're also there to support any local responders who may be requesting for particular activities or functions within state; so there's kind of a linkage.

We also now have what they're calling Senior Management Officials and they're not in all the state for their plans for them to be at a number of different states. I know we have them in most of the hurricanes from last year affected states like Florida, Louisiana and Arkansas.

And this person is supposed - is a full-time person who sits with the state and is there to kind of be that liaison between CDC and the state not only in disaster events but even in regular business events, the normal business events.

Because the emergency response coordinators, once they have arrived and done their kind of initial assessment of the event. They may ask for additional support through a preliminary assessment team which is a multi-disciplinary team.

It could be a risk communicator, emergency responder or disaster physician or the lab person depending on what the needs of the situation require.

And then for the preliminary assessment team - because normally, we'll go out and make an initial assessment and then once again try to match what CDC has to offer with what the state needs. And this is an on-ground set of eyes and hands and ears to access the situation.

Next slide.

So our function really is to assist the state in local health departments with their public health functions and it could take a number of different forms -- it could be collecting data from surveys or reviewing, you know, medical records or clinical cases or actually sending samples to the labs for analysis.

We should assist with analyzing and interpreting any results that occur from the data collection as far as the extent of damage or what is the affected area or what's the contaminant.

And then, based upon the interpretation of the results, we can assist with developing recommendations for the local state health or emergency managers there to address those particular concerns.

And they are recommendations of course, we don't have any type of - what you call it, regulatory story, it's really just recommendations.

And I've listed a couple of things here, sometimes - ways to protect workers or medical management guidelines. And then we also can be called in to help you evaluate the particular processes that the states are getting involved with.

I'm going to move a little bit now to more of the epidemiology side and of course, that's near and dear to me. And I just wanted to give you a couple of examples of things that we've been involved with and some of the types of activities that you can may want - you can expect or think about our perspective.

If you look at the next slide, I just talked a little bit about some of the public health effects of the natural disaster.

It's a laundry list of things and this is not by any means, all inclusive. But often times, you'll see unexpected, of course, numbers of death and injuries and illnesses that may exceed the local capacity to handle or to have surveillance set in place to detect particular events.

The local health infrastructure may be totally destroyed. There's often times population movement that may be massive such as evacuation.

Communication is interrupted, your power is interrupted. There may be an issue with safety or shortage of food and water. Sanitation issues may come

up, environmental effects such as you know, different factors, mosquitoes, or animals and also psychosocial effect.

So with epidemiology, often times, we're trying to help answer some of these questions. What are the problems that are occurring? Where are they occurring? Who's affected? What's causing the greatest amount of morbidity and mortality? Are our problems getting worse? Are they getting better? Are there resources available? Where are they? What kind of release resource activities are currently in progress? And trying to provide any type of additional information for decision-making.

Look at the next slide.

I listed just a couple of things that my team gets involved with. You would just divide them into four kind of large areas, we are often called upon to do a rapid community health and needs assessment. We may be asked to get involved with augmenting the state surveillance system or initiating a separate kind of emergency surveillance systems to detect and characterize the morbidity and mortality related to the event or to detect any type of outbreaks that may occur.

We also sometimes, are asked to do different analytical investigations such as exposure assessment or some specialized surveys if there's a state that have a particular question, what are the healthcare needs for the elderly population of Florida after the Hurricane Charlie?

And those type of questions are the things that might come to my group, also training to identify risk factors. Are (there) groups that are more susceptible to different effects from the event than others? And then we also, of course, get involved with training and consultation.

Move to the next slide.

With the (rapid) committee health and needs assessments, these are usually done to determine the critical needs and the health status of a particular community that's targeted.

There's a sampling structure that is done and it can be done in a number of different ways. And the whole result is to hopefully gain information from the assessment that can be used to strengthen the response by helping match the resources (that are there) to the needs in the community.

We've conducted numerous assessments in the past, and I'm just - I think I have the results here from the one that was done after hurricane Katrina in Mississippi.

We went - was asked by the state to look at Hancock County which they had identified was the most affective county by Katrina. And they wanted us to give them a sense of the number of areas, the destruction as well as services and needs in the community.

And as you can see there, I listed some of the results from that assessment.

Thirty-six percent of the homes we found were destroyed in that county. And in this 23% could have been (in house) or there was no one at home when we were there conducting the survey. Fifty-three percent - still this was done about ten days after the impact.

Yeah, I think about two weeks - didn't have telephone service, electricity was till a problem, trash removal as well as things such as indoor toilet service.

And then, what was also important was about 30% needed medical care and 30% need a prescription medication. That was a big issue after Katrina.

A lot of people just could not - they don't have enough medicines.

They were going to run out of their medicines quickly and so we related these results to the State Health Department and they were able to inventory the temporary medical facilities as well as pharmacies -- all those that were operational at that time, and publicized those locations to their - to that community to try to assist with that.

Another example -- next slide.

If you look at - there were a couple of assessments done in Florida after hurricane Wilma.

There were actually three and they were diverse areas -- some are very rural areas, some were more urban. But in the routines conducted - almost 400 interviews in two days and it was represented of about 400,000 households.

The information was used to provide the county emergency managers and health department officials with the number of households.

So, it was not only a percentage, we were able to extrapolate that information and to give them the idea of the magnitude of households that needed food. You see there 46,000, they're about 26,000 that needed (tap) still - other issues were found as far as childcare supplies. We were running out of diapers and that type of things.

And so the emergency managers were able to use the information like these urgent needs, to help match the particular relief resources that they had to these particular areas.

And that's really the purpose of a needs assessment is to quickly gather information that can be used to hopefully allocate resources and make decisions upon it.

So, with this areas and Florida after Wilma, the emergency managers as well as the health departments were able to dispatch mobile release vans to the areas that, you know, needed food, needed water, needed childcare supplies et cetera.

Another example is the type of activities that we get involved in, are surveillance. And (definitely) on hand surveillance of illness and injury maybe necessary after disaster particularly if the public health is a structure that would normally monitor these disease (trends) that have been interrupted.

We filed this report in Katrina with Louisiana, Mississippi. The infrastructure which was no longer there and so, we were asked to come in and assist.

(Most of the) surveillance can be used to describe the patterns of specific injuries and illnesses that can identify clusters or outbreaks. Determine whether there are geographic differences and patterns or the differences between, for example, residence and release workers. And it can really be a powerful tool for dispelling rumors and providing some systematic and factual information about the health status of the population after a disaster.

Next Slide.

We'll get a bit o results from some of the various activity that occurred after Katrina.

This was due to result from the system that was setup in New Orleans. And it was really designed to monitor the health trends and workers and residents and for parishes in the greater New Orleans area.

The system collected information on over 22,000 patients that were staying at 29 acute care facilities.

And these facilities were not just hospitals because as, you know, well aware, many of the hospitals were not functioning.

But we also were able to get information from the DMAT, the Disaster Medical Assistance Teams, community clinics, military operations as well as non-governmental organization treatment facilities.

So we try to encompass the entire gamut as far as whoever was providing healthcare being within the system.

And the graph you're looking at shows the rise in the cases of acute respiratory infections that was noted by the system in the weeks after Katrina.

Further analysis determine that the rise was attributable to cases seen in DMAT and military acute care patients. So every team was thus sent to the field to investigate further and determine if the rise was most likely due to viral transmission among members of the National Guard Battalion that was housed in closed quarters.

But the system also noted and prompted an investigation of rashes that were prevalent among relief workers. Once again, every team was sent to further investigate and then that was found to be not infectious, prickly heat from arthropod bites and fiber class exposures.

So, some of these type of - if you don't have a system in place, some of these things may not be detected or they may be blown out of proportion as far as the extent of the particular condition.

And so surveillance is really important during - especially immediately aftermath of a disaster to try to help really figure out what's going on and hopefully, as well as dispel any rumors that may be arising.

Next slide.

Let's see - we also - I've mentioned before get involved with some analytical investigations. I have these examples here of exposure assessments we did after Hurricane Isabel in North Carolina and that was in 2003.

To the next slide.

We were asked by the state to look at human exposure from aerial spray for mosquitoes. They were going to increase the spraying down because, of course, the flooding and they were getting lots of complaints about vectors.

And so, they were planning to increase the spraying. And so they asked us to come in and look at any adverse health effects from that.

So we designed for the assessment to compare the urine pesticide metabolite levels before and after spraying to see if it did cause indeed, an overall increase in the exposure for the population.

So this, we worked, in close conjunction of course with our lab. There was a - we did a systematic, random samples of households in the targeted community that was recruited.

We also did surveys, pre-imposed spray as well as pre-imposed spray urine samples were obtained. And I think I got a little bit of the results here just the best kind of the correlation rate, 84 out of the 95 that we targeted in Virginia participated meaning they gave a pre-imposed and then 82% of those in North Carolina and the target population participated and cooperated.

And what the end result was, that the area of spraying with the ULV (unintelligible) the concentration less than 0.7 (alpha). It was not associated with any increase in the dimethyl phosphate urine levels of participants.

So, it was thought not to leave any increased exposure or risk or adverse health effects from the pesticide (burden).

So those are kind of some of the activities that my group gets involved in and I did, if you go to the next slide, include other types of assistance that CDC maybe asked to work on vector control issues, population based registries that I've mentioned before, public health information is important.

We've spent a lot of time and have a whole emergency communications groups devoted to fact sheets and public safety announcements and travel advisories, et cetera.

And then, particularly technical assistance, if you have a specific type of question, biological or chemical or there's a issue on quarantine or different types of (health) place types of recommendations, CDC is a good resource for those type of guidance as well.

Next Slide.

In summary, HHS is really continuing to try to develop, coordinate health systems at the local, state and national level. The effort - the challenges is really to link several different response disciplines which traditionally may not interact to the extent that they really need to during disaster events such as the fire and EMS emergency management, law enforcement, public health.

So it's a way to hopefully continue to work on linking all of these response systems to have a more coordinated effort and respond to the event.

Then if you look at the next slide, I just listed a few Websites there that may be of use to you. There are a number of them but I just listed a few there. And I am open if you have any questions.

Diana Hadzibegovic: Thank you Dr. (Batz), for an excellent presentation.

Coordinator: Okay, thank you.

At this time, we're ready to begin the question and answer session

Question: What are the steps that CDC takes to handle a call to the 24-hour line from an ordinary citizen regarding a perceived potential health impact to the community?

Does CDC call the state agencies? If so, which ones to request the investigation and what does that CDC say to that citizen at that time of calling?

(Dahna Batz): The CBC most likely - and I haven't answered the phone there. But most likely, they always will refer you to the state first, your local or your state health department first.

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Oh, you will give them a 24-hour state number?

(Dahna Batz): Right.

You - they have a listing of those resources and references. If these something that they think needs to be handled initially at our level, then they will - they triage that call to the particular subject matter expert or whoever else needs to address the issue.

:

My concern is that, an ordinary citizen often have ongoing communication to their satisfaction.

And I'm wondering if that ever occurs in a federal disaster or even at that initial calling. Is that citizen reassured that someone is going to get back to them?

(Dahna Batz): We do have an emergency communications systems and I know I've gotten calls from citizens.

And like I said, there's a - they have a system in place where they answer the call, they triage it to where they think is their appropriate expertise to address that call. And then it's filtered down there, and usually, you know, I think

there's a timeframe that you have to get back to the person within a certain amount of time.

I know as soon as I get it, I'm expected to respond or if I'm not able to respond, I have to get back to the emergency communication system to let them know it's not in my purview and if I have any recommendations who might be answer it.

So, it's not immediate but I think it's pretty quick as far the response time to average citizens.

: Okay, thank you.

Diana Hadzibegovic: (Dahna), this is Diana, let me just mention that we have also have 1-800-CDC-INFO line where public can get answer.

(Dahna Batz): Right.

Thanks for bringing that out Diana because I think a lot of the calls I get from citizens come through CDC.

Diana Hadzibegovic: That's correct.

Coordinator: Excuse me. You may ask your question.

Question: Hi Dr. (Batz), thank you very much for that very informative presentation. It's very helpful.

I have a question regarding, what type of planning support can CDC provide local jurisdictions for response to a reactive detection to the biowatch system?

(Dahna Batz): I'm not very familiar with biowatch. I think that falls - and Diana, you might need to help me with that - and the public health information. Will that work?

Diana Hadzibegovic: I'm not quite sure. But if you can send me an email...

(Dahna Batz): Right.

Diana Hadzibegovic: ...I can get back to you.

Question: Sure. Yeah. The biowatch system as I've say, it's a Department of Homeland Security funded environmental detection system for the presence of BT agents in the environment.

And DHS is really only responsible for the detection and notification component of that and they have always said that CDC is the federal agency that's responsible for the support for response to a reactive detection to that system.

So yeah, if could - if you can forward me any information on who can assist us, then I greatly appreciate it.

(Dahna Batz): Yeah. I remember having a presentation on that but there's some area at CDC that specifically work on that and hopefully Diana can get that contact person for you.

Diana Hadzibegovic: Just send me an email at coca@cdc.gov and we'll find out and send for you.

Coordinator: You may ask your question.

Thank you.

Question: I have a question in terms of what systems you have in place to detect changes from the usual - quite to say, for example, visit to the emergency room, things like that, that would - might reflect something going on in the community whether it's environmental toxic, whether it's environmental - in other words, biologic.

(Dahna Batz): I think you're asking about systems that detect any type of, I guess, outbreak or illness during disaster, is that?

Well actually, changes that may make people suspect that something is going on. For example, you're having an increase in the visits to the emergency undetermined etiology.

(Dahna Batz): Right. I know they do in - I can tell you from my center's perspective and I just know minimally about the effective disease center because I think they mentally get involved with those types of issues that you're talking about as far as syndromic surveillance and those types of issues, through - at the environmental health center. We work a lot as more so with the - of course chemical and (rad) events.

So we have (cooperative) agreements with the poison control centers as well as the emergency departments and certain events that maybe picked up with those surveillance systems that are nationwide - we are kind of tapped into.

And I think it's similar from the infectious disease side as far as National Surveillance Systems that are there to help detect any type of unusual event.

And how quickly did you get type of information because, essentially, their speed of response might be the essence.

(Dahna Batz): What I know with the Poison Control Centers, we get it daily. We get information daily. That's, you know, dumped into our system. I'm not sure about - I can't really speak as far as with the other systems.

Thank you.

Diana Hadzibegovic: I believe you're talking about (my center) and we have that presentation on that a few months ago. You can also send us an email and we can give you more information on it.

Thank you.

Diana Hadzibegovic: You're welcome.

Coordinator: You may ask your question.

Question: Yeah. Hi, thank you.

I was just curious, is there any anticipation as far as whether when we might have an issue with avian flu type situation?

...but I mean, I assume there's a lot of preparation I think in - what can we do to help, where can we go for information?

(Dahna Batz): There is a lot of preparations for it. Once again, it fall under the infectious disease forearm -- realm, but the state as well as local health department and

also you're emergency management structure would be the ones to tap in because that is where the planning and any type of, you know, exercise or tools or drill or anything like that would come from the local kind of state for health or emergency management community.

Okay. Thank you.

Coordinator: You may ask your question.

Question: My question is, I'm not clear whether or not the CDC has an ongoing role to play like for instance in the hurricane hit areas, Louisiana, Mississippi, you know, where - what - is it to 6-7 months now out from the actual impact, is the CDC still coordinating and helping the local services to intervene?

(Dahna Batz): Yes, CDC is still - has a strong presence in Louisiana and in any state where that's been affected an event that their - as I mentioned before, their local kind of public health structure is interrupted or it can't perform their regular functions that were there to assist and augment them.

And so yeah, we still are - have active missions going on in some of the hurricane-related states.

And I thought you're going to say, what do we do when there's not a hurricane, but I we - at my particular group, we get involved in all natural disasters and is always, you know, something -- a tornado to wildfires, tsunamis. So we do stay busy, but yes, as a far as not only just to response acute phase we also involved in some of the - what we call recovery phase activity.

Thank you.

Coordinator: Okay. You may ask your question.

Questions: Oh, yes doctor, you mentioned three different groups that we could get involved in, in our local level, would you mind repeating those, please?

(Dahna Batz): There's the Disaster Medical Assistance Team. And I think if you on the FEMA's Website, fema.gov, you may be able to find information on that. There's also the medical reserve corps and then there are Metropolitan, I think, it's a Medical Strike Team.

And those are all locally based and if you want information, you can email Diana -- the COCA email, and I could get you more information on that if you like.

Thank you very much.

Coordinator: You may ask your question.

Question: Hi. I don't know if you can answer this question because you seem to be referring to people to the infectious disease department, but this is regarding avian influenza, and I'm wondering, what's the likelihood that if there were an H5N180 influenza outbreak in the United States in wild birds or poultry, that the US would actually activate the National Response Plan?

(Dahna Batz): And I'm going to say the same to you. I'm in environmental health, I know, just kind of peripherally about infectious disease, so please take everything I say in regards this with a grain of salt, but it was - I think a human to human transmission that they've thought would have a potential for, you know,

national widespread health impact, yes, we could be activated, it would be considered a public health emergency.

Coordinator: Okay. (Gail Rosenblatt), you may ask your question.

Question: Yes, Dr. (Batz). Thank you so much for this presentation. I actually don't have a question but rather a comment.

On your slide that identified the various needs after a disaster, like food and water, one of the items was communication, I think the last several years and certainly the fear now with avian flu, suggest that, that really has to be the number one priority for the CDC and it's just paramount that communication begin, continue, every moment going forward.

I would really encourage your unit to somehow communicate and publish what you gave us today. Americans I think are looking more and more to the CDC certainly when it comes to avian flu.

And I think, it would give the community a sense of release to know that you have so many things in place and you're all working so very hard on behalf of our health. So that would be my communication to you, I just want to say thank you.

(Dahna Batz): Thank you.

I appreciate that and I agree with you, it's very important.

A lot of things we do aren't necessarily publicized. An I think it would help alleviate - if not - just tell the people, you know, what they need to do. I think that's important.

I agree.

Coordinator: You may ask your question.

Yes, Dr. (Batz), thank you for this wonderful presentation.

Question: My concern is, have we learned any lessons from Hurricane Katrina and will there be more funding for the natural disasters and also for just our General Public Health Department as we all try to move forward with having (unintelligible) teams. This is a great concern to me as so much funding has been cut in so many areas.

(Dahna Batz): Right. I mean, I have the same concerns as you may all be aware of CDC funding has been cut in certain areas.

So, there is lesser available for us to do more with unfortunately.

And so, I don't know, all I can say is, you know, we're kind of do what we can to get funding from congressmen and other sources and then getting that out to the states and local.

So, there are lots of lessons learned. It's just a matter of how you want to categorize it. And I must be honest with you, there are some lessons that I learned, there are still things that we repeat that aren't of the best practices, so to speak.

Thank you.

Coordinator: Once again, if you'd like to ask a question, please press star-1.

You may ask a question.

Question: Well my question was not - has been answered by (Dale Wasselo), and again, I agree with her that we need better communications, a decision tree for community and general public as to what steps CDC would take, you know, upon hearing about an avian flu disaster, et cetera and the Department of Health, the same way, should be communicating.

So I think that is very important.

Not only getting it into the community and to individuals in the community, but also to those of us who are in the medical community.

Diana Hadzibegovic: Thank you.

Coordinator: You may ask your question.

Question: Hi. Thank you very much Dr. (Batz), I wonder if there are - is there access to the evaluation of the emergency preparedness programs that the CDC conducts, you know, whether it's available to the public?

(Dahna Batz): It depends.

If you contact - this is the same thing as through the email, certain things the state ask for assistance and us kind of helping them with. And of course that information just before that state and making sure that they see fit.

But there are certain tools that we can share with you if it's something that you're thinking about doing in your particular institution.

Okay, great. Thank you.

Diana Hadzibegovic: We have time for one more question.

Coordinator: Okay. You may ask your question.

Question: Hi. Good afternoon.

A question in terms of the National Response Plan and if CDC assets specifically human resources or deployed to the local level, would the CDC be taking the lead on that response, or would they be supporting the local and state response in that effort?

(Dahna Batz): They would be supporting the local and state responders in that effort. Whenever, for example, when we're doing needs assessment in the community, we all have - always have state and local people there with us.

Number one is, you know, it's their community and of course they know the particular areas. And number two, they are the lead, we're there to assist, we're there to support report and whatever ways they see fit.

So right, we don't kind of come in and take over the response, it's still a local and state -run show.

Okay, thank you.

Diana Hadzibegovic: Dr. (Batz), thank you very much. This was an excellent presentation. For those who didn't have a chance to ask a question and as we mentioned, the communication issues, can you please send us an email to coca@cdc.gov

If you would like to find more about our activities, please go to
www.bt.cdc.gov/coca.

Thank you again Dr. (Batz) and look for our next presentation next month.

(Dahna Batz): Sure. Thanks for having me.

Have a good day everyone.

Diana Hadzibegovic: Thank you.

Coordinator: Thank you. This concludes today's conference call. If you'd like to listen to the replay, you may dial in 800-879-76-15.