New Hampshire

http://www.dhhs.state.nh.us/dhhs/cdcs/ppcc.htm

Regional All-Hazards Planning and Exercising Implemented

A regional approach to preparedness increases the response capacity of all communities.

Over the past 4 years, the New Hampshire Department of Health and Human Services, Division of Public Health Services (DPHS) and the New Hampshire Department of Safety, Homeland Security and Emergency Management (HSEM) have worked together on a daily basis in an all-hazards approach to prepare New Hampshire for potential public health emergencies. Some specific areas of focus include disaster behavioral health response, Strategic National Stockpile coordination, hospital preparedness, volunteer coordination, and pandemic planning, training, and exercises.

A pandemic would require a coordinated regional approach to response. Therefore, 19 All-Health Hazards Regions (AHHR) were formed to include all 234 New Hampshire communities. As of late summer 2007, 14 AHHRs had completed a pandemic influenza supplement to their all-hazards public health plan, with the remaining five in progress. All 19 AHHRs have conducted tabletop exercises of their all-health hazards plan for public health response. Pandemic influenza funds from the cooperative agreement were distributed to AHHRs to support enhanced regional response plans, including community medical surge. These efforts have increased the capacities of the public health and health care systems within these regions to respond to public health emergencies.

According to the New Hampshire Department of Health and Human Services, the cooperative agreement is valuable because it led to a functional partnership between DPHS and Homeland Security and Emergency Management. Through this partnership the state has been able to develop a strong public health emergency planning and response team, develop the appropriate plans, and create a regional, community partnership preparedness mentality that will be key to a successful response and recovery. Success stories have included the development of a chemistry lab, the All-Health Hazard Regions, and statewide sites for medical supply dispensing.

Snapshot of Public Health Preparedness

Below are activities conducted by New Hampshire 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 *Epi-X* 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

New Hampshire

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 New Hampshire laboratories in the Laboratory Response Network[1]	1
	Rapidly identified *E. coli* O157:H7 using advanced DNA "fingerprinting" techniques (PFGE):[2]	
	- Number of samples received (partial year, 9/06 – 2/07)	8
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	50%
	Rapidly identified *Listeria monocytogenes* using advanced DNA "fingerprinting" techniques (PFGE):[2]	
	- Number of samples received (partial year, 9/06 – 2/07)	1
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	0%
	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)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria[4] (8/05 – 8/06)	Yes

[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
	New Hampshire SNS plan reviewed by CDC[2]	Yes
	- Score on CDC technical assistance review (1-100)	69
	Number of New Hampshire 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	No
	- 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*[†6] (partial year, 9/06 – 2/07)	No
	Conducted a drill or exercise for key response partners to test communications when power and land lines were unavailable[†6] (partial year, 9/06 – 2/07)	No
Improve	Finalized at least one after-action report with an improvement plan following an exercise or real event[†6] (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