

New Jersey Conducts the First Anthrax Drill on the East Coast

Multi-agency exercises strengthen a locality's ability to respond to a public health emergency.



In June 2006, the Middlesex County Public Health Department in New Jersey, in cooperation with the United States Postal Service

(USPS) in Edison, New Jersey, conducted a multi-agency emergency public health exercise with an alarm activation of a postal facility's Biohazard Detection System (BDS) for the presence of anthrax spores within the mail handling machinery. Planning began for this exercise in December 2005 and involved a number of tabletop exercises that brought together federal, state, and local agencies. The plans emphasized agency goal coordination, role assignment among the agencies, and multi-agency task assignment along a single timeline. This exercise was the first of its type conducted on the east coast and the second conducted nationwide.

Several major strengths were identified during the exercise. Each of the participating agencies understood its mission and executed their respective responsibilities. Incident Command System (ICS) roles and responsibilities were quickly established and executed. The participating USPS employees yielded positive feedback to the exercise. Lessons learned from this exercise will be used in future planning for BDS exercises nationwide. Areas which

need improvement were also identified. More planning is needed for a long-term response as these efforts will likely take place over several days, if not longer. The hospital emergency response personnel required additional training in the ICS and National Incident Management System.

According to the New Jersey Department of Health and Senior Services, the cooperative agreement is valuable because it has enabled New Jersey to increase the capability of public health and environmental laboratories to rapidly and accurately screen for and confirm biological and chemical agents; establish an electronic Communicable Disease Reporting & Surveillance System; enhance real-time reporting and investigation relationships among state and local partners; create a state Health Alert Network system for emergency notification and alerting; develop a statewide capability to receive, distribute, and manage the Strategic National Stockpile; develop a statewide public health emergency planner corps; and provide emergency preparedness workforce education.

Snapshot of Public Health Preparedness

Below are activities conducted by New Jersey 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



New Jersey



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 Jersey 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)	83
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	96%
	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)	Yes
	- System complied with CDC information technology standards (PHIN) ³ (8/05 – 8/06)	Yes
Crosscutting	Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens ³ (8/05 – 8/06)	Yes
	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)	No

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 Jersey SNS plan reviewed by CDC ²	Yes
	- Score on CDC technical assistance review (1-100)	92
	Number of New Jersey 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	Yes
	- 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)	No
	Activated public health emergency operations center as part of a drill, exercise, or real event ^{*16} (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 ¹⁶ (partial year, 9/06 – 2/07)	Yes
	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