

Texas Responds to an Influx of Hurricane Katrina Evacuees

Community partnerships are critical during public health emergencies.



Over 425,000 evacuees came to Texas within days of Hurricane Katrina's landfall, in need of help and services from federal, state, and local agencies. Many areas throughout the state provided shelter to approximately 140,000 people who had no place to live. The city of San Antonio alone provided shelter for 37,500 at an old factory, shopping mall, and KellyUSA, a civilian business park and former military base.

San Antonio community partners, including nonprofits, businesses, the faith community, and the public, all contributed greatly to the community's response. For example, businesses provided food and discounted hotel rates for evacuees and also provided communications services and equipment for shelters. Public health professionals in cooperation with these and other partners worked to ensure a coordinated response that protected the health of thousands of evacuees.

Public health staff were on hand to help with evacuees' immediate medical needs. The San Antonio Metropolitan Health District coordinated counseling services and suppliers for the most common medications for diabetes, hypertension, and heart disease. Pharmacists filled 3,000 prescriptions for evacuees at KellyUSA alone, and those with more urgent needs were transported to area hospitals. A network of agencies and professionals set up a 24-hour mental health clinic at KellyUSA to identify and treat people who needed psychiatric medications. The Texas Health and Human Service Commission also extended office hours to help people access benefits for Medicaid, food stamps, and prescriptions.

According to the Texas Department of State Health Services, the cooperative agreement is valuable because it has strengthened the state's ability to conduct public health surveillance and epidemiological studies through Epidemiology Response Teams. Funding has allowed Texas to hire and train staff and purchase needed communication systems, computers, and other equipment. Texas's response to Hurricanes Katrina and Rita showed the readiness level achieved through cooperative agreement funding.

Snapshot of Public Health Preparedness

Below are activities conducted by Texas 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



Texas



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 Texas laboratories in the Laboratory Response Network ¹	16
	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)	32
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	94%
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE): ²	
	- Number of samples received (partial year, 9/06 – 2/07)	16
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	69%
	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
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
	Texas SNS plan reviewed by CDC ²	Yes
	- Score on CDC technical assistance review (1-100)	97
	Number of Texas cities in the Cities Readiness Initiative ³	3
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	Yes
	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)	No	
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)	No	
Improve	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