West Virginia

http://www.wvdhhr.org/healthprep

West Virginia Responds to Hurricane Katrina – *Operation Safe Haven*

Capability of unaffected states enables strong support for national incidents.

In September 2005, the Governor of West Virginia requested that the state receive, temporarily house, and support Hurricane Katrina evacuees. Within 24 hours, state agencies and their partners developed and implemented a plan for the anticipated arrival of the evacuees. The state received approximately 300 Hurricane Katrina evacuees from New Orleans at the Charleston, West Virginia airport, where registration, clothing, food, and initial medical screening and treatment were provided. Evacuees then were moved to an Army National Guard base as part of *Operation Safe Haven*, where they were housed, linked to both short- and long-term service needs, and reconnected with friends and family. This month-long operation was managed by the West Virginia Department of Health and Human Resources (WVDHHR).

Operation Safe Haven was a multi-agency operation that coordinated activities through the National Incident Management System. The WVDHHR provided command and control for the overall operation in addition to coordinating medical care, providing behavioral health services, public health services, social services, case management, and community communications. The American Red Cross coordinated the provision of food and staffed housing units. The National Guard provided facility support, transportation, staff support, and security. Universities and the private sector generously provided resources otherwise not available to support the operation. Coordination and partnership among state agencies, private sector agencies, and the volunteer community demonstrated that preparedness in unaffected states enables rapid response to incidents in neighboring states and nationwide.

According to the West Virginia Department of Health and Human Resources, the cooperative agreement is valuable because it has allowed for the development of an All-Hazard Public Health Emergency Response Plan and increased communication capabilities statewide. Almost no comparison can be made between the previous system and what is in place today.

Snapshot of Public Health Preparedness

Below are activities conducted by West Virginia 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

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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 West Virginia 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)	None
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	N/A
	Rapidly identified *Listeria monocytogenes* 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
	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)	No
	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
	West Virginia SNS plan reviewed by CDC[2]	Yes
	- Score on CDC technical assistance review (1-100)	61
	Number of West Virginia 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	Yes
	- 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)	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