



# Maine

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## Maine's Partnership for Pandemic Influenza Increases Preparedness Comprehensive planning prepares communities before an actual emergency.



The Maine Center for Disease Control and Prevention, Office of Public Health Emergency Preparedness (OPHEP), in

coordination with key partners, has established a partnership for state pandemic influenza preparedness planning. The focus is in establishing practical, statewide, and community-based procedures that could prevent or delay the spread of pandemic influenza and help reduce the burden of illness communities would experience during an outbreak.

Rather than the classic model of multiple sub-state departments, Maine's public health infrastructure consists of a combination of state, community, and private agencies that have collaboratively established a public health network. Therefore, the development of county-level plans was determined to be the most practical and operational approach to local planning. The planning networks merged community, emergency, and medical response while also employing comprehensive groups of local constituents.

Challenges and significant successes have been realized from the development of planning networks representing formerly divergent and culturally different professions. A statewide operational plan for Maine has been developed and will be updated by April 2008. The cooperation of the community, emergency, and medical response was contingent upon the success of this planning process.

**According to the Maine Department of Health and Human Services, the cooperative agreement is valuable because funds have improved Maine's ability to detect, treat, and prevent injuries and diseases that threaten the health of its citizens as a result of natural or manmade events. In partnership with federal, state, and local agencies, a coordinated system will address natural disasters (e.g., floods and disease outbreaks), as well as terrorist acts (e.g., the release of biological, chemical, or nuclear agents).**

## Snapshot of Public Health Preparedness

Below are activities conducted by Maine 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 <sup>1</sup>	Yes
	- Primary method for receiving urgent disease reports* <sup>2</sup>	Telephone
	Linked state and local health personnel to share information about disease outbreaks across state lines (through the CDC <i>Epi-X</i> system) <sup>3</sup>	Yes
	Conducted year-round surveillance for seasonal influenza <sup>4</sup>	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.

<sup>1</sup> CDC, DSLR; 2005; <sup>2</sup> CDC, DSLR; 2006; <sup>3</sup> CDC, *Epi-X*; 2007; <sup>4</sup> 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 Maine laboratories in the Laboratory Response Network <sup>1</sup>	1
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE): <sup>2</sup>	
	- Number of samples received (partial year, 9/06 – 2/07)	11
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	18%
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE): <sup>2</sup>	
	- 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 <sup>3</sup> (8/05 – 8/06)	Yes
- System complied with CDC information technology standards (PHIN) <sup>3</sup> (8/05 – 8/06)	No	
Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens <sup>3</sup> (8/05 – 8/06)	Yes	
Crosscutting	Conducted bioterrorism exercise that met CDC criteria <sup>4</sup> (8/05 – 8/06)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria <sup>4</sup> (8/05 – 8/06)	Yes

<sup>1</sup> CDC, DBPR; 2007; <sup>2</sup> CDC, DSLR; 2007; <sup>3</sup> APHL, Public Health Laboratory Issues in Brief: Bioterrorism Capacity; May 2007; <sup>4</sup> 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) <sup>1, 2</sup>	Yes
	Maine SNS plan reviewed by CDC <sup>2</sup>	Yes
	- Score on CDC technical assistance review (1-100)	51
	Number of Maine cities in the Cities Readiness Initiative <sup>3</sup>	1
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: <sup>1</sup> (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 <sup>4</sup>	Yes
	Public health laboratories conducted training for first responders <sup>5</sup> (8/05 – 8/06)	Yes
	Activated public health emergency operations center as part of a drill, exercise, or real event <sup>*†6</sup> (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 <sup>†6</sup> (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 <sup>†6</sup> (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.

<sup>†</sup> 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.

<sup>1</sup> CDC, DSLR; 2006; <sup>2</sup> CDC, DSNS; 2007; <sup>3</sup> CDC, DSNS CRI; 2007; <sup>4</sup> CDC, DSLR; 1999-2005; <sup>5</sup> APHL, Chemical Terrorism Preparedness; May 2007; <sup>6</sup> CDC, DSLR; 2007