



# Ohio

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## Ohio Develops Robust Plans for Public Health Emergency Preparedness Strong all-hazards plans enable greater response capabilities.



Since 2001, the Ohio Department of Health (ODH) has conducted, observed, or participated in more than three dozen exercises testing

plans for pandemic influenza, bioterrorism response, nuclear power plant events, joint information center operation, and multi-agency emergency response. Leveraging existing approaches across Ohio, ODH operates a regional strategy for seven areas in the state. This method ensures everyone from a small township to a major metropolitan area have the baseline ability to respond to a public health emergency. The strategy also promotes cost-effective surge and systems reliability for communities within each region.

Using federal guidance, ODH and its partners are developing recommendations for medical standards of care during an emergency. The goal of these protocols is to save the greatest number of lives when resources are scarce. While planning is directly connected to preparing for an influenza pandemic, the protocols are applicable to other significant public health emergencies. Another important component being utilized by ODH is the

Incident Command System (ICS). ODH has used ICS for public health emergencies since 1997. ICS operates with a strategy to ensure adequate and redundant staffing during a prolonged event. Several thousand key staff from state and local public health agencies have been trained and their agencies attained National Incident Management System compliance. ODH continues to provide or fund training in ICS.

**According to the Ohio Department of Health, the cooperative agreement is valuable because** it has allowed Ohio to build a critical planning and response personnel infrastructure for most preparedness initiatives. A robust and redundant communication system which is interoperable with other state response partners, hospitals, and local health departments has been implemented due entirely to funding from the cooperative agreement.

## Snapshot of Public Health Preparedness

Below are activities conducted by Ohio 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 Ohio laboratories in the Laboratory Response Network <sup>1</sup>	2
	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)	99
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	95%
	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)	12
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	92%
	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)	Yes
Crosscutting	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
	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)	N/A

<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
	Ohio SNS plan reviewed by CDC <sup>2</sup>	Yes
	- Score on CDC technical assistance review (1-100)	94
	Number of Ohio cities in the Cities Readiness Initiative <sup>3</sup>	3
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: <sup>1</sup> (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 <sup>4</sup>	Yes
	Public health laboratories conducted training for first responders <sup>5</sup> (8/05 – 8/06)	No
	Activated public health emergency operations center as part of a drill, exercise, or real event* <sup>16</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>16</sup> (partial year, 9/06 – 2/07)	Yes	
Improve	Finalized at least one after-action report with an improvement plan following an exercise or real event <sup>16</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