



County of Santa Cruz

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HEALTH SERVICES AGENCY

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HEALTH SERVICES AGENCY ADMINISTRATION

August 23, 2002

AGENDA. September 10, 2002

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: Status Report on Public Health Preparedness and Response to Bioterrorism

Dear Members of the Board:

On June 11, 2002, your Board directed the Health Services Agency (HSA) to return on this date with a status report on the progress made in developing a Local Bioterrorism Preparedness Plan, with an original due date to the California Department of Health Services (CDHS) of September 15, 2002. Since the due date has now been changed to October 15, 2002, this report will provide your Board with an update on the planning process. HSA will return to your Board with our Local Bioterrorism Preparedness Plan and Budget on or before October 8, 2002.

Background. The approaching anniversary of September 11 and the subsequent Anthrax attacks in America provide an appropriate opportunity to inform your Board about the progress made in planning and response by County Public Health. The President of the California Conference of Local Health Officers [CCLHO], Dr. Poki Namkung, gave testimony to the California legislature in March of this year, in which she informed the legislators that the national public health system lacked sufficient resources to respond adequately to bioterrorism and other events caused by weapons of mass destruction or emerging infectious diseases. Dr. Namkung expressed grave concern that California would not be able to respond adequately without rebuilding the basic infrastructure of local public health departments. She reminded the legislature that ultimately all terrorism is local.

The federal and state governments across the country have recognized this situation by targeting a significant portion of the new funds allocated by Congress to local health departments for bioterrorism response. With these new funds has come a high expectation that the current deficits in the basic public health system will be improved and a community-based, coordinated system of public health emergency response will be developed. The California State Health Department has worked closely with the federal government in designing a process to identify the elements necessary for effective public health emergency response and a mechanism to direct the new funds into the appropriate categories to build or enhance local public health services.

In mid-August, the California Department of Health Services issued an Application for Fiscal Year 2002-03 funds for the Local Public Health Preparedness and Response to Bioterrorism Program to each County and City Health Department. The Application and related materials have been posted on the HSA website (www.santacruzhealth.org/alerts/index.htm). The Application is very complex. There are five separate elements required. The first element is a progress report on the funds received earlier this year to assist counties in initiating their planning process or recovering funds spent in the response to the September 11 and Anthrax events. Funds remaining can be rebudgeted for use in the current year's cycle. The second element is a comprehensive Local Bioterrorism Preparedness Plan. Each local health department must develop a Plan that organizes a number of required activities into six Focus Areas, including Local Planning and Readiness Assessment, Surveillance and Epidemiological Capacity, Health Alert and Information Technology, Risk Communication and Health Information Dissemination, Education and Training and Biological Laboratory Capacity. The six Focus Areas have 14 Critical Benchmarks that must be met along with 16 Critical Capacities that contain 65 deliverables (Attachment A Checklist). The third element is the Budget. The Application requires a complex budgetary process that includes placing the new monies in a separate trust fund and a formula relative to the amount of funds that can be spent in each Focus Area. The remaining two elements include a comprehensive Capacity Inventory of the local response capacity and a Certification by the governing authority that none of the new funds will be used to supplant existing local funds. This restriction apparently includes claiming the salary of currently funded staff, even those who are working on bioterrorism response. The State strongly encourages local government to use an "all hazards" approach in the planning process.

Current Status of Local Planning. Although the County has not had the resources to devote a position exclusively to public health emergency planning, a significant amount of work has been accomplished. Several years ago Public Health staff began a community-wide planning process for an Influenza Pandemic. These events occur in nature at regular intervals and have the potential for grave consequences throughout the country, and indeed the world. There are many parallels to a severe infectious disease epidemic that occurs in nature and events caused by deliberate biological, chemical or radiological attacks. Each has the potential to cause mass casualties, tremendous surges in demands for emergency and medical services, exhaustion of available medical resources, disruption of basic community services and panic in the population. The planning process for any of the causative events has application to others.

The County's Influenza Planning Committee realized very soon after the events of September 11 that the work they had already accomplished would be extremely useful in planning for bioterrorism or attacks with other agents. The Committee, which consisted primarily of health representatives, realized that a broader representation was needed for a more comprehensive planning process. Therefore, early this summer, the Influenza Planning Committee merged with the Santa Cruz County Disaster Council including administrative and clerical support from HSA Public Health. Although the merger is fairly new, there is general agreement that it is a good strategy that will help coordinate efforts and avoid duplication.

During the Influenza Planning meetings, progress was made in developing plans for community response to mass casualties, surges in demand for medical care and laboratory services, development of hospital overflow facilities and community education. These preliminary plans are extremely valuable in accomplishing the work required for the Local Bioterrorism Preparedness Plan. In addition, the Influenza Planning Committee members have been educating their various agencies about the challenges of mass casualty situations and the demands that would be placed on their agencies. County staff has started the community education process by providing a number of presentations to community groups. Additional resources will be necessary to develop specific materials and techniques for more extensive community education.

Another benefit of the Influenza Planning process was the strengthening of relationships between public health, mental health, environmental health, hospital representatives, home health care, Red Cross representatives, fire fighters, law enforcement and emergency medical responders. These new relationships will be greatly beneficial in developing the Local Bioterrorism Preparedness Plan. In addition Public Health staff has formed an effective partnership with the County's Emergency Services Administrator, Michael Dever, who fully supports the inclusion of public health into overall disaster planning.

Although our County can be proud of what has been accomplished with very few resources, our challenges to create a comprehensive public health emergency plan and response are formidable. The Application requires a rigorous Public Health Preparedness and Response Capacity Inventory. County staff, including Public Health and Emergency Services, completed the Capacity Inventory in August. There are many areas of deficiencies that need attention, including improving the current technology available for communicable disease surveillance and control, health communication systems, developing more formal written plans and clarifying some of the more complex legal issues associated with disease control measures. The Local Bioterrorism Preparedness Plan also requires an assessment of the County's ability to receive and distribute at least some portion of the National Pharmaceutical Stockpile and to respond to Smallpox.

Conclusion. The State Department of Health Services requires a dedicated effort from the counties and cities throughout California to complete the Application and to accomplish the required tasks. The Application guidelines require that a senior public health official be designated to lead the Bioterrorism Preparedness and Response Planning process. Many other counties have already designated and hired staff, generally titled as Bioterrorism Coordinators. The new Local Public Health Preparedness and Response to Bioterrorism Program funds can be used for this purpose as well as expansion and enhancements to our community education efforts, technology and communication resources. These new funds will provide the additional resources necessary to fulfill the deliverables required by the State contract. HSA will return to your Board in October with specific recommendations on how best to fulfill our obligations and meet the requirements of the State contract.

It is, therefore, RECOMMENDED that your Board:

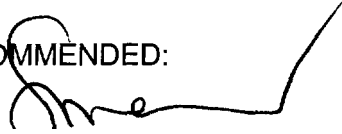
1. Accept and file this status report on our Local Public Health Preparedness and Response to Bioterrorism; and
2. Authorize the Auditor-Controller to establish a separate Public Health Bioterrorism Preparedness and Response Trust Fund; and
3. Direct the Health Services Agency to return on or before October 8, 2002 with the Local Bioterrorism Preparedness Plan.

Sincerely,



Rama Khalsa, Ph.D.
Health Services Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

Attachment

cc: County Administrative Officer
Auditor Controller
County Counsel
HSA Administration
Public Health Administration
Santa Cruz County Disaster Council

HSA:BM:JB