

Idaho Conducts Full-Scale Exercise of the Strategic National Stockpile Exercising operational plans highlights areas of improvement for a more effective response.



In June 2006, the Idaho Department of Health and Welfare (IDHW), in partnership with the seven district health departments (DHDs) and the Idaho Bureau of Homeland Security, conducted a full-scale exercise involving the CDC Strategic National Stockpile (SNS). This exercise covered over 46 different locations, involving over 5,800 state and local public health personnel, emergency responders, and volunteers, representing 52 agencies overall.

State officials requested the deployment of SNS from federal partners, and DHDs prepared to receive and distribute SNS materials. DHDs also practiced providing preventive medicines on a mass scale to the public. DHDs noted the importance of robust volunteer participation to allow them the opportunity to better plan their distribution operations and understand how to adjust their plans to maximize effectiveness. Overall, the objectives of the exercise were met, including practicing roles and responsibilities under the Incident Command System and providing coordinated and accurate

information to the public. Opportunities for improvement were identified and subsequently addressed. These included the need for continual training and refinement of plans and the recognized need to involve state and local health departments within the multi-agency coordination system at the state emergency operations center.

According to the Idaho Department of Health and Welfare, the cooperative agreement is valuable because public health has become an active partner in statewide response efforts and has developed many relationships with state agency response partners, including border states and Canadian partners. Cooperative agreement funding has provided an opportunity to improve Idaho's public health preparedness and response infrastructure by both state and local public health entities.

Snapshot of Public Health Preparedness

Below are activities conducted by Idaho 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



Idaho



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 Idaho laboratories in the Laboratory Response Network ¹	1
	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)	26
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	35%
	Rapidly identified <i>Listeria monocytogenes</i> 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)	No
Crosscutting	Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens ³ (8/05 – 8/06)	Yes
	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
	Idaho SNS plan reviewed by CDC ²	Yes
	- Score on CDC technical assistance review (1-100)	90
	Number of Idaho 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	No
	- 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)	No
	Activated public health emergency operations center as part of a drill, exercise, or real event* ⁶ (partial year, 9/06 – 2/07)	Yes
Improve	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
	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