

Preparedness & Response

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Welcome Dr. Mary Anderson and Farewell to Blanca Serrano



Dr. Mary Anderson and Blanca Serrano during a visit to the Midland Office in October.

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24 / 7 / 365

Mary Anderson, MD, MPH became the new Regional Medical Director in Region 9/10, El Paso. Dr. Anderson began her new position on August 24, 2011.

Dr. Anderson brings a range of experience to this position including her most recent service as the District Health Officer for the Washoe County Health District in Reno, Nevada. Over the past 5 years, she served as the local health authority for Washoe County, the City of Reno, and the City of Sparks encompassing an area of over 6000 square miles with a mixture of urban, rural and frontier settings.

As the District Health Officer, Dr. Ander-

son reported to the District Board of Health in carrying out the mission of protecting and enhancing the quality of life for all citizens of Washoe County through providing health promotion, disease prevention, public health emergency preparedness and environmental services.

Prior to her service in Washoe County, Nevada, Dr. Anderson served in the US Navy in a variety of roles including Commanding Officer, Fleet Surgeon, and Head Epidemiologist.

Continued on Page 2, Dr. Mary Anderson

Continued from Page 1, Dr. Mary Anderson

As Commanding Officer of the Naval Aerospace Medical Research Laboratory, she had oversight of military, civil service and contract personnel in the performance of medical research to improve the functionality and survivability of aviation personnel in high stress environments.

While serving as Fleet Surgeon, she was responsible for advising the Commander on all medical matters affecting thousands of personnel participating in training and exercises as well as responding to real world situations. As Head of the Epidemiology Department of a Naval Environmental and Preventive Medicine Unit, Dr. Anderson performed as the Navy's equivalent of a state epidemiologist.

Dr. Anderson has served in leadership roles in various medical and public health organizations at both state and national levels. She is board certified in Aerospace Medicine and in General Preventive Medicine and Public Health. She is a Fellow of the American College of Preventive Medicine and the Aerospace Medical Association. She is currently serving as the Aerospace Medicine Regent for the American College of Preventive Medicine.

Dr. Anderson received her M.D. from the University of Alabama, her M.P.H. from the Johns Hopkins University School of Hygiene and Public Health, and an M.A. in National Security and Strategic Studies from the Naval War College.

Dr. Anderson is becoming acquainted with Health Service Region 9/10 by traveling the 36 county area to meet with staff and stakeholders. She was introduced to County Judges in the Permian Basin at the September Permian Basin Regional Planning Commission, and visited with several at the Planning Commission's Annual Meeting in October in Big Spring.

We welcome Dr. Anderson to Health Service Region 9/10.



Blanca Serrano, RS, MPH

Blanca Serrano, RS, MPH, Deputy Regional Director for Health Service Region 9/10, retired from the agency on October 31, 2011. This was after 16 years, 10 months and 7 days of service with the Texas Department of State Health Services and its legacy agency, the Texas Department of Health.

- Prior to joining the Texas Department of Health, Blanca worked for the City of El Paso in the Epidemiology Program for 10+ years
- She served as the Manager of the Birth Defects Program and the Office of Border Health
- Blanca closed her career with DSHS as the Deputy Regional Director

Blanca, Best Wishes For A Long, Healthy, Happy Retirement!



Blanca Serrano and Dr. Mary Anderson



Blanca receives a retirement gift presented by Donna Cordoni in El Paso.



Art Alvarado with Blanca Serrano



Blanca and Carmen Ortega



Blanca with Dr. David Padilla



Blanca with Terry Ortiz and Ana Schmidt

**Blanca
Celebrates
With The
El Paso
Regional
Office
Staff**



Blanca with Dr. Miguel Escobedo and David Kolberson.

Point of Dispensing Planning in Health Service Region 9/10 Moves Ahead

Planning for the Strategic National Stockpile (SNS) and Points of Dispensing (POD) in Health Service Region (HSR) 9/10 has moved ahead during the past quarter.

John Hernandez, HSR 9/10 SNS Coordinator, and Bryan Olson, HSR 9/10 All Hazards Planner, with Program Specialists Burton Berry and Jerry Damm have met with many of the County Judges, Emergency Management Coordinators, and some of the Independent School District Superintendents.

The meetings were conducted to reacquaint everyone with the Strategic National Stockpile program, Points of Dispensing, and the current local needs and assets. Past plans were reviewed. In some cases, previous sites were found to no longer meet local needs, and new sites were identified. Expired Memoranda of Agreement or new MOA for the sites were reviewed and steps were taken for execution of the agreements were taken.

Recruitment and training of local volunteers to operate the Points of Dispensing during a public health emergency is very important. The Health Service Region asked for support during the meetings and offered to provide training and exercises for the volunteers. The number of volunteers needed for each POD is dependent on the population the POD is expected to serve. Applications for volunteers are available by e-mail from John Hernandez at: JohnE.Hernandez@dshs.state.tx.us

Medical or health experience is not a requirement to be a volunteer. Some of the opportunities that won't require a medical or health background are assisting with the routing of people, distributing forms, picking up completed forms at the exit, data entry, receiving and moving supplies, etc.

Everyone who attended to the meetings was understanding of the need for PODs for their jurisdiction and supportive of the planning process.

The meetings have or will be completed for thirty of the thirty-six counties in Health Service Region 9/10. Local Health Departments that receive Public Health Preparedness funding have primary responsibility for POD planning in the six counties they serve.



Depiction of a possible large Point of Dispensing site set up.



Depiction of a possible smaller POD site.

Depictions courtesy of the University of Illinois at Chicago-School of Public Health-CADE (Center for the Advancement of Distance Education) & the University of Minnesota School of Public Health Simulations, Exercises & Effective Education

The DSHS Central Office and HSR 9/10 visited with Local Health Departments in November to share information about POD planning with each other.

POD Training – San Angelo Learn – Practice – Present

Contributed by **Burton Berry**, Program Specialist

On September 10th, 32 members of the Community in and around San Angelo gave up their Saturday morning to learn more about the (SNS) Strategic National Stockpile and how they can help with operating a POD (Point of Dispensing). From 9am to noon at the San Angelo Convention Center, the San Angelo / Tom Green County Office of Emergency Management and Local Health Department, along with DSHS HSR 9/10 co-sponsored a POD training and exercise program.

Led by **John Hernandez**, the SNS Coordinator for HSR 9/10, the class of 32 learned the purpose of the SNS and how they can help assure that the Concho Valley will be able to quickly get medicines out into the community during a public health emergency. The training walked the class through a primer on the SNS and then how to set up and run a POD in order to quickly dispense medicine to a threatened community. In addition to learning the basic layout of a POD, traffic flow considerations, and the varying jobs, the class also got the opportunity to immediately apply their newly gained knowledge with a brief table top exercise. After the classroom training, the participants were divided into four groups of eight. Each group was given a gym floor plan and a street layout of their “POD.” The groups were then tasked to set up a POD that took into account where the various stations were to be set up, the amount of staff needed at each station and both pedestrian flow inside the POD and the traffic flow outside the POD.

Once the groups completed their POD set up, each took turns presenting their project to the class. The participants learned firsthand that multiple solutions can exist for a given situation and that learning the process was more important than coming up with a rigid, one-size fits all floor plan.

In addition to the mechanics of making a POD work, the learners gained valuable insight into how local, state, and federal public health agencies would interface in order to bring the needed medicines to a community in crisis. Following the training, each participant was given an “Adopt-A-POD” application and encouraged to add their names to the regional volunteer database.

Assisting John Hernandez with the training were **Bryan Olson**, Planner and **Burton Berry**, Preparedness Program Specialist, both with DSHS HSR 9/10.

Additional photos on the following page.



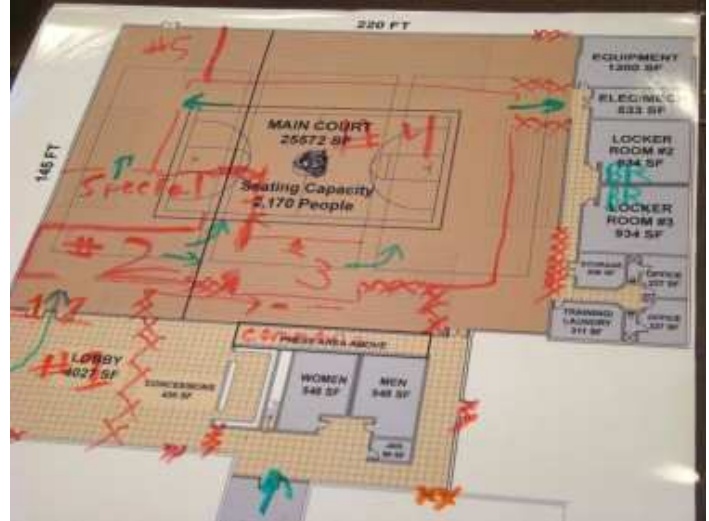
John Hernandez, SNS Coordinator for HSR 9/10, conducts the Point of Dispensing training in San Angelo on Saturday, September 10, 2011.

POD Training – San Angelo

September 10, 2011

Right: One of the floor plans for Point of Dispensing that was used to put into practice the information they had learned as part of a brief tabletop exercise. Participants marked on the floor plan how the POD would be set up and the flow of traffic.

Below: Each of four groups of eight worked through the logistics of a Point of Dispensing on a floor plan they were given. When each of the groups completed their plan, they presented their plan to the other groups.



Public Health Preparedness at the Junction and Brady Health Fairs And Midland Fire Department Open House



The Public Health Preparedness Program participated in Health Fairs in Junction and Brady as well as the Midland Fire Department Open House. Information about the Public Health Preparedness, the "Ready or Not? Have a Plan" program and Seasonal Flu were distributed by **Burton Berry** and **Jerry Damm** to those who attended.

Photos above were taken at the Midland Fire Department Open House.

HSR 9/10

PHP TEAM:

El Paso:

Art Alvarado,
Manager ERT/PHP

David Kolberson,
Supervisor,
DSHS/ERT Planning
and Response Group

Bryan Olson,
PHP Planner

John Hernandez,
SNS Coordinator

Ivonne Marquez,
Program Specialist

Vanessa Gonzalez,
Public Health Tech

Winston Jackson,
Epidemiologist

Alison Warner,
Surveillance Specialist

Betty Hernandez,
Administration

Midland:

Jerry Damm,
Program Specialist

San Angelo:

Burton Berry,
Preparedness Specialist

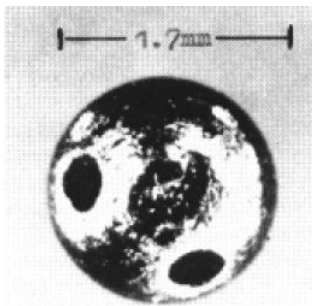
RICIN

Most have heard of castor oil, usually as an old time remedy. Children were threatened with it in such movies as the Little Rascals or Our Gang. The reaction of the kids brought laughs from the audience.

Castor oil is produced from the castor bean. That same bean is the source of Ricin. Ricin is a natural toxin— with potentially deadly consequences.

On November 2, 2011, four people were arrested in Georgia for allegedly planning to use Ricin and explosives to attack government employees.

Ricin has been an agent in several planned attacks by various individuals over time. Most notable was the death in London of a Bulgarian dissident in 1978 He died three days after being shot with a small pellet, 1.7 mm, that that contained Ricin.



1.7 mm pellet enlarged.

Castor beans are processed throughout the world to make castor oil. Ricin is a product of the processing waste.

Ricin can be in powder, aerosolized mist or pellet form, or can be dissolved in water. The effects of Ricin depend on whether it is inhaled, ingested or injected. Ricin is not as well absorbed when ingested as it is when inhaled or injected.

Symptoms occur within 6 to 8 hours of exposure.

If inhaled, the symptoms include difficulty breathing, fever, cough, nausea, tightness in the chest. Low blood pressure and respiratory failure that lead to death occur.



Castor Beans

Chewing and swallowing castor beans can release Ricin causing injury. When Ricin is ingested, the symptoms vomiting, diarrhea that may become bloody, low blood pressure, hallucinations, seizures, and blood in the urine. Liver, spleen and kidney functions may fail in several days, and death could follow.

Exposure to Ricin via the skin or eyes cause redness and pain, although absorption through normal skin is unlikely.

Ricin prevents the cells of the body from producing protein. Without protein the cells die, and death may occur depending on the route and amount of Ricin. Death from poisoning can happen within 36 to 72 hours depending on the route and amount of Ricin received.

No antidote exists for Ricin. Treatment is to provide supportive medical care to reduce the effects of the poisoning.

Death can occur within 36 to 72 hours depending on the route of exposure and amount of exposure.

Learn more about Ricin from the Centers for Disease Control at: <http://www.bt.cdc.gov/agent/ricin/clinicians/index.asp>

**National Institute for Occupational Safety and Health (NIOSH)
and Centers for Disease Control (CDC):**

Updated List of Life-Threatening Diseases For Emergency Responders

On November 2, 2011, NIOSH and CDC announced through press release a revised and updated list of potentially life-threatening infectious diseases that emergency response employees may be exposed to in their work.

The list is in response to Ryan White HIV/AIDS Treatment Extension Act of 2009. The Act is available in the Federal Register/ Vol.76, No. 212 at: <http://www.cdc.gov/niosh/topics/ryanwhite/pdfs/FRN11-2-2011GPO.pdf>

The list includes emerging infectious diseases. It specifies those that are transmitted by airborne or aerosolized means, as well as those that bloodborne.

The guidelines describe how emergency response personnel may be exposed to the disease while in contact with a victim while providing treatment or in transporting the victim.

There are guidelines for medical providers to aid in determining whether exposures have occurred.

The US Department of Health and Human Services has publications DSHS (NIOSH) Publication Nos. 2010-139 and 2008-115 available about bloodborne pathogens at: <http://www.cdc.gov/niosh/topics/bbp/occupations.html>

The CDC publication, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings at: <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf> provides information on Direct and Indirect Contact transmission, Droplet transmission and Airborne transmission.



Earlier List of Infectious Diseases Under the Ryan White Act of 1990:

- Diphtheria
- Hepatitis B
- HIV, including AIDS
- Tuberculosis
- Viral Hemorrhagic Fevers
- Meningococcal Disease
- Plague, Pneumonic
- Rabies

Infectious Diseases Added Under the Ryan White Extension Act of 2009:

- Anthrax, cutaneous
- Novel Influenza A & strains with a Pandemic Index greater than or equal to 3
- Hepatitis C
- Measles
- Mumps
- Pertussis
- Rubella
- SARS
- Smallpox
- Vaccinia
- Varicella Disease (Chickenpox)
- Selected Agents

STOP THE FLU

TexasFlu.org

Arguments Against Seasonal Flu Shots Don't Wash

By Russell Smith, HHSC

Quick true-or-false quiz:

1. Karen displays a savvy, realistic attitude when she declares that she's skipping her seasonal influenza shot because "I already had it last year, and besides, you always hear about people who get their flu shot and catch it anyway."
2. You've got to salute Candace's candor when she admits, "I'm scared to death of needles; not shots for me unless they are legally required!"
3. Office supervisor Anthony is setting an admirable "take one for the team" example when he goes to work with a 100-degree fever and a persistent cough.

If you rated any of these statements as true, state health officials would like a moment of your time. All three situations, they say, put family members, friends, co-workers and others at risk of serious, potentially dangerous illness. And although no preventive measure is foolproof, we can make a big difference by getting our flu shots every year and following simple steps to avoid contagion.

"Influenza differs from many other illnesses in terms of how it's processed in the body," said Dr. Robert Kaspar of the Texas Department of State Health Services (DSHS). "Your immunity to the flu wanes faster and, because the virus changes out in the world, your immune system may not continue to have the same response. That's why you need to get your recommended flu shots every year."

Influenza can be caused by a host of viruses, so it's impossible to brew a vaccine that offers 100 percent protection. That's why you occasionally hear of people catching the flu despite having their seasonal vaccinations. This year's strains are anticipated to be the same as last year's, but Kasper urged Texans to get this year's shots to strengthen their immunity and account for any changes the viruses may have undergone.

They also should get the shots as soon as possible. DSHS has already seen an increase in flu-like illness in Texas over the last few weeks, and the vaccines take about two weeks to become effective.

Some needle-phobes may be able to catch a break. Nasal spray vaccines are available for people who are healthy, not pregnant and between the ages of 2 to 49. There's also a new type of shot that uses a much shorter needle and can be given under the skin rather than into the muscle. Check with your doctor or pharmacist to see if it's available in your community.

Smart preventive practices also are important as flu season comes around. If you're coughing or sneezing, cover up to protect others from airborne transmission. Wash hands often with soap and water or hand sanitizer. And if you are sick, stay home.

Continued on the following page, Arguments Against Flu Shots Don't Wash

CONGRATULATIONS!

Burton Berry Celebrates 5th Anniversary

Burton Berry, on the right, the Program Specialist with the HSR 9/10 Public Health Preparedness Program in San Angelo on the right receives his 5 Year Service Award presented by **David Kolberson**, Supervisor, DSHS/ERT Planning and Response Group this summer. Burt celebrated the anniversary on May 23, 2010.

When asked for his comments on his tenure with DSHS, Burt wrote back:

“The past five years has been a time of tremendous personal growth. I have learned a lot about public health but I know I still have much to learn. I’ve also learned to use old skills in new ways. I have seen more of rural Texas than I ever would have on my own. Along the way I have met many tremendous people both at DSHS and through the many encounters that my job has afforded me. I look forward to the future opportunities and challenges that we will face as a team and the enjoyment of working with the many fine people in our region and in the agency as a whole.”

Burt, your colleagues congratulate you, and appreciate the outstanding contributions you’ve made to the Program.



Arguments Against Flu Shots Don't Wash cont, from page 11

The last point, Kaspar admits, contradicts some folks' basic nature and cultural conditioning. “We all like to feel we're very important at work, and we don't want to let people down. But if we give the flu to all our co-workers we're not doing much of a favor to them—or to ourselves. Just as a general guideline, wait until you're free of fever for 24 hours or more before going back to work or school.”

Most healthy people recover from the flu without problems, but older people, young children, pregnant women and people with chronic health conditions are at risk of serious complications and even death. Vaccinations are especially important for these high risk groups, everyone six months and older should get their shots. Children up to 8 years old who didn't get at least one dose of vaccine last year should get two this season.

Convinced? Contact your health care provider, local health department or 2-1-1 to find out where to get a flu shot. Flu information and tips for protecting against the flu are at www.texasflu.org

DSHS Flu Fighters to Tour HSR 9/10 in December

The Flu Fighters Schedule:

On December 6th:

8:30 am Cavazos Elementary - Odessa
**2:00 pm Henderson Elementary—
Midland**

On December 7th:

**9:00 am Apache Elementary—Fort
Stockton**
2:00 pm Austin Elementary - Pecos



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On-Line Course

CRISIS MANAGEMENT: Critical Thinking in Crisis Preparation

Instructor: Ian I. Mitroff, PhD

Dr. Ian Mitroff is widely regarded as the founder of the discipline of crisis management. He specializes in crisis prevention, strategic planning, and the design of ethical work environments. Known for his thinking and writing on a wide range of business and societal issues, Dr. Mitroff has published over 350 papers and articles and 29 books, including *Swans, Swine, and Swindlers: Coping with the Growing Threat of Mega-Crises and Mega-Messes* and *Why Some Companies Emerge Stronger And Better From A Crisis*. (<http://mitroff.net/about-2/>)

Course Description:

This course introduces participants to the fundamentals of crisis management. It presents a framework that shows clearly the critical activities and programs all organizations need to have in place before, during, and after major crises. It allows participants to analyze their own organizations with regard to how well prepared they are for major crises.

Learning Objectives:

- Discuss the different Types or Families of Crises
- Describe the 6 phases of Crisis Management
- Discuss the root causes and critical variables that lead to crises
- Identify the role of stakeholders in Crisis Management
- List the qualities of an Ideal Crisis Management Program

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