



# Arkansas

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## Arkansas Assists Hurricane Katrina Evacuees

Coordination of government programs improves public health in the wake of devastating emergencies.



In September 2005, the Arkansas Department of Health (DOH) activated and fully staffed its Emergency Operations Center

(EOC) as reports began coming in that thousands of Katrina evacuees were on their way by plane, car, and bus to Arkansas. The state's greatest concern was how to house and feed the evacuees while simultaneously preventing the spread of disease in mass shelters.

DOH accomplished hundreds of logistical tasks during this mass evacuation, including processing thousands of applications for services ranging from medical assistance and social services to temporary employment assistance (TEA). During the months of September and October, more than 12,000 applications were processed. Benefits authorizing food stamps amounted to \$2.3 million.

Arkansas Medicaid applications were approved for 1,315 people and TEA benefits totaled \$78,871.

In the end, approximately 31,000 evacuees were processed through the Arkansas system. In addition, coordination with CDC allowed for an epidemiological team to assess the health status of the evacuees. Rapid needs assessments

and evaluations of the impact on environmental services systems allowed for a more efficient response to Hurricane Katrina. The Arkansas Public Health Laboratory also conducted drinking water analysis for several months following Hurricane Katrina. Increased laboratory infrastructure provided through preparedness initiatives was essential to manage increased workloads.

**According to the Arkansas Department of Health, the cooperative agreement is valuable because** Arkansas has been able to convert from statewide telephone line and modem communications systems to a real-time high speed 24/7 intranet system. In addition, the cooperative agreement has had immeasurable effects on the state public health laboratory, especially in the clinical microbiology, molecular diagnostics, and virology testing units. Arkansas has moved from traditional time-consuming methods to modern methods that can identify most Category A agents in a fraction of the time.

## Snapshot of Public Health Preparedness

Below are activities conducted by Arkansas 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 Arkansas 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)	21
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	100%
	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)	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)	No
	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
	Arkansas SNS plan reviewed by CDC <sup>2</sup>	Yes
	- Score on CDC technical assistance review (1-100)	83
	Number of Arkansas 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)	Yes
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)	Yes	
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>1</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