



# District of Columbia

<http://bioterrorism.doh.dc.gov/biot/site>



## District of Columbia Responds to a Chemical Incident

Cross-jurisdictional collaboration plays a key role in emergency response.



One morning in July 2007, an alarming number of dead birds, accompanied by an unknown powder, were reported at multiple transit stations across the District of Columbia. Transit officials who had not been notified of any planned pest control activities became suspicious of a chemical terrorism threat.

Public health officials and animal specialists monitored the situation both on site and remotely with regional and federal emergency response coordination. The fire department and emergency responders were able to immediately investigate the chemical on-site, and the Federal Bureau of Investigation also became involved due to the potential for this incident to have a nexus to terrorism. Within hours the chemical agent was identified as a skin and eye irritant and an ingredient commonly found in laundry detergents and rat poison. In total, between 70 and 90 birds died across seven transit stations. Humans were not harmed.

Local emergency response was able to successfully contain this situation within 5 hours because of effective

collaboration among local, regional, and federal partners in public health, law enforcement, and public safety; on-site and remote emergency response coordination and operations at both regional and federal levels; and the ability of emergency responders to immediately conduct environmental tests.

**According to the District of Columbia Department of Health, the cooperative agreement is valuable because** it has allowed the District of Columbia to build capabilities and expand capacity in a wide variety of public health emergency preparedness areas. These have included syndromic and disease surveillance, interoperable communications, planning, preparedness and response, chemical and biological laboratory testing, mass prophylaxis/vaccination, and other key initiatives to build a District that is stronger, more resilient, and better prepared to handle natural, manmade, or technological disasters.

## Snapshot of Public Health Preparedness

Below are activities conducted by District of Columbia 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>	Electronic Reporting
	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



# District of Columbia



## 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 District of Columbia laboratories in the Laboratory Response Network <sup>1</sup>	3
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE):* <sup>2</sup>	
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE):* <sup>2</sup>	
	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
	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
Crosscutting	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)	Yes

\*Localities were not asked to respond to this question.

<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
	District of Columbia SNS plan reviewed by CDC <sup>2</sup>	Yes
	- Score on CDC technical assistance review (1-100)	91
	Participated in the Cities Readiness Initiative <sup>2</sup>	Yes
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>3</sup>	Yes
	Public health laboratories conducted training for first responders <sup>4</sup> (8/05 – 8/06)	Yes
	Activated public health emergency operations center as part of a drill, exercise, or real event* <sup>5</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>5</sup> (partial year, 9/06 – 2/07)	No	
Improve	Finalized at least one after-action report with an improvement plan following an exercise or real event <sup>5</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> Localities 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 CRI; 2007; <sup>3</sup> CDC, DSLR; 1999-2005; <sup>4</sup> APHL, Chemical Terrorism Preparedness; May 2007; <sup>5</sup> CDC, DSLR; 2007