

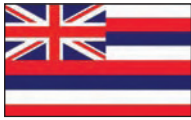


Hawaii

<http://hawaii.gov/health/emergencyprep>



Hawaii Exercises the Biohazard Detection System with the Postal Service Full-scale exercises involving multiple agencies ensure a coordinated response to public health incidents.



In June 2007, the Hawaii Department of Health (HDOH), along with the United States Postal Service (USPS), conducted a full-scale exercise of the Biohazard Detection System (BDS). This exercise, called the *Maka'ala II* exercise, was developed to test a multi-agency response to the detection of anthrax spores in the USPS mail sorting facility located near the Honolulu International Airport. The exercise planning team was composed of multiple agencies from the federal (USPS, Federal Fire Department), state (HDOH, state civil defense, Sheriff's Department, Department of Transportation), and local (Department of Emergency Management, Honolulu Police, Honolulu Fire, and Honolulu Emergency Medical Services) levels.

Maka'ala II tested response team members and their roles and actions during an activation and alert of the BDS at the mail sorting facility. HDOH participation was part of the USPS overall response plan to a BDS alarm. HDOH partnered with USPS to establish a dispensing clinic for

USPS-purchased medications. The purpose of the clinic was to screen postal employees and dispense medication to protect against anthrax as needed. After proceeding through a decontamination area, the USPS employees came to the dispensing clinic and were quickly processed and issued medication.

According to the Hawaii Department of Health, the cooperative agreement is valuable because funds have provided the state with the opportunity to make much progress in preparedness that otherwise would have been impossible. The state has been able to increase personnel, purchase software, build an information technology infrastructure, produce public information materials, and hold workshops and exercises.

Snapshot of Public Health Preparedness

Below are activities conducted by Hawaii 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



Hawaii



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 Hawaii laboratories in the Laboratory Response Network ¹ | 3 |
| | 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) | 9 |
| | - Percentage of test results submitted to CDC database (PulseNet) within 4 days | 78% |
| | Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE): ² | |
| | - Number of samples received (partial year, 9/06 – 2/07) | 1 |
| | - Percentage of test results submitted to CDC database (PulseNet) within 4 days | 100% |
| | 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 | |
| Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens ³ (8/05 – 8/06) | Yes | |
| Crosscutting | 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 |
| | Hawaii SNS plan reviewed by CDC ² | Yes |
| | - Score on CDC technical assistance review (1-100) | 72 |
| | Number of Hawaii 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 | Yes |
| | - 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 ^{*16} (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 ¹⁶ (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 ¹⁶ (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.

¹ 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