Kansas Responds to Multiple Weather Emergencies

A strong public health system allows for successful response to multiple disasters.

The summer of 2007 brought multiple weather disasters to Kansas. In early May, tornadoes struck the southwest portion of the state, followed by massive flooding that affected over one third of the counties in Kansas. The city of Greensburg in Kiowa County was almost destroyed by one of the largest tornadoes ever recorded by the National Weather Service, and a state of disaster emergency was declared.

The Kansas Response Plan was activated and the Division of Emergency Management opened the State Emergency Operations Center (SEOC). The Kansas Department of Health and Environment (KDHE) played several roles in the response efforts, and public health preparedness staff assisted in the coordination of public health functions at the SEOC. Additional services provided by KDHE included the monitoring of air quality, debris disposal, and the restoration of the public water system in the city of Greensburg. KDHE also was able to rapidly disseminate fact sheets on health hazards related to mold to the public. KDHE served as the lead for the public health response efforts within the SEOC and helped staff the center, coordinate health and medical activities, and secure health and medical supplies and equipment to support local response.

According to the Kansas Department of Health and Environment, the cooperative agreement is valuable because it has funded additional staff and updated technologies, training, exercising, surveillance capabilities, risk communications, laboratory capacity, and overall preparedness planning. Approximately half of the funding has been provided to local health departments for local preparedness activities.

Snapshot of Public Health Preparedness

Below are activities conducted by Kansas 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]	Fax
	Linked state and local health personnel to share information about disease outbreaks across state lines (through the CDC *Epi-X* 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

Kansas

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 Kansas laboratories in the Laboratory Response Network[1]	2
	Rapidly identified *E. coli* O157:H7 using advanced DNA "fingerprinting" techniques (PFGE):[2]	
	- Number of samples received (partial year, 9/06 – 2/07)	6
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	50%
	Rapidly identified *Listeria monocytogenes* 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
	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)	Yes
	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
	Kansas SNS plan reviewed by CDC[2]	Yes
	- Score on CDC technical assistance review (1-100)	93
	Number of Kansas 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	Yes
	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)	Yes
	Activated public health emergency operations center as part of a drill, exercise, or real event*[†6] (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[†6] (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[†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