



Galveston County Health District

Commissioner's Court Workshop Public Health Preparedness & Smallpox Readiness February 24, 2003

1. Overview

- **Public Health Preparedness** refers to the ability of public health organizations to rapidly identify and respond to natural health threats (e.g., disease outbreaks or disasters) and respond to intentional threats (e.g., bio-terrorism).
- **Bioterrorism** is the overt or covert dispensing of disease pathogens by individuals, groups, or governments for the expressed purpose of causing harm for either ideological, political, or financial gain.
- Since the national tragedy of September 11th, 2001, and the subsequent threats of anthrax bio-terrorism, Texas and the entire nation recognized severe deficiencies in the public health system's ability to respond.
- As a result, federal funding became available to local governments in Texas, through the U.S. Centers for Disease Control (CDC) and the Texas Department of Health (TDH), to improve infrastructure for public health preparedness.

2. History and Status of Funding in Galveston County

- Federal dollars were appropriated to strengthen federal, state and local public health preparedness and infrastructure.
 - March/April 2002 Texas received \$54M.
 - June 2002 Galveston County Health District received \$390,234 (grant period June 2002-August 2003).
- Local funding is to be used for bio-terrorism planning, other infectious disease outbreaks and other public health threats and emergencies. Current activities include:
 - **New hires:** Public Health Technician; Health/Risk Communicator; Web Site Manager. Galveston County Health District has recently asked for a budget amendment to hire a Health Planner.
 - **Personnel Upgrades:** Part-time Epidemiologist to full time, and upgraded job descriptions of other positions to include additional job functions.
 - **Equipment purchases:** Hand held radios, firewall for additional internet security; desktop and laptop computers; satellite internet access and personal protection equipment for Galveston Area Ambulance Authority (GAAA).

- **Software purchase:** Web development software and GIS mapping software.
- **Planning activities:** An interim risk communications plan; draft post event smallpox plan; pre-event smallpox planning/vaccinations; upgrading/testing security of electronic communications systems and briefing of local officials, emergency management coordinators, medical society and other interested groups.

At the time the grant was awarded, smallpox was not an issue, however, in October 2002 this changed. CDC notified TDH that a plan to vaccinate all the citizens of Texas in a 5-10 day period, should a suspected or actual case of smallpox be identified, was due to them by December 1, 2002. TDH then asked local health departments to develop plans to vaccinate their county populations under that same time frame (5-10 days). The District submitted its draft plan to TDH the second week of November 2002. The last week of November 2002, the District received information from TDH that we were to start planning for pre-event smallpox vaccinations of what is called Phase I response teams. We have been working on that activity since December 2002.

3. The Smallpox Vaccination Campaign – Phase I

Due to state and national security recommendations, the District will not release specific vaccination logistics; vaccine shipping, receiving or distribution information; city-specific data; or information specific to individual or hospital participation or non-participation. For these same reasons, the District will not permit on-site news media coverage of actual smallpox vaccinations in which District staff are administering or receiving the vaccinations.

Phase I:

- Phase I is designed to establish a core of individuals in the county who will be able to further continue vaccination efforts and respond in the event of a smallpox emergency. Participation is voluntary for all individuals and hospitals.
- **Public Health Response Team** is comprised of District employees including nurses, physicians, epidemiologists, and other public health workers. This team is responsible for investigating any potential cases of smallpox, and taking measures to control an outbreak.
- **Health Care Response Teams** are based in locally participating hospitals who are responsible for diagnosing and treating possible or actual cases of smallpox.

Tentative Sequence of Events for Phase I:

- Texas Department of Health began Phase I vaccination on February 18.
- The Galveston County Health District nurses will be vaccinated by the first week of March. These nurses will then become the vaccinators for the Galveston County smallpox vaccination campaign.

- Vaccine will be made available to the District from CDC through TDH.
- Vaccination of the Public Health Response Team and Health Care Response Teams in Galveston County is expected to begin during the second half of March.
- As many as 300 individuals could be vaccinated.
- At this point it is anticipated that the majority of Phase I vaccination in Galveston County should be completed by the end of April.

4. Phases II & III

- Phase II is expected to commence in the later part of 2003. Phase II will offer smallpox vaccination to all healthcare workers, first responders (law enforcement, fire and EMS), and their families.
- Phase III is tentatively scheduled for 2004, and include the voluntary vaccination of the general public.
- To date, plans for Phases II & III are not finalized.

5. Frequently Asked Questions

Q: I have received the smallpox vaccination in the past, why do I need it again?

A: Americans have not been routinely vaccinated against smallpox since 1972, and many have never received a smallpox vaccination and have no immunity to the virus. Vaccination offers a high level of immunity for 3 to 5 years and decreasing protection after that time. Therefore, revaccination is necessary to maintain adequate protection.

Q: Can I get smallpox from the vaccination?

A: No. The smallpox vaccine does not contain smallpox virus (variola virus) and cannot spread or cause smallpox

Q: What can go wrong with the vaccination?

A: Most people experience normal, usually mild reactions that include a sore arm, fever, and body aches. One in three people will feel bad enough to miss work, school, or recreational activity or have trouble sleeping after receiving the vaccine. In the past 1 out of every 100,000 people vaccinated for the first time have experienced, while not life threatening, serious reactions. Previously between 14 and 52 people per million experienced potentially life threatening reactions. Death due to vaccination is very rare, but may occur at a rate of 1-2 persons per every million vaccinated.

Q: Who should not be vaccinated?

A: People should consult with their primary care physician to determine if vaccination is appropriate. It is recommended the following populations not be vaccinated at this time: (1) Women who are pregnant or

breastfeeding; (2) People who have, or have had certain skin conditions; (3) People with weakened immune systems (organ transplant patients, HIV positive individuals, cancer patients, or those taking medications that suppress the immune system); (4) Any person with a known allergy to the vaccine or any of its components; (5) Anyone with eye disease or recent LASIK surgery that required the use of corticosteroid drops.

6. Summary of Public Health Preparedness – How prepared are we?

Current Progress:

- Draft plans for dealing with intentional biologic threats and other types of public health emergencies.
- On-going employee training in various aspects of public health preparedness, including risk communications to the public, disease detection and control methods, responding to chemical threats, emergency management protocols, etc.
- Access to electronic health alerts from the state and national networks.
- Access to equipment and resources needed to respond to various types of disasters.

Next Steps:

- Meet evolving state and federal expectations for health security (e.g., voluntary smallpox vaccinations).
- Establish systems to rapidly disseminate health alerts to physicians, hospital, and other health professionals in the county.
- Establish systems to rapidly identify signs of health threats by analyzing health data from a variety of non-traditional sources in the county, such as: schools, grocery stores, pharmacies, hospitals, clinics, and EMS.
- Expand planning and training activities to include all first responder, fire, EMS, law enforcement, and emergency personnel in the county jurisdiction.
- Evaluate our plans through county-wide drills and exercises using mock scenarios.



** For more information, contact Galveston County Health District at (409) 938-2401*