**HEALTH AND HUMAN RESOURCES SUB-PANEL,**

**GOVERNOR’S SECURE COMMONWEALTH INITIATIVE**

**Tuckahoe Library, Henrico Virginia**

**October 16, 2017**

**Summary Notes**

**Welcome and introductions    Marissa J. Levine, MD, MPA, State Health Commissioner**

Dr. Levine relates that this group serves a number of purposes. It is a subpanel of Secure and Resilient Commonwealth Panel which will meet later this week. This subpanel also serves a key role in supporting the Virginia Department of Health’s (VDH) Preparedness grant initiatives. VDH relies upon feedback and guidance from this subpanel to make assist the agency in ensuring grant requirements are met and to provide ideas for improvement. There is no shortage of issues and potential concerns that are needed to prepare for responses to natural disasters, diseases and even responding to the current opioid crisis.

**Fusion Center Update First Sergeant Eric Gowin**

**Lead Intelligence Analyst Robin Liberto**

**Virginia State Police, Virginia Fusion Center**

Ms. Liberto and 1st Sergeant Gowin provided an update on what is going on in the world of terrorism that is being monitored in Virginia. ISIL is a continuing threat in Virginia. VA is 2nd in the nation for ISIL related arrests. There have been over 135 arrests nationwide, 14 in Virginia. Domestically, extremists are becoming more involved in threats and demonstrations in the country. Two new pipelines are coming through Virginia that present potential platform for demonstrations and threats. The Virginia State Police is continuing outreach to affected communities to make sure people are aware of and report any suspicious activities that may take place around the development of those pipelines (Atlantic Coast Pipeline and Mountain Valley Pipeline). The concerns for Virginia are: when the pipelines cross a particular area, there is a raised awareness that brings MANY thousands of people to a small community that otherwise would not be present in a particular area. This brings with it, concerns with safe water and cleanliness and other health issues when large gatherings like this take place. There is no immediate threat that Virginia will have a situation like this, but it is always a possibility.

**Emerging Health Threats Laurie Forlano, MD**

**Director, Office of Epidemiology, Virginia Department of Health**

Dr. Forlano spoke about influenza and well as what VDH uses to look for novel viruses and other emerging respiratory conditions. Surveillance efforts are not necessarily new to the landscape of communicable disease, but VDH continues to require resources to perform ongoing monitoring. Flu surveillance season has begun at VDH, which started October 1 and goes through May, with peak period in January/February. VDH relies on viral labs, Influenza Like Illness (ILI) and info on outbreaks reported by facilities to monitor diseases. The goal of all monitoring is to build a system that is useful to local health care provides as well as informing at the national level. The data allows VDH to visualize when flu season starts, when it peaks and the duration of the season. Review of this data also allows VDH to inform the provider community as well as the public during the flu season as well as for future seasons on how to prevent the spread of disease. Dr. Forlano discussed the types of viruses that are monitored including avian flu, swine flu, MERS-COV.

Dr. Forlano also previewed a new Opioid Addiction Dashboard <http://www.vdh.virginia.gov/data/opioid-overdose/>. She related an important initiative is underway to address the opioid epidemic as part of a comprehensive harm reduction effort in VDH that is in collaboration with community based organizations as well. (slides)

Questions from panel:

* What is proportion of individuals that have received flu vaccinations in Virginia. Approximately 48% of adults 18 and older received a flu shot last year which is roughly the same as prior year. The percentage of health care workers receiving flu vaccine is typically higher, approximating 80%.
* Is there any data why people in general do not get flu shots? Not known
* Do military hospitals report to VDH (about influenza vaccination rates)? Will check on that answer.. (Answer: Regarding reporting specific to HCW influenza vaccination rates, we do not get data for military hospitals in Virgina, but is a goal we’d like to achieve. The current VDH reporting requirements are particular to acute care hospitals that report under a specific CMS quality reporting program. Military hospitals do not report under that CMS program. HOwver, they do report to the National Healthcare Safety Network (NHSN). Although CDC has confirmed that they are getting data from military hospitals in NHSN, VDH is not getting those data.)
* Does VDH have vaccination rates for elementary schools? Not, schools are not required to report.They are only required to report certain data elements pertinent to school-required vaccinations.

**Ebola Virus Disease Planning Bob Mauskapf, Director, Office of**

**Emergency Preparedness, VDH Planning**

VDH received two special grants to respond to Ebola, one public health that ended 6/30/17 and one hospital grant. Hospital grant requires us to evaluate assessment hospitals and two treatment centers. That effort is funded until 2020.

VDH will hold an annual Ebola forum at UVA on November 7, 2017 to evaluate progress. Additional efforts have included planning for transporting and disposing of Ebola infected medical waste. None of Virginia waste sites will accept Category A treated waste. Only certain licensed carriers can transport this waste. Best practices for infrastructure design have been compiled and shared among facilities throughout Virginia. VDH will participating in testing with the National Region 3 regional hospital center (Johns Hopkins Medical Center).

**Opioid Addiction Response in Virginia Bob Mauskapf**

VDH formed an incident management team focused on opioid addiction. The goals are to 1) prevent addiction, 2) to increase surveillance, 2) reduce injury and death from addiction, and 3) monitor and evaluate addition epidemic.

There are seven regions that have been designated, each with a champion and emergency coordinator to convene opioid response entities. Thus far, efforts have led to facilitating naloxone distribution among response groups, and convening response partners to identify resources and assist with tracking and reporting on the response efforts.

**Public Health and Preparedness Update            Bob Mauskapf**

Mr. Mauskapf reported on a number of projects and initiates that have been completed or are underway in VDH as part of the Public Health and Preparedness grant program:

* The Secure and Resilient Commonwealth Panel now includes the Virginia Department of Health as a named member per legislation passed during the last general assembly session. The next meeting of this Governor’s advisory group is this Thursday, October 18, 2017. The Panel now meets twice a year. Our Health and Human Resources Subpanel is the longest running sub-panel of this full Panel.
* There is an upcoming exercise scheduled for October 25, 2017 – the FBI is hosting a Marble Challenge exercise. This national level exercise will involve a chemical attack at Kings Dominion during “Fright Night”. Will include VDH, VDEM, DCLS, HHS, FEMA, DHS, FBI, VSP.
* A training and exercise workshop activity is being conducted tomorrow, October 17, 2017.
* Next spring, VDEM will conduct a VESTEX exercise. Usually these spring exercises are focused on a hurricane event. Next year; however, the event will include Federal partners who will be evaluating patient movement and patient evacuation capabilities. There is a scheduled tabletop exercise in January or February with DHHS. VDH is continuing to purchase flu vaccine to conduct mass vaccination exercises at local health districts to evaluate time and volume for delivering vaccine in mass quantities. Targeted populations for these exercises are those without a medical home.
* VDH has created a Flu on Call program. This program was developed to take calls through Virginia 211 and Poison Control Centers during an event to provide prescriptions so people can obtain medications if needed.
* ZIKA response efforts are winding down for the moment. The last incident management team meeting held and the last situation report provided to the CDC. VDH continues monitoring, but this effort is not as high profile as we go into the fall season.
* A new CMS rule that requires any facility receiving CMS dollars to meet a certain level of preparedness went into effect October 2017. This requirement may also be extended to facilities receiving Medicaid funds. VDH is assisting facilities in meeting the requirements of this new rule.
* VDH now has access to a new federal system called Empower. It includes Medicare provided data that tracks individuals requiring assistance during power outages to maintain life sustaining equipment. This information can be made available to VDH during emergencies if needed to ensure these individuals have access to resources needed.
* NACCHO sponsors a Project Public Health Ready program that VDH has participated in for the past 9 years. This is a national standard program that evaluates local public health readiness. Every Virginia local health department has received recognition by this program and has maintained that recognition for the past nine years.
* The VDH Emergency Response Training and Education team has provided Community Based Emergency Based Seminars (CBERS) each year to train in the community on key preparedness issue. Various programs targeted different community sectors have been conducted for the past nine years. Last year focused on safe drinking water and provided training to water works entities. Previous training has been delivered to nursing home, long term care facilities, pharmacies, private sector physicians, and behavioral health providers.
* DHHS issues a national health security health index every year. Virginia has been rated in top 2 or 3 (of all states) every year it has been released.
* Civil Unrest issues are fast becoming the focus of attention in preparedness response. This issue arises when faced with the impacts of dealing with a license or unlicensed group showing up to speak/demonstrate at a public venue that potentially could lead to a contentious/confrontational situation. A Governor’s Civil Unrest Committee has been formed on which VDH has seat. The objective of this new committee is to evaluate what role public health would take on during a response to civil unrest. VDH has developed a playbook for this topic that includes prescripted public messages, reporting requirements.
* VDH has also developed an Active Shooter playbook. They are also looking at writing an Environmental playbook. And considering how to engage pharmacies to become dispensing sites for mass vaccinations.
* The Commonwealth of Virginia is a party to EMAC – Emergency Management Assistance Compact. EMAC comes into play when one state has exceeded its capacity to respond to an event and has to go to another state for assistance. VDH has been developing mission ready packages that defines what is needed to deploy teams to other states in response to events.

**Impacts and lessons Learned Patrick Ashley, State Hospital Coordinator**

**from recent Hurricane Events Office of Emergency Preparedness, VDH**

Mr. Ashley reviewed the CMS rule with the panel. The CMS rule provides an opportunity for EMS community to engage with health care facilities to plan for facility specific response. The Rule requires facilities that receive federal funds to conduct a risk assessment, develop a response plan and polices, and identify who they need to speak with about their plan and then they must train their staff on how to respond. Facilities are required to undertake this effort in collaboration with their community emergency management partners. They must document and show that their facility has invited and included community collaboration with emergency managers in their planning and response activities. (slides)

Mr. Ashley shared lessons learned from the Texas, Florida and Puerto Rico hurricanes (slides)

* Puerto Rico – 65 of 67 hospitals are now open, but 49 are still functioning on generator power. Only 900 people are in shelters at this time, but shelters don’t have power. There have been 39 fatalities. They are still assessing nursing home status.
* Texas – 11 hospitals and 51 nursing homes closed and evacuated their patients.
* Florida – 34 hospitals, 58 nursing homes and 259 assisted living facilities evacuated.
* Hospitals wanted to take care of people that were dependent on medical equipment, but people didn’t bring their equipment or supplies. So instead of just housing them, they actually became patients of the hospitals.
* Most (hospital) essential personnel stayed in facilities, but non-essential people evacuated (laundry, dietary staff, etc.) then could not return easily to assist with taking care of patients.
* Early regulatory waivers necessary to allow for outside assistance. It was important to delay licensing enforcement reviews/surveys. There were also relaxed admission requirements and bed utilization spaces.
* All encountered typical public health issues, challenges with operating shelters, access, logistical challenges, etc.
* Bordering states were seeing increased hospital visits due to evacuations from people out of the state.
* Virginia did experience some repatriation efforts from tourists returning to the mainland from Puerto Rico that came into Dulles Airport.

Questions from Panel:

* Does VDH have any information on how schools have responded in those affected areas? No specific data available.
* Have women, infant and children programs recovered? Not known. Did know that in Puerto Rico, cash based systems became ineffective because ATMs ran out of cash or could not operate due to loss of electricity.
* What monitoring is underway in Florida in Texas? Similar to what is being conducted in Virginia now. Puerto Rico not able to continue monitoring due to lack of sustained or recovered infrastructure.

Public Comment

What are issues/concerns that VDH should be considering moving forward? No specific feedback provided.

Adjourn