**SUMMARY NOTES**

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

**GOVERNOR’S SECURE COMMONWEALTH INITIATIVE**

**Tuckahoe Library, Henrico Virginia**

**April 7, 2017**

Opening Remarks/Welcome/Introductions

**Del. John O’Bannon, MD -** Chair

**Marissa J. Levine, MD, MPH –** State Health Commissioner

Virginia Department of Health (VDH)

This group is the advisory group for the two major preparedness grants in Virginia, Public Health Preparedness (PHEP) and the Hospital Preparedness grants (HPP). It’s primary role is to get feedback from participants on guiding grant initiatives as well as giving guidance in general on how to keep citizens in the Commonwealth of Virginia safe and healthy.

Public Health and Preparedness Grant Update - **Bob Mauskapf,** Director - Emergency Preparedness, VDH

PHEP/HPP Grant application for the upcoming year was just submitted on March 31st. The largest portion of PHEP funding goes toward funding local staff throughout the agency including local emergency coordinators and epidemiologists and a regional public information officers, training staff and emergency coordinators and epidemiologists. HPP funding goes to supporting regional health care coalition planning and response efforts.

Infrastructure in place most recently responded to event just yesterday (tornado) affecting Rappahannock Hospital

Funding also supports Medical Reserve Corps (MRC) units throughout the Commonwealth. MRCs serve localities for local events, including most recent inauguration and other public events that may impact public health.

Current year application built around six public health domains (slides). Currently reviewing/revising strategic plan to conform to these domains.

Success (and funding) in each domain is tied to outcomes.

HPP outcomes:

* Health Care Coalition (HCC) resiliency
* Enhanced HCC membership
* Cross-regional, cross-functional situational awareness
* Hazard vulnerability analysis by each HCC
* Enhanced response to at-risk populations
* Increased integration between HPP and PHEP
* Improved responder safety and health and PPE inventory
* Better external information conscious HCC staff and membership
* Increased surge responsiveness
* Better integration of volunteers

PHEP outcomes:

* State PH accreditation
* NACCHO recognition
* Increase MRC membership and functionality
* Deeper engagement with federal Indian tribes
* Robust exercise program
* Integration of HCC with local public
* Increase focus on at-risk population planning
* Better trained, more response workforce
* Standardized Incident Management Team (IMT)
* Cross functional situational awareness
* Enhanced administrative, logistic, financial preparedness
* Real time situational awareness
* Provide OCME more trained staff for mass fatality event
* Complete family of plans
* Enhanced preparedness and response to unique pathogens
* Cross-docking/managed inventory model for medical countermeasure distribution
* All-hazard MCM private pharmacy PODs
* Completion of PHEP/LRN emergency contact drills
* Enhanced public health information systems workforce and improved public health informatics

Funding trend trending downward slightly over past years (since 2010)

Results

* National Health Security Index – Virginia #1, been top 4-5 since inception
* Trust for America’s Health – Virginia top 3
* CDC performance snapshot
* Operational Readiness Reviews
* Project Public Health Ready (PPHR) – NACCHO recognition, every local health department has obtained recognition. Starting third recognition process
* Community Based Emergency Response training with response partners. This year conducting table top exercise on water works contamination incident.
* Public Health and Healthcare Academy – theme Moving Preparedness Forward
* Epidemiology Seminar
* Exercises
  + Tranquil Shift – patient movement
  + Marble Challenge – chemical attack at King’s Dominion
  + VESTEX – VDEM run hurricane event
* Pilot Programs
  + Operational Readiness Review for medical countermeasure distribution
  + Mission Ready Packages – pre-organized, pre-staff, pre-equipped teams for EMAC deployments
  + Private Sector Pharmacy Partners – used as dispensing centers for medical countermeasure dispensing centers

Currently are three active IMTs functioning at this time

* Ebola
* Zika
* Addiction/Opioids

The entire Public Health and Healthcare infrastructure and plans in place are funded with federal funds. There is much uncertainty about funding continuation and loss of these funds would critically impact public health’s ability to respond.

Emerging Pathogens - **Diane Woolard, PhD, MPH** – Office of Epidemiology, VDH

* Zika - 2626 people in Virginia have been tested (1/29/16 – 3/31/170, 115 confirmed cases; testing about 150-200 a month currently; pregnant women testing positive are followed as well as babies for up to a year; CDC now recommending pregnant women not travel to any area where there is a risk of Zika; VDH role is to interpret CDC information and translate into guidance for doctors and citizens.

In the US, about 5000 cases identified, some local transmissions in FL and TX, could occur in other parts of the US.

* Other arboviral disease – Brazil currently experiencing outbreak of Yellow Fever, over 1500 cases reported, 400 confirmed. US has not had case of Yellow Fever since the 1800s.
* Influenza – current flu season started sooner than previous year, but incidence remains at high spread levels. Is a highly pathogenic H7N9 Avian Flu (affecting birds) in TN. Also an H7N9 flu outbreak in China that his affecting humans that is being watched. If it starts spreading human to human, then could cause pandemic. Likelihood of this happening in the US is low.
* Great concern about emerging infectious diseases that are highly resistant to antibiotics. Only occur in one or two patients, but are very labor intensive to investigate these health associated infections.
* Outbreak investigations and case investigations – norovirus, influenza, other (strep, mumps, etc.). Have had about 100 each of norvirus and influenza in the past three months (Jan – Mar 2017). Each case originates with a call from a school or facility that then involves someone from health department to begin to investigate and make recommendations on how to mitigate spread. Each is very labor intensive effort. Staffing capacity needs to be given serious consideration as policy decisions are made. Changes to consider:
  + Changing lab tests
  + Changing technology
  + Emergency conditions

Opioid Addiction Response in Virginia - **S. Hughes Melton, MD, MBA -** Chief Deputy Commissioner, VDH

Data presented on prevalence of addiction in the community, then consequences of addiction.

ED visits resulting from opioid overdoses increasing each month since 2015, impacts are increased neonatal addiction and Hepatitis C cases. What’s really driving increasing overdose deaths is fentanyl and heroin.

So what is VDH doing – activation of Addiction IMT, focus on primary response (prevention/awareness/education/training/new regulations), secondary response – mostly behavioral health area of responsibility (treatment/screening), tertiary response – VDH most active (harm reduction/create criteria, standards, protocols/educate first responders on PPE).

What is status of prescription monitoring system across the states. Currently 18 states have interoperability, all border states to Virginia except NC are on the system now. If located on border, can sign up for NC’s system

History of State Response

* Governor’s task force on Opioid and prescription drug abuse
* GA funding to DMAS to ARTS waiver to expand SUD services
* Executive Directive 9
* Public Health Emergency Declaration

Over takeaways

* Build community resilience
* State and regional addiction champions
* Structure may support responding to other population health epidemics

Addiction Dashboard

* Contains key metrics used to track status of addition epidemic in each region
* Can be drilled down to jurisdictional level
* Updated monthly by state support action group

Fusion Center Update – **Bob Mauskapf,** Director - Emergency Preparedness, VDH

Fusion Center is monitoring home grown violent extremists who are in Virginia. Also track gang activity and opioid trafficking. Review trends, i.e. active shooters, vehicular or blade attacks. Monitor terrorist trends overseas and determine applicability in US.

Zika Preparedness Plans

**Bob Mauskapf,** Director - Emergency Preparedness, VDH

ZIKA Task Force established as request of Governor, involves state, public, private entities.

Every event involves a communications aspect. Most localities in Virginia do to have mosquito control programs in place (only 13). So the state has established a state contract with vendors across the state to serve the other areas (if/when needed).

Initiatives

* Lab capability
* Weekly reporting of human and mosquito surveillance
* Mosquito control contractor
* VA Tech vector surveillance
* 10K education tool kits distributed
* Monthly meetings of Zika task force
* Pregnancy registration
* Communication efforts

**Diane Woolard, PhD, MPH -** Office of Epidemiology, VDH

Have been used two federal grants (ELC and ZIKA/PHEP) to hire staff to support surveillance and build systems to monitor and track ZIKA, but funding will be expiring by 7/31/2017. Have requested CDC if can keep some limited staff even after this funding ends. VDH still wants to approve testing for pregnant women with exposure and their infants and track data on those who test positive. Will stop collecting data on everyone tested, only on those that don’t test negative. Will flag cases that need public health action.

Mosquito surveillance will continue through mosquito season, training and supplies provided to some health departments as resources allow.

Planned OEPI Zika communication activities:

* Hosting a Zika Clinician Forum on May 24th in Fredericksburg, VA
* Clinician letter planned for April
* Mosquito surveillance/control training, epi training internally
* Weekly updates will be posted on VDH website

**Maribeth Brewster -** Risk Communications Manager, VDH

Presented info on education materials produced last year available on VDH web and in production for distribution.

Collateral materials

* TIP, TOSS and COVER door hangers
* Church fan prepared for partners in prayer and prevention
* Baby cards
* Airport Displays

For upcoming year

* Purchased [www.ZikaVA.org](http://www.ZikaVA.org) domain name.
* Purchased radio, tv ads
* Purchasing advertising with cable stations
* Creating some animated videos targeting pregnant moms and travelers
* Digital campaign on-line

Public Comment

VDH should consider placing ZIKA advertising at rest areas throughout the state.