

THE MRC CONNECTION

Peninsula
VIRGINIA



SEPTEMBER 2010

Peninsula Medical Reserve Corps, 416 J. Clyde Morris Blvd., Newport News, VA 23601

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Welcome new volunteers
in August 2010:

**Stephanie Gomez, Vet.
Tech.**
Adyam Redae
Kara Renfrow, LPN

We look forward to
working with you to
help Protect
the Health of Virginia!

Don't forget to sign up for
your Orientation;
See Training Calendar on
Page 6



Volunteer Highlights

'Paws Preparedness, and Pictures'

As tropical systems begin to churn in the Atlantic basin, the Peninsula Medical Reserve Corps in collaboration with Newport News Community Emergency Response Team (CERT) and the Hampton Roads Chapter of the American Red Cross (HRCARC) provided Pet Preparedness information at Care-A-Lot Pet Supply, Newport News.



Left: MRC volunteers Marie Lockwood and Stephanie King talk to Care-A-Lot customers about pet preparedness. Right: Dr. Tate looks on as Stephanie Gomez takes a photo of a pet and their owner for their pet preparedness kit.



Above: MRC volunteer Barbara Smith hands out a pet supply list, Dr. Tate demonstrates supplies to a pet owner, and Smokey was adopted and went home with preparedness supplies.



Above: Nick Towers from JCC Station 1 discusses his passion for Emergency Animal Care



Above: Dana Perry Newport News CERT Coordinator talks to a CERT recruit, and Ashley Washington provides American Red Cross Pet CPR/First Aid information while Dr. Tate discusses pet immunization records. Left: Marie Lockwood of PenMRC emphasizes preparedness and provides literature.



Above L to R: Barbara Smith, Katherine Rahman, Marie Lockwood, Teresa Blakeslee, Dana Perry, Bret Dorsey (Care-A-Lot Store Manager), Dr. Tate, and Stephanie King

facebook See more photos on Facebook...

Volunteers Protecting the Health of the Peninsula

**Very special thanks to each of the following
PenMRC volunteers
for their time and effort in August 2010**

PUBLIC HEALTH:

BP Screenings – 4 hours:

Mennowood – Carolyn Conley – 6 BP's
Denbigh Senior Center – Mary Loesch – 16 BP's
Berkely Village South – Mary Loesch – 7 BP's

Community Behavioral Health EP & R Team – 13 hours:

Regina Asaro, Mary Begor, Dwaine Harrell

Pack This Not That Campaign – 5 hours:

April Payne – 5 hours

PROGRAM SUPPORT:

Administrative Support/MRC Office – 20 hours:

Fran Doyle, and Gabriel Odekhian

Disaster Volunteer Day 2011 Core Team – 11 hours:

Winnie Bennett, Marie Harrell, Chuck and Pat Olson, Carol Perenzin

Paws Preparedness and Pictures 37.5 hours:

Stephanie Gomez, Stephanie King, Marie Lockwood, Katherine Rahman,
Barbara Smith, Dr. Sam Tate

TRAINING:

Peninsula Medical Reserve Corps Orientation – 6 hours:

Helayna Banks, Howard Masters, Dr. Michael Parson

TOTAL HOURS: 96.5

Medical: 35.5

Non-Medical: 61

**Thank you for your dedication and commitment to help
fulfill the MRC Mission.**

September is National Preparedness Month

Safe America Foundation - 9/11 Drill Down for Safety Initiative

National Texting Drill - 'RUOK' & 'IMOK'



While millions will pause and reflect on the events of 9/11, the Safe America Foundation invites you to join in helping Americans be prepared to handle emergencies by practicing a 'drill' at home or work.

Being prepared contributes to the positive and far-reaching impact on the resiliency of our communities and the Nation. Emergency preparedness is everyone's responsibility.

Safe America Foundation has a comprehensive plan for the 9/11 Drill Down for Safety initiative, including ad campaigns, educational webinars, partnerships, evaluation/research, participant recognition, and much more.

It is becoming better understood that **'texting'** may become the first form of communications in a disaster – replacing voice communications (which may not be generally available). This year, organizers seek to test the collective ability of Americans to simultaneously react using telephone and wireless devices. So, as part of the initiative this year, Safe America is also encouraging a national "texting drill." The goal is to have people make a quick 'text' to family members and others who would be important for them to reach in an emergency.

At 9:11 am on September 11, a phone alert will be sent to MRC volunteers asking them to text family members and friends RUOK and IMOK on cell phones.

To learn more about the Drill Down for Safety initiative, access materials, and become involved, please visit <http://www.safeamericaprepared.org> and pledge to make America safer by visiting: <http://www.safeamericaprepared.org/home/pledge.html>

Further, the need to make a family emergency plan cannot be emphasized enough, and will make a big difference in the face of emergencies or disasters. For guidance on creating a family emergency plan, go to www.ReadyVirginia.gov <<http://www.ReadyVirginia.gov>> and click on 'Make a Plan'.

Families who are ready when disaster strikes recover faster and can help others who may be affected. If you're not ready, make your plan during National Preparedness Month.

Text First. Talk Second.

When disasters strike, voice networks can become congested with people trying to call each other for non-vital communications. This can result in people in desperate need of help being unable to contact those they need to reach, such as emergency services, friends or loved ones. In some instances, this may also result in emergency service personnel being unable to communicate with each other.

Safe America created the Text First. Talk Second. to raise public awareness around the importance of utilizing text messaging for non-emergency communications during a disaster.

Plan Now. Work Together. Be Ready.



Ready. 

NATIONAL PREPAREDNESS MONTH
September 2010 | ready.gov



FEMA



A disaster can happen quickly and with little to no warning. Are you prepared? If you have to evacuate your home for a short or long period of time, are you ready? You can start by making a Family Disaster Plan. Determine what types of disasters might happen where you live – for example tornadoes, floods or winter storms. Then meet as a family to decide what you should do, as a group and individually, for each situation. For example, you should post emergency phone numbers where everyone can find them, pick an out-of-state emergency contact person and post that phone number, and pick a spot to meet in your house, outside of your house and outside of your neighborhood. Put together an Emergency Supply Kit for everyone in your family, including your pets! Finally, practice your plan often so that everyone knows what to do if disaster strikes.

Emergency Supply Kit Word Search



- Emergency Supply Kit
- Flashlight
- Food
- Radio
- Water
- First Aid Kit
- Garbage Bags
- Bleach
- Tape
- Wrench
- Blankets
- Cash
- Whistle
- Can Opener
- Clothes
- Games
- Medical Records

t g a c l i a p g a t f e m f h t
i i c s w g k e o c e t c f g a s
k a e r h l d l n b e t n r s a o
y g l g r c g e e p a g s e l h s
l d o o f l a s h l i g h t k a n
p e b o s o m e c h a e e e g g e
p f n r i t e p l r s h c o b e e
u s s f r h s a b b r a u s a t s
s g s i r e t a w k n b c l k r c
y r a r t s g a r o s f c s n i s
c e e s h e y i p w h i s t l e o
n a a t b i s e p e s t s a h c h
e u t a o r n o t a e h g h e e o
g a g i e e s i i k c n y i s a e
r s d d r t a d n n e a s a p i w
e e e k p t a a e b e e c w c l e
m e d i c a l r e c o r d s c h o
e f c t g b w t n a b n r g s r i

Complete the puzzles, or copy and share with your family members. Have a contest to see who can complete the puzzles first.

Then take the next challenge to see who can gather the supplies first. Put those supplies in to a special waterproof bin and set aside for easy access during emergencies.

PenMRC Training Calendar - September 2010

Training is the gateway to serving with the PenMRC.

Register for a TRAINVirginia Account to sign up/take TRAINVirginia Courses: <http://va.train.org>, respond to a VVHS training alert (if applicable to MRC), or call the PenMRC office.

*Please remember to provide a copy of training certificates to the PenMRC Office upon course completion. **Complete IS-700.a, IS-100.a, and IS-200.a and receive an MRC lapel pin!***

Course/Event	Date	Time	Location	Register
CPR for Health Care Providers	Tuesday September 7	8:00 AM – 1:00 PM	Mary Immaculate Hospital Health Education Room Newport News	TRAINVirginia # 1020026 (Medical)
IS-700.a: National Incident Management System (NIMS), an Introduction *	On-line	Self-paced	Web-based	TRAINVirginia # 1020223 or http://training.fema.gov/EMIWeb/is/is700a.asp
IS-100.a: Introduction to the Incident Command System *	On-line	Self-paced	Web-based	TRAINVirginia # 1020223 or http://training.fema.gov/EMIWeb/IS/IS100a.asp
IS-200.a: ICS for Single Resources and Initial Action Incidents *	On-line	Self-paced	Web-based	TRAINVirginia # 1020216 or http://training.fema.gov/EMIWeb/IS/IS200a.asp
IS-22: Are you ready? An In-Depth Guide to Citizen Preparedness	On-line	Self-paced	Web-based	TRAINVirginia # 1020223 or http://training.fema.gov/EMIWeb/is/is22.asp
CPR for Health Care Providers	Tuesday September 21	8:00 AM – 1:00 PM	Mary Immaculate Hospital Health Education Room Newport News	TRAINVirginia # 1020026 (Medical)
Peninsula MRC Orientation Instructor: Teresa Blakeslee	Thursday September 23	1:00 PM – 3:00 PM	Peninsula Health Center – MRC Unit 2 nd Fl 416 J. Clyde Morris Blvd Newport News	TRAINVirginia # 1020223 or respond to VVHS Alert
CPR for Non-Medical	Monday September 27	8:00 AM – 1:00 PM	Mary Immaculate Hospital Health Education Room Newport News	TRAINVirginia # 1020034 (Non-Medical)

Peninsula MRC Medical Volunteers are required by the State of Virginia to have a current CPR certification under most circumstances.

PenMRC Emergency Preparedness & Response Exercises – September 2010

Event	Date / Time	Location	Volunteers Duties Assigned
9/11 Drill Down for Safety – Texting Drill	9/11/2010 9:11 am	VVHS Alert	Text to designated friends/family members 'RUOK' and 'IMOK'

PenMRC Community Public Health Events – September 2010

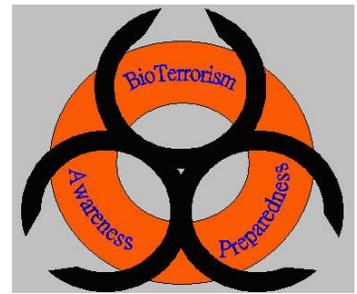
BP Screening Volunteers – please remember to submit your volunteer hours to the PenMRC Volunteer Coordinator immediately following the outreach. These numbers are required for State and National reporting.

BP Screening and Health Info	Thursday September 2 10:00 AM to 12:30 PM	Seton Manor Hampton	VOLUNTEER NEEDED: LPN or RN (1) Bi-Monthly – 1 st Thursday
BP Screening and Health Info	Thursday September 9 11:00 AM – 1:00 PM	Denbigh Senior Center Newport News	Volunteered – Mary Loesch
BP Screening and Health Info	Wednesday September 15 9:00 AM to 10:00 AM	Clean Comfort 328 30 th St. Newport News	VOLUNTEER NEEDED: LPN or RN (1) Monthly – 3 rd Wednesday
BP Screening and Health Info	Thursday September 16 1:00 PM – 2:20 PM	Christian Village Newport News	Volunteered – Mary Loesch
BP Screening and Health Info	Monday, September 27 2:00 PM – 3:30 PM	Langley Village Hampton	Volunteered – Pat Wharry
BP Screening and Health Info	Tuesday September 21 2:00 PM – 3:30 PM	Menowood Retirement Newport News	Volunteered – Carolyn Conley
BP Screening and Health Info	Tuesday September 28 2:00 PM – 3:00 PM	Wellesley Commons Newport News	Volunteered – Mary Loesch
BP Screening and Health Info	Wednesday September 29 2:30 PM – 3:30 PM	Warwick SRO Newport News	Volunteered – Brenda Sarno
NEW PUBLIC HEALTH EVENTS			
“Keep the Lights On PHC/HHD	TBD	Peninsula Health Center Hampton Health Dept.	TBD

Recruitment Efforts:

- ★ Health Promoters – 8/17
- ★ Hampton Roads Black Nurses Association – 8/18
- ★ Christopher Newport University – Volunteer Fair – 8/31
- ★ New Horizons – HOSA, Criminal Justice, Veterinary Program – September
- ★ Direct Mail Campaign – September/October

Bioterrorism Agents



What are they?

Bioterrorism agents are typically biological materials, such as [bacteria](#) or [viruses](#), that are used in acts of warfare against a country or group of people. Sending anthrax [spores](#) through the U.S. mail system in 2001 was the first such use of a bioterrorism agent against our country.

Besides the U.S. mail, biological weapons may be carried in food products, drinking water, and animal herds.

The Centers for Disease Control and Prevention (CDC) categorize biological agents according to the risk they pose to the public. Those that pose the highest risk, because they can be easily disseminated and could result in high mortality, are classified as Category A. These agents include bacteria and viruses that cause diseases such as:

- anthrax,
- botulism,
- plague,
- tularemia,
- smallpox, and
- viral hemorrhagic fever (such as hantavirus and ebola).

Spotlight: Category A Bioterrorism Agent: Viral Hemorrhagic Fever ***Compiled by Teresa Blakeslee, MRC Coordinator***

“Viral hemorrhagic fever (VHF) is caused by a diverse group of RNA viruses that are transmitted to humans from their natural animal and arthropod reservoirs. They produce clinical syndromes characterized by fever, myalgias, prostration, increased vascular permeability, disturbances in regional circulation, and bleeding. Several of the hemorrhagic fevers (Marburg, Ebola, Lassa, Junin, and Machupo viruses) have been weaponized and experimented with for aerosol infectivity by the former Soviet Union, Russia, and the U.S. Experimental infection of animals via aerosol is highly effective. However, aerosol infection of humans has never been documented, except in the case of hantavirus. However, these agents are highly infective by direct contact with needles, fluids, and tissues of infected persons.”

“Weapons disseminating a number of HFVs could cause an outbreak of an undifferentiated febrile illness 2 to 21 days later, associated with clinical manifestations that could include rash, hemorrhagic diathesis, and shock. The mode of transmission and clinical course would vary depending on the specific pathogen. Diagnosis may be delayed given clinicians' unfamiliarity with these diseases, heterogeneous clinical presentation within an infected cohort, and lack of widely available diagnostic tests. Initiation of ribavirin therapy in the early phases of illness may be useful in treatment of some of these viruses, although extensive experience is lacking. There are no licensed vaccines to treat the diseases caused by HFVs.”

References:

[AccessMedicine.com](#)

[Journal of the American Medical Association – http://jama.ama-assn.org](http://jama.ama-assn.org)

Keeping an Eye on Lyme Disease in Virginia

by David Gaines, Ph.D. - State Public Health Entomologist – Office of Epidemiology
Virginia Department of Health – August 2010

According to the Virginia Department of Health (VDH), the number of human Lyme disease cases in Virginia has increased substantially over the past several years, increasing from 357 reported cases in 2006 to a record 959 cases in 2007. The statewide Lyme disease count has remained high since that time, with 908 cases being reported in 2009. In the early 1990's, most of the cases of Lyme disease were from the Eastern shore. The early 2000's brought a significant increase of Lyme disease activity to the counties of northern Virginia. Areas of high incidence now also include counties to the south and west of northern Virginia.

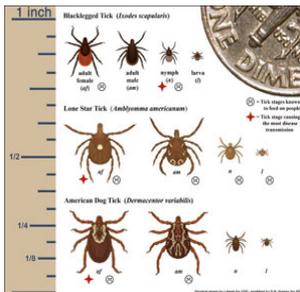
Lyme disease is a bacterial infection that can be challenging for clinicians to diagnose because of its broad array of symptoms and numerous laboratory tests. Lyme disease usually presents in one of three different stages, defined by the symptom complex of each stage and the time between tick bite and onset of symptoms. The three stages are as follows: **1)** "Early Localized Infection" which presents 3-30 days after the tick bite with a bull's eye rash (i.e., erythema migrans), myalgias, arthralgias, fever, and/or headache, **2)** "Early Disseminated Infection" which typically presents 1-4 months following tick bite with aseptic meningitis, neuropathy, facial palsy, and/or heart block, and **3)** "Late Disseminated Infection" which typically presents months to years after tick bite with arthritis (especially in the knees), neuropathy, and/or cognitive disorders.

To count cases, VDH uses the US Centers for Disease Control and Prevention (CDC) Lyme disease case definition established in 2008.¹ Using CDC's case definition allows states to compare their rates to other states. In 2009, Virginia ranked 15th in the country for the highest rate of Lyme disease cases meeting the CDC criteria.

In order for these data to remain reliable and accurate, it is of paramount importance that clinicians report cases of Lyme disease they diagnose to their local health department. The information required by the case definition includes the following: **1)** clinical data including onset date and associated symptoms, and **2)** laboratory evidence of infection. In general, among the cases that cannot be counted by VDH, a large percentage lack sufficient laboratory evidence to meet CDC's case definition. CDC's requirement for laboratory evidence was increased in the 2008 Lyme disease case definition due to recognition that both the ELISA (EIA) and the Western Blot (WB) IgM test for Lyme disease yield false positive results in some patients. The current requirement is that patients have positive results from more than one type of test (i.e., a "two-tiered" approach) for laboratory evidence of Lyme disease in the early stage of infection. For later stages of infection, a single positive Western Blot (WB) IgG result remains adequate.

For example, in patients who present with symptoms of early localized Lyme disease, the "two tiered" approach requires that the patient must be EIA positive or equivocal, and WB positive for IgM, in a serum sample drawn ≤ 30 days after onset of symptoms. For the health department to count the case, the patient's onset date must be reported in addition to the two-tier laboratory results. Patients with symptoms of early disseminated or late disseminated Lyme disease must be WB IgG positive to meet CDC's case definition.

It is important to note that the CDC case definition criteria are not necessarily the same as criteria used for clinical diagnosis by healthcare providers. It is hoped that a better understanding of the case reporting criteria may help healthcare providers meet their legal obligation to report cases to local health departments. For more information about the clinical or laboratory diagnostic criteria required by the 2008 Lyme Disease Surveillance Case Definition, go to http://www.cdc.gov/ncphi/diss/nndss/print/lyme_disease_2008.htm. To find contact information for your local health department, go to <http://www.vdh.state.va.us/lhd/>.



The bacteria that cause Lyme disease are spread by ticks. Blacklegged ticks require a minimum of 36 hours attachment (feeding) before they can transmit Lyme disease.

You cannot get Lyme disease from animals or other people.

Rodents, particularly the white-footed mouse, are the most common reservoirs of Lyme disease.

Contact Information

Peninsula Medical Reserve Corps
Peninsula Health Center
416 J Clyde Morris Blvd.
Newport News, VA 23601
Main: 757-594-8045
Fax: 757-594-8612



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Please bookmark these websites:

PenMRC Website: <http://www.vdh.virginia.gov/MRC/peninsulamrc>

VVHS (Virginia Volunteer Health System): <https://vms.vdh.virginia.gov/vms/default.jsp?main=reg>

TRAINVirginia: <http://va.train.org>



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