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As the state's environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans.

Through education, direct services and the assessment of data and trends, coupled with policy development and enforcement, KDHE will improve health and quality of life. We prevent illness, injuries and foster a safe and sustainable environment for the people of Kansas.

KS Preparedness Times

Vaccinations for Healthcare Workers and First Responders

By Joshua Buffington, Operations Specialist

Today's healthcare workers are at risk for exposure to and possible transmission of many vaccine-preventable diseases. Healthcare workers include not only medical professionals such as physicians, nurses, EMTs/paramedics, dental professionals, health professional students and laboratory technicians, but others who also work in healthcare settings such as volunteers, housekeeping staff, janitorial staff, dietary staff, administrative staff and first responders.

"It is imperative that healthcare workers and first responders recognize the need for early vaccination prior to an event. The current rate of early vaccination among these groups is disappointing, and increasing this rate could significantly enhance worker safety and increase their productivity during an event," said Mindee Reece, Director, Center for Public Health Preparedness, KDHE.

The Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) published specific recommendations for the immunization of healthcare workers in the December 26, 1997 issue of the Morbidity and Mortality Weekly Report (MMWR). This article notes that healthcare workers are considered to be at significant risk for acquiring or transmitting hepatitis B, influenza, measles, mumps, rubella, and varicella. Documentation of immunization or immunity against these diseases is strongly recommended. This can be accomplished on a standard adult immunization card generally available at your local health department or electronically through the Kansas Immunization Registry, also known as KSWebIZ.

"Healthcare workers have an obligation to not only reduce their own disease risk, but also to reduce the risks for patients to whom they provide care. Vaccination against vaccine-preventable diseases is not just a priority for children; it should also be a priority for adults who care for others in a healthcare setting," said Sue Bowden, Director, Kansas Immunization Program, KDHE.

The ACIP and HICPAC recommendations include:

- Hepatitis B - Documentation of three valid doses of Hepatitis B vaccine or serologic evidence of immunity.
- Influenza - Annual vaccination

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A Minute with Mindee

By Mindee Reece, CPHP Director



The old adage, “The more things change, the more they stay the same” has always been a tad confusing to me. While I never fully understood the message being conveyed, the current economic crisis, status of state and national politics, and the recently released Trust for America’s Health state-by-

state preparedness scores seem to be causing these words to echo in my mind.

Everywhere we turn there seems to be a reminder of the challenging economic times we are facing in our state and country. The latest information indicates that the federal deficit has topped the \$10 trillion mark, with the state facing a \$147 million deficit for the current fiscal year. While this seems like a big change to many of us, long-timers in state government compare the current financial situation in Kansas to a similar time in the early 1980s. The more things change, the more they stay the same.

Governor Kathleen Sebelius has recently announced that she’s staying as Kansas Governor to help lead us through this difficult economic time. So while we’ve been awaiting the big news about what

cabinet-level appointment President-Elect Obama may offer to our Governor (change) she has decided that Kansas needs her more and committed to completing her last term as Governor (stay the same).

There’s a story in this issue of our newsletter that describes our state’s score on the 2007 Trust for America’s Health preparedness report. While the changing indicators did result in our score being lower this year than last (change) our preparedness efforts continue (stay the same) to make Kansas a safer place (change).

Calendar year 2007 brought Mother Nature’s wrath to Kansas numerous times in devastating ways. Many of us were tested on personal and professional levels and challenged beyond anything experienced in previous times (change). Thankfully, 2008 was a calmer weather year and we resumed a more “business as usual” approach to our lives and work (stay the same).

My point in all this is that while change is inevitable, through stability in leadership, stubborn perseverance, and continued dedication and hard work through weeks, months, or even years, all challenges may be overcome.

The more things change, the more they stay the same. I finally get it.

New Division of Homeland Security to Implement ACAMS Database

By Ed Holm, Kansas Homeland Security, Vulnerability Assessment Team

On November 1, the Adjutant General’s Department created a new Division of Homeland Security, charged with evaluating and assessing critical infrastructure within the state. An area of emphasis for the new division will be the implementation and use of the Automated Critical Asset Management System (ACAMS). ACAMS is a federally funded Web-based database. All information collected and stored in this database is protected under federal law from disclosure.

This database is designed to be a platform used for information sharing among planners, analysts and emergency responders statewide. The information that can be collected by ACAMS will provide a means

to catalogue all critical assets within the state. This system will allow users to conduct assessments, create plans, generate reports, and perform in-depth analysis in their areas of concern.

All levels of government are charged with protecting the welfare of the state’s citizenry. A point of concern at all levels is the inability to communicate and share critical information in a timely manner. ACAMS is a tool that will enable information sharing between government agencies and private industry in a secure network.

ACAMS user certification classes are projected to start in spring of 2009 and will be offered throughout the state. More information will be forthcoming.

Kansas Scores 6 out of 10 in 2008 Public Health Preparedness Report

By Mike Heideman, Communications and Training Specialist

Kansas met six out of 10 criteria for public health emergency preparedness in a report released recently by Trust for America's Health and the Robert Wood Johnson Foundation. The full report, titled "Ready or Not? Protecting the Public's Health from Diseases, Disasters, and Bioterrorism," can be found on the Web at <http://healthyamericans.org>.

"Kansas continues to make progress towards better protecting the public health in response to emergencies," said KDHE Secretary Roderick L. Bremby. "Our approach is to support the response to a wide range of threats, including disease outbreaks, natural disasters, chemical emergencies and others."

Some of the indicators that Kansas met included having sufficient plans to distribute emergency medical supplies, as well as employing someone to coordinate the recruitment of health professionals to respond to emergencies.

One of the report's criteria recorded as not being met was whether the state public health laboratory can meet expectations of the state's pandemic influenza plan. However, the state pandemic influenza plan was developed with the laboratory's capabilities in mind, and the laboratory has capabilities similar to labs in other states that met this criterion.

The report suggests some other areas for improvement. One of these is that Kansas' electronic disease tracking system is not fully compatible with the system used by the Centers for Disease Control and Prevention (CDC) because it does not yet include electronic laboratory reporting. KDHE is working with vendors to fully integrate these systems, and expects this process to be complete by the end of December.

The report also noted that health investigators identify diseases associated with foodborne outbreaks less frequently than the national average. Most reported foodborne illness outbreaks in Kansas involve only a small number of people, which often makes it difficult to confirm the specific cause of illness. The symptoms of many different foodborne diseases are similar, and patients are often reluctant to submit samples for lab analysis.

The indicators used in the report change from year to year, which causes the scores that states receive to vary. The 2008 report is the sixth of its kind to be released in as many years. Kansas met seven out of 10 indicators in 2007, nine out of 10 in 2006, five out of 10 in 2005, seven out of 10 in 2004, and three out of 10 in 2003.

Hospital EOP Template Available Online

By Cait Purinton-Day, Contingency Planner and Michelle Wishon, Rural Planning Specialist

An updated version of the Hospital Emergency Operations Plan (EOP) template is available on the CPHP website at www.ksprepared.org. The first version of the EOP template was created in 2006. CPHP Planners Michelle Wishon and Cait Purinton-Day tackled the project of updating the EOP and released the new template, version 1.2, in October.

Some of the changes include the following:

- The whole EOP, including all attachments, was updated to the Hospital Incident Command System (HICS) from the former Hospital Emergency Incident Command System (HEICS), as released by the Center for HICS Education & Training. This included

updated position titles, organization charts, forms and job action sheets.

- Rather than adding new annexes to the end of the document, the existing annexes were re-organized. Annexes were created for umbrella categories, and individual attachments were put into those annexes. For example, under the old version there were separate annexes for infant abduction, missing patient, combative individuals, and a murder/suicide. In the new version 1.2, there is a Security Threat Annex, and each of those items is addressed in separate attachments under that annex.

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Jamie DeMent Joins KDHE



On November 24, Jamie DeMent joined the Office of Surveillance and Epidemiology at KDHE as a Topeka-based field epidemiologist. Jamie serves as the liaison for disease surveillance, outbreak investigation, and preparedness activities between KDHE

and the local public health departments in the eastern half of the state. She also provides support to the foodborne, waterborne, and vectorborne surveillance programs.

Jamie received a Masters of Natural Science from Southeast Missouri State University with concentrations in Epidemiology and Environmental Health. She has two years of public health experience with the Florida Department of Health in Highlands County, where she worked as the Epidemiologist and an Environmental Health Specialist II. During her time as an employee of FDOH, she worked on the Project Public Health Ready team as well as a member of the Epidemiology Strike Team for Region 6. She is also a certified environmental health specialist, 40-hour HAZWOPER certified and a certified pool operator.

In her spare time, Jamie enjoys working out, watching professional and college sports, spending time with friends and reading.

'Torch Run' Raises Food Bank Funds



Center for Public Health Preparedness staff Michael McNulty (kneeling) and Bryan Barnes enlisted the help of their coworkers Sonia Jordan (left) and Michelle Wishon to undertake an impromptu "Torch Run" throughout the KDHE offices to collect donations of money and nonperishable food items for Topeka's Let's Help Food Bank. In addition to collecting two large boxes of food items, \$277.51 was raised and donated to the food bank the week before Christmas. Due to the success of the undertaking, plans are in the works for a bigger and better Torch Run fundraiser next holiday season.

Kansas Participates in Four Corners Conference

By Cait Purinton-Day, Contingency Planner

Representatives from state and local government attended the annual Four Corners Conference in Branson, Mo. on December 10-12. The conference brings together emergency managers and other responders from Kansas, Missouri, Oklahoma and Arkansas.

The Four Corners region was struck with multiple disasters in 2007, including tornadoes, flooding and ice storms. The years of experience in disaster response among the conference attendees, coupled with the

recent disasters, provided a lot of discussion on lessons learned and how to continue to improve on emergency management efforts, including preparedness, response and recovery.

The Kansas Division of Emergency Management (KDEM) facilitated a workshop on disaster recovery issues. Using information gathered in the workshop, KDEM will develop exercises that focus on recovery issues and thinking beyond response mode.

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Farewell, At Least For Now

By Mike Cameron



I'm sure many of you who work with the Center for Public Health Preparedness and read this quarterly newsletter are wondering, "Where's Mike Cameron?" Unfortunately, I'm not traveling around the world like Waldo of "Where's Waldo" fame.

Some of you may recall that I had my left knee replaced on February 18 and went through 11 weeks of rehab with professional and home physical therapy. I returned to work in March and was even able to travel to Salina to conduct a risk communications seminar for advocates who work with KDHE's Tobacco Use Prevention Program. I saw my orthopedic surgeon on Friday, April 25, and he was amazed at the how well I had rehabbed my knee. He stopped all organized physical therapy and told me to just keep exercising at home.

The next Monday, I came home from work, feeling like I was coming down with the flu or some other bug. Later that evening I realized the upper part of the incision from my surgery was bright red and I was running a fever of 102. At first, my doctor thought it was a minor infection in the incision and put me on oral antibiotics. Within a week, I was back in the hospital after it was determined I had a non-resistant staph infection. My surgeon had to open the incision and remove a good sized piece of necrotic tissue from my knee.

To make a long story short, the staph infection returned in June and I had surgery again, as the doctors struggled to keep the infection out of my prosthetic knee. I had more surgery in August and again in September. This time it was determined that the staph was in the knee, and the lower half was removed and replaced with a temporary cement replacement and beads impregnated with antibiotics. I have to walk with the aid of a walker, but my knee is getting stronger and no signs of the infection have returned.

I was hospitalized again in October and November due to some other complications. Throughout this

ordeal, the doctor called in to fight the infection was worried because the antibiotics kept lowering my white blood cell and platelet counts. Further tests and a CAT scan revealed that I had hepatitis C, which had probably been dormant in my liver since a blood transfusion I received during emergency colon surgery in 1985, prior to when blood donations were screened for the presence of hepatitis.

I have been to a liver specialist and at this time I am waiting for him to analyze blood work and the CAT scan before he decides on a course of treatment. So far I have had no significant signs of liver disease other than I tire easily. I have a lot of faith in the doctors treating me and am hoping for good news. There is one positive from this ordeal – I've lost over 125 pounds, but I don't recommend this diet plan for anyone.

The hardest part of this ordeal has been missing all of you I've worked with over the last five years. I am extremely proud of being a member of the CPHP staff and thoroughly enjoyed working with the local health departments and the other state and local agencies. While at this time my health issues preclude me from returning to work, I hope to beat this and seek employment at KDHE again at some point in the future.

Please keep me in your thoughts and prayers. My email address at home is mcameron1@cox.net. I would like to send many thanks to all of you who have sent cards to me at home. My address is 930 S.W. Wayne Ave., Topeka, KS 66606. You are all a remarkable group of people committed to keeping your fellow Kansans safe and I sincerely miss being a member of this team. May God bless all of you.

Do you have news about your agency's preparedness efforts?

If you would like to include it in the next issue of the KS Preparedness Times, please e-mail your news to Mike Heideman at mheideman@kdheks.gov or Cait Purinton-Day at cpurinton-day@kdheks.gov.

Local Health Departments, Volunteers Conduct Preparedness Activities



Left: Rooks County Health Department held a point of dispensing (POD) exercise that started on October 13. Pictured are Rooks County Staff members and volunteers. All volunteers received preparedness packs. **Bottom left:** All participants at the Rooks County Health Department POD exercise held on October 16 received a treat and brochures on disaster preparedness as thanks for their taking part. **Bottom right:** Douglas County Medical Reserve Corps volunteer Paula Hladky helps with a hand washing demonstration during the Douglas County Emergency Preparedness Fair held September 27 at South Junior High School in Lawrence.



Hospital EOP Template Available Online

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- A Mass Fatality Incident (MFI) Annex was created and added under the Patient Surge Annex. This was a work plan requirement for hospitals in the 2008-09 grant cycle. An evaluation tool for regional coordinators was created for this annex.

- The Evacuation and Shelter in Place annexes were re-written. These two annexes also are requirements of the 2008-09 hospital work plan. The annexes were drafted to become all-hazards, rather than incident-specific. For example, rather than having a tornado shelter plan, there is an overall shelter in place plan that can be utilized in severe weather and other incidents. There are evaluation tools for the regional coordinators for the evacuation and shelter in place annexes as well.

- The SNS Attachment (under the Patient Surge

Annex) was rewritten so it coincides with the Mass Dispensing SOGs provided to local health departments. Although not a work plan requirement, it is important that hospitals and health departments work together on SNS planning and are aware of one another's plans.

The Hospital EOP, annexes, evaluation tools, and links to the HICS Center and NIMS requirements are available on the CPHP website. From the main page (<http://www.ksprepared.org>), click on Hospitals, then click on NIMS Resources for Hospitals. (http://www.kdheks.gov/cphp/hospital_resources.htm#nims) If you have any questions, call or e-mail Michelle Wishon (mwishon@kdheks.gov or 785-296-7428) or Cait Purinton-Day (cpurinton-day@kdheks.gov or 785-296-5529).

Vaccinations for Healthcare Workers and First Responders

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against influenza is recommended for all healthcare workers.

- Measles - Documentation of two doses of live vaccine on or after 12 months of age, or history of physician-diagnosed measles, or serologic evidence of immunity. All healthcare workers without the documentation should be vaccinated with live measles vaccine regardless of their date of birth, even though individuals born before or in 1957 are thought to be immune because of natural disease. MMR is the vaccine of choice.

- Mumps - Documentation of one dose of mumps vaccine, a history of physician diagnosed mumps disease or serologic evidence of immunity. Adults born before 1957 can be considered immune. MMR is the vaccine of choice.

- Rubella - Documentation of one dose of rubella vaccine or serologic evidence of immunity. Adults born before 1957, except women who can become pregnant, can be considered immune. MMR is the vaccine of choice.

- Tetanus and Diphtheria (and Pertussis) - Documentation of three doses of Td (TdaP) and a booster dose every 10 years.

- Varicella - Documentation of a reliable history of varicella disease (two doses if immunized after 13 years of age), or serologic evidence of immunity.

The following vaccines are available but are not routinely recommended for all healthcare workers, or are recommended only in certain situations: pneumococcal, hepatitis A, and meningococcal.

For more information about vaccines for healthcare workers, visit us at www.ksprepared.org and click on the First Responders and Emergency Management tab, then click Immunization Recommendations for Disaster Responders in our Links section. You can find more information about KSWebIZ at <http://www.kdheks.gov/immunize/webiz.html>.

Four Corners

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Other presentations included studies conducted in Colorado that examined social behaviors during flash flooding, regional planning in southwest Missouri and the use of a Multi-Agency Coordination Center (MACC) during a regional disaster, search and rescue training in Arkansas, the availability of the Civil Air Patrol to assist with response efforts, response and rescue of animals by the Humane Society of Missouri, and an update on interoperability from each state.

KDHE was represented by Mike Heideman, communications and training specialist, and Cait Purinton-Day, contingency planner. Information about the Four Corners region is at <http://4cornersem.com/>.

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