

**HEALTH AND HUMAN RESOURCES SUB-PANEL,  
GOVERNOR'S SECURE COMMONWEALTH INITIATIVE  
Meeting Notes**

Glen Allen Library, Henrico VA

April 28, 2014

Welcome and Introductions

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

Perspectives from the CDC – one of their priorities are global health security. Need to work across borders to affect public health in Virginia. Innovation and efficiencies important in times of fiscal strength; and community resilience and radiation and preparedness are other priorities at the CDC. CDC has asked JHU (**Dr. Jonathan Links**) to study community resilience and community preparedness to determine if there is a model to follow. Community preparedness can be defined as whether the community is ready, willing and able to respond to an event. Measured by how quickly the community can return to a “regular” state of functioning after an event as well as how well the community responds during the event. Also how resistant a community is to preventing an event from affecting them negatively. Quality of relationships built prior to an event will have big impact on how well a community will be able to respond.

Emerging Pathogens: H7N9, novel coronavirus (MERS-CoV), flu

- **David Trump, MD, MPH** - Acting Chief Deputy Commissioner and State Epidemiologist, Virginia Department of Health (VDH)
  - Ebola Virus – large number of cases in Africa, no travel restrictions, no cases in USA, being monitored closely.
  - Influenza A (H7N9) – cases in Asia, no travel restrictions, 80% exposed to birds or live poultry markets. Surveillance continues.
  - Influenza A (H5N1) – No travel restrictions, cases since 2003
  - MERS-CoV (Middle Eastern Respiratory Syndrome coronavirus – 243 cases since September 2012. Surveillance and health care precautions in effect.
  - Chikungunya Virus – mosquito borne illness, mostly seen in Africa. Just seen in Americas since December 2013. In Virginia, clinicians have been informed through direct Health Commissioner's letter. Concern is that some who has traveled abroad, been infected, and then bitten by mosquito here increasing possibility of transmission.
  - Regular flu – typical flu season for cases. Mostly Influenza A cases (H1N1).

Public Health and Medical Preparedness – Building Partnerships

- **William Hazel, MD**, Secretary of Health and Human Services

Dr. Hazel has been able to present to congressional delegation specific concerns related to budget and preparedness. Much collaboration among SHHR agencies among DMAS, Public Safety, Mental Health to address preparedness issues. There has been increased activity among VERT activities. Building relationships takes a lot of work, but pays off in the long run. Regional health care consortiums have been proved to be a model for other states. Preparedness not on list of VA PERFORMS measures but needs to be. Be mindful of what each agency is doing enterprise wise across preparedness.

- **Brian Moran**, Secretary of Public Safety and Homeland Security and **Victoria Cochran**, Deputy Secretary of Public Safety and Homeland Security

Mr. Moran was part of Secure VA Panel shortly after it was formed as a legislative member. Very pleased to be a part of continuing work in his new capacity. JLARC completed study that found was not practical to have Public Safety and Homeland Security in two different Secretariats, so were just combined in last legislature. In the process of combining staff and functions now of the two divisions. Will be looking at

membership of the full VA Secure Panel to consider new appointments shortly. Look forward to continuing the good work that has been underway.

- **William Frank, Jr.**, Weapons of Mass Destruction Coordinator, FBI Richmond – FBI/VDH MOA and what it accomplishes

Successful relationship between law enforcement and public health. Just completed criminology/epidemiology workshop two weeks ago. Very positive feedback. FBI objectives: Protect spread of diseases and protect investigators. VDH objectives: Protect the public, prevent the spread of diseases. Very similar objectives. FBI has 56 field offices, investigate CBRNE incidents. Coordinate with legal attaches throughout the world. Two other FBI regional offices in addition to Richmond field office - Norfolk field office and Washington field office are partners. Perform a lot of public/private outreach and partnerships. Threat credibility evaluation is conducted by all stakeholders when a threat presents. Important to communicate and provide situational awareness whenever something presents. Academic bioterrorism workshops have been conducted includes, local, state police, FBI, and first responder to discuss potential issues. Sharing information among often can lead to resolving issues before they get into more serious issues.

- **Steve Lambert** Capt, VSP, Director of the Virginia Fusion Center - VFC Threat Overview

Fusion center – we have the fusion center to get information out to decision makers. The overall goal is to use institutionalize intelligence that leads to informed decision making. Goal of fusion center is to share information among VSP, FBI, VDH and others. The growing trend is from perceived grievances and violence. Suspicious activity reporting continues. Threats still emanate from homegrown violent extremists who identify with violent jihad. Number one priority is to prevent a terror attack.

Behaviors to explore for threat assessment. Collected from mental health history, medical history, family history, relationship history, employment history, history of violence or conflict, substance use (abuse) history, relationship with or use of weapons, recent or current events and conditions.

See Something, Say Something, Send Something campaign and 7 signs of Terrorism programs. Apps on VSP website. To guide general public what to look for and when to report suspicious activity.

Suspicious Activity Reporting (SAR) is not high for public health/healthcare facilities, important for the public to be aware and efficient in reporting suspicious activity.

Emerging need for greater collaboration between law enforcement and health sector regarding individuals with a potential for violence. The effects of a catastrophic failure of the grid on health care: facilities would have to rely on backup generators.

Communications take place every day from Fusion Center to Governor and other entities that need to know on a daily basis. Every first Tuesday of the month, there is a classified briefing among about 15 organizations that have clearance to discuss/review issues.

Contact information: [VFC@vsp.virginia.gov](mailto:VFC@vsp.virginia.gov), Richmond area 804-674-2196, statewide terrorism hotline 1-877-4VA-TIPS (877-482-8477)

- **Mike Cox**, Assistant Chief of Henrico Fire, VA Fire Chiefs Association (IAFC) Mutual Aid Net Program and how it builds on Statewide Mutual Aid with **Tommy Hicks**, Assistant Director, IAFC

Mutual Aid Net is a statewide resource database and tracking system used to catalog, locate and deploy the close and most appropriate resources. Not currently in place in Virginia, but effort underway to implement fully.

- **Andrea Alvarez, MPH**, Office of Epidemiology, VDH - Infection Prevention Network

Healthcare Associated Infections (HAI) – major but preventable threat to patient safety. VDH established an HAI program which has resulted in significant reductions in some HAIs in Virginia. This effort has involved partnerships with home care facilities, long term care facilities, outpatient ambulatory facilities, Virginia Hospital and Healthcare Association, Virginia Department of Social Services, Virginia Association and many others. Efforts include educational collaborations.

#### Public Health and Preparedness Grant Update

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

#### BP 2 progress

- Information Sharing – provided health situational awareness that contributed to incident common operating picture
- Medical Surge – coordinated integrated healthcare surge operations with pre-hospital EMS operations
- Healthcare System Preparedness – developed, refined, or sustained health coalitions
- Medical Countermeasure Dispensing – increased closed pods
- Medical Countermeasure Distribution – enhanced relationships with private sector distribution partners
- Mass Care – developed health logistics
- Information sharing – improved public health and medical information sharing through enhanced surveillance systems
- Worker safety and health – delivered psychological first aid train, updated public health safety recommendations
- Community preparedness – implemented new health alert notification system
- Non – pharmaceutical guidelines – updated guidelines and advice for clinicians on communicable diseases
- Surveillance and investigation – improved syndromic surveillance, delivered training

#### BP3 Focus

- 15 Public Health Preparedness Capabilities
- 8 Hospital Preparedness Capabilities
- Conducting performance tracking in conformance with:
  - National Health Security Preparedness Index (HHS)
  - Medical Countermeasure Dispensing Technical Assistance Reviews
  - National Association of County and City Health Officials, Project Public Health Ready designation
  - Governor's Agency Preparedness Assessment
  - Annual Continuity Plan Review
- Long-term funding and work plan implications
  - Base Public Health Preparedness funding up 6% in upcoming budget year, but was decreased last year 6% so is essentially level funded
  - Hospital Preparedness funding was reduced 25% in the upcoming budget year and was decreased 6% in the prior year as well

#### Public Comment

Virginia collaboration and partnerships very good. We should all be grateful for the work and efforts of everyone involved in our statewide preparedness efforts.

**John Aulbach**, Director, Office of Drinking Water, VDH – shared information about a water treatment plant chemical incident – A chemical was being delivered by truck driver and he put into the wrong tank at the water facility causing a chlorine gas release. Workers became ill, firefighters became ill, EMS became ill. State troopers arrived and took over incident command. Waterworks now developing all hazards response plan. Fire dept planning future training events. ODW staff assisting with planning and training.

