

**HEALTH AND HUMAN RESOURCES SUB-PANEL  
GOVERNOR'S SECURE COMMONWEALTH INITIATIVE  
Tuckahoe Library, Henrico Virginia  
October 6, 2015  
Meeting Summary**

**Welcome, Introductions, Review of Role of the Sub-Panel**

- **Del. John O'Bannon, MD** - Chair
- **Marissa J. Levine, MD, MPH** – State Health Commissioner

The group was asked to consider what is the best role for this Sub-Panel to continue to fill. The Sub-Panel was initially started and began evaluating and looking at best policies to address response and preparedness in the Commonwealth. It was one of 8 sub-panels operating under what was originally called the Secure Virginia Panel (SVP). The SVP has now evolved into the Secure Commonwealth Panel which now has only a handful of functional sub-panels: cyber security, sea level rise, law enforcement technologies subpanel and the health and medical sub-panel. Members of each sub-panel are appointed. The goal would be to get back to the sub-panel's original objectives; keeping the same audience, i.e. an open audience, but have appointed members to lead discussion and on specific topics that may result in policy, code, and procedural changes. Currently, the agendas focus on matters of interest and mostly put information out. The sub-panel is designated as an advisory body for Virginia Department of Health (VDH) preparedness grants. The goal of making this change would be to shift to getting 70% input/feedback from participants vs. just producing outputs. The objective is to have more members/participants provide input leading to the development of a strategic plan for Health and Human Resources and have it comport with what full Secure Commonwealth Panel goals and objectives are.

Everyone who attends this meeting is here because they represent a constituency. The organization structure of the group is ad-hoc and informal. As emergency planning was completed, Health and Medical response and recovery have been the largest challenges. The sub-panel needs to be proactive moving forward. Having this structure representing a constituency, strategic planning is important, both short term and considering the needs for five or ten years out. The goal is to get more input on topics and issues that are important for planning process that participants can guide. Everyone can benefit from planning process going forward. VDH will be looking for volunteers to step up as leaders to assist with developing a more proactive plan and agenda for future sub-panel meetings.

**Virginia Department of Emergency Management (VDEM) reorganization**

- **Brett A. Burdick**, Deputy State Coordinator for Administration

Video presented about the reorganization of VDEM. Involves 3 phases: all employees, all hazard, and emergency professional. All VDEM staff has been assigned to one of 3 Virginia Emergency Support Teams (VEST) teams. Phase 2 took place 7/1/2015 and involved transitioning 12 divisions down into two distinct bureaus: a disaster support bureau (DSB) and a mission support bureau (MSB). DSB – oversees two geographic regions. MSB administers Human Resources, Information Technology, recovery and mitigation, Chief Financial Officer, and training and exercise division. Regional offices are expanding staff as well. The link to video: <https://www.youtube.com/watch?v=LvA9-DxjXw&noredirect=1>

2015 Goals – grow non-grant funding sources, ensure programs are sustainable, and ensure responses are quicker and better. VEST leadership teams have expanded in addition to ESF staffing change by adding representatives from the Virginia State Police, Department of Environmental Quality, Virginia Department of Transportation and Virginia Department of Fire Programs. Standard Operating Procedures are being updated to reflect this new structure and position roles. VEST teams have begun to participate in weekly training series including drills and exercises.

A 2016 exercise will focus on recovery, as well as offer an Emergency Management Course through the Emergency Management Institute for staff and VEST teams. VDEM is reviewing and revising staffing and overtime issues during emergencies and is working with the Department of Human Resource Management to develop a uniform Disaster Overtime policy and enhance the adjunct emergency workforce (state employees).

#### Q&As

As resources continue to diminish, are there opportunities for economies of scale, by not duplicating efforts at localities? VDEM will be looking into this. They are working to make all regional changes revenue neutral.

All agencies and organizations would benefit by continuing to work on agency interfaces with VDEM during events. Take advantage by providing feedback on After Action Reports following real events.

#### **Virginia Fusion Center Threat Overview**

- **Josh Franklin**, Senior Intelligence Officer, Virginia Fusion Center  
*Slides are not posted for this presentation*

Virginia and the US continue to experience diversified threats from terrorist organizations from around the world that affect all of us. These threats may not be from official members of highly recognized organizations, but may be from just an individual who self identifies with similar beliefs of an official organization. Concerns about threats targeting military personnel and their families are great. There are many well written, printed magazines that provide instructions on how to carry out assassinations, make bombs, attempt to recruit members and use existing volatile issues to promote their agendas. They are easily accessible on the internet as well. The entities that produce these materials are constantly looking for ways to cause “economic hemorrhaging” to the US economy. These materials include much propaganda. Al-Qaeda and ISIS view attacks within the US as a viable strategy with strong utility value.

Suspicious Activity Reports (SAR) continue to be received periodically by the Fusion Center. Many are government/military facility related or health care facility related. It is important to remain focused on the activity, not the individual though. Cyber attacks continue and are growing as well.

Homegrown violent extremists are of concern as well. Everyone needs to continue to be vigilant, if you see something then say something. Fusion Center Liaison Officer (FLOW) program/training will become available to public and private sector in the future.

#### 1:45 Emerging Pathogens

- **Laurie Forlano, DO, MPH** – Director, Office of Epidemiology, VDH

Three conditions of concern were reviewed and the roles of Clinicians and Public Health were outlined for each disease type in the slides.

1) Avian Influenza – Highly Pathogenic Asian Influenza in birds, primarily in central to west US has affected over 48 million birds. Domestic bird outbreaks are low risk to humans, but humans can get sick by direct handling of sick birds. Regular influenza – continues to be threat to humans as well. VDH continues its Flu surveillance and recommends vaccine as an important choice and most effective in preventing sickness.

2) Middle East Respiratory Syndrome - Coronavirus (MERS-COV) originated in 2012. Transmission of this disease can occur person to person with close contact. Only two unlinked, imported US cases have been identified to date. The risk for MERS-COV in the US is very low because our country's infrastructure is stronger and infection control greater than that in the Middle East. Also, MERS-COV has not demonstrated sustained community transmission.

3) Opioid/Heroin/prescription abuse is significantly increasing and affecting health impacts. Acute hepatitis C among persons aged  $\leq$  age 30 yrs is growing, with an estimate of 12-13% underreporting of disease. This drug abuse behavior also impacts HIV infections.

An HIV outbreak in small community in Indiana (4200 population) occurred in the Spring of 2014 in a community with 10% unemployment, 20% of the population not having completed high school, and with a 20% poverty rate. The outbreak was most exclusively attributed to sharing injectible needles. The Governor declared a state of emergency leading Indiana set up their EOC which led to requesting federal and other state assistance. The additional help enabled the implementation of testing, establishing needle exchanges, and provided antiviral drugs to infected individuals.

#### **Public Health, Hospital, Ebola Grants Update**

- **Bob Mauskapf, Colonel USMC (Ret)** - Director, Emergency Preparedness, VDH

Mr. Mauskapf presented a review of federal preparedness grant funding from 2012 to current period. Public Health Emergency Preparedness (PHEP) funding has been steady and slightly increased from Budget Period 2 (BP2) to BP3, but Hospital Preparedness (HPP) funding has slightly decreased over this same period. VDH also received supplemental Ebola funding in 2015 primarily for monitoring travelers from high risk countries entering the US. Ebola funding has also been used to support VDEM exercises, training and educational materials, DEQ for enhancing hazmat transport, and hospitals to develop as treatment and assessment centers.

#### **Ebola Response in Virginia**

*Summary of the active monitoring program and Person Under Investigation (PUI) management in Virginia for Ebola Virus Disease (EVD) – Dr. Forlano*

EVD monitoring in the US started on 10/27/2014. VDH has monitored over 2000 travelers in Virginia over the past year. Most have been in northern Virginia. Virginia is still one of the top five states for travelers being monitored. Monitoring involves daily communications with travelers via phone or e-mail. It is a joint effort among clinicians, local health districts, and central office staffs and often also involves communications with other states. PUIs are travelers with consistent signs and symptoms of illness and risk factors. The goal for managing these patients is to ensure they receive timely triage evaluation, diagnosis, treatment and care that reflects best clinical practice.

#### **Unified Command EVD and Region III coordination– Col. Mauskapf**

A statewide Unified Command began on October 27, 2014. VDEM and VDH were leads of the Unified Command workgroup which met initially on a daily basis, then monthly and now meets on an on-call basis. UVA Hospital and VCU Medical Center have agreed to be treatment centers and additional 8 other hospitals have agreed to be assessments hospitals. Virginia has handled 29 PUIs since monitoring was initiated; 11 of those patients provided specimens to the Division of Consolidated Laboratory Services (DCLS – the state lab) for lab rule out of EVD. VDH is conducting and in-progress review of lessons learned so far as this time which will be shared with Federal Region III partners. One of the most difficult challenges from a preparedness perspective has been the urging of hospitals to become assessment hospitals. Many are prepared to act, but they did not want to be identified publicly as official assessments facilities, even though are very capable. Treatment centers are sharing lessons learned during conference calls. Upcoming sharing calls will deal with handling of lab specimens for EVD testing. An assessment process has been developed to verify capabilities of hospitals as EVD assessment facilities that will be transferrable for any future assessment of other contagious pathogens. Other state coordination related to transportation of hazardous waste and disposal is underway.

#### **Scheduled Event Preparedness Update**

*World Police and Fire Games*

- **Marc Barbieri, MPH, CEM, VPEM** - Public Health Emergency Management Coordinator, Fairfax Health Department

The National Capitol Region hosted this event in the spring of 2015 for 10 days (over 4<sup>th</sup> of July time frame). This event is held every two years. Activities were held in the District of Columbia, suburban Maryland, and Fairfax County. There were 9556 registered participants from 65 countries (primarily the US and Canada). There was lots of social media presence throughout the event. 10,500+ hotels were booked in the region and 1,025 medical volunteers (4,000 total including non-medical volunteers) assisted with support. The local and regional ESF-8 structure was followed for planning efforts. Local Emergency Management took the lead among agencies involved in planning and response. 10 operational workgroups were formed to focus on specific topics. Planners used the WebEOC system and also used USIN (a federal system) for situational awareness in the Emergency Operations Center. Lessons Learned – there was great regional participation, and partnership; there were challenges collecting patient data, and working with World Police, Fire and Games medical staff and their volunteer management system; they have produced no true after action report.

#### *UCI Bike Race*

- **Patrick Holland, Emergency Coordinator**, Richmond City Health District

This is an international annual event (first time in the US since 1986), of 9 days duration involving over 1000 athletes, 460,000 spectators, broadcasted to over 300 million viewers internationally. There were two key components to preparation for the UCI, 1) emergency response roles, and 2) continuity of operations for health department activities. VDH had to deal with many road closures and access requiring extensive collaboration with environmental health to inspect food vendors as well as many other central office and community partners. VDH central office tested their Continuity of Operations Plan at an alternate coordination center outside of town.

These are two events that are similar to MANY local events that take place and include local health and community partners to ensure participants, spectators, and community members are kept safe.

#### *CDC Flu On-call program*

- **Suzi Silverstein, MA, RD** – Director, Risk Communication and Education, VDH

Flu On-Call is a new program that the CDC is offering to states during a pandemic. The goal of Flu On-line is to develop triage telephone lines that will improve the capacity of the medical care system and drive down transmission of disease and increase access to treatment.

The proposed program allows for a caller to dial a toll free number which would then be routed to 211 in the state of the caller. VDH would provide our state 211 call center with Q&As to use for answering information calls. 211 could then refer the caller to the health plan information line of the callers' insurance company. Assumptions for planning if VDH wants to pursue participation in this program include: the CDC decides if the program will be implemented and would fund it; there would be an advance notice of an impending pandemic required for implemented; communication with medical facilities and clinics would be needed; patients would need a prescription, antivirals would be needed, etc. The CDC would provide basic protocols that we could adapt to Virginia's laws depending on a model that we choose to set up. We would need to share information with health plans, communicate with pharmacies, poison control centers, Region III partners, and promote the program if we choose to participate as a state. The CDC has been piloting this program with some 211 and poison control phone systems already.

Comments from VCU Poison Control Center (PCC) – **Rutherford Rose, MD** - Calls from parents to the PCC are going down, but calls from hospitals and providers are increasing, with very minimal staff. Poison centers manage patients; they are not just a call center.

There are many challenges to consider before moving forward/deciding on whether to adopt this program.

#### *Commonwealth of Virginia Plan for Well-Being – Virginia Health Improvement Plan*

- **Dr. Levine**

VDH's Wellness Vision – to become the Healthiest State in the Nation. Health Opportunity Index – 13 indexes that affect health (not just access to health care). We need to consider which metrics will help us to identify where we are and where we want to be. Also, which core metrics for health and health care progress and which do we have data on at the level we want or need to capture; and which metrics really matter to people. VDH has created a framework for well being to demonstrate the layers and components that reflect the desired state and to help define the metrics to show progress.

***Public Comment - NONE***