

## **California Department of Public Health (CDPH)**

### **Testimony Before the Joint Legislative Committee on Emergency Management**

**August 20, 2013**

#### **CDPH ROLE AND AUTHORITY**

Good morning, Madam Chair, members of the Committee. I am Susan Fanelli, Deputy Director of the Emergency Preparedness Office, speaking on behalf of Dr. Ron Chapman, Director of the Department of Public Health. Thank you for the invitation today to discuss the Department's role in emergency preparedness and response.

Under Administrative Order from the California Office of Emergency Services and the State Emergency Plan, the two primary State agencies with lead responsibility for public health and medical response are the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA).

CDPH supports local jurisdictions by providing coordination, subject matter expertise, strategic assistance, distribution of needed resources held by the State, and coordination with federal response agencies such as U.S. Health and Human Services and the Centers for Disease Control and Prevention. CDPH and Local Health Departments (LHDs) have extensive responsibilities in preparing for and responding to the public health and medical needs of Californians during a disaster including:

- Ensuring medical surge capacity to care for a massive influx of patients
- Coordinating the receipt and distribution of the Strategic National Stockpile
- Conducting laboratory testing
- Performing disease surveillance and epidemiology
- Monitoring environmental health such as drinking water, food and radiologic/nuclear power plant safety
- Licensing and certification of health facilities
- Ensuring first responder and healthcare worker health and safety

- Providing health information to the public in preparation for and response to a disaster
- Coordinating emergency communications
- Tracking hospital bed and resource availability
- Developing and maintaining systems to register and activate licensed healthcare professionals who volunteer during disasters
- Developing and disseminating guidance on decontaminating patients
- Educating and training healthcare workers
- Supporting fatality management and evacuation plans

CDPH operates a 24/7 Duty Officer Program to receive notifications from internal and external sources regarding emerging public health, environmental health, and medical events and notify appropriate State level programs and local partners to increase awareness when a threat is approaching or imminent. When incidents require further coordination, CDPH, in collaboration with EMSA activates the Medical and Health Coordination Center in support of California's public health and medical response in collaboration with Cal OES' emergency response.

### **CALIFORNIA PUBLIC HEALTH AND MEDICAL RESPONSE SYSTEM**

California's Public Health and Medical System relies upon specific coordination programs that support public health and medical activities while integrating into the existing emergency management structure. These coordination programs include the Medical Health Operational Area Coordination (MHOAC) Program and Regional Disaster Medical and Health Coordination (RDMHC) Program. The public health and medical system framework is described in the Public Health and Medical Emergency Operations Manual (EOM) which supports the California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS). This document provides standardized processes for the State and local response entities to expedite information sharing and resource management.

Another critical element in the public health and medical response system is the

*Emergency Function 8 (Public Health and Medical) Annex* to the State Emergency Plan which provides a framework for public health and medical emergency management involving State and local agencies, and healthcare stakeholders.

In addition, CDPH is actively involved with developing *Operational Plans for Catastrophic Events* such as massive earthquakes in Southern California, the Bay Area, and Cascadia Subduction Zone, anthrax attacks, and a flood in the central valley. These plans further integrate emergency management and federal response entities.

### **OVERVIEW OF FUNDING**

Preparedness efforts for public health and medical response have been supported by the United States Health and Human Services Department's Hospital Preparedness Program (HPP) and the Centers for Disease Control and Prevention Public Health Emergency Preparedness Program (PHEP). These funds are provided for both State and local preparedness with 70% of PHEP base funds allocated by statute to LHDs and 75% of HPP funds provided directly or on behalf of local healthcare preparedness. For the 2013-14 grant period, CDPH received \$39.7 million in PHEP funds, a reduction of 7.7% and \$27 million in HPP funds, a reduction of 5% from 2012-13. However, these funds have been declining annually, with a reduction of more than 20% since 2003-04.

Each of these programs is structured into Capabilities including fifteen public health and eight healthcare preparedness Capabilities. These Capabilities are broken down into Functions and Resources Elements providing a standardized approach for measuring Capability across the State and nation. The PHEP and HPP programs require that all Capabilities are met within the current five year grant cycle which ends in June 2017. CDPH has collected baseline data and will be collecting updated data in the 2013-14 grant period.

### **CDPH RESPONSE ASSETS**

Over the past 10 years, State and local agencies have received State and federal funds for planning effective response strategies; staffing, training and exercising; supplies and

equipment; and communications and information technology. These investments have enabled California to develop a robust response system that responds daily to public health and medical incidents and numerous emergencies such as the wildfires of 2003, 2007 and 2008; extreme heat of 2006, 2007 and 2008, the 2009-10 H1N1 Pandemic Influenza; and the tsunami and radiation threats from the 2011 Fukushima earthquake.

CDPH assets include:

- Personnel- Technical Expertise

The greatest asset within CDPH is the technical expertise of staff. State and federal funds support 94.8 positions in CDPH and 22 positions in EMSA. State and federal funds support approximately 400 positions within LHDs, local HPP Entities, and emergency medical services. These positions include staff skilled in emergency planning and management, epidemiology, laboratory testing, and environmental hazards and build on the day to day capacity of State and LHDs. For example, CDPH Emergency Preparedness Office staff work closely with LHD staff to ensure their ability to receive, distribute, administer and dispense medical supplies from the Strategic National Stockpile (SNS) within hours of a LHD's decision to do so.

- Supplies and Equipment

In 2006, the Governor's Surge Initiative provided \$166 million in General Fund (GF) and allowed CDPH and EMSA to obtain important assets including antiviral pharmaceuticals for use during a pandemic influenza; ventilators; supplies and equipment for operating an alternate care site beds; N95 respirators; and three mobile field hospitals to be deployed by the State for use in a disaster.

- Communications and Information Technology

A coordinated and effective public health and medical response relies on several statewide IT applications that have been procured and developed with preparedness grant funding, but will compete with other priorities for resources for maintenance and further development as funding decreases:

- California Health Alert Network (CAHAN) is California's alert and notification

system with 36,000 enrolled participants, including State, local and tribal health and medical agencies, acute care hospitals, skilled nursing facilities, community clinics, and other partners in public health and medical response.

Approximately 2500 alerts are issued annually by State, local and tribal health and medical agencies.

- Disaster Healthcare Volunteers of California (DHV) is California's registry for medical volunteers with over 18,000 volunteers currently registered.
- CalREDIE is an electronic web-based reporting system that provides real time surveillance data and early identification and management of communicable diseases. It allows medical providers (hospitals, physicians) to enter data directly in 48 out of 61 LHDs. CDPH is currently implementing the electronic laboratory reporting (ELR) module that allows direct reporting of laboratory results from public health and clinical laboratories.
- HAVBED is a federally required system to quickly identify available hospital beds throughout the state.
- Essential redundant communications systems, including phones, blackberries, satellite phones, radio, internet, etc. ensure communications between response partners at all levels.

## **PANDEMIC INFLUENZA PLANNING AND RESPONSE**

CDPH prioritizes planning and preparedness for an influenza pandemic. An influenza pandemic occurs when a new influenza virus, for which there is little or no human immunity, emerges and spreads on a worldwide scale, infecting a large proportion of the human population. CDPH's Center for Infectious Diseases provides, year round, statewide leadership in communicable disease surveillance, laboratory confirmation, and vaccine management.

CDPH has undertaken several planning activities since the H1N1 pandemic in 2009 including:

- Updating its pandemic influenza operational plan given the lessons learned from the 2009 H1N1 pandemic and taking into account emerging viruses with pandemic potential such as Avian Influenza A (H7N9). This plan includes chapters on surveillance and epidemiology, laboratory testing, vaccine, and community mitigation.
- Providing guidance for LHDs to use for updating their pandemic plans for prioritizing populations for pandemic influenza vaccination and implementing a pandemic vaccine campaign, as soon as the vaccine becomes available.
- With newly emerging viruses such as the Middle East Respiratory Syndrome Coronavirus (MERS-CoV), CDPH's Center for Infectious Diseases plans to expand the pandemic influenza community mitigation planning to include non-influenza pathogens that are also transmitted by the respiratory route and have pandemic potential, better preparing CDPH and the State for response to pandemics other than influenza.

#### Ongoing Surveillance:

- Statewide influenza surveillance systems are in place and functioning efficiently throughout the year.
- The statewide influenza surveillance is a collaborative effort between the CDPH Center for Infectious Diseases, the federal Centers for Disease Control and Prevention, LHDs, the California Emerging Infections Program, and participating California healthcare providers and laboratories. These systems have the ability to detect the appearance of a novel influenza virus within human populations in California very quickly.
- The Center has the ability to identify the characteristics of the virus, its clinical presentation, and at-risk populations through information collected from case reports submitted by LHDs and healthcare providers. Once a virus is identified and human data is collected and analyzed, the Center is prepared to provide guidance and/or information to LHDs and other state and federal agencies concerning the epidemiological and clinical features of the identified pandemic

influenza virus and the virus activity, including transmission characteristics and who is most at risk of becoming severely ill.

**Once a pandemic influenza is declared, CDPH will engage in the following activities:**

Provision of Technical Expertise:

If a pandemic influenza event should occur, the CDPH Center for Infectious Diseases is prepared to be highly active in the identification and management of the infectious disease component of the pandemic event for California. Within the Center there are subject matter experts who will review the science, analyze data, conduct laboratory testing and interpretation, update senior management, and be available for consultation with stakeholders, such as local health officers and infection control providers. The Center for Infectious Diseases is also prepared to synthesize available information and provide that information to CDPH communication leads for distribution to the public, healthcare providers and other audiences.

Activation of the CDPH medical supply warehouse:

CDPH staff, supported by emergency hire agreements with the private sector that includes trucking firms, can activate a warehouse for receiving pharmaceuticals and medical supplies from the federal government such as the SNS while distributing state stockpiled assets such as antiviral medications, N95 respirators and hospital supplies to any location in the state.

Recommend Community Mitigation Efforts:

The Center is prepared to collaborate with LHDs, the Centers for Disease Control and Prevention, and other state agencies to assess and recommend the need and timing to initiate non-pharmaceutical interventions, such as school closures, and cancelling mass gathering events.

Laboratory Testing

Once a pandemic influenza virus is identified the influenza surveillance program staff are prepared to coordinate with the state reference laboratory, the Viral and Rickettsial Disease Laboratory, to direct enhanced laboratory surveillance activities.

- The state reference laboratory in collaboration with Local Public Health Laboratories and the federal Centers for Disease Control and Prevention will prepare for a critical increase of testing expected during the initial phase of a pandemic.
- The state reference laboratory staff directly coordinates the deployment of reagents and tests specimens from sentinel clinical laboratories.
- The state reference laboratory through screening for antiviral resistance and antigenic profiles on the pandemic virus strain will be crucial in providing the most effective public health recommendations such as treatment and quarantine guidelines.

#### Coordinate Mass Vaccination of the Public

CDPH's Immunization Program staff are prepared to manage pandemic vaccine when it becomes available. Currently, the Immunization Program staff oversees yearly seasonal influenza vaccine distribution for the State, which includes allocation, distribution, monitoring and reporting seasonal influenza vaccine coverage, tracking adverse vaccine reactions, and developing communication and training materials. When an influenza pandemic occurs, the Immunization Program:

- Develops a vaccine allocation and distribution plan based on pandemic epidemiology and distribution of disease within California, the availability of vaccine, principles of equity, national guidance, and input from LHDs.
- Works with the Centers for Disease Control and Prevention officials, vaccine manufacturers, LHDs, clinical care providers and other stakeholders to effectively distribute and subsequently redistribute vaccine based on availability and need.



## **OVERALL PRIORITIES FOR EMERGENCY RESPONSE**

CDPH's priority is maintaining existing response capabilities in light of declining federal and state funds and the compounding impact of decreased local health department capacity. CDPH strives to increase public and private partnerships to leverage existing funding. Key priority activities include:

### **Support of public health capacity**

CDPH provides ongoing support for core public health capacity in the following areas: laboratory, data analysis and management, disease investigation, and health education/communication. These core communicable disease capacities represent the first-line resources that will be mobilized in the event of a pandemic.

### **Training and Exercises**

Preparedness demands State and local emergency programs provide training to staff in order to establish competencies and skills to effectively respond to an event. CDPH will continue to train staff in order to prepare them to serve as Disaster Service Workers and key staff will be trained for specific response roles.

Readiness to respond to disasters is best evaluated through exercising the functions that will be conducted during a response. Currently, CDPH and EMSA, along with local public health and medical response partners, participate in two annual statewide exercises: Golden Guardian and the Statewide Medical and Health Exercise. These and other functional/full-scale exercises include multiple levels of government and the public and private sector in testing response to likely disaster scenarios. Response partners capture lessons learned, document corrective actions, and develop improvement plans after each exercise. Training and exercising are ongoing activities and need support from all response entities.

### **Support of stockpiled assets**

With the loss of GF support for storing and maintaining state stockpiled assets, CDPH has partnered with LHDs and private entities to store many of these assets; however, this distribution may lead to delays in distributing assets to an impacted area as they are

no longer kept by the state in a ready to deploy status. Some of the assets will expire and will require replacement over the next years. For example, the alternate care site caches include IV fluids which are no longer being replaced.

### Information systems

Support for information systems with the capacity monitor emergency situations and collect data for public health action including:

- CalREDIE
- CAHAN
- WebEOC

### Development of Crisis Care Guidelines

The continued integration of public health, emergency management and healthcare providers is critical to public health and medical response.

The development of crisis care guidelines will assist healthcare providers, healthcare delivery systems, governmental entities and the public understand adapt to changed criteria that prioritize population-based care during catastrophic emergencies. The development of crisis care guidelines raises difficult moral, ethical and legal issues and will require broad stakeholder input from healthcare providers, public health, emergency medical services, emergency management, provider groups and the public. This work will build on the 2006 *Standards and Guidelines for Healthcare Surge during Emergencies* which provided planning guides, tools and templates, and legal analysis to assist hospitals, LHDs, and other public health and medical response partners to plan for emergency response.

In summary, CDPH looks forward to working with this Committee to ensure a strong public health and medical response system as we continue to collaborate with EMSA, Cal OES, and our other state and local public and private partners.

Thank you.