



PUBLIC HEALTH EMERGENCY PREPAREDNESS

These are challenging times for public health. Our purpose is to protect and promote the health of the public, yet the events of September 11, 2001 and the October 2001 release of anthrax in Florida, Washington, DC, and New York have raised the need to protect our citizens from threats we hoped would never occur.

As a result of these events, state and local public health agencies receive funding from the Centers for Disease Control and Prevention (CDC) to prepare state and local public health agencies for bioterrorism, infectious diseases, and other threats to public health. This funding of approximately \$16 million was received by MDH in June, 2002 and is supplemental to funding the MDH had received in the past. For each of the previous three years, the MDH has received \$1.2 million for surveillance and epidemiology, biological lab support, and the Health Alert Network (HAN). Minnesota will use the additional funds for:

- ▶ Preparedness Planning and Readiness Assessment – determining how ready Minnesota is to manage a public health threat or emergency and preparing plans to respond to those threats.
- ▶ Surveillance and Epidemiology Capacity – making sure systems are in place within state and local health departments to rapidly detect and investigate unusual outbreaks of illness.
- ▶ Laboratory Capacity-Biologic Agents – ensuring that we can identify bioterrorist agents at public health laboratories.
- ▶ Health Alert Network/ Communications and Information Technology – enabling state and local public health agencies to rapidly exchange information and to make sure that information gets to all

agencies, their partners, and the public in a safe and secure manner.

- ▶ Communicating Health Risks and Health Information Dissemination – providing timely and accurate information to citizens during a bioterrorism attack, outbreak of infectious disease, or other public health threat.
- ▶ Education and Training – ensuring that state and local public health staff, and their many partners, are adequately trained to respond to bioterrorism other public health threats and emergencies.

But is Minnesota Prepared? The need to plan and prepare for a public health threat is not new to public health. Each of Minnesota's 87 counties has been declared a federal disaster area at least once since 1965 and some have been declared a disaster areas seven or more times. This has taught us that successfully addressing a public health threat or disaster is not just the result of having a good plan, but to be continually planning and exercising those plans. A plan on the shelf, no matter how good, is seldom pulled down when a disaster strikes.

But there is still much to do. Not only does Minnesota have a lot of work to do to prepare for a bioterrorism attack or other public health threat, we need to be ready to respond to an event today, should the need arise. Community Health Boards, in coordination with the MDH, are being asked to undertake a number of activities to assure that Minnesota is prepared to respond to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. These activities include:

- ▶ providing leadership for the coordination and management of public health



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- ▶ planning and response;
- ▶ completing an assessment of local public health capacity;
- ▶ assuring the development and exercise of a comprehensive public health emergency preparedness and response plans;
- ▶ leading or participating in the response to an event;
- ▶ promoting provider compliance of infectious disease reporting as outlined in the Disease Prevention & Control (DP & C) Common Activities Framework (see the appendix to the Infectious Disease category in this document);
- ▶ maintaining and enhancing a local health alert network;
- ▶ developing a plan for communicating information to the media and the public during an event; and
- ▶ assuring a basic level of understanding among their staff and community partners.

Throughout 2002 and 2003, strategies, guidelines, and protocols will be developed to assure coordination of activities between state and local public health agencies and among local public health agencies. The strategies will be developed that can address several categories in this document including *Environmental Conditions, Infectious Disease, Mental Health, and Service Delivery Systems*.

Many of the strategies already included in these areas can be used by local agencies to prepare for and respond to an event. For example, strategies outline in the *Service Delivery Systems* category discuss working with local emergency medical services.

These relationships will be vital in the event of an attack of bioterrorism. In addition, the *Infectious Disease* category describes the DP&C Common Activities Framework (see the appendix of this category). This framework serves as the foundation for all surveillance activities, including monitoring for occurrences of bioterrorism.

Public health has always had a role to play in disaster and emergency response. The state and local public health system must now, more than ever, strengthen and clarify that role to assure that Minnesota is safe from bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. For more information see the website for strategies resources at: www.health.state.mn.us/strategies/. Click on “Emergency Preparedness”.