



Preparedness Program Updates

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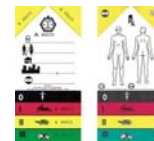
California Department of Public Health

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Overview of Current HPP Program

- Current Hospital Preparedness Program (HPP)
 - Review of capabilities and overall funding
 - Priorities for 2016-17
- Future of the HPP Program



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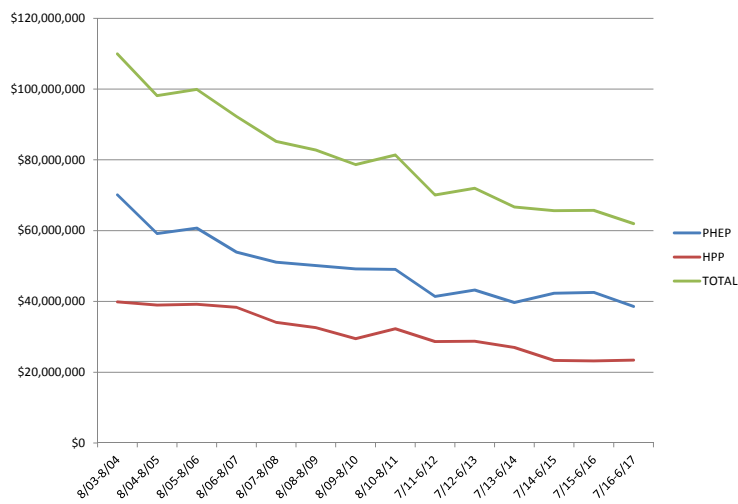
Current Health Care System Preparedness Capabilities



HPP Capabilities	
1.	Health Care System Preparedness
2.	Health Care System Recovery
3.	Emergency Operations Coordination
5.	Fatality Management
6.	Information Sharing
10.	Medical Surge
14.	Responder Safety and Health
15.	Volunteer Management

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Funding Overview



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Priorities for 2016-17: Local Activities



- Sustaining health care coalitions
- Continuity planning/Demobilization
- Strengthening the local public health and medical response system

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Priorities for 2016-17: Local Activities (cont.)



- Information sharing/Medical surge
 - Patient movement and tracking/Regional plans
 - Infection control
 - 15% bed availability
 - Continuum of care planning
 - Specialty care planning



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Priorities for 2016-17: State Projects



- Pediatric surge planning efforts
- Behavioral health planning
- Catastrophic planning/Public health and medical components
- Update of Emergency Operations Manual



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Future of HPP



Four major priority areas for the next 5-year cycle:

1. Refining health care coalitions
2. Improving performance management
3. Optimizing health care coalitions
4. Funding of health care coalitions

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Goal of the New Capabilities Framework



- Health care organizations and health care coalitions that develop the stated capabilities will:
 - Help patients receive the care they need at the right place and at the right time
 - Decrease deaths, injuries and illnesses resulting from emergencies
 - Promote health care system resilience in the aftermath of an emergency

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Proposed New HPP Capability Structure



Foundation for Health Care and Medical Readiness

- Health Care System Preparedness

Health Care and Medical Response, and Recovery Coordination

- Emergency Operations Center Coordination
- Information Sharing
- Health Care System Recovery

Continuity of Health Care Service Delivery

- Continuity of the Health Care Delivery System
- Responder Safety and Health

Medical Surge

- Medical Surge – Specialty Care, Patient Movement
- Volunteer Management
- Fatality Management

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Capability #1: Foundation for Health Care and Medical Readiness



GOAL: The community has a sustainable health care coalition that can identify hazards and risks, and prioritize and address gaps through planning, training, exercising and acquiring resources.



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Definition of a Health Care Coalition



- A health care coalition (HCC) member is defined as an entity within defined boundaries that actively contributes to HCC strategic planning, operational planning and response, information sharing, and resource coordination and management
- HCCs should include diverse membership to ensure a successful whole community response
- Core members include hospitals, EMS, emergency management, public health



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Capability #2: Health Care and Medical Response, and Recovery Coordination



GOAL: Health care organizations, HCCs and their jurisdictions collaborate to share and analyze information, manage resources and coordinate strategies to deliver acute medical care to all populations during emergencies and planned events. Simultaneous response and recovery operations result in a return to normal or improved operations.



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Capability #3: Continuity of Health Care Service Delivery



GOAL: Health care organizations, with support from health care coalitions, provide uninterrupted medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated and well-equipped to care for patients during emergencies.



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Capability #4: Medical Surge



GOAL: Medical surge requires:

Surge capacity – the ability to manage a sudden influx of patients. Dependent on a strong ICS structure and space, supplies and staff



Surge capability – the ability to manage patients requiring very specialized medical evaluation and care (pediatric, burn care, radiation sickness)



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Comments on New HPP Capabilities



- Streamlined and focused on health care preparedness
- Logical progression of activities
- Funding concerns?
- Other concerns?

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CDPH Zika Response Activities



Aedes aegypti
(Yellow Fever Mosquito)



Aedes albopictus
(Asian Tiger Mosquito)

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CDPH Zika Response Activities (cont.)



- Laboratory testing
- Epidemiology and surveillance
- Monitoring of pregnant women and babies
- Vector control
- Development of guidance documents
- Connectivity with local health departments
 - Risk communications/Public messaging
- Activation of the Medical and Health Coordination Center

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Zika Laboratory Testing is Complex



- Polymerase chain reaction (PCR) for viral RNA
 - Positive result is diagnostic
 - Negative result does not rule out recent infection
 - Viral RNA present in blood for just a few days after symptom onset
 - Viral RNA may be present for a few weeks in urine
- Immunoglobulin M (IgM) serology
 - Can identify infections within the last 12 weeks
 - Cross-reactions with other related viruses (especially dengue) are common
 - Equivocal or positive result requires confirmation

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Zika Laboratory Testing is Complex (cont.)



- Neutralizing antibody test
 - Used to differentiate Zika virus infection from infection with related viruses when IgM result is equivocal or positive
- Specialized testing
 - Testing of tissue specimens for newborn diagnosis

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Zika Virus Test Availability



- Commercial labs
 - Several have PCR available
 - A few are introducing IgM serology
- Public health labs
 - Have full panel of tests available
 - PCR
 - IgM serology
 - Neutralizing antibody confirmation
 - Tissue testing (e.g., placenta)
 - Contact your local public health laboratory for more information

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Zika Virus Surveillance



- Health care providers and laboratories (including hospitals) required to report:
 - Zika virus infection
 - Dengue virus infection
 - Unspecified flavivirus infection
- Laboratories required to submit:
 - Zika virus IgM positive serum specimens
- Report using your regular communicable disease reporting mechanism

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Zika Virus Preparedness



- Most Zika virus infections are asymptomatic or mild
- California hospitals unlikely to experience surge situations related to Zika
- Hospitals may encounter rare complications of Zika virus infection
 - Infected pregnant women who need specialized prenatal evaluation
 - Infants born to infected women who need specialized diagnostic testing and neurologic assessment
 - Persons with Zika virus-associated Guillain-Barre syndrome

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Zika Virus Transmission and Infection Control



- Modes of transmission
 - Mosquitoes (primary mode)
 - Sex
 - Blood products
 - FDA recommends all blood products be screened for Zika virus or subjected to pathogen reduction steps (plasma and platelets)
 - Laboratory exposure (rare)
- Infection control
 - Standard precautions, particularly during labor and delivery
 - Laboratory practices consistent with other blood-borne pathogens

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In Summary ...



- Risk of local transmission in CA is low
- However, transmission is possible and we must be prepared to aggressively respond once a case without travel history has been reported
- Ongoing surveillance and control of *Aedes* are critical
- Public health risks associated with travel to countries where Zika is circulating must be conveyed to California residents


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In Summary ... (cont.)



- Individuals with Zika should be informed to take extra precautions to avoid mosquito bites during illness to avoid initiating local transmission
- Health care providers must be well educated to detect Zika and closely follow at-risk pregnant women
- CDPH has mounted a robust and comprehensive response to Zika


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driving readiness in
dynamic times

Disaster Planning for
California Hospitals

Questions?



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