

Spring 2007

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Ohio Hospitals Planning for Flu Pandemic

An Introduction to the Central Ohio Trauma System and its Pandemic Flu Preparations

Submitted by Marshal Bickert, Regional Hospital Coordinator, Central Ohio Trauma System

Central Ohio Trauma System (COTS) is a non profit entity established in 1998. COTS' mission is to save and improve lives through the coordination of trauma and emergency health care resources. COTS serves the central Ohio region hospitals, EMS providers, public health agencies and health care professionals such as physicians and nurses.

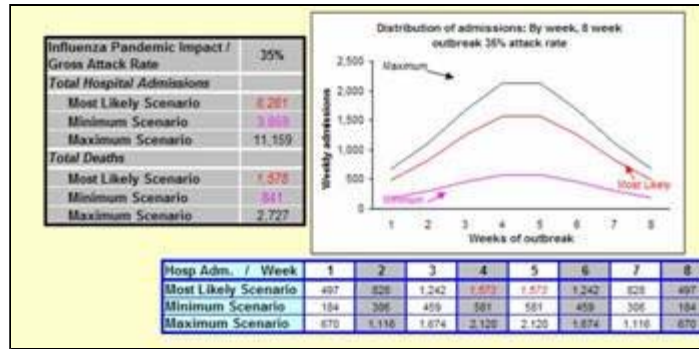
COTS objectives include:

- The establishment of an inclusive system where community partners work to resolve the issues associated with trauma and emergency care.
- Establish a data analysis system to track the region's trauma patients demographically and by outcome so initiatives can be clearly focused on areas of highest need and progress can be concretely measured.
- Achievement of stakeholder participation in a trusted COTS-facilitated process that accomplishes:
 - Central Ohio resources working together for a reduction in deaths and permanent disabilities from trauma and emergency health issues.
 - Enhanced emergency care.
 - Improved collaboration among health care and community services.
 - Expanded public education with regard to injury prevention.
 - Comprehensive preparedness and response by central Ohio hospitals in large-scale disasters (e.g., pandemic flu, bioterrorism, natural disaster).
- To be the recognized leader addressing trauma-related and emergency services issues in central Ohio.
 - COTS has been asked to lead the pandemic influenza medical surge preparedness efforts for Franklin County. COTS has attended numerous planning sessions, conducted presentations to multiple first responder organizations and hospitals and attended several meetings with central Ohio public officials.

COTS is an active partner in disaster preparedness in the region and the state. COTS has been a member of the Columbus Metropolitan Medical Response System (formerly the Columbus Metropolitan Medical Strike Team) representing central Ohio hospitals since 1998. From 2003 to 2005, COTS was contracted by the Ohio Hospital Association and Ohio Department of Health (ODH) under the Health Resources Services Administration (HRSA) bioterrorism preparedness grants to serve as the central Ohio regional hospital coordinator. Since September 2005, COTS has contracted directly with ODH for the role. This coordinator is responsible for ascertaining hospitals' compliance with a statewide disaster readiness plan and coordinating their response should an event occur. The Central Ohio HRSA region spans 15 counties and encompasses 24 free-standing hospitals. The COTS Regional Hospital Emergency Preparedness Committee oversees the COTS emergency preparedness work.

Planning for a flu pandemic in central Ohio

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 *Nonprofit



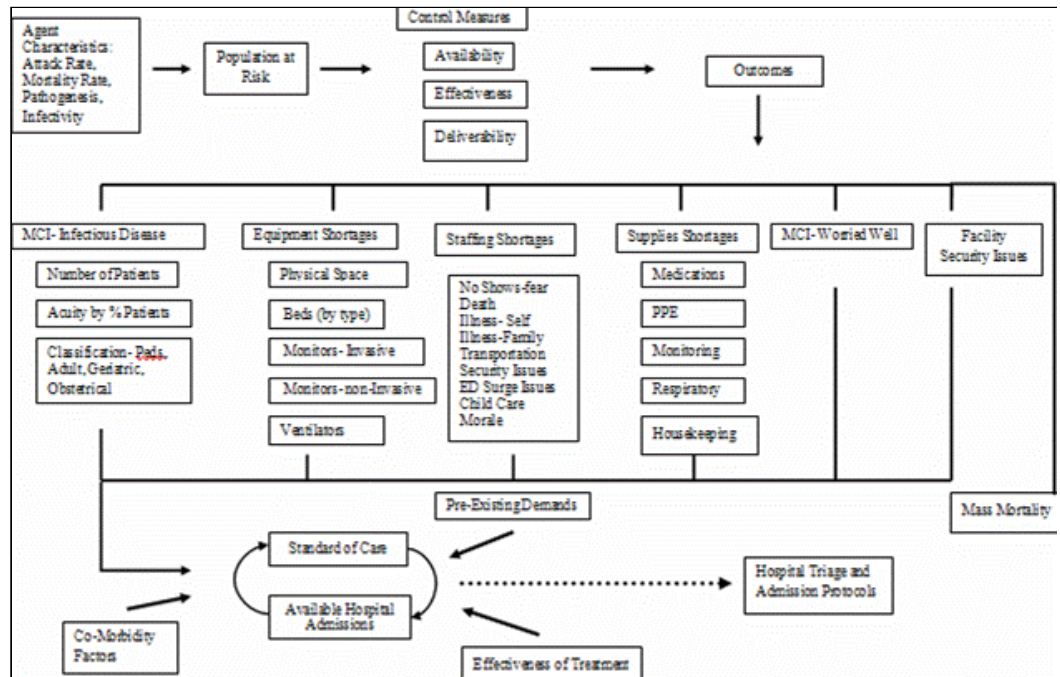
Article submissions
 Do you have an idea for an article? Would you like to submit an article you've already written? Contact the editors.

Sample pandemic influenza scenario for central Ohio. Diagrams like these are used to plan for surge capacity, staffing and other issues the medical community will face during a flu pandemic. The above diagram was created using CDC's FluSurge 2.0 program and projects hospital admissions and deaths without a vaccine or public health interventions such as school closures.

Pandemic flu plans
 Want to share your plan with others in Ohio? Contact an editor.

As part of COTS' initiative to serve as the regional health care coordinating agency for disaster preparedness, mitigation and response, COTS has worked to help prepare central Ohio hospitals for a flu pandemic. The pandemic flu plan calls for a different set of priority tasks and focuses on surge capacity, triage and admission, staffing, facility access, vaccines, training and education, communications and surveillance. See the pandemic flu task list for more information on specific projects.

Upcoming events
 Contact an editor if you would like us to post your upcoming pandemic influenza meeting or event on this Web site.



The COTS pandemic influenza model.

Background Documents

- [COTS narrative](#), Microsoft Word, 163KB.
- [Pandemic flu planning presentation](#), Microsoft PowerPoint, 1.22MB.
- [Central Ohio hospital emergency preparedness presentation](#), Microsoft PowerPoint, 324KB.
- [Pandemic flu planning task list](#), Microsoft Excel, 88KB.

For more information about COTS, contact Marshal Bickert at mbickert@goodhealthcolumbus.org.

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Columbus Children's Hospital Prepares for a Flu Pandemic

Submitted by Darlene Radel, Emergency Preparedness Coordinator, Columbus Children's Hospital

Columbus Children's Hospital (CCH) has been working on pandemic flu awareness and preparedness during the past year including educational and outreach activities as well as

writing a plan for the hospital. That plan was written by the pandemic flu committee and was approved March 1, 2007.

Planning Committee Composition

Columbus Children's planning committee involved many employees – physicians, nurses and non clinical staff - throughout the planning process and included these departments:

- | | | |
|-------------------------|--------------------------------------|---|
| - Epidemiology | - Education | - Nutrition services |
| - Employee health | - Materials management | - Clinical services and care coordination |
| - Human resources | - Emergency services | - Off-sites |
| - Information services | - Trauma | - Pharmacy |
| - Child care | - Marketing & public relations | - Lab |
| - Planning | - Safety | - Security |
| - Patient care services | - Home care & environmental services | |
| - Engineering | | |

Preparing Staff

CCH created an employee Intranet site with pandemic flu information and links to all the latest training opportunities, fact sheets and plan activities. Radel wrote an article "What You Can Do to Prepare for a Possible Pandemic Flu" for the hospital's biweekly employee newsletter *StatChat* and have been training CCH employees on personal preparedness. Columbus Children's Hospital has presented the video "Why Don't We Do It In Our Sleeves?" to reinforce the importance of cough etiquette in stemming the spread of illness. Information about the video is available at www.coughsafe.com/media.html. Also to help prevent staff illnesses, our materials management department is stockpiling numerous types of personal protective equipment such as disposable gowns, alcohol-based hand rinse and exam gloves. CCH has purchased and is storing cots, food, formula, IV supplies, masks and other necessary equipment for a public health emergency such as a flu pandemic that will present hospitals with surge capacity issues.

In November 2006, CCH hosted "Live or Let Die: Ethical Challenges in Disasters," a one-hour ethics conference and panel debate focusing on the topic of ventilator disbursement during a pandemic. Continuing education credits were offered.

Educational and Outreach Activities

In a regional hospital survey conducted by Central Ohio Trauma System (COTS), pandemic flu education was identified as one of the main concerns of staff. During the past year, Columbus Children's has been engaged in numerous training activities with our staff and patients. In November 2006, CCH set up a booth focusing on pandemic flu and cough etiquette at the hospital's Wellness Fair. The emergency preparedness department gave away hundreds of pandemic flu handouts and tissues provided by the Ohio Department of Health (ODH). CCH did a spin-the-wheel game fashioned after the ODH booth at the Ohio State Fair, asking questions about personal and family preparedness, hospital preparedness, bird flu and pandemic flu awareness and cough etiquette. The game really attracted people to the booth.



Darlene Radel quizzes Christine Reik from the epidemiology department at the pandemic flu preparedness table.

As a preparedness coordinator, Radel has provided off-site and on-site personal preparedness and pandemic flu training since September. Attendance ranges from as few as five people to several hundred per training session. Each training session is tailored to meet the needs of the audience and ensure information is available to every employee of the hospital.

Radel also placed an article in *Health e-Hints™*, a bimonthly electronic publication for patients,

families and visitors because we want this information available to them as well as staff. *Health e-Hints* is CCH's free, e-mail-based customer relationship management program designed to provide parents with health, wellness and safety information customized to the age of the subscriber's children.

Annually, CCH admits approximately 15,500 patients, completes 753,000 outpatient visits and makes 170,000 behavioral health visits. If our educational and outreach activities have inspired just a small percentage of these Ohioans to prepare their families for a flu pandemic, we consider our efforts a great success.

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Akron Regional Hospital Association Pandemic Flu Regional Plan

Submitted by Marianne Lorini, President/CEO, Akron Regional Hospital Association

The Akron Regional Hospital Association's (ARHA) Pandemic Flu Steering Committee was created in October 2005 to prepare and plan as much as possible from a regional and hospital perspective. Representatives from all hospitals in Medina, Stark, Summit and Portage counties attend these meetings as well as from local health departments, emergency management agencies, medical societies, nursing homes, educational institutions, area agencies on aging and coroners/medical examiners.

The steering committee created task forces to meet, discuss and plan as a regional community. Some of those task forces and their purpose are:

- **Hospital Community Planning:** Developed template for communicating effectively and efficiently as "whole and unified health care system."
- **Triage and Alternative Care:** Determined alternative sites for nonemergency/routine care needs.
- **Pediatrics:** Identified issues/concerns and communication guidelines for care of pediatrics in hospitals not equipped to handle pediatric patients, transporting pediatric patients when EMS may be unavailable and other specific pediatric issues as identified.
- **Hospital Operations and Logistics:** Identified mission-critical and secondary vendors for supplies – including equipment, blood, PPE, oxygen, ice/water and linen.
- **Hospital Medical Issues:** Developed detailed plans for patient care and employee maximization.
- **Physician Issues:** Standardized physician emergency credentialing criteria.
- **Infection Control Measures:** Created comprehensive documents for caregivers, employees and patients regarding safety and education measures for pandemic influenza.

The results and findings for all the task forces are detailed in our ARHA Master Guidelines Plan. The plan is to be used as a reference tool for hospitals during a pandemic situation as well as any type of bioterrorism event.

ARHA believes this approach was an exemplary initiative, in that it was conducted with an extremely proactive, collaborative and regional approach. This provided an unprecedented and extremely valuable opportunity for hospitals to become even more educated on the resources available and the dependence on one another from a community perspective. It was also valuable to have the opportunity to meet and network with one another for a more "human" connection in the sense of what "community" spirit, planning and preservation are about.

The ARHA Board of Trustees is very proud of the collaborative planning that has helped hospitals prepare with community partners in the most effective, efficient way possible. ARHA has strengthened our relationships in and among our regional community.

Hopefully, pandemic flu will never be as devastating as in years past like the 1918 pandemic. However, the time and energy spent during this collaborative experience has helped us to be prepared for any type of mass casualty/bioterrorism event in the future. ARHA is now even better prepared to serve our community from a regional and collaborative perspective. If any community physician or other health care provider would like more information about this regional planning process and the important role you play in this planning, please contact the ARHA at 330-873-1500.

Marianne Lorini is president/CEO of the Akron Regional Hospital Association (ARHA). Member hospitals include Affinity Health System – Doctors Campus; Affinity Health System – Massillon Campus; Akron Children's Hospital, Akron City Hospital, Akron General Edwin Shaw Rehab, Akron General Medical Center, Aultman Hospital, Barberton Citizens Hospital, Cuyahoga Falls General Hospital, Lodi Community Hospital, Medina General Hospital, Mercy Medical Center, Regency Hospital, Robinson Memorial Hospital, St. Thomas Hospital, Select Specialty Hospital-Akron SHS, Select Specialty Hospital-NE Ohio, Inc. and WRH Health System.

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Community Containment – Historical Evidence it Works

Health experts tell us it will almost certainly be several months after the start of an influenza pandemic before adequate supplies of vaccine are ready. In the meantime, all of us will need to take other precautions to help ensure we don't get exposed to the flu virus. The Centers for Disease Control and Prevention (CDC) have given a name to the various protective activities that do not include vaccine – they are nonpharmaceutical interventions.

One such intervention is called "community containment." While the term may sound as though it's from an urban planner's drawing board, it's actually a collection of effective methods to reduce the spread of the flu during a pandemic.

Essentially, community containment has four parts. Current research and historical review of the 1918 pandemic show that using four interventions together early in the pandemic is effective at reducing the number of cases. The four parts of the modern-day community containment plan are (a) keeping sick people away from those who are not ill; (b) having those who are well voluntarily stay home if a family member is sick with flu; (c) temporarily dismissing school and keeping children from gathering; and (d) avoiding large crowds when possible.

The decision to limit public gatherings, stagger work shifts, close schools and cancel other functions and isolate those who were sick had a beneficial effect during the 1918 pandemic. The key to the actions' success; however, was when they began.

Two days or two weeks? Big difference.

Recent studies funded by the National Institutes of Health reviewed the sickness and death rates from flu during the 1918 pandemic along with a search of newspaper archives and found some fascinating results. The research looked at more than a dozen U.S. cities to see which community containment measures were implemented and what the sickness and death rates were.

Both studies found a correlation between how quickly the restrictions on gathering and other interventions were put in place and a lower peak death rate. Put simply, fast action saves lives. For example, one set of researchers looked at 16 U.S. cities including St. Louis and Philadelphia. Within two days of the first reported cases of influenza, officials in St. Louis put into action a series of measures to reduce close gatherings of people. Other cities including Philadelphia implemented similar restrictions but waited as long as two weeks to do so; Philadelphia even permitted a parade to take place before curbing gatherings.

The peak death rate in Philadelphia was eight times that of St. Louis.

Community containment - How long should it be?

Research shows past pandemics appear to move through communities in waves; the 1918 pandemic occurred both in spring and autumn. The second study looked at how long cities put community containment measures in place and the effects of the disease in those places where restrictions were relaxed between waves of illness.

Cities that relaxed their restrictions often saw infections increase, thus creating the second disease wave. The study analyzed the influenza death rate in San Francisco from 1918 and 1919 and concluded if the city had not relaxed restrictions, the death rate may have been reduced by more than 90 percent.

Both studies bring evidence the modern-day recommendations from CDC should provide a degree of protection until adequate supplies of vaccine are ready.

Want to know more?

Read about community containment and other recommendations from CDC at:
<http://www.pandemicflu.gov/plan/community/mitigation.html>

Read the two research studies of the 1918 pandemic and community containment efforts shown to slow the spread of the disease.

[Public Health Interventions and Epidemic Intensity during the 1918 Influenza Pandemic](#)

[The Effect of Public Health Measures on the 1918 Influenza Pandemic in U.S. Cities](#)

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CDC Issues Guidance for Masks

The Centers for Disease Control and Prevention (CDC) recently issued guidance for use of masks during an influenza pandemic. The guidance stresses the necessity of using other preventive measures such as hand washing and social distancing in conjunction with the limited use of masks. The best way to avoid contracting a pandemic strain of influenza virus before vaccine is developed is to avoid others.

Following are links and information from CDC:

Community Settings

[Interim Public Health Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings during an Influenza Pandemic](#): Provides recommendations of when to use each device, in conjunction with other prevention actions, such as hand washing, covering coughs and avoiding crowds.
[Summary of Mask guidance](#)

Workplace Settings

[Guidance on Preparing Workplaces for an Influenza Pandemic \(PDF - 313KB\)](#) (Occupational Safety & Health Administration): Provides guidance and recommendations on infection control in the workplace including information on proper mask and respirator use.

Health Care Settings

[Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic](#): Provides background information on influenza transmission, pathogenesis and control. Gives recommendations on kinds of mask and respirators, as well as their proper use.

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FDA Approves First U.S. Vaccine for Humans Against the Avian Influenza Virus H5N1

On April 17, the U.S. Food and Drug Administration (FDA) approved a vaccine for humans against the H5N1 influenza virus, commonly known as avian or bird flu.

According to the FDA, the vaccine could be used in the event the current H5N1 avian virus was to develop into a pandemic strain. That is, has the capability to efficiently spread from human to human, resulting in the rapid spread of the disease around the globe. Should such an influenza pandemic emerge, this vaccine may provide early, limited protection in the months before a vaccine tailored to the pandemic strain of the virus was developed and mass produced.

Because it could take months for a vaccine specific to the pandemic strain of the virus to be mass produced, it is important to take actions to prepare and prevent for a flu pandemic. One of these actions is to begin stockpiling food, medicines and goods for an extended stay at home in the event of school closures and cancellations of public gatherings. Developing healthy habits like hand washing, covering coughs and sneezes and staying home when sick could help Ohioans prevent contracting or spreading illnesses. Making daily healthy choices like eating a balanced diet, exercising regularly and getting plenty of sleep could help prevent illness.

The H5N1 virus is one type of the influenza A virus commonly found in birds. Unlike seasonal human influenza, where symptoms range from mild to serious in most people, when humans become infected with the highly pathogenic avian H5N1 virus, the illness is far more severe and happens quickly, with pneumonia and multi organ failure commonly seen.

While there have been no reported human cases of the highly pathogenic H5N1 virus in the United States, almost 300 people worldwide have been infected with this virus since 2003 and more than half of them have died. To date, H5N1 influenza has remained primarily a bird disease but should the virus acquire the ability for sustained transmission among humans, people will have little immunity to this virus and an influenza pandemic would have grave consequences for global public health.

“The timing and severity of an influenza pandemic is uncertain, but the danger remains very real,” said Jesse L. Goodman, M.D., M.P.H., director of FDA’s Center for Biologics Evaluation and Research in an FDA press release. “We are working closely with other government agencies, global partners and the vaccine industry to facilitate the development, licensure and availability of needed supplies of safe and effective vaccines to protect against the pandemic threat.”

With the support of FDA, the National Institutes of Health and other government agencies, sanofi pasteur and other manufacturers are working to develop the next generation of influenza vaccines for enhanced immune responses at lower doses, using technologies intended to boost the immune response. Meanwhile, the approval and availability of this vaccine will enhance national readiness and the nation’s ability to protect those at increased risk of exposure.

For more information, [visit the FDA Web site](#).

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Resources for Local Pandemic Flu Planning

As part of the Ohio Department of Health’s (ODH) communications plan, the Office of Public Affairs is printing educational materials and running a statewide media campaign this summer to supplement local health departments’ efforts. In the fall materials will be shipped to every local health department later this year. Quantities are based on the health jurisdiction’s population

served.

An online survey completed by public health professionals such as health commissioners, health educators, nurses and epidemiologists indicates Ohio health departments are actively engaged in their communities' pandemic flu planning and those activities could be boosted with additional materials. The kit will include brochures, fact sheets, emergency planning booklets, posters, vinyl clings and coloring calendars for children. ODH will have extra copies of materials available to community groups, schools and businesses by request until supplies are depleted. Be sure to contact your local health department to get involved in their planning efforts.

ODH also has surplus copies of the [Pandemic Influenza Preparedness Guide for Retail Food Establishments](#) developed in partnership with the Ohio Food Industry Foundation. This was a statewide effort to assist grocers in planning for an influenza pandemic and was distributed to more than 14,000 retail food establishments in 2006. Bundles of 50 are available [by sending an e-mail](#) indicating the number of bundles requested and your shipping address.

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Summary of the Ohio Department of Health's Pandemic Flu Planning

There were three pandemics in the last century and experts believe it is just a matter of time before the next. The Ohio Department of Health (ODH) has two key goals. The first is helping Ohioans prepare for a pandemic now and the second is being ready to slow the spread of the disease when the pandemic begins, when a vaccine is unavailable and antiviral medicines are in short supply.

Protecting Ohioans

Recognizing the importance of "buying time" at the start of a pandemic, ODH continues to develop a community containment plan to limit transmission of the flu virus. A draft plan will be submitted to the Centers for Disease Control and Prevention (CDC) March 1; future versions of the plan will reflect feedback from our Ohio partners.

To help protect Ohioans who become ill with the pandemic strain of flu, the Ohio General Assembly appropriated \$17 million to purchase antiviral medicines. These medicines will be securely stored in the state for rapid distribution when needed. ODH's draft plan for antiviral use adopts the CDC recommendations: using antiviral medicines for treatment to prevent deaths and decrease the severity of the illness.

ODH is working to protect Ohio's most vulnerable residents. ODH is now identifying alternatives and resources for those in need of dialysis, prescription medicines and home care supplies. ODH is drafting a plan to help immunocompromised populations and is also developing a general response plan to provide local health departments a model to address special needs populations in their area. With the Ohio Department of Jobs and Family Services, ODH completed a plan for migrant populations and has worked with the Ohio Legal Rights Council to distribute a special needs emergency planning booklet.

To effectively prepare for a pandemic, Ohio's governments, businesses, community organizations and families must have science's best and latest information about the disease. ODH has focused significant time and effort ensuring our partners and Ohio residents are well informed about pandemic influenza and what the State of Ohio is doing to prepare. After hosting a statewide planning summit in February 2006, ODH launched an interagency "one-stop" Web site <http://www.ohiopandemicflu.gov>. ODH publishes quarterly planning newsletters for businesses, schools, local government and faith-based and community organizations. ODH has conducted various print and broadcast paid media campaigns informing Ohioans what they can do to prepare for pandemic flu and other emergencies. An informational video DVD and several thousand copies of printed information (e.g., fact sheets, guides) on avian, seasonal and pandemic flu were distributed at the Ohio State Fair. ODH continues to receive requests for these materials and distributes them upon request.

Assisting the Medical Community

During an influenza pandemic, the number of patients will likely overwhelm health care resources quickly. ODH is collaborating with medical partners on medical surge issues by determining what needs to be addressed in anticipation of an increased demand on medical services (med surge) during an influenza pandemic. To this end, ODH has established a Medical Surge Committee; partners participating on the committee include long-term care, primary care providers and institutions, free clinics, hospitals, Ohio National Guard, Ohio EMA, health professional boards, home care, Ohio Division of EMS, Ohio Department of Mental Health, Ohio Department of Youth Services, and Ohio Department of Corrections. The Medical Surge Committee is working on the following tasks:

- Scope of practice issues: Develop tiers of care when resources are scarce along with altered standards of care guidance, including how implementation should be

communicated.

- Ethical issues: Develop guidance document to assist decision making regarding when and how scarce resources are allocated – use a public process to discuss putting values on lives based on the likely ability to save the greatest number of individuals.
- Legal issues: Draft language for inclusion in the Ohio Revised Code to create immunity or assume liability for health care providers practicing under altered standards of care when declared by the State of Ohio.
- Insurance/reimbursement issues: Assure coverage under private insurance irrespective of where care is provided; Address malpractice insurance considerations.
- Hospital and community issues: Determine hospital capacity (e.g., bed capacity, negative airflow room capacity and number of ventilators). ODH has purchased more than 500 ventilators (used to help the patients breathe) for use during a pandemic and is developing a distribution plan with regional hospital coordinators and other designated medical professionals (e.g., respiratory therapists) to guide placement at sites throughout Ohio
- Public information and guidance: Develop instructions for families who will care for their sick at home.

Internal Preparations

With the creation of an on-site department operations center, ODH will be able to operate from one location and more easily gather and disseminate crucial information. Policies and procedures for the department operations center are nearly complete.

ODH utilizes the nationally-adopted and standardized incident command system (ICS) during substantial public health events. During a pandemic, up to 40 percent of employees may be home sick or caring for sick family members. By this summer, all ODH employees will be trained on ICS, as well as the National Incident Management System and the National Response Plan. Upon completion of this training, ODH's table of organization for pandemic influenza will be three-deep with employees trained to serve in identified capacities.

ODH developed a business continuity plan, identifying its critical business functions and developing strategies to ensure that they can continue. This required looking at not only the physical needs of each business function but the personnel needs since pandemic influenza will impact. ODH, DAS and Ohio EMA then worked with the other state agencies to insure that all state agencies had a workable plan. These plans were exercised with the Governor's office in June and again in November 2006.

Because of the large number of deaths possible during a pandemic, fatality management is an important issue. ODH has implemented a new electronic death registry system.

Support Agency Functions

ODH serves as a support agency on other projects related to an influenza pandemic. ODH is working with the Ohio Community Service Council on volunteer management and donations and mass care; all state agencies on continuity of operations planning for a pandemic; and the Ohio Emergency Management Agency on mass fatality planning and community recovery and mitigation.

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ODH Department Operations Center Complete

The Centers for Disease Control and Prevention (CDC) recently exercised its national pandemic influenza operations plan. The exercise took place over two days and involved the Ohio, Arkansas and Florida state health departments. The three states served as simulators to add to the realism of the exercise.

The Ohio Department of Health (ODH) used the opportunity to orient staff to the newly created ODH Department Operations Center (DOC). During the exercise, ODH staff reviewed DOC procedures and evaluated DOC resources, technology and support functions.



Ohio Department of Health (ODH) partners become oriented to the ODH Department Operation Center during a CDC exercise April 25 – 26.

By providing realistic simulated problems to CDC, staff members were able to experience potential roles and duties during the course of a flu pandemic and review the ODH pandemic influenza response plan. Members of City of Columbus and Cuyahoga and Franklin County local health departments also participated. Representatives from other partner agencies included

Shoshanna Shelton, The Ohio State University Center for Public Health Preparedness; Bob Armstrong, The Ohio State University emergency coordinator; Bobbie Erlwein, CDC; and Matthew Pitts, United State Public Health Service.

The ODH DOC will be used during public health emergencies to enhance a coordinated response by the agency.

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