



epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND
EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

System Developed to Support Vulnerable Residents in Emergencies

There are thousands of Boulder County residents living independently in their homes thanks to a myriad of support systems available in the county. From meals to in-home care, many residents are dependent on the help of others to live independently. But when an emergency requires evacuation, these vital support systems can be disrupted.

Having grappled with the ability of responders to support these individuals in emergency shelters, Boulder County investigated and adapted a multi-disciplinary system called Functional Assessment Service Team (FAST) to address medical, behavioral health, and case management issues in our community during times of emergency.

FAST assessment tools, a field guide, and training have since been developed and Access and Functional Needs (AFN) screening teams have been trained. Members of AFN teams include public health nurses, counselors, and case-workers, heavily supplemented by Medical Reserve Corps (MRC) volunteers. So far, there are approximately 40 trained AFN responders.

Through AFN teams, the needs of evacuees are rapidly assessed at the evacuation point. The assessments help to identify the type of clinical support, resources, and further individual assessment that may be required at shelters. Naturally, the sooner needs are met by supplying things like durable medical equipment; forgotten prescriptions; or connections to family and friends, caregivers or programs that can support them, the more quickly individuals can recover.

By responding before needs become a crisis we can help residents avoid escalation of problems that can result in hospitalizations, or admission to rehabilitation or long-term care facilities. In addition, by getting ahead of challenges, we are more likely to identify and locate items that often become scarce during an emergency.

Clinical staff interested in supporting efforts as part of an AFN screening team or at shelter medical stations can do so by joining the Medical Reserve Corps (MRC) of Boulder

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Community Participates in Infectious Disease Response Planning

We learned a lot from the West African Ebola outbreak. During the height of the crisis, domestic preparedness efforts in the public health and health care sectors were extensive. Nearly every medical facility had patient screening; training regimens on personal protective equipment (PPE); and protocols in place to manage a patient who may have had Ebola. Public health agencies also dedicated immense resources to develop Ebola response plans, traveler monitoring protocols, and surveillance activities. However, as the outbreak became contained, Ebola-related funding decreased and the media shifted their attention to other hot topics, slowing the momentum and advancement of preparedness efforts.

Boulder County Public Health, like many other public health agencies and medical facilities, maintained the momentum sparked by Ebola by shifting the focus of preparedness to an emerging disease. Modeling the best practices of the San Francisco Department of Public Health, Boulder County Public Health developed an Infectious Disease Emergency Response (IDER) plan. The plan standardizes the approach to preparing and responding to all disease outbreaks. Additionally, it integrates the efforts of health care, first responders, and policy makers. Plans and protocols outlining contact tracing, community containment actions, mass prophylaxis, public information, and

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epiEye

A Look Outside Our Community
and Around the World

Work with Patients to Determine Zika Testing Eligibility

Zika virus is spread by the *Aedes* species mosquito, which is not found in Colorado. The primary way Coloradans can contract the virus is through travel or sexual contact.

Approximately 80% of individuals infected with Zika virus are not symptomatic. Of the 20% that are symptomatic, the illness is usually mild. The most common symptoms are fever, rash, joint pain, and red eyes (conjunctivitis.) However, Zika virus infection during pregnancy is linked to microcephaly, a serious birth defect in infants, as well as other fetal brain defects.

Individuals who believe they may have been infected with Zika virus should work with their health care provider to determine if they meet the eligibility criteria for testing. Eligibility criteria for testing are frequently changing; check www.cdc.gov for the most current information.

Patients meeting testing eligibility criteria must be tested through a health care provider's office. Health care providers should submit specimens to the Colorado Department of Public Health and Environment (CDPHE) laboratory. Serum can be collected in one red top, tiger top, or serum separator tube. Zika virus testing is not conducted by Boulder County Public Health.

Boulder County Public Health will be notified of all pregnant women who test positive for Zika virus and will encourage patients to participate in the voluntary Zika Pregnancy Registry. The goal of the registry is to collect information about pregnancy and infant outcomes to help update recommendations about clinical care and plan services for pregnant women and their families.

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disease-specific plans are organized under the IDER framework.

An essential aspect of developing the IDER plan was engaging community partners in the process. The IDER plan calls for a Community Infectious Disease Emergency Response (CIDER) team to build relationships, describe the communication process, and create an activation structure to strengthen community capacity to prepare and respond to infectious disease emergencies. Team members are leaders in key organizations including hospitals, clinics, emergency management, and educational institutions; and specialists in infectious disease, pediatrics, community health, etc. The multidisciplinary composition of the CIDER team provides valuable insight and guidance and during an outbreak, is able to implement response actions in critical areas of the community.

After developing the base IDER plan, the CIDER team developed disease-specific annexes to the plan that provide response and containment actions specific to disease characteristics. Identified as the top hazard for Boulder County, respiratory aerosol diseases (i.e. measles, MERS-CoV, pandemic flu) was the first disease annex completed by the CIDER team.

Next, the CIDER team will address antibiotic-resistant infections, as part of the larger group of health care-associated infections. These infections have typically occurred within the health care system, and are of great concern due to the significant increase to patient morbidity and mortality. Such infections often spread between hospitals and long-term care facilities, and increasingly, to schools and other community settings. Children and adults can spread antibiotic-resistant infections when entering into school, university, and recreational settings, and the facility staff are often not prepared or trained to control the spread of such diseases. Hence, the development of this disease-specific annex will provide a comprehensive and coordinated approach to control outbreaks and reduce infections in both health care and community settings.

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County. As an MRC member, we can verify credentials and provide training so that volunteers are prepared to respond in a disaster. For more information about joining, visit www.BoulderCountyMRC.org.

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