MICHIGAN

Public Health Preparedness and Response for Bioterrorism
Supplemental Funding Request
To
The Centers for Disease Control and Prevention

And

Bioterrorism Hospital Preparedness Program
To
Health Resources and Services Administration

Executive Summary

April 2002

Introduction

On January 10, 2002 President Bush signed appropriations acts intended to develop comprehensive bioterrorism preparedness plans, upgrade infectious disease surveillance and investigation, enhance the readiness of hospital systems to deal with large numbers of casualties, expand public health laboratory and communications capacities, and improve connectivity between hospitals, and local and state health departments to enhance disease reporting.

Later that same month, Health and Human Services (HHS) Secretary Tommy G. Thompson sent letters to governors detailing how much each state would receive of this $1.1 billion.

"We're putting money in the hands of states and local communities so they can start building strong public health systems for responding to a bioterrorism attack," Secretary Thompson said. "These funds are just the start of our efforts to help states and communities build up their core public health capabilities. We must do everything we can to ensure that America's ability to deal with bioterrorism is as strong as possible."

The funding to states and communities is divided into three parts. The first portion comes from the Centers for Disease Control and Prevention (CDC) and is targeted to support bioterrorism, infectious diseases, and public health emergency preparedness activities statewide. For Michigan the amount from CDC is $27.1 million.

The Health Resources and Services Administration (HRSA) is providing the second portion of funding, which is to be used by states to create regional hospital plans to respond in the event of a bioterrorism attack. For Michigan the amount from HRSA is $4.1 million.

The HHS Office of Emergency Preparedness, through support of the Metropolitan Medical Response System (MMRS), provides the third portion of funds. MMRS contracts are especially aimed at improving local jurisdictions' ability to respond to the possible release of a chemical or biological disease agent, but also to serve to improve local response to any event involving mass casualties. For Michigan the cities and amount received Warren - $400,000, and Grand Rapids - $200,000. Grand Rapids and Detroit had received previous funding as well.

Both the CDC and HRSA awards required states to submit applications. The CDC award is a supplemental award to an existing Public Health Preparedness and Response for Bioterrorism cooperative agreement project. The HRSA award is a new cooperative agreement.

Governor John Engler has strongly supported and endorsed both grant applications. "This crucial federal funding and our comprehensive strategy will enable us to continue to prepare for and quickly respond to the threat of bioterrorism in Michigan, said Engler.

While we have accomplished a great deal in our preparedness efforts previously, this funding will allow us to build on our existing infrastructure to protect our communities."

Over the last several years, Michigan and other states have received smaller funding awards from the CDC. This prior funding has been used to increase the ability to respond to acts of bioterrorism across the entire state, with focus on coordinating emergency management activities, enhancing disease detection and reporting, improving biological and chemical laboratory capacity, and enhancing Michigan's health alert network.

"Thanks to the cooperative and significant planning efforts that have gone into our work on this issue over the years, Michigan is in a much better position to aggressively pursue this considerably greater federal funding," said Michigan Department of Community Health Director, James K. Haveman, Jr. Working cooperatively on this issue with the Michigan State Police, FBI, local health departments, Michigan National Guard, Emergency Medical Services representatives, Poison Control Centers, many physicians, hospitals and other partners has allowed us to promptly develop and submit these important grant proposals."

The CDC application addresses seven focus areas. One focus area (Focus Area D) titled, Laboratory Capacity – Chemical is not part of the supplemental award but is funded as part of the original award, with increased funding expected next year. The focus areas and their titles are:

FOCUS AREA A – Preparedness Planning and Readiness Assessment

FOCUS AREA B – Surveillance and Epidemiology Capacity

FOCUS AREA C – Laboratory Capacity – Biologic Agents

FOCUS AREA E – Health Alert Network/Communications and Information Technology

FOCUS AREA F – Communicating Health Risks and Health Information Dissemination

FOCUS AREA G – Education and Training

The HRSA application addresses two phases. The first phase is for Needs Assessment, Planning and Initial Implementation, and the second phase is for Implementation.

Summaries for the CDC focus areas and the HRSA phases follow.

CDC Cooperative Agreement

Focus Area A: Preparedness and Planning

The events of 9/11, concerns of anthrax exposure, and the introduction of West Nile virus in Michigan, highlight the need to build state and local public health infrastructure to plan and respond to public health emergencies with rapid coordination and communication between public and private partners.

Funding under this cooperative agreement will build the infrastructure at the state and local level for the development of local, regional and statewide plans, and consequent exercising of those plans. Development of integrated inter-agency plans will require the dedication of resources to develop networks and relationships to assure a collaborative planning process. While the end product results in a resourceful planning document, it is the process itself that develops the infrastructure to respond efficiently and effectively to public health emergencies.

Under current Michigan Emergency Management Plan requirements, the Michigan Department of Community Health (MDCH) is tasked with protecting the health of Michigan's citizens and coordinating the allocation of medications and medical services essential to the public health during a state emergency, including the receipt and distribution of supplies from the CDC National Pharmaceutical Stockpile. However, command and control, planning, logistical emergency management support, and security from the Michigan State Police are essential to these efforts. All planning activities will be closely integrated within the existing state and local emergency management infrastructure. Funding proposals to support preparedness and planning in Michigan include:

- Development of a Michigan Medical Advisory Committee to lead Michigan's public health preparedness effort, along with needed subcommittees and workgroups
- Assessment of local public health capabilities and capacities to respond to public health emergencies
- Development of state and local public health emergency preparedness response plans
- Comprehensive assessment of credentialing and licensure of medical volunteers, and exploration of local public health Mutual Aid Compacts
- Development of state and regional national pharmaceutical stockpile receipt and distribution plans
- Coordination of medical response efforts with local public health, private health care providers, and other federally funded programs including hospital and Metropolitan Medical Response System bioterrorism planning
- Coordination of public health emergency planning with tribal health centers and boarding states and countries

Focus Area B: Surveillance and Epidemiology

The main purposes of this focus are to enhance, design, and develop systems for rapid detection of unusual outbreaks of illness that may be the result of bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies; to assist state and local health departments in establishing expanded epidemiologic capacity to investigate and mitigate such outbreaks of illness.

Public Health Surveillance and Detection Capacities

The successful development of a broad and alert disease surveillance system for Michigan will involve the implementation of a new system that uses new and existing computer technologies. The new system will allow public health staff the ability to:

- Capture disease reports through a secure web page and transmit information between MDCH and local health departments (LHDs).
- Perform analyses, prepare standard and *ad hoc* reports, and present geographic data using commonly available software tools at both LHDs and MDCH
- Comply with CDC National Electronic Disease Surveillance System (NEDSS) requirements.
- Capture laboratory data electronically.
- Provide on-going support, education and marketing to ensure public and private provider participation.
- Ensure the system complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and other nationally mandated or generally accepted electronic data interchange and data standards.

In addition to upgrading the electronic capabilities of Michigan's surveillance system, efforts will also focus on expanding and improving our ability to detect changes in disease patterns through a network of disease surveillance projects based on sets of symptoms, known as syndromic surveillance.

Public Health Epidemiologic Investigation and Response Capacities

An effective epidemiologic plan in Michigan will be comprised of a comprehensive approach consisting of state, regional and available local epidemiologists, epidemiology response teams and an effective communication network.

To effectively address the need for epidemiologic capacity, MDCH has worked with partners in local health jurisdictions, the medical community and academia in developing a plans:

Regional Epidemiologists

- Eight regional epidemiologists with coverage areas corresponding to the eight emergency management districts identified by the Michigan State Police.
- They will provide of analytical assistance to the local health departments, coordination of response efforts, and a communications link to MDCH and neighboring health jurisdictions.
- This will participate in exercising around, planning for and responding to public health emergencies at the state and regional level.

Increased state-level epidemiologic assistance

- Hiring of state-based staff positions with expertise in infectious diseases and environmental epidemiology, who would be available for consultation on a statewide to local emergency management, and other state agencies.
- Assist in developing training for other state and local public health staff, healthcare providers, and local law enforcement/first responders in conjunction with Focus Area G.
- Providing financial assistance to local health departments.

Development of epidemiology response and investigation teams to assist with public health emergencies.

- Membership in these teams will include representatives from several disciplines inside and outside of the public health field in order to address the diverse array of potential public health emergencies that may arise.
- Members of these teams will receive enhanced training and equipment.
- These teams coordinate response with regional epidemiologists, local public health agencies, and local emergency management staff.

Assessment of food and water production facilities in the state

- Vulnerability assessments of these production facilities in Michigan will be conducted in collaboration with appropriate state agencies to ensure protection of resources.
- Coordination with academia on assessment approach and coordination with appropriate state agencies on the sharing of information regarding further assessments of the vulnerability of these resources will also be key components.

Focus Area C: Laboratory Capacity – Biologic Agents

The rapid isolation and identification of a biological agent associated with bioterrorism (BT) will directly impact the number of casualties and fatalities associated with the event and will guide disease control efforts. A large measure of this diagnostic responsibility will fall on hospital and public health laboratories. To facilitate this process laboratories

in Michigan have enrolled in the Laboratory Response Network (LRN) for Bioterrorism. LRN laboratories are divided into four levels, A – D.

- Hospital and clinical microbiology laboratories are designated Level A and will screen all patient samples for the agents of bioterrorism, perform basic testing and rapidly refer them to a higher-level lab for confirmation.
- Public health labs that isolate, identify, confirm the identification of Level A referrals, and may perform antibiotic susceptibility testing on agents are Level B labs. The laboratories are currently located in Grand Rapids, Kalamazoo, Saginaw, Lansing, Houghton, and Detroit.
- The Michigan Department of Community Health Bureau of Laboratories (MDCH BOL) in Lansing is a Level C facility that can perform rapid tests for identification, test for botulinum toxin, test environmental samples and apply advanced molecular techniques to these agents.
- The Centers for Disease Control and Prevention (CDC) in Atlanta is the Level D lab and will provide technical expertise, confirm the identifications made by Level B and C labs, develop testing methods, and examine BT isolates for genetic manipulation.

Funding from this focus area will go to four primary areas: 1) to enhance and expand the capacity of public health laboratories to respond to bioterrorism and other public health emergencies; 2) to provide training for hospital clinical laboratories (Level A) in the recognition of the agents of bioterrorism; 3) to improve communications between all levels of laboratories and their partners in law enforcement and emergency management; and 4) rapid specimen transport between facilities.

The events following September 11 have shown that public health laboratories must be capable of a sustainable round-the-clock response. MDCH BOL will add more scientists to its laboratory staff. These individuals will be trained to perform testing for the agents of bioterrorism associated either with human or environmental samples. Combined with existing staff, the BOL will be capable of providing laboratory testing 24 x 7 in emergency situations. The BOL will enhance capabilities by adding additional instrumentation for rapid molecular testing and renovating existing laboratory space to safely work with highly pathogenic organisms. Other public health laboratories in Michigan will receive funding to improve security and provide expanded emergency services. A sixth Level B laboratory will also be added in Southeastern Michigan to increase laboratory capacity and cut response time. An additional Level B laboratory will receive training and join the Lansing lab in processing environmental samples e.g.,(white powders).

The laboratory training coordinator has provided in-service training on testing of BT agents for almost 90% of the clinical microbiology laboratories in the state. A manual of standardized procedures for Level A labs is presented to each lab when they receive training. The training coordinator will continue to train hospital laboratories about the agents of bioterrorism and to provide annual training about new agents of concern. The procedure manual will be updated regularly and distributed to laboratories in an electronic format. MDCH will offer a series of workshops for Level A laboratories, so

that hospital laboratorians will have the opportunity to have a first-hand working knowledge of organisms that are rarely seen in most laboratories.

Timely communication of critical information and test results to hospitals, emergency responders, law enforcement and other public health agencies is important. Test results and important information is sent to Level A laboratories and other partners sent via fax either through the laboratory information system (LIS) or a broadcast network. Such a system could easily be compromised during an emergency. Redundant communication capabilities including web based reporting of results, use of 800MHz radios, pagers, e-mail servers, and cellular telephones will be added in an effort to maintain close and uninterrupted communications.

Rapid identification of the agents of bioterrorism depends on the ability of hospital labs to presumptively identify the agent and the ability of a public health laboratory to receive and confirm the identification in a timely manner. Currently there is no coordinated system to transport specimens between hospital and public health labs. MDCH will develop a statewide courier system to transport critical and routine samples from hospitals and local health departments to the state and regional public health laboratories.

While these enhancements will markedly improve the ability of laboratories in Michigan to respond to a bioterrorism event, they also strengthen the infrastructure of public health. The surge capacity obtained from added laboratory staff, the ability to transport critical specimens between laboratories, and improved communications capabilities are key to the response for any public health emergency.

Focus Area E – Health Alert Network/Communications and Information Technology

The primary focus of the Health Alert Network (HAN) is to ensure effective communications connectivity among public health departments, healthcare organizations, law enforcement organizations, public officials, and other as evidenced by: a) continuous, high speed connectivity to the Internet; b) routine use of e-mail for notification of alerts and other critical communication; and c) a directory of public health participants (including primary clinical personnel), their roles, and contact information covering all jurisdictions.

This focus area will also ensure a method of emergency communication for participants in public health emergency response system that is fully redundant with e-mail.

Finally, this focus area will ensure the ongoing protection of critical data and information systems and capabilities for continuity of operations. This includes secure electronic exchange of clinical, laboratory, environmental, and other public health information in standard formats between the computer systems of public health partners. Achieve this capacity according to the relevant information technology functions and specifications.

Where connectivity is concerned, we will first hire a source to evaluate what the connectivity is in all counties in Michigan. Using this analysis we will determine how best we can implement technologies such as broadcast fax, bi-directional text paging, two-way 800 MHz radio communications and the use of the Internet both for e-mail and secured web site applications. Also included in this process is the design of the directory of public health participants.

Expanding on the communications connectivity capacity we must focus on the bi-directional nature of the communications to the health alert community. We must be certain that the appropriate party receives a message sent. Also, we must be certain that the correct person receives the correct message. There are cases where not everyone will receive the same message. This will be a combination of the directory telling us the role of each party and the communications system to define how we contact them.

Tightly tied to both of these capacities is our ability to ensure that the HAN is running when it is needed. This is a matter of capacity as well as the ability to withstand an attack and to recognize that one is under way. The system must be alert to detect an attack and hardened to ensure that it can withstand it. Should a disaster occur, we must have the ability to quickly reestablish our operations and the operations of the business units. This means that both they and we must have a business process analysis that includes disaster planning. Finally, data integrity must be assured. We must be able to understand what good data are and what bad data look like. The system must be sensitive to both.

Focus Area F: Risk Communication and Health Information Dissemination

Under this focus area, MDCH and local health departments will develop capacity and infrastructure to assure that citizens are provided with timely and accurate information during a public health threat or emergency. One of the lessons learned last year, in Michigan and nationally, from the anthrax event was that public health agencies at all governmental levels need to have detailed, coordinated plans for how to communicate with the public during a public health crisis. Effective crisis communication must be based on the most current science and on state-of-the art in risk communication strategies, must be communicated through an established chain-of-command, and must be delivered by highly trained spokespersons.

The MDCH plan to accomplish this goal includes three components: State-wide needs assessment of current capacity for crisis public health communications; development of agency risk communication plans based on best practices in risk communication and sound medical science; and development of a cadre of trained spokespersons.

Needs assessment: The current capacities and organizational structures around risk communication for public health emergencies will be assessed at MDCH and other state agencies that would most likely be involved in a public health emergency and at all 45

local public health agencies. The assessment will obtain information on each agency's "chain of command" for communicating with the public during an emergency; current communications staffing/resources and their limitations, including the internet, printed media, and expertise in design and execution of materials; and plans for communication in an event that would require evacuation from the office. Specific infrastructure and resource needs will be identified by each respondent, which are relevant for communications with the public about health emergencies. Participating state and local agency will receive a report with specific findings and recommendations from the assessment. Each agency will be asked to prepare a response and to indicate its plan to implement recommendations. At the end of the funding period, each agency will be surveyed to determine the success of each agency's implementation of their plans.

Best practices in risk communication and plan development: MDCH will partner with one or more of the state universities and appropriate voluntary/non-profit organizations to obtain the services of experts in health risk communication, medicine, toxicology, epidemiology, food safety, water safety, veterinary health, and others. Deliverables under these agreements will include the following:

- Provide a report with recommendations and an implementation plan for reaching the public and special populations through effective channels of communication based on a review of the literature on state-of-the-art risk communication strategies and resources.
- Develop and maintain a clearinghouse/library of best practices in health risk communication, particularly as they pertain to bioterrorism and public health emergencies.
- Develop and maintain a clearinghouse of scientific literature on clinical, toxicological, and epidemiologic aspects of potential agents of bioterrorism and chemical agents.
- Develop a risk communication/crisis communication curriculum for train-the-trainer, utilizing best practices information and the scientific clearinghouse.
- Develop a Michigan-specific model plan for risk communication to address public health emergencies in a state agency or local health department

MDCH will ensure on-going dissemination of information in the clearinghouses for risk communication best practices and scientific literature.

MDCH will use the model risk communication program developed by the contractor to develop a detailed risk communication plan for the agency. The model plan will also be used by other potentially affected state agencies and all local health departments to develop their agencies' plans.

Trained public health spokespersons: The training program developed by the contractor above will be administered to appropriate staff within MDCH, in other key state agencies, including the Governor's office, and from key partnering agencies (e.g. American Red Cross, Michigan Hospital Association, Michigan College of Emergency Physicians, Michigan Infectious Disease Society, Michigan Society of Infection Control)

under Focus Area G. Each local health department will designate a key staff to be the agency's lead person in communications with the public and will identify the lead governmental official(s) in their jurisdiction who would be the official governmental spokesperson(s) as part of their risk communication plan. These individuals will be trained using the curriculum developed by the contractor. In addition, each local health department will convene a committee of community and agency representatives to serve as advisors, community liaisons, and opinion leaders for bioterrorism and public health response. Physicians, emergency response personnel, the county director for emergency response, police, fire, American Red Cross, United Way, community leaders (e.g. clergy) and others should be represented. They too will be trained and will be expected to serve as a "speakers bureau" when needed.

FOCUS AREA G: Education & Training

This focus area concentrates on ensuring the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers in preparedness for and response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, either directly or through the use (where possible) of existing curricula and other sources, including schools of public health and medicine, academic health centers, CDC training networks, and other providers.

The Michigan Department of Community Health has assessed training needs and capacities and provided training in several of the important areas listed above. These activities have impacted some groups strongly, others on a preliminary or partial basis, and some groups remain largely unassessed and untrained. Existing capacity is strongest in the epidemiology and laboratory areas -- where training resources for clinicians and laboratorians have been developed and made available over the past two years -- and weakest at the community level and in terms of coordinated approaches to ongoing training using efficacious methods.

The need for coordinated approaches to assessment of need and capacity, and to training development and implementation, is generally acknowledged in this application. Determination of the most efficacious and appropriate training methods and channels for access to training is also an acknowledged need; this is true in strong capacity areas as well as weak ones, since the strong capacity areas already have tried a variety of methods and channels and see the need for further experimentation, evaluation, and resource identification. Across the Focus Areas, to varying degrees, the coordinated extension of assessment and uniform training to the critical professional groups at the local level is seen as inadequate at present.

Activities aimed at improving training capacities must be coordinated with the other activities taking place in Focus Areas A-F, and with programs of other major entities involved in bioterrorism response. Coordination must occur in terms of the timing and targeting of assessment and training activities, as well as their content. Education and training activities must, then, be scheduled for parallel-processing, so that assessment

with respect to target groups and tasks where need is great, will not delay the implementation of training tools and access channels for target groups and tasks much closer to full compliance.

Throughout the project period, education and training assessment, planning, and implementation activities will be coordinated in terms of timing and targets with activities related to all the Focus Areas. In addition, if Focus Areas A-F identify training needs as they conduct assessment and planning activities, the Focus Area G Education & Training Workgroup will collaborate with staff from these Focus Areas to plan and implement assessment and/or training for the identified target groups, using appropriate providers of assessment, education and training, and efficacious modes of access to training.

- Prepare timeline to assess training needs, with special emphasis on emergency department personnel, infectious disease specialists, public health staff, and other healthcare providers. This assessment will be planned to utilize recent information from the other Focus Areas, so that target groups whose needs have already been assessed and largely met will be assessed only with respect to retraining needs, preferred channels for delivery of training, and perceived gaps. Target groups who are acknowledged to be not assessed recently with respect to needs and capacities will be more intensively assessed on all aspects of need, capacities, previous training, gaps in training, and preferred channels for delivery of training.
- Assess existing capacity to conduct training needs assessment and planning for public health and private professionals, and to provide access to training in bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. This assessment of capacity will be conducted in conjunction with the assessment of training needs. The assessment data will be analyzed in conjunction with existing information resources; a plan for improvements will be developed and implemented as funding permits.
- Develop an ongoing plan for meeting training needs through multiple sources. Using analyses, information and Interim Plans from Assessment of Training Needs and Capacities (above), and identified needs of Focus Areas A-F, develop Training Plan to meet training needs through (as appropriate) utilization of existing resources, provision of additional resources, and more efficacious access channels and methods, including distance-learning technologies. Periodically reassess the extent to which training needs are met, and revise plan.
- Develop the capacity at the state and/or local public health agency to facilitate or provide education and training sessions and services on bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. Utilizing existing and new resources, the Training Plan will be implemented to include a Distance Learning Network, electronic libraries, dissemination and management of curricula as interactive/streaming video, placement of video-conferencing equipment in selected local health department facilities, and enhancement of local computing, Internet, and communications systems for training.

- Develop formal partnerships with schools of public health and medicine, other academic institutions, and other organizations for the provision of education and training. Identify existing formal partnerships and additional needed partnerships; coordinate with law enforcement, fire department, hospitals and emergency management systems to identify their training resources; prioritize and coordinate formal partnerships for provision of education and training. Implement new partnerships, using the communication resources of existing organizations and universities to structure these relationships. Periodically reassess and revise.
- Ensure educational expertise and review of training program content & curricula by: a) developing/providing training for a Speakers' Bureau; b) providing training in core public health skills to program staff; and c) supporting costs (travel and course fees) for training critical program staff using existing courses. Using results of Training and Capacities Assessment, plan and conduct assessment of needed education expertise of Training Program Staff; analyze data and make recommendations on education needs of Training Program Staff. Develop, implement, and periodically reassess a plan for a) a Speakers' Bureau, with training for Speakers to improve educational expertise of Training Program Staff, b) provision of training in core public health skills to program staff, and c) support of costs of selecting and training critical program staff using existing courses.

HRSA Cooperative Agreement

The Need

The terrorist attacks of September 11, 2001, and the subsequent intentional release of anthrax, have focused attention on the ability of the public health and health care systems, including hospital and emergency medical services (EMS) to respond to bioterrorist events. These events highlighted the need for improved preparations by hospitals, community clinicians and EMS systems to respond to biological attacks and other public health emergencies.

Hospitals, outpatient care providers and EMS personnel face the challenge of becoming trained and prepared to respond to biological mass casualties, whether they present in large numbers acutely or more insidiously over time. While generally well prepared to respond to routine emergencies and minor epidemics, they may lack the plans, resources and infrastructure to respond to the new challenges posed by biological terrorist acts. A sudden influx of huge numbers of sick or contaminated patients from such an attack could completely overwhelm the medical system.

Federal Response

The $4 million available from HRSA is for the development and implementation of regional plans and other efforts to improve the capacity of hospitals, their emergency departments, EMS systems and other collaborating health care entities to respond to incidents requiring mass immunization, treatment, isolation and quarantine in the aftermath of bioterrorism or other outbreaks of infectious disease. The funds will also be used to improve the communication between hospitals and EMS units, and local and state

health departments to enhance disease reporting. This will also improve hospital and medical system capacity for nonterrorist epidemics of rare diseases.

Organization of Michigan Efforts

The HRSA funds will support needed additional hospital and EMS system improvements as part of an overall effort to improve Michigan's capacity to respond to bioterrorism. Bioterrorism activities by hospitals and EMS will be coordinated with related efforts by the state and local health departments to develop comprehensive bioterrorism preparedness plans, upgrade infectious disease surveillance and investigation, and increase communications capacities.

The HRSA funding is being allocated in two phases. Phase 1 funds of $807,000 were awarded in April 2002 and an application for an additional $3,280,170 under Phase 2 was submitted to HRSA on April 12, 2002. The Phase 2 award is expected in late May.Under Phase 1 the Department will appoint a Bioterrorism Hospital Preparedness Coordinator and a Project Medical Director. A Bioterrorism Hospital Preparedness Planning Committee composed of experts in hospitals, emergency medical services (EMS), public health, laboratories and infection control has also been convened as part of the Michigan plan. The Hospital Preparedness Planning Committee has been meeting regularly since March to advise the Department on additional steps to be taken under the HRSA grant.

Future Activities

Implementation of the HRSA Agreement will involve four areas:

1. Development of a statewide assessment of the current capacity of hospitals, EMS responders and other health care providers to respond to the threat of bioterrorism. This assessment will be integrated with other statewide assessments under the CDC grants and will guide future funding decisions for local and regional projects;

2. Technical support for hospitals and the emergency medical control authorities that oversee local emergency medical operations. This support will include the development of Planning and Response Guidebooks for both hospitals and the local emergency medical control authorities and a statewide conference to be held in the summer of 2002;

3. Financial support for hospital and EMS capacity improvement projects. Funds will be made available to hospitals and medical control authorities to begin the assist them with planning and implementation of activities designed to address identified needs.

4. Development of a regional hospital and medical services plan in each of the 8 Michigan State Police Emergency Management Districts. This will include the appointment of a regional coordinator to oversee regional needs assessments, plan development, capacity enhancement and coordination with public health, emergency management and other response agencies at the regional level. Regional plans will include:

- Epidemic planning for events, which may involve more than 500 patients in a community or region
- Plans for the acquisition, security and distribution of medications and vaccines
- Plans for personnel protection, quarantine and decontamination
- Plans to assure dependable communication and coordination of information
- Bioterrorism disaster drills

Expected Outcomes The outcomes of this effort will be:

- Improved preparedness to respond to public health emergencies, including those resulting from terrorist actions by Michigan hospitals and EMS systems.
- A statewide assessment that identifies the hospital, EMS and health system capacities that need improvement in order to better respond to bioterrorism
- Capacity upgrades for hospitals, medical control authorities and other health care entities to meet identified needs and improve their ability to respond to biological events. These might involve training, equipment, surveillance, medical supply or communications upgrades.
- Regional Hospital and EMS Response Plans to create a multi-tiered system to triage, isolate, treat, stabilize and refer multiple casualties of a bioterrorist incident. The regional plans will also assure communication and coordination with the public health, law enforcement and emergency management resources that respond to a bioterrorist attack.