

2012 CSTE Disaster Epidemiology Workshop

Overall meeting outcomes and discussion points

- From Office of Public Health Preparedness and Response (OPHPR):
 - Public Health Preparedness is what we do every day and the skills that make epidemiologists effective are needed across many functions
 - Public health serves a critical role in application of diagnostic technology, safe and effective delivery of medical countermeasures, use of epidemiology and surveillance for situational awareness, and metrics for improvement
 - Innovation for basic public health functions provides much opportunity, but infrastructure is stretched to its limit
 - OPHPR is not focused on defining the epidemiologist specifically for preparedness. Instead, epidemiology functions need to be integrated into current federal preparedness structure at this time.
 - Resources aren't available from CDC to pay for the additional epi functions for the generalist epidemiologist. OPHPR encourages just in time training, exercises for gaining experience and comfort, and training in ICS.
 - OPHPR has begun to define epidemiology capabilities during disasters.
- CDC will be able to evaluate how states have distributed their resources in PHEP grants. This information is of interest to CSTE members.
- Work with and encourage academic centers to provide resources for surge capacity during disasters including epidemiology response teams.
- Public health departments should demand that students be trained according to current applied public health needs, but also continuing education should be promoted and developed.
- As a group, we have generated recommendations for training incident commanders on the value of epidemiology.
- Prior planning improves outcomes during an emergency (including training of public health staff, building relationships and partnerships with those key to incident command, appointing officials, and institutions that gather and share needed data including hospitals and red cross).
- Epidemiology has a role in both the Planning and Operations components of the incident command structure.
- It is not our insistence that epidemiology is important, but it is developing the tools and demonstrating the value of how epidemiology is important – Delivering timely data, analysis, interpretation and communication.
- We heard about examples of the development of new surveillance systems/processes during disasters as well as and adaptation of existing surveillance tools during disasters.
- We heard about a new CDC initiative in emergency mental health.

- CDC is currently working with Red Cross on the sharing of Red Cross data with local and state public health for de-duplication of efforts during a response – but is not happening everywhere.
- Disaster epidemiology regional training has been developed and was successfully launched in Los Angeles, CA.
 - It is a model for training in other regions that brings together CASPER (rapid needs assessment) training from NCEH with ACE (assessing chemical exposures) training from ATSDR and ERHMS (disaster responder surveillance and tracking) training from NIOSH.
- Health and Human Services and CDC have collaborated to begin a preliminary list of common data elements that comprise a common operating picture for disasters between state, local and federal systems.
- The CDC (NCEH) Disaster Surveillance Working Group is now a Disaster Epidemiology Community of Practice. A SharePoint site is being created.
- CDC Department of Reproductive Health has produced tools for use in disaster settings.
- How can epidemiologists assess healthcare system functioning and whether it is doing what it is supposed to do during emergencies?
- Next meeting suggestion is develop or begin to discuss a common operating picture and identify what skills and capabilities are shared across disciplines.
- Interdisciplinary epidemiology engagement accomplished through: get to know Hospital Preparedness Planning (HPP) program and Public Health Emergency Preparedness (PHEP) program capabilities and identify which functions, tasks, and metrics your subject area can meet; involvement in disaster after action; and provide input into hazard vulnerability assessments currently being updated in states

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