

# MEDICAL RESERVE CORPS

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## TOPOFF3: A REVIEW

By Thursday, April 7, plague had spread to every county in New Jersey. In an effort to stem the outbreak, Acting Governor Codey ordered the opening of dispensing sites to distribute antibiotics to citizens. In Roxbury Township, over one hundred Morris County Medical Reserve Corps Volunteers arrived to help overwhelmed local public health officials distribute the pills to frightened citizens. Even with the little time they had to prepare, the volunteers were able to service close to 500 people per hour.

It wasn't real, it was TOPOFF3: a national-level, multi-agency, multi-jurisdictional, "real-time",

limited-notice WMD (weapons of mass destruction) response exercise, designed to better prepare senior government officials to effectively respond to an actual terrorist attack involving a biological weapon.

In Morris County the action was in Roxbury Township where the Morris County MRC assisted public health, law enforcement and emergency management open a Point of Dispensing Site (POD) at Roxbury High School. The exercise, one of the largest ever for Morris County, involved close to 400 people including over 200 "victim" actors.

Local and county officials will now use the observa-



tions and results of the exercise to improve the county's emergency plans and programs to better prepare for the event of a real outbreak. These improvements will include new training programs for MRC volunteers, additional pre-positioned equipment for POD sites and an ID card for each MRC members.



## PLANNING FOR SPECIAL NEEDS

Imagine you are in your car on the turnpike and you see cars pulling over. You look and you don't see an emergency vehicle. You continue on your way.

You don't know why this is happening because you are deaf and don't have a radio in the car. You get to work

and find out that there has been a terrorist attack on NYC. People had pulled over to listen to the news.

For the deaf and hard of hearing, as well as the developmentally disabled and other special needs populations, communications and emergency response plans

need to be tailored to meet the needs of these communities. The County is assembling a task force to identify and plan for these needs. If you would like to participate in the planning for special needs populations, call Megan, 973-631-5491 .

### MRC:

**800** medical professionals

**220** non medical  
professionals  
and growing

### SAVE THE DATE:

**October 22, 2005**

**Region II Medical Reserve  
Corps Conference**

**Manalapan, NJ**

Breakout topics on emergency preparedness programs in the region and address by MRC Program Director, CDR Robert Tosatto, Office of the Surgeon General

## ANTIBIOTICS FOUND IN THE STRATEGIC NATIONAL STOCKPILE



**Doxycycline, doxy**, is an antibiotic, part of a class of tetracycline drugs.

Dosing: for adults: 1 tablet every 12 hours. Pediatric dosing depends on weight.

It needs to be taken with 8 ounces of water. Antacids should be avoided. Do not eat dairy products within 3 hours before taking.

Side effects: nausea, vomiting, and diarrhea. Children under 8 should not be given doxy because it may cause staining of their teeth. Pregnant women should also avoid taking it. Doxy may cause

increased sensitivity to the sun and yeast infections in women. Oral contraceptives may be less effective so a barrier method, such as a condom, should be used until medication is finished. If you are pregnant consult your doctor, as Doxycycline can harm the fetus.

**Ciprofloxacin, cipro**, is a quinolone antibiotic.

Dosing: for adults: 1 tablet every 12 hours. Pediatric dosing depends on the weight of the child. It is best to take cipro 2 hours before a meal with 8 ounces of water. If

this drug upsets your stomach it can be taken with food. Avoid dairy products 3 hours before and after taking this drug. Take vitamins and antacids 6 hours before or 2 hours after taking cipro.

Common side effects: nervousness, nausea, vomiting, diarrhea, fatigue, dizziness, and headache. Cipro causes increased sensitivity to caffeine and sun exposure. Inform your health care provider if you take theophylline (for asthma), dilantin (for seizures) or if you have diabetes, kidney or liver damage.

### 2-1-1 OR FIRST CALL FOR HELP



New Jerseyans can now call 2-1-1 when in need of any imaginable non emergency help. Community Resource Assistants, who are bilingual and have access to translators, can provide assistance whether it is for volunteer opportunities, low-cost apartments, elder care, or resources for children. In a public health emergency,

2-1-1 will be able to answer calls for health information or give special public health instructions.

2-1-1 is housed at First Call for Help, located in Parsippany. The office also answers calls from Passaic, Bergen, Essex, Sussex, and Union counties.

“Our database is growing as the service grows,” Julie Lange, marketing and communications director explained. “We had 10,000 calls last year, and this year we’re expecting 50,000.”

The well trained staff responds to calls 24/7 and is part of a nation wide 2-1-1 system. Visit them online :[www.firstcall.org](http://www.firstcall.org) or call 2-1-1.

### HOW DISEASE OUTBREAKS ARE RECOGNIZED

Possible outbreaks of disease come to the attention of public health officials in various ways. Often, an astute clinician, infection control nurse, or clinical laboratory worker first notices an unusual disease or an unusual number of cases of a disease and alerts public health officials. For example, staphylococcal toxic shock syndrome was first noted by clinicians.

An outbreak can also be detected by review of routinely collected commu-

nicable disease surveillance data. For example, detection of Hepatitis B infection among the patients of an oral surgeon in Connecticut .This outbreak was first suspected when routinely submitted communicable disease report forms for several patients from one small town indicated that all of the patients had recently had oral surgery.

This brings the importance of timely reporting to the forefront. Most cases reported represent a fraction of the

true number. The ability to detect an aberration depends on timely and consistent reporting of all reportable diseases. Although this is a limitation, surveillance data is still valuable in a number of ways. They help identify demographic groups at higher risk of illness for which programs and target interventions can be done. These data also allow for analysis of disease trends and can help identify epidemics of disease.

## NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

If the State of New Jersey had to distribute antibiotics to everyone it would exhaust municipal, county and state resources. The federal government would have to assist.

Whether responders come from different parts of the same jurisdiction or from State and Federal agencies, they need to be able to work together effectively and communicate with each other.

In the Homeland Security

Presidential Directive—5, the Management of Domestic Incidents, the President directed Homeland Security to develop a new approach to domestic incident management.

The National Response Plan directs how the federal government will respond and integrate with the response plans of the States.

The National Incident Management System addresses

how we train, prepare, exercise, and communicate as a national agenda.

The primary components of NIMS include Command and Management, Preparedness, Resource Management, Communication and Information Management and Supporting Technologies.

Compliance with NIMS is set for 2006. The NIMS Integration Center oversees and facilitates the adoption of NIMS.

Federal funding will be contingent on the status of NIMS.

For an overview, visit FEMA's NIMS website at:

<http://www.fema.gov/nims/>

There are training courses available online, and the NIMS Awareness course is titled IS-700. New Jersey's public health and first responders are all required to take this awareness course.

## AVIAN INFLUENZA

Avian influenza is an infectious disease of birds caused by type A strains of the influenza virus. The disease occurs worldwide. All birds are thought to be susceptible to infection.

The first documented case of humans with avian flu virus occurred in Hong Kong in 1997, when the H5N1 strain caused severe respiratory disease in 18 humans, of whom 6 died. The infection

of humans coincided with an epidemic of highly pathogenic avian flu, caused by the same strain in the poultry population. In February 2003 an outbreak of H5N1 in Hong Kong resulted in 2 human cases. To date, 108 people have been infected in Asia.

Of the 15 avian flu virus subtypes, H5N1 is of concern for several reasons. H5N1 mutates rapidly and

has documented propensity to acquire genes from viruses infecting other animals. Its ability to cause severe disease in humans has been documented. If more humans become infected over time, the likelihood also increases that humans could serve as the mixing vessel for the emergence of a novel subtype with sufficient human genes to be easily transmitted from person to person, a possible pandemic.

We Still Need:  
**Pharmacists**  
Medical Doctors  
Trained Small Pox  
Vaccinators  
Nurses  
Clerical Volunteers

## MRC TRAINING FOR MUNICIPALITIES

This year we are planning to offer more opportunities for volunteers to participate in exercises. Participation in an exercise is the best way to get trained.

In the meantime, some municipalities are offering an initial training on the

basics of bioterrorism and the Class A agents, the county's response plans and an overview of what a point of dispensing clinic is.

With such a diverse group, it is difficult to know exactly what skills trainings are needed. If there is a training

that you would be interested in, let Megan (973-631-5491) or Arlene (973-631-5489) know.

For Trainings at the American Red Cross in Disaster Preparedness, check the website:  
[www.northwestnjredcross.org/courses/disater.htm](http://www.northwestnjredcross.org/courses/disater.htm)

“Ready Together New Jersey:  
Prevent, Prepare,  
Respond, Recover: ”  
Conference at Picatinny Arsenal.  
Look for dates in March 2006.

Department of Law & Public  
Safety

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CORNISH  
EDUCATION SPECIALIST: ARLENE  
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Presort  
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**WWW.MORRISHEALTH.ORG**

## WHAT TO EXPECT AT A POD

Acting as a staff member in a Point of Dispensing Site (POD) can make even the most seasoned medical professional slightly anxious because it is a situation not experienced before. As medical professionals we are trained to excel to a level of expertise in our area of practice, and we train ourselves to accept nothing less than that standard of care for our patients.

Enter the POD, and all that goes out the window. Any circumstance that necessitates the opening of a POD would require the mass pro-

phylaxis of hundreds of thousands of Morris County residents. With no time to waste, the main concept behind the POD is getting as many pills in people as possible within the shortest amount of time, a much different scenario than with routine medical care. Another major difference is that rather than emphasizing the well being of an individual, we are looking to ensure the health of a population.

Each POD is broken up into 3 streamlined sta-

tions: Triage, Form Review and Consultation, and Dispensing. Residents will move through these stations very rapidly.

Most importantly, remember that as hectic as it may seem, as long as people are moving through the lines you are doing a great job!

To all the MRC volunteers the County of Morris thanks you for your willingness to participate in trainings and your willingness to respond to a public health emergency.

### Coming soon:

**Identification cards for  
MRC volunteers  
Fit testing on N95 masks.  
Rutgers 40 Hour-  
Bioterrorism modules**

### Resources

[www.fema.gov](http://www.fema.gov)  
[www.ready.gov](http://www.ready.gov)  
[www.cdc.gov](http://www.cdc.gov)  
[www.nj.state.us/health](http://www.nj.state.us/health)  
[www.morrishealth.org](http://www.morrishealth.org)  
[www.northwestredcross.org](http://www.northwestredcross.org)  
[www.firstcallforhelp.org](http://www.firstcallforhelp.org)