



Medical Reserve Corps: A Focus on Exercising Regionally

Letter From MCOHM Health Officer *Carlos Perez, Jr.*

Welcome to another addition of the Morris County MRC Newsletter. I wanted to update you on two major developments at MCOHM: the creation of the Health Infrastructure Preparedness & Emergency Response (HIPER) Taskforce and the start of planning for a full-scale public health emergency exercise scheduled for May 14, 2011.

The Health Infrastructure Preparedness & Emergency Response Taskforce will be replacing the Bioterrorism Taskforce which was created in 2003 with the principal aim of developing emergency response plans for bioterrorist events. Major accomplishments of the Bioterrorism Taskforce during the last seven years include:

- Development of plans for the

mass distribution of antibiotics to 480,000 county residents with 48 hours;

- Development of quarantine and isolation planning group;
- Development of detailed plans for Point of Distribution (POD) sites throughout Morris County; and
- Performance of various exercises to test plans.

In reviewing our accomplishments over the last 7 years, the time has come to focus attention and planning on other potential public health threats. With that goal in mind, the HIPER Task Force was created. A kick-off conference for the Taskforce will be held May

14, 2011. MCOHM and the Passaic, Sussex, and Warren County Health Departments will be performing a regional public health emergency exercise. The purpose of the exercise will be to test existing public health emergency mutual aid agreements between all four agencies. Mass immunization and medication distribution will be tested during the exercise. We are in great need of MRC volunteers to assist during the exercise.

We continue to have an urgent need for health and other professional MRC volunteers. I invite you to spread the word about the Morris County MRC. Tell your friends, co-workers, and families.

I thank you for your continued support.

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ICS 200
 March 22 and March 29
 (2 day course)
MRC Orientation: BT Agents and Intro to PODS
 April 6 6:30—8:30pm
ICS 100/NIMS
 April 12 6:30—9PM
Regional Exercise Training
 April 14—6:30—8:30
Psychological First Aid
 June 2
Registration: <https://njlmm.rutgers.edu>

What's Worse Than a Disaster? Not Being Prepared.

Whether a hurricane or earthquake, or a fire in the middle of the night, the better prepared you are the better the outcome will be. Whatever the scenario, there are some basics that need to be applied. What is the impact of the disaster to your community, your home? What plans do you have in place at home, and at work?

Have you exercised your plans?

For MRC, we offer trainings and opportunities to participate in exercises. The more you take advantage of these trainings and exercises the more prepared as a volunteer you will be.

The Regional Exercise on May 14 will be a great experience for MRC.

More training dates:
Disease Investigation
 August 4
Family Preparedness
 September 21
Registration:
<https://njlmm.rutgers.edu>
Identification badges will be offered before all trainings and on May 9 from 4—7pm

CORE Trainings
ICS 100/NIMS 700
MRC Orientation
Psychological First Aid
Family Disaster Preparedness
POD Management

FROM THE COORDINATOR—*Cindie Bella, R.N. B.S.N.*

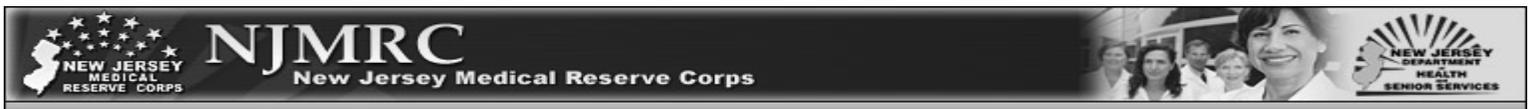
The New Jersey Department of Health and Senior Services (NJHSS) requires that all the Local Information Network Communications System (LINCS) agencies conduct various Emergency Preparedness exercises each year. One of this year's exercises is a regional exercise. The Northwest Region includes Morris, Warren, Sussex, and Passaic counties.

We have scheduled this exercise for Saturday, May 14th, at Craigmear Recreation Park located at 1175 Green Pond Road in

Rockaway Township. This is the first time that we have been asked to conduct a multi-county exercise. The uniqueness of this event is that we will be working under a tent and the operation section for this Point of Distribution (POD) will be completely run by MRC/CERT volunteers from the Northwest Region with only minimal assistance from county staff members. There are two parts to this exercise, vaccinations (in the morning) and pill distribution (in the afternoon). It is extremely important (mandatory) that all participating MRC vol-

unteers complete IS-100, NIMS 700. If you are planning on volunteering for a leadership position you will be required to take IS-200. This is the first time that the MRC will be in charge of operating a POD from set-up to medication distribution to take-down. This will provide us with an excellent opportunity for everyone to practice their POD operation skills. This will also be an excellent opportunity for the Morris County Office of Health Management (MCOHM) to activate the MRC response teams as well as work with MRC volun-

teers from our surrounding counties. Please check your calendars to see if you are available. If you plan on participating in this event, and I hope you will, please either call or email me your name and phone number. In order for this to be a successful exercise we will need as many MRC volunteers as possible. This will give us the perfect chance to practice our skills. If you have any questions please send them my way. I will continue to forward you updated information as it becomes available. Please check the training schedule for upcoming



Recently the New Jersey Learning Management Network (NJLMN) staff provided the unit MRC Coordinators updated information. It appears that a lot of our MRC volunteers have not accessed their personal profile in their NJLMN accounts. It is very important that you do this on a regular basis. Even if you have not signed up for courses through NJLMN yet, this is the tool MRC Coordinators use to find volunteers for deployments. I would ask that at this time you log on to <http://njlmn.rutgers.edu> and verify your information.

For those of you logging on for the first time please remember to check "yes" for the "Privacy Statement" question. This will allow us to update your transcripts with any trainings you

have completed that were not provided through NJLMN (ex: online FEMA trainings). If you change any of your contact information on the NJLMN site you also need to change this information on your New Jersey MRC site (<http://www.njmrc.nj.gov>). Many emails bounce back. If you received a call from our office asking you to update your email on the MRC site this is why. If your email continues to bounce back we will have no other choice than to remove your name from the membership roster since we have no way of contacting you.

Besides using this database, we do rely heavily on the New Jersey Learning Management system which has built a new MRC application in its provider network. In this database we can keep track

of the courses you have taken that you have signed up for on the NJLMN or the online courses you take that are in the Library section.

The HEROES (Health Education Reaching Others and Ensuring Surge Capacity during Public Health Emergencies) training can be found in the Library section under Resources for Health Educators. We encourage MRC volunteers to take this online training to understand the role of education and public information during times of emergencies and disasters. It is the one role that is difficult to exercise as a real situation can never be created in an exercise situation.

There is also a Nursing Curriculum for Emergency Preparedness training from the International

Nursing Coalition for Mass Casualty Education. Of interest may be the pandemic flu toolkit and resources. The course catalog lists all the trainings available to you in NJ. We list all our MRC trainings in the catalog for you to register. This way, the NJLMN keeps a transcript on the trainings you have taken. Outside courses can be added in by the coordinator. Both websites, NJMRC and NJLMN, are valuable resources that support the management of the MRC for local and national deployments.

FROM THE EPI—DENGUE INFECTION

With more than one-third of the world's population living in areas at risk for transmission, dengue infection is a leading cause of illness and death in the tropics and subtropics. As many as 100 million people are infected yearly.

Dengue is caused by any one of four related viruses transmitted by mosquitoes. There are not yet any vaccines to prevent infection with dengue virus (DENV) and the most effective protective measures are those that avoid mosquito bites. When infected, early recognition and prompt supportive treatment can substantially lower the risk of developing severe disease.

Dengue fever (DF) is caused by any of four

closely related viruses, or serotypes: dengue 1-4. Infection with one serotype does not protect against the others, and sequential infections put people at greater risk for dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS).

Dengue is transmitted between people by the mosquitoes *Aedes aegypti* and *Aedes albopictus*, which are found throughout the world. Symptoms of infection usually begin 4 - 7 days after the mosquito bite and typically last 3 - 10 days. In order for transmission to occur the mosquito must feed on a person during a 5- day period when large amounts of virus are in the blood; this period usually begins a little before the person be-

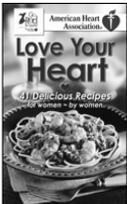
come symptomatic. After entering the mosquito in the blood meal, the virus will require an additional 8-12 days incubation before it can then be transmitted to another human. The mosquito remains infected for the remainder of its life, which might be days or a few weeks. In rare cases dengue can be transmitted in organ transplants or blood transfusions from infected donors, and there is evidence of transmission from an infected pregnant mother to her fetus. But in the vast majority of infections, a mosquito bite is responsible.

Nearly all dengue cases reported in the 48 continental states were acquired elsewhere by travelers or immigrants. Because contact between *Aedes* and people is infrequent in the continental

U.S., these imported cases rarely result in secondary transmission. The last reported continental dengue outbreak was in south Texas in 2005.

DF and DHF cases have long been reportable by law to public health authorities in 26 states. Beginning in 2009, all nationally diagnosed dengue infections were reportable to the CDC.

Morris County has reported a couple of cases, all in people who travelled to countries and returned to the US with Dengue infection.



Health Matters: Every Month is Heart Month

Heart disease is the number one cause of death. About every 25 seconds, an American will have a coronary event. The chance of developing coronary heart disease can be reduced by taking steps to prevent and control factors that put people at greater risk. Diseases that affect your heart or increase your risk include arrhythmia, heart failure, and peripheral artery disease. High cholesterol, high blood pres-

sure, obesity, diabetes, tobacco use, unhealthy diet, physical inactivity and secondhand smoke are also risk factors associated with heart disease.

Knowing signs and symptoms are important. Some heart attacks are sudden and intense, most start slowly, with mild pain or discomfort. Here are the signs that can mean a heart attack is happening: **Chest discomfort**—most involve discomfort in the center of the chest that lasts for more than a few minutes, or goes

away and comes back. **Discomfort in other areas of the upper body**—Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach. **Shortness of breath**—May occur with or without chest discomfort. **Other signs** may include breaking out in a cold sweat, nausea, or lightheadedness. **Women and heart disease:** Women account for nearly 50% of heart disease deaths. It is the leading cause of death in women over 65 years and second for women 45 -64. Take care of your heart—eat smart and move more.

H5N1 Avian Influenza 2011 Update

6 cases
1 deaths
Egypt

3 Cases
1 death
Cambodia

**World wide since 2003:
525 human cases
310 deaths
WHO continues
surveillance for H5N1**

MRC Volunteer Walks the Walk by Barb Chestnut, American Red Cross

In my role as Emergency Services Director for the Colonial Crossroads Chapter of The American Red Cross I frequently meet members of our community who have suffered a disaster. The circumstances may vary, a house fire, a flood, damage caused by wind sheer, but the end result is the same - an individual or a family is forced to rebuild their lives to one degree or another. People who suffer a disaster are in various states of health, wealth and ability. Sometimes they haven't any insurance and all these variables affect the scope and speed of their recovery.

In early September I received a call from the Fire Inspector in one of the ten towns our chapter serves. He was calling to report that there had been a house fire and that the support of the Red Cross was needed. I immediately contacted a member of our Disaster Action Team, a volunteer who lives nearby and who also happens to belong to the local Medical Reserve Corps. We met at the scene of the fire where we were directed next door. Here, I met Helen O'Mullen, a neighbor and also a volunteer for the Medical Reserve Corps.

I learned that Helen had proven herself a caring and thoughtful neighbor on numerous occasions and her actions that day were just as exceptional. Upon learning of the fire, Helen quickly ran back to her own kitchen, retrieved a fire extinguisher and then put out her neighbor's fire. When the firemen arrived on the scene they told Helen that if it had not been for her quick work the house would have been lost.

They were only half kidding when they invited her to join the fire department. That day I learned that Helen routinely helps people in her community. Following the fire, she continued to assist her neighbor in many ways in her recovery from this tragedy, taking time from her busy life to make a huge difference in her neighbor's life.

I'm sharing this story because Helen's efforts go beyond the "call of duty" and what anyone would expect from a neighbor. Helen and many others like her who volunteer for groups such as the Medical Reserve Corps provide a safety net for us all. It is not a coincidence that these folks choose the helping roles that make up our health care system, nurses, doctors, veterinarians, emergency medical technicians, etc. people that then go out to assist as volunteers during their time off or after retirement.

Like the Medical Reserve Corps the American Red Cross is a volunteer-led organization -- 97% of the people that you see at disasters are volunteers. I am among the few who have the honor of working for the Red Cross. I salute Helen and all the volunteers in our community that make our towns a safer and more caring place to live and work.



**American
Red Cross**

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