

# State Planning for Bioterrorism

Federal funds for bioterrorism and public health infrastructure improvements are available from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). As we go to press, the states are completing their applications for these funds.

## Alaska

**CDC grant focus areas:** Assess training needs and develop comprehensive training delivery plan, establish formal partnerships with universities and Public Health Workforce Partnership to expand workforce education and training, ensure educational expertise of training staff.

**Early response:** Alaska has a Terrorism Disaster Policy Cabinet with five sub-groups, including the Domestic Preparedness/Consequence Management Sub-Cabinet, which is led by the commissioners of the Department of Health and Human Services and the Department of Military and Veterans' Affairs.

## Idaho

**CDC grant focus areas:** Develop a core group of public health responders in the seven local public health districts and the Idaho Division of Health to conduct assessments, develop plans, facilitate trainings, communicate public information, and maintain a 24/7 capacity of disease surveillance and investigation. The Division of Health will provide leadership, technical support, and coordination, and upgrade the state's technological capabilities, including laboratory capacity, EIS, state communications center, and distance-learning coordinators.

**Early response:** A Bioterrorism Working Group, created in October 2001, includes the state epidemiologist, Division of Health, State Police, National Guard, Bureau of Hazardous Materials, Department of Environmental Quality, Department of Agriculture, and public health districts.

## Montana

**CDC grant focus areas:** Upgrade the public health laboratory, develop a public health preparedness learning delivery system, extend the Health Alert Network, enhance state and local epidemiology capacity, and build a risk communication system for public health disasters and emergencies. These plans build on previous efforts, which

include developing Health Alert Network (HAN) services, hiring a Public Health Disaster Coordinator to organize disaster planning at the state and local level, and increasing public health laboratory capacity. In addition, Montana participates in a four-state consortium with Idaho, North Dakota, and South Dakota supporting epidemiology and surveillance.

**Early response:** Montana's governor appointed a Homeland Security Task Force, which includes the public health disaster coordinator.

## Oregon

**CDC grant focus areas:** CDC grant focus areas: Prepare and help local health districts develop emergency response plans, provide an emergency exercise program, upgrade local epidemiology surveillance systems and integrate them more fully with the state system, build a fully functional laboratory response network including biosafety Level 3 capacity at the state lab, continue to expand the Health Alert Network, increase risk communication capacity at state and local levels, and provide education and training, including distance learning.

**Early response:** The governor created a Governor's Security Council to be responsible for state-level activities dealing with terrorism and domestic preparedness. The State Public Health Officer sits on that body and has keeps it informed. Two Security Council members, the director of the Oregon Office of Emergency Preparedness and the director of the Oregon State Police's Office of Public Safety and Security, sit on the Health Preparedness Advisory Committee.

## Washington

**CDC grant focus areas:** Enhance capabilities for rapid detection of illness by health care providers and labs, create secure and dependable communication with public health disease investigators, deliver necessary medicines or vaccines quickly, provide clear health information to the public, and provide training and technical assistance to the many different responders.

**Early response:** The DOH Secretary appointed a special Task Force on Emergency Preparedness shortly after the September 11 attacks. The task force analyzed existing systems and plans at the agency, identified gaps, and prioritized the work needed to improve readiness.

## Wyoming

**CDC grant focus areas:** Prepare (and help communities to prepare) and conduct local, regional, and statewide bioterrorism response plans, strengthen the communication systems between public health and other agencies, communities, and partners, enhance the epidemiology surveillance system, increase laboratory capacity, increase public awareness of public and personal safety measures, and ensure that health care professionals are trained and able to deal with emergencies.

**Early response:** A Counter Terrorism Commission led by the Attorney General, the Adjutant General of the Wyoming National Guard, and the directors of the Departments of Health and Transportation will coordinate and oversee all state level activities related to bioterrorism.

## State Bioterrorism Web Sites

**Alaska:** [www.epi.hss.state.ak.us/bioterrorinfo.stm](http://www.epi.hss.state.ak.us/bioterrorinfo.stm)

**Idaho:** [www2.state.id.us/dhw/health/index.htm](http://www2.state.id.us/dhw/health/index.htm) (main DOH site)

**Montana:** [www.discoveringmontana.com/homelandsecurity/css/default.asp](http://www.discoveringmontana.com/homelandsecurity/css/default.asp)

**Oregon:** [www.ohd.hr.state.or.us/acd/bioterr/home.htm](http://www.ohd.hr.state.or.us/acd/bioterr/home.htm)

**Washington:** [www.doh.wa.gov/bioterr/biotergeninfo.htm](http://www.doh.wa.gov/bioterr/biotergeninfo.htm)

**Wyoming:** <http://wdhfs.state.wy.us/bioterrorism/>