

ASSEMBLY COMMITTEE ON HEALTH INFORMATIONAL HEARING

Anthrax and Beyond: California Health System Bioterrorism Preparedness Background

**Tuesday, November 6, 2001
1:30 p.m. - UC Berkeley**

Since the coordinated terrorist attacks against the World Trade Center and the Pentagon on September 11, 2001, the threat of terrorism rose to the top of the country's national security, law enforcement and public health agendas. Because of the four recent deaths from inhalational anthrax, the threat from bioterrorism remains at the top of those agendas. Bioterrorism is the deliberate release of pathogenic microorganisms (bacteria, viruses, fungi or toxins) into a community. The most likely diseases associated with bioterrorism include smallpox, anthrax, botulism, plague and tularemia. Previous acts of biological or chemical terrorism have ranged from the use of a nerve agent in a Tokyo subway in 1995 to the contamination of several salad bars with salmonella bacteria in The Dalles, Oregon in 1984.

The purpose of this hearing is to assess how California's health system infrastructure is prepared to prevent illness and injury that would result from bioterrorism.

As with emerging infectious diseases, early detection and control of biological or chemical attacks depends on the response and coordination of the public health system at the local, state, and federal levels. Because the initial detection of a covert biological or chemical attack will probably occur at the local level, state and local disease surveillance systems must be capable of detecting unusual patterns of disease or injury, including those caused by unusual or unknown threat agents.

Early detection of, and response to, biological or chemical terrorism is crucial. Without special preparation at the local and state levels, a large-scale attack with aerosolized anthrax spores, a nerve gas, or a foodborne biological or chemical agent could overwhelm the local and perhaps

national public health infrastructure. Large numbers of patients, including both infected persons and the "worried well," will seek medical attention, with a corresponding need for medical supplies, diagnostic tests, and hospital beds. The initial response to a bioterrorist attack will fall on the "first responders" -- firefighters, emergency medical service personnel, law enforcement officers, public health officials, emergency room physicians, clinics, and primary health care providers. Because some biological agents, such as smallpox, are communicable, emergency responders, health-care workers, and public health officials could be at increased risk.

The epidemiological skills, surveillance methods, diagnostic techniques, and physical resources required to detect and investigate unusual or unknown diseases are similar to those needed to identify and respond to an attack with a biological or chemical agent. However, public health agencies and health care providers must also prepare for the special features a terrorist attack might have (e.g., mass casualties or the use of rare agents). Terrorists might use combinations of these agents, attack in more than one location simultaneously, use new agents, or use organisms that are not on the critical list (e.g., common, drug-resistant, or genetically engineered pathogens).

Additionally, because the initial response to a covert biological or chemical attack will probably be made at the local level, epidemiologists at state and local health agencies must have expertise and resources for responding to reports of clusters of rare, unusual, or unexplained illnesses.

Responding to large-scale outbreaks caused by these agents will require the rapid mobilization of public health workers, emergency responders, and private health care providers. Large-scale outbreaks will also require rapid procurement and distribution of large quantities of drugs and vaccines, which must be available quickly. A bioterrorist attack requires infectious disease surveillance, epidemiological investigation, laboratory identification of biological agents, distribution of antibiotics to large segments of the population to prevent the spread of an infectious disease, emergency medical services, continuing health care services delivery and potentially managing mass fatalities.

The Assembly Health Committee has invited representatives from state and local governments and health care providers to present testimony on the health system's preparedness for a bioterrorist attack. The following questions have been sent to the panelists appearing before the Health Committee to provide information to the members of the Health Committee on the level of California's preparation for a bioterrorist attack.

Questions

1. What is your agency's role before, during and after in the event of a bioterrorist attack?
2. What are the challenges the health care infrastructures of hospitals, public health programs, and emergency medical services face from a bioterrorist attack?
3. How prepared is California's health care infrastructure for a bioterrorist attack?
4. What are the health care infrastructure's key emergency responses?

5. Has your agency "field tested" your bioterrorist attack preparedness plan? How did it respond?
6. How should the state's thinking change for bioterrorist/disaster preparedness after September 11th and after transmission of anthrax through the mail?
7. If the public health system is not adequate to meet a bioterrorist attack, what should state and local government do to address this problem?
8. What do state and local governments need to be better able to address a bioterrorist attack?
9. How does your agency coordinate disaster response with other federal, state and local governmental agencies?
10. How does your agency coordinate disaster testing/laboratory work with other federal, state and local governmental agencies?
11. How does your agency coordinate the release of public information during a disaster with other federal, state and local governmental agencies?
12. How do you ensure your agency coordinates with other federal, state and local government agencies in the release of information to the public so that the public does not receive conflicting information?
13. What can the average person do to protect himself/herself and his/her family?