



Twelve Eighty-Two

Summer Issue: Volume 5 Issue 2

*The Public Health Preparedness Community
Newsletter from the Bucks County
Department Of Health*



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Preparedness Program Highlights

Community Outreach

The PHP program is focusing on community outreach this summer and will have a presence at a number of events throughout the county. Both preparedness staff and Medical Reserve Corps volunteers will be providing education on staying safe during the event and using that as a foundation for preparing for larger emergencies that may occur in the county.

Event	Date	Event	Date
Quakertown Community Festival	Wednesday, July 4th, from 8am-9:30pm	Richland Movies in the Park	Friday, August 10th, at 7pm
Pennridge Community Day	Sunday, July 8 th , from 12pm-6pm	Quakertown Concert in the Park	Sunday, August 12 th , at 6:30pm
Richland Movies in the Park	Friday, July 13 th , at 7:30pm	Bristol Township Movies in the Park	Saturday, August 25 th , at 7pm
Bristol Township Movies in the Park	Saturday, July 14 th , at 7pm	Parkside (Quakertown) Food Festival	Saturday, September 15 th , from 12pm-6pm
Quakertown Concert in the Park	Sunday, July 22 nd , at 6:30pm	Warrington Community Day	Saturday, September 22 nd , from 12pm-6pm
Doylestown Concert Series	Wednesday, August 8 th , at 7pm	Bensalem Fall Festival	Saturday, October 6 th , from 11am-9pm

Preparedness Summit

The preparedness team had a very successful trip to the 2018 national Preparedness Summit. Together, we presented three sessions focusing on work we have done over the last year. These sessions addressed public health tools developed by program staff from both Bucks County and the Philadelphia Department of Health (jointly presented), accommodating access functional needs in emergency responses, and first responder willingness & ability to show-up during a public health emergency. All three sessions were highly attended and very well received. Since then, we have begun to further advance and revise the public health tools with the assistance of the new collaborative partnerships we developed through this conference. We are also extremely excited to see health departments across the country utilize and deploy the tools we have developed as part of their response efforts. As a team, we highly value building connections and the sharing of resources across jurisdictions with the belief that we can help health departments throughout the United States assist their citizens in emergencies, and likewise, these partners can help us protect and support the citizens of Bucks County during emergencies.



Image Credit: National Association of County & City Health Officials

Upcoming Training Offerings

7/16/18	6:30 pm to 8:30 pm	Fundamental Mental Health Techniques	At: Bucks County Department of Health
8/21/18	6:30 pm to 8:30 pm	Introduction to Points of Dispensing	At: Montgomery County Public Safety Training Campus
9/15/18	9:00 am to 12:00 pm	First Aid/ AED/ CPR and Role of the Volunteer*	At: Bucks County Department of Health

Bucks County Department of Health

1282 Almshouse Road
Doylestown, PA 19454

Montgomery County Public Safety Training Campus

1175 Conshohocken Rd
Conshohocken, PA 19428

*Open to BC-MRC volunteers only

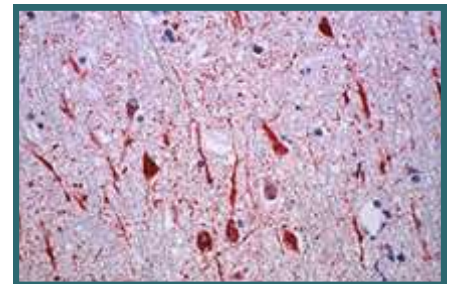
These trainings are presented as part of the Medical Reserve Corps' ongoing training series. To learn more about the Medical Reserve Corps or to join the BC-MRC follow this link:

<http://www.buckscounty.org/mrc> or contact the BC-MRC at hdbcmrc@buckscounty.org

Disease Spotlight: Nipah Virus

Nipah virus made international news with the identification of an outbreak in south-west India at the end of May 2018. The exotic headline-grabbing virus has drawn attention due to its penchant for emerging from the tropical forest of Southeast Asia to quickly kill large numbers of individuals before fading back into the forest only to reemerge a year or so later.

The Nipah Virus was first identified as a unique virus in Malaysia in 1999, with an outbreak that resulted in 265 cases with 105 of the cases being fatal. Three years prior to the recognition of the outbreak, the virus was transmitted from large bats, known as flying foxes, to domestic pigs. The virus was then sustained in the pig population, causing an illness resembling other illness that commonly affect pigs, until it made the first human sick in 1998. As with the pigs, the virus was not initially recognized as something new in humans. It was instead first believed to be Japanese encephalitis, an illness that sporadically occurs in Malaysia. Eventually, it was recognized to be an outbreak of a new illness as characteristics of the outbreak did not match with what would be expected with Japanese encephalitis. Most notably, the new illness primarily affected men who worked with pigs and was not impacted by mosquito control or vaccination programs. The outbreak was eventually stymied, but only after significant loss of both human life and pigs, including over a million pigs that were culled to end the chain infection. The now recognized virus was given the name Nipah after the village, Sungai Nipah, in the vicinity of where the virus first emerged in Malaysia.



Since the initial outbreak, outbreaks of Nipah virus have occurred nearly every year in Southeast Asia, with the majority of the outbreaks occurring in Bangladesh. The case fatality rate (the proportion of deaths relative to all cases) is estimated between 40% to 75% ,with some outbreaks reporting fatality rates of 100%.

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Like so many other perilous diseases, individuals infected by the Nipah virus initially present with influenza-like symptoms. This includes fever, muscle pain, headaches, vomiting, and sore throat. These symptoms may then progress into neurological symptoms indicative of acute encephalitis (swelling of the brain). Some cases may also exhibit severe respiratory symptoms and pneumonia. However, some individuals may present with asymptomatic infections. There is currently no treatment for this virus and care is limited to supportive therapy.

**By the Numbers:
2018 Outbreak in
India**

- ◆ 19 Reported Cases
- ◆ 17 Deaths

Nipah virus is a zoonotic pathogen, disease passed from animals to humans, with fruit bats being the host reservoir (species in which the virus normally resides and is sustained). The virus has been transmitted to human through two routes: The first route was exemplified by the first outbreak with the virus first infecting pigs who then, in turn, infected humans. The second route of transmission, characteristic of outbreaks in Bangladesh, is through the consumption of contaminated date palm sap (a common winter drink for both human and bats). Limited person to person transmission of Nipah has been

observed, typically between close contacts such as caregivers and family members. Person to person transmission has thus far not been successful enough to sustain an outbreak, however, public health officials have a very high concern that a mutation in the virus increasing its person to person transmission could fuel a very large, and potential global, outbreak of a disease with an exceptionally high case fatality rate.



This is the first entry in our new Disease Spotlight section of the Newsletter highlighting a new infectious disease. Look out for new disease features in coming newsletters.

Out Loud: Public Health Podcasts to Stimulate Your Day



Kill Em' All

They buzz. They bite. And they have killed more people than cancer, war, or heart disease. Here's the question: If you could wipe mosquitoes off the face of the planet, would you? This episode of Radiolab explores this seemingly simple question and the possible consequences if we did kill all the mosquitoes.

<https://www.wnycstudios.org/story/kill-em-all/>



Nuclear War... Total Annihilation?

Nine countries, including North Korea, have nuclear weapons. What would happen if a nuclear bomb was dropped - say, in New York City? The host talks to nuclear historian Dr. Alex Wellerstein, nuclear engineer Dr. Tetsuji Imanaka, and epidemiologist Dr. Eric Grant.

<https://www.gimletmedia.com/science-vs/nuclear-war-total-annihilation#episode-player>



This episode of *99 Percent Invisible* explores an often overlooked safety feature that we interact with on a daily bases, building egresses. "Egress" refers to an entire exit system from a building: stairs, corridors, and evacuation routes outside the building. What may seem a simple feature of buildings is in reality a complex system that has evolved over centuries. It also explains why hotel staircases are so creepy.

<https://99percentinvisible.org/episode/good-egress/>



Lyme Disease: How Scary Is It?

This week, we're entering the Lyme Wars. We're asking: what is Lyme disease? How do you get it? How do you know you have it? And if you get infected, are you stuck with it forever? To find out we talk to neurologist Dr. John Halperin, neuropsychology researcher Dr. Kathleen Bechtold, and a Lyme patient we're calling Emily.

<https://www.gimletmedia.com/science-vs/lyme-disease-how-scary-is-it#episode-player>

Service Animals: What You Should Know

Service animals first emerged as effective tools in assisting individuals with hearing and vision difficulties. Their effective use in supporting a number of conditions was shortly thereafter realized, and now service animals assist individuals with a wide spectrum of needs. Yet, as the efficacy of these animals has increased their place in society, so have the number of issues that have arisen as more and more people come into contact with these animals and the individuals who they are assisting. As such, it is important that everyone understand what a service animal is and how they should interact with it.

What is a service animal?

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities. Although not part of the official Americans with Disabilities Act definition, additional separate provisions about miniature horses have been added. With these provisions, entities covered by the ADA must modify their policies to permit miniature horses where reasonable. The regulations set out four assessment factors to assist entities in determining whether miniature horses can be accommodated in their facility. The assessment factors are (1) whether the miniature horse is housebroken; (2) whether the miniature horse is under the owner's control; (3) whether the facility can accommodate the miniature horse's type, size, and weight; and (4) whether the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.



Image Credit: Department of Defense, Ej Hersom



Image Credit: DanDee Shots

Why Miniature Horses?

Miniature horses have a life span of 25 to 35 years, significantly longer than dogs which have an average lifespan of 11 years. This significant difference in lifespan is appealing in both the value through >>>, and importantly, the increased lifespan decreases the trauma to the individuals who depend so deeply on these animals. Miniature horses also are an option for individuals with allergies to dog dander or have cultural stigmas relating to dogs. However, miniature horses are limited in the services they can provide relative to dogs.

Do service animals (dogs) have to be of a specific breed?

No. Services dogs can be of any breed. Additionally, if a municipality has ordinances prohibiting certain dog breeds, they must make an exception for a service animal.

Where are service animals allowed?

Service animals are allowed anywhere the general public is allowed. The only exception to this is if the presence of the service animal would "fundamentally alter" the services, good, programs, or activities being provided. For instance, service animals are allowed in hospitals including patient rooms, but may be excluded from sterile areas such as operating rooms. Additionally, service animals are allowed in establishments serving food, including establishments with self-service food lines and salad bars.

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Is there a service animal registry?

No. There is no registry of service animals and no way to verify if an animal has been trained as a service animal. Additionally, the ADA does not allow for mandatory registration of service animals, however, service animals are subject to the same licensing and vaccination rules that are applied to all dogs.

Do they have to wear a vest?

No. Service animals do not have to wear anything that identifies them as a service animal. This is not a simple oversight in the rules but instead is done for an important reason. Requiring a service animal to wear a vest or another form of identification draws attention to that animal and by extension, the handler. For individuals that have service animals for mental health concerns, such as PTSD and Panic Disorders, this extra attention can serve as a trigger and can make the individual's symptoms worse.

How can you tell if it is actually a service animal?

If it is not immediately apparent that an animal is a service animal, staff at a business or organization may only ask two questions: (1) is the dog a service animal required because of a disability? and (2) what work or task has the dog been trained to perform? Staff are not allowed to ask any additional questions about the person's disability nor may they ask for any documentation or require that the animal demonstrate any tasks. If you are a member of the general public you should not ask any question about the animal, the services it provides, or the individual's condition. In short, you should treat them as any other individual you should happen to meet on the street.

What if I want to pet a service animal?

It is best to allow service animals to perform their jobs undisturbed. *Just as a police dog is providing a service, so are service animals.* What if the service animal is not wearing a vest or other identification? You should generally refrain from petting any animal without first asking the owner/ handler. With that said, if the person is comfortable with you petting their service animal and that would not interfering with the service the animal is trained to provide at the given time, they may give you permission to pet their animal. Keep in mind that you should get permission to pet the animal each time you encounter as conditions and comfort of the handler may have changed.

For more information visit: https://www.ada.gov/regs2010/service_animal_qa.html

SERVICE DOG PSA

So today I tripped, Fell flat on my face, it was awful but ultimately harmless. My service dog, however, is trained to go get an adult if I have a seizure, and he assumed this was a seizure (were training him to do more to care for me, but we didn't learn I had epilepsy until a year after we got him)

I went after him after I had dusten off my jeans and my ego, and I found him trying to get the attention of a very annoyed woman. She was swatting him away and telling him to go away. So I feel like I need to make this heads up

If a service dog without a person approaches you, it means the person is down and in need of help

Don't get scared, don't get annoyed, follow the dog! If it had been an emergency situation, I could have vomited and choked, I could have hit my head, I could have had so many things happen to me. We're going to update his training so if the first person doesn't cooperate, he moves on, but seriously guys, If what's-his-face could understand that lassie wanted him to go to the well, you can figure out that a dog in a vest proclaiming it a service dog wants you to follow him

Source: lumpatronics



Psychological Preparedness

Arguably the most important step in preparing for emergencies is one that gets the least attention, the process of being psychologically prepared. Without this critical step, it is unlikely that a person will take action to be prepared for an event. And without continued attention and maintenance of psychological preparedness, it is difficult for an individual to successfully carry out their preparedness plans.

The very decision to take steps to prepare for emergencies requires basic a level of psychological preparation, essentially an understanding of what disasters can happen and an understanding that you are susceptible to disasters. Individuals then have to reach a psychological position where they are compelled to take protective action, e.g. creating preparedness kit/stocks. Getting to this point further requires that a person perceives a potential benefit to preparedness actions (that is a belief that preparedness actions will actually help keep them safe) and that the perceived barriers to action can be overcome. For instance, this requires that a person both believe that one could survive a nuclear attack, and that they can both afford to take protective action and that these actions will be beneficial to their health and safety.

Preparing for emergencies requires more than just assembling physical supplies; creating a plan to shelter during a nuclear incident does not provide any protection if you do not carry out the plan and remain sheltered until directed by authorities to leave your shelter. While on face value this may seem easy, however, reality is far from simple. In the minutes after the nuclear missile alert went out in Hawaii, many parents faced an impossible choice of whom to spend their last minutes with. As one individual recalled:

“...Just 5min before the Ballistic Missile warning I dropped my oldest at the airport and drove to Nimitz Zippys. There I found out about the threat and had to decide whether (sic) to shelter there drive to my two younger children [who were] at home go back to the airport or go be with my wife at her work. None of these destinations were within :15 min of where I was. I chose to go home to the two little ones I figured it was the largest grouping of my family. Knowing I likely wouldn't make it home in time. I was tearing up South Street to the freeway when I heard it was a mistake...”

Fortunately, this was just a false warning, however, this situation is all too real and individuals need to be prepared to make the impossible choice to remain in shelter separate from the ones they love. From a technical preparedness perspective, the correct thing for this individual to have done would be to seek the best possible shelter within a few minutes of his current location. Yet, from human perspective, it is hard to find fault in the decision this person made.

As difficult as it may be, it is best to overcome your instincts to be with the ones you love at all costs. What is important to remember is that whether it's leaving a shelter during the fallout of a radiological or chemical event, or rushing to a school during an active shooter, or rushing to a loved one's house during a hurricane, you put yourself, your loved ones, and others at risk. Overcoming this urge may be exceedingly difficult, yet this urge can be lessened. The best thing to be done is to build confidence in the level of preparedness and subsequent safety of your loved ones in emergencies. Some things to consider to help build this confidence:

- ◆ Discuss what disasters may occur and discuss plans for disaster situations where family members are both at home as well as away from home; together and apart.
- ◆ Ask to see your child's school's emergency preparedness plans, ensuring that they have plans in place as well as outlining what are their expectations of parents.
- ◆ Practice your plans so that you and your family members feel confident in carrying them out.
- ◆ Complete a family emergency plan like this one from FEMA:

https://www.fema.gov/media-library-data/20130726-1802-25045-7615/famemeplan_all.pdf



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