

THE PREPAREDNESS POST

UTAH DEPARTMENT OF HEALTH

Pregnancy Monitoring for Zika Virus Expands By Charla Haley

As public health officials work to gain a more complete picture of the impact of Zika virus infection during pregnancy, the Centers for Disease Control and Prevention (CDC) has decided to begin reporting the total number of pregnant women with Zika virus infection from two newly established enhanced surveillance systems: the US Zika Pregnancy Registry and the Puerto Rico Zika Active Pregnancy Surveillance System.

As of May 12, 2016, the two Zika virus infection surveillance systems were monitoring 157 pregnant women in the U.S. states and 122 pregnant women in the U.S. territories with laboratory evidence of possible Zika virus infection. These new numbers reflect a broader group of pregnant women since it's been expanded to include pregnant women who have any laboratory evidence of possible Zika virus infection, regardless of whether they have symptoms.

Recently published reports indicate that some pregnant women with laboratory evidence of a recent Zika infection but without symptoms have delivered infants with microcephaly and other serious brain defects.

CDC's top priority for the Zika response is to protect pregnant women and their fetuses. The range of health effects linked with Zika infection during pregnancy as well as how many and which pregnancies may be at risk of poor outcomes are essential pieces of information for the public health response to the Zika outbreak. Reporting the total number of pregnant women with any laboratory evidence of possible Zika virus infection will provide a more comprehensive picture of the

effects of Zika in U.S. states and territories. This information will help health care providers as they counsel pregnant women affected by Zika and is essential for planning at the federal, state, and local levels for clinical, public health, and other services needed to support pregnant women and families affected by Zika.



**2016 ZIKA RESPONSE
CDC IN ACTION**

- Tracking the spread of Zika virus and other mosquito-borne viruses in the United States and around the world.
- Training disease detectives to find and report Zika cases.
- Teaching healthcare providers how to identify Zika.
- Testing samples for Zika and providing laboratories with diagnostic tests.
- Studying links between Zika and birth defects and Guillain-Barré syndrome.
- Educating the public about Zika virus.
- Advising travelers how to protect themselves while traveling in areas with Zika.



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What you Need to Know about Zika

Taken from the CDC website at cdc.gov

Types of Transmission

Zika virus is spread to people primarily through the bite of an infected *Aedes* species mosquito (*Ae. aegypti* and *Ae. albopictus*). To date, Zika has not been spread by mosquitoes in the continental United States. However, lab tests have confirmed Zika virus in travelers returning to the United States from areas with Zika. Zika virus can also be spread during sex by a man infected with Zika to his male or female partners. Some non-travelers in the United States have become infected with Zika through sex with a traveler.

With the recent outbreaks in the Americas, the number of Zika cases among travelers visiting or returning to the United States will likely increase. CDC is not able to predict how much Zika virus would spread in the continental United States. Many areas in the United States have the type of mosquitoes that can become infected with and spread Zika virus. However, recent outbreaks in the continental United States of chikungunya and dengue, which are spread by the same type of mosquito, have been relatively small and limited to a small area.

Not having sex is the only way to prevent sexual transmission of Zika. Couples with men who live in or travel to areas with Zika can prevent the spread of Zika by using condoms every time they have sex, or by not having sex. To be effective, condoms must be used correctly from start to finish, every time you have vaginal, anal, or oral (mouth-to-penis) sex.

Birth Defects

Zika virus can be passed from a pregnant woman to her fetus during pregnancy or around the time of birth. Zika infection during pregnancy is a cause of microcephaly, a severe birth defect that is a sign of a problem with brain development, and other severe fetal brain defects.

In addition to microcephaly, other problems have been detected among fetuses and infants infected with Zika virus before birth, such as defects of the eye, hearing deficits, and impaired growth. Although Zika virus has been linked with these other problems in infants, there is more to learn. Scientists continue to study the full range of other potential health problems that Zika virus infection during pregnancy may cause.

Guillain-Barré Syndrome

[Guillain-Barré syndrome \(GBS\)](#) is an uncommon sickness of the nervous system in which a person's own immune system damages the nerve cells, causing muscle weakness, and sometimes, paralysis.

- The Brazil Ministry of Health has reported an increased number of people who have been infected with Zika virus who also have GBS.
- GBS is very likely triggered by Zika in a small proportion of infections, much as it is after a variety of other infections.
- CDC is investigating the link between Zika and GBS.

Many people infected with Zika virus won't even know they have the disease because they won't have symptoms. The sickness is usually mild with symptoms lasting for several days to a week. People usually don't get sick enough to go to the hospital, and they very rarely died of Zika.

What you Need to Know about Zika (continued)

Treatment

There is no vaccine or medicine for Zika. See your doctor or other health care provider if you develop symptoms.

The following steps can reduce the symptoms of Zika:

- Get plenty of rest.
- Drink fluids to prevent dehydration.
- Take medicine, such as acetaminophen, to reduce fever and pain.
- Do not take aspirin or other non-steroidal anti-inflammatory drugs (NSAIDS) until [dengue](#) can be ruled out to reduce the risk of bleeding.
- If you are taking medicine for another medical condition, talk to your health care provider before taking additional medication.
- To prevent others from getting sick, strictly follow steps to prevent mosquito bites during the first week of illness.

Prevention

The best way to [prevent](#) diseases spread by mosquitoes is to protect yourself and your family from mosquito bites.

- Wear long-sleeved shirts and long pants.
- Stay in places with air conditioning and window and door screens to keep mosquitoes outside.
- Treat your clothing and gear with permethrin or buy pre-treated items.
- Use [Environmental Protection Agency \(EPA\)-registered insect repellents](#). Always follow the product label instructions.
- Sleep under a mosquito bed net if air conditioned or screened rooms are not available or if sleeping outdoors.

To learn more, please visit [CDC's Zika virus page](#).

HONEST JON

by Jon Clark



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Utah Responders Train En Masse at the CDP

By Dorian Chapman

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The Center for Domestic Preparedness (CDP in Anniston, Alabama, trains thousands of students every year, often by grouping students in cohorts that allow responders from one location or region to train together. The CDP reached a milestone in cohort training by hosting 50 responders from a spectrum of emergency management disciplines all from the state of Utah, in hopes it's the first of many such groups from around the nation.

"We might have a cohort from a particular hospital, law enforcement office or fire department," explained David Hall, the Western Region training coordinator at the CDP. "The principle of training in cohorts is to give responders who work together the same training experience. When a real-world event occurs, that similar training experience is going to be apparent, and could really make a difference in saving lives."

Art Deyo, deputy fire marshal for the state of Utah, led the massive coordination effort to bring the Utah cohort during the performance of his duties across the state.

"I've been here several times and each time I trained with professionals from all over," Deyo explained. "But I thought it would be great to try to assemble a large group of responders from the same area who would have to work together in a real response event."

All 50 of these students attended the Technical Emergency Response Training for CBRNE Incidents (TERT) course, a four-day training course that provides responders with chemical, biological, radiological, nuclear or explosive (CBRNE)-specific and all-hazards response skills enabling them to respond safely to either event. The TERT course concludes with the performance of acquired skills and tasks in a toxic environment of chemical and biological materials at the Chemical, Ordnance, Biological and Radiological Training Facility.



"All 50 of us are from Utah's Region 1, which is a six-county area ranging from Salt Lake City to the Idaho border," Deyo explained. "Many from this group would be working together, directly or indirectly, should a mass casualty event take place. It makes total sense that they should be here training together."

Deyo said Region 1 encompasses oil refineries, chemical plants, widespread agriculture and other industries, so the need for a broad spectrum of response training is significant. Deyo and Hall worked together for eight months to coordinate the cohort training at the CDP.

"Art was concerned with the lack of participation [in CDP training] by the responders in Utah and wanted to generate a higher

attendance," Hall said.

"I got a training date [from Hall] and started marketing," Deyo said. "I passed out flyers everywhere I went. I used social media to generate interest. I talked to fire chiefs and hazmat teams. I was busy, but it was well worth it."

The cohort included fire fighters, health department workers, emergency room personnel and even a few members of the Utah National Guard. Many participants were senior leaders in their respective disciplines, and, Deyo said, the purpose behind their attendance was multifold.

"I think the training is invaluable to senior leaders in many ways," Deyo said. "It's important for us to know what junior responders are experiencing in training."

Deyo also said updated training helps keep senior leaders attuned to the needs of those in the field, and creates a networking environment that's hard to match.

"My hope is that these senior leaders recognize, as I have, the value of this training opportunity at the CDP, and they will go back and send more personnel here to train."

(continued on next page)

Utah Responders Train En Masse at the CDP (continued)

“Art and I have continued to develop additional plans to assist in meeting their respective training goals and objectives,” Hall said. “We have discussed bringing additional personnel to participate in another TERT course and a HT (Hazardous Materials Technician for CBRNE Incidents) course.”

Hall said the ultimate goal is to host Utah-specific training events that could include the gamut of emergency response disciplines, culminating in an Integrated Capstone Event conducted entirely by Utah students—all focused on maximizing the state’s readiness.

“I’m excited,” said Deyo. “I hope we create the momentum to get the entire state involved, and hopefully other states will follow suit.”

CDP training for state, local, tribal and territorial responders is fully funded by DHS, to include travel, lodging and meals. For more information on TERT, HT and other upcoming courses, go to <http://cdp.dhs.gov>.

Just Kidding

Submitted by Rich Foster

A partnership between the International Rescue Committee (a refugee resettlement agency), Rio Tinto Utah Copper, Utah State University Extension, the state Refugee Services Office, and some dedicated East African refugees continues to grow and expand. The East African Refugee Goat Project of Utah (Goat Project) was established in 2013 to create economic opportunities for refugee community members. A herd that started with about a dozen goats three years ago has grown to more than 300, the number needed to start making money by renting goat herds for weed control and selling goat meat, which is in growing demand in Utah.



Proceeds from the micro-enterprise will fund programs for East African refugee youth and women and provide college scholarships.

New kids were welcomed in March and May and Rich Foster of the Bureau of EMS and Preparedness and his wife Judy love to volunteer for the project. Rich says, “Baby goats are incredible! Just an hour after birth they’re up and walking and in about two hours, they’re running and jumping!”

If you have questions, please call Matthew Kennedy, Goat Project Assistant – VISTA International Rescue Committee at (801) 328-1091, ext. 497 or visit Rescue.org/utahgoats.

Calendar

2016 Training

Date	Event	Location	Information
June 14—16 8 a.m. to 5 p.m.	Hospital Emergency Response Training	Intermountain Center for Disaster Preparedness (ICDP) 3rd Floor North 325 8th Avenue C street Salt Lake City, UT	FREE Barb Clark Phone:(801) 408-7061 barb.clark@imail.org UTRAIN: #1059929
June 21 8:30 a.m. to 5 p.m.	Joint Information System/Center Planning for Tribal, State, and Local Public Information Officers (PIOs)	State Office Building-JIC 450 N. East Capitol Drive Salt Lake City, UT	FREE Karen Madsen 801-538-3410 kmadsen@utah.gov UTRAIN: #1020466
June 28-30 8:30 a.m. to 5 p.m.	EOC Operations & Planning for All-Hazards Events	State Capitol Building—EOC Salt Lake City, UT	FREE Karen Madsen 801-538-3410 kmadsen@utah.gov UTRAIN: #1031265
June 29 8:30 a.m. to 5 p.m.	Family Assistance Center Workshop	State Office Building- Auditorium 450 N. East Capitol Drive Salt Lake City, UT	Amy Cornell-Titcomb 801-287-2203 acornell@rideuta.com UTRAIN: #1062544
July 14 8 a.m. to 5 p.m.	Personal Protective Measures for Biological Events	Hosted by Intermountain Center for Disaster Preparedness	TBD Barb Clark Phone:(801) 408-7061 barb.clark@imail.org
July 19-20 8:30 a.m. to 5 p.m.	Basic Public Information Officer Course	Bear River Health Department 655 E. 1300 North Logan, Utah	FREE Jill Parker (435) 792-6518 jparker@brhd.org UTRAIN: #1011053
August 2 8 a.m. to noon	Crisis Leadership and Decision Making for Elected Officials	Uintah County EOC 641 E 300 S, Vernal, UT	FREE Ted Woolley Phone: (801) 556-3166 tedwoolley@utah.gov UTRAIN: #1061143



Calendar

2016 Training

Date	Event	Location	Information
August 10-11 8:30 a.m. to 5 p.m.	Basic Public Information Officer Course	Tooele Emergency Operations Center 15 East 100 South, Tooele, UT	FREE Karen Madsen 801-538-3410 kmadsen@utah.gov UTRAIN: #1011053
August 11 8 A.m.	Basic Medical Moulage	Intermountain Center for Disaster Preparedness (ICDP) 3rd Floor North 325 8th Avenue C street Salt Lake City, UT	Barb Clark Phone:(801) 408-7061 barb.clark@imail.org
August 16 8 a.m. to 5 p.m.	Social Media for Natural Disaster Response & Recovery	Intermountain Center for Disaster Preparedness (ICDP) Auditorium 325 8th Avenue C street Salt Lake City, UT	FREE Barb Clark Phone:(801) 408-7061 barb.clark@imail.org UTRAIN: #1062142
August 18 8:00 a.m. to noon	Advanced Medical Moulage	Intermountain Center for Disaster Preparedness (ICDP) 3rd Floor North 325 8th Avenue C street Salt Lake City, UT	FREE Barb Clark Phone:(801) 408-7061 barb.clark@imail.org UTRAIN: #1060758
August 25-26 8 a.m. to 5 p.m.	Disaster Preparedness for Hospitals and Healthcare Organizations within the Community Infrastructure	Intermountain Center for Disaster Preparedness (ICDP) 3rd Floor North 325 8th Avenue C street Salt Lake City, UT	FREE Barb Clark Phone:(801) 408-7061 barb.clark@imail.org UTRAIN: #1063741

Newsletter produced by Charla Haley



Bureau of Emergency Medical Services and Preparedness