



FEBRUARY 2016



SAN DIEGO HEALTHCARE DISASTER COALITION

This Month in the Coalition

The citizens of San Diego count on us to be prepared in the event of a disaster. We as the San Diego Healthcare Disaster Coalition and Support Services proudly accept this challenge

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Each month at the San Diego Healthcare Disaster Coalition (SDHDC), disaster preparedness professionals come together for in-depth, passionate dialogue about a range of topics. Here's a glimpse at some of the discussion in February:

- ◆ Office of Emergency Services Presentation of EOC Operations (Bennett Cummings and Mike Davis)
- ◆ Member Roles
- ◆ TRAIN plus ADULT AND BHS
- ◆ Discussion Workgroups
 - Active Shooter
 - Evacuations
 - Mass Prophylaxis

Trainings and Drills

San Diego Joint Counterterrorism Awareness Workshop

February 2016 (By Invitation)

Pediatric Workshop

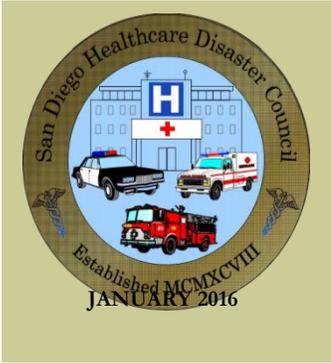
By Rady's Children's Hospital

April 2016 (TBD)

May 1-6 Spring Exercise

ACS (Field Treatment Site), Pediatric MCI and NICU Evacuation

May 4-Exercise



SAN DIEGO HEALTHCARE DISASTER COALITION

This Month's Focus ZIKA and Social Media

Social Media and Emergency Management

David I. Blacksberg, MPH

Emergency Management, UC San Diego Health

Emergency Management is an evolving profession. Those in the field understand no potential or actual incident is the same as the previous or the next. Responding to every situation the same way will not necessarily provide positive outcomes. Environments change, scenarios change, and the tools change.

One capability that is common to all incidents is communications. Assuring timely and accurate communications is a capacity that is continuously assessed. A tool that has been increasingly growing is Social Media. Social Media is a method to broadcast information rapidly and efficiently with tools readily available. This is an outlet accessible for pedestrians to share and receive content such as personal messages, news, information and alerts. The material may be shared in various forms such as written, audio and video.

We are already part of a social network, by choice or not; family, neighborhood, employment, school are some of our networks. Social media provides a free platform for individuals and businesses alike, to create and be part of a community they may not normally associate with during every day personal interactions. Media streams are dynamic and continue to grow; some of the platforms include Twitter, Facebook, and YouTube.

Social Media has been increasingly used in many emergency situations including Wild Fires of California, Superstorm Sandy, Boston Marathon bombings, and Kenya Mall Attack. Every situation requires different information to be shared. This mode of communication has allowed civilians to share information or ask for help when phone service may not be available, allow police to advise civilians to be on the lookout, and share first aid assistance to the public in mass.

Communicating clear and appropriate information in a timely fashion helps to provide the community with a sense of safety and security. Some specific purposes of use for the healthcare industry include increased knowledge of an incident, requesting additional resources, and finding and quelling rumors (such as those stating Massachusetts General Hospital was on lockdown during the marathon bombing), and situational updates from those close to the source.

The digital age is here to stay and the use of technology; including the internet, e-mail and social media are tools to help leverage response to potential and actual disasters.

Recommended reading for Emergency Management professionals and Public Information Officers-
[Social Media, Crisis Communication, and Emergency Management: Leveraging Web 2.0 Technologies](#)
Connie M. White

San Diego and the Zika Virus: What you need to know

By Shannon Earl, MPH

UCSD Health, Department of Emergency Management

What is Zika?

Zika is a vector born (*spread from the bite of an infected blood sucking insect*) virus disease, being spread to people by the Aedes mosquito. Recent reports suggest that Zika can also be transmitted sexually through semen and urine and there is a potential risk for transfusion-transmitted Zika¹. Common Zika symptoms include fever, rash, joint pain, and conjunctivitis. Symptoms generally last a week and are mild enough patients typically do not go to the hospital. About 1 in 5 infected people experience symptoms, which is concerning, as many people will not know they have been infected with Zika².

Does San Diego need to be concerned?

Currently, the risk of a Zika outbreak in San Diego is low, however the Aedes mosquito *can* be found in San Diego County. The Aedes is the same mosquito known to carry disease such as dengue fever, chikungunya and yellow fever, so local epidemiologists are able to use models from those diseases to make predictions about Zika in the county³.

If San Diego does see an uptick in Zika cases, it is important that emergency managers are ready for the influx of media attention that could result. Additionally, knowing what our other associated risks could be, will also be vital (i.e. understanding the other diseases the Aedes mosquito could bring).

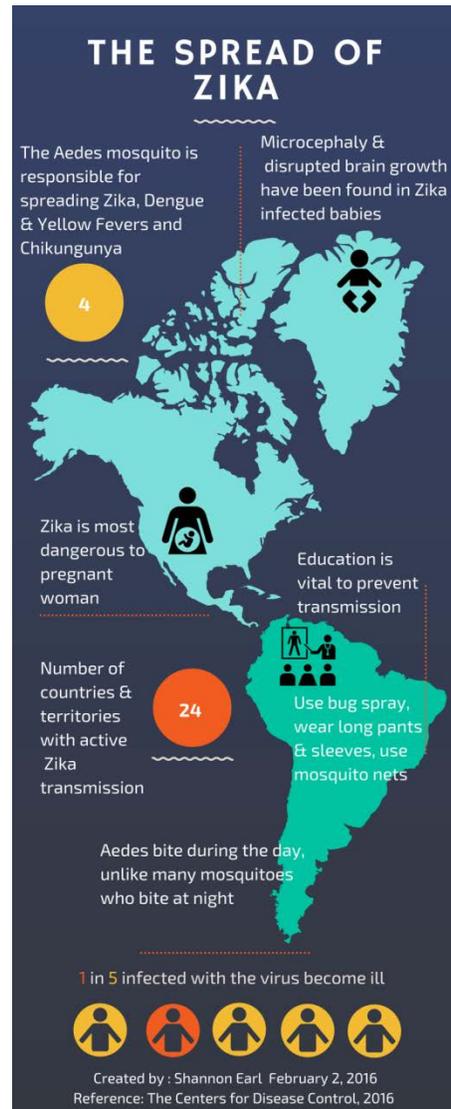
Why does this matter to Emergency Managers?

It is important for emergency managers across San Diego County to up to date on Zika in order to prepare for a potential outbreak. Providing health education to your community on how to prevent mosquito bites, staying up to date on Zika's prevalence in the county informing your public health networks when you receive news about will put emergency managers ahead of a potential crisis.

Is it as bad as they say it is?

Zika is a real concern for pregnant woman, and women who are trying get pregnant. There have been reports of a serious birth defect called *microcephaly*, where a baby's head is smaller than expected, and is associated with incomplete brain development. The CDC is currently recommending woman who are pregnant consider postponing travel to areas with Zika transmission².

Zika may also be associated with *Guillain-Barre syndrome* (GBS)². GBS is a rare disorder where the body's immune system attacks part of the peripheral nervous system. GBS can be life threatening and can cause total body paralysis⁴.



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What can be done about Zika?

First and foremost, prevent mosquito from biting. Use bug spray with deet, stay in cool dry places and wear long sleeved shirts and pants if traveling to affected regions². Other methods like vaccines and rapid tests for Zika are being developed in addition to novice methods of controlling the mosquito population; like the release of genetically modified male mosquitos who can sterilize female mosquitos to reduce the poputation⁵. Emergency funds have been released to study Zika and information is being updated daily.

References:

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2. Zika Virus Disease Q & A. (2016, February 4). Retrieved February 5, 2016, from <http://www.cdc.gov/zika/disease-qa.html>
3. Murphy, S. (2016, January 28). Low Risk of Zika Virus Reaching San Diego. Retrieved February 5, 2016, from <http://www.kpbs.org/news/2016/jan/28/low-risk-zika-virus-reaching-san-diego/>
4. Guillain-Barré Syndrome Fact Sheet. (2015, November 19). Retrieved February 5, 2016, from http://www.ninds.nih.gov/disorders/gbs/detail_gbs.htm
5. Enserink, M. (2015). An obscure mosquito-borne disease goes global. *Science*, 350(6264), 1012-1013. Retrieved February 5, 2016, from <http://science.sciencemag.org/content/350/6264/1012.full>