WHAT WE DO

Surveillance and Epidemiology:
Enhance, design, and/or develop systems for rapid detection of unusual outbreaks of illness that may be a result of bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. Collaborations with hospitals, local health departments and the NJ Department of Health and Senior Services developing surveillance systems and investigation planning.

LINCS Communications:
Respond to the need for rapid and secure communications. The Local Information and Network Communication System is part of the Health Alert Network. The LINCS system can broadcast email communications of urgent public health information to all public health agencies at the local and state levels as well as to private and nonprofit organizations that need the information and are part of the network.

Education and Training:
Assess the training needs of key public health professionals, infectious disease specialists, emergency department personnel, other key healthcare providers and emergency response personnel. Ensure effective provision of needed education and training. Provide educational presentations to the community to answer questions and concerns.

Risk Communications:
Develop an effective risk communications plan that provides for timely information dissemination to citizens during a bioterrorist attack, outbreak of infectious disease, or other public health threat or emergency.

Public Health Planning:
Provide assistance during implementation of New Jersey's Public Health Practice Standards. Support local health agencies and community organizations assess health needs and develop a county community health improvement plan.

WHO WE ARE

Health Officer, Howard Steinberg, oversees all activities of the office to meet the goals and objectives directed by the State. He coordinates the Bioterrorism Task Force for the County.

Epidemiologist, Namitha Narayan, MPH, works closely with staff at the state, county and municipal levels to coordinate infectious diseases surveillance activities, maintain statistics, analyze data to identify trends to determine appropriate local response in times of emergencies.

LINCS Coordinator, Ted Taukus, maintains the electronic Health Alert Network at the county level and disseminates public health information from the State to local health and community partners.

Health Educator/Risk Communicator, Arlene Stoller, MPH, CHES is responsible for assessing workforce, community and individual education needs in order to provide appropriate training. She coordinates important information in times of emergencies from the State to the County and municipal and community agencies who will provide information to the media and their communities.

Public Health Partnership Coordinator, Barbara Flint, is responsible for establishing and coordinating community partnerships working with local health and community organizations to build a stronger public health infrastructure.

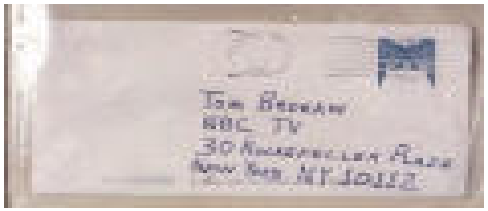
Public Health Planner, Pete Summers, MPH, is a State employee assigned to the agency as support in meeting the goals of the team and acts as a liaison to the State. He develops standard operating procedures and emergency preparedness plans.

Public Health Nurse, Megan Cornish, RN,BSN, MS, is responsible for initiation and reception of the Strategic National Stockpile. She develops plans for the establishment of mass prophylaxis clinics and collaborates with the municipal public health nurses.

Department of Law and Public Safety

MORRIS COUNTY OFFICE OF HEALTH MANAGEMENT

EMERGENCY AND PUBLIC HEALTH PREPAREDNESS



HISTORY OF BIOTERRORISM

Bioterrorism is an ancient weapon that has been revised in the 21st century. As early as the 6th century B.C. the Assyrians poisoned wells of their enemies with rye ergot.

In 1422, plague-stricken soldiers were sent among the enemy at Carolstein to spread the epidemic.

In 1767, the English General Sir Jeffrey Amherst is held responsible for passing smallpox laced blankets among the Indians loyal to the French during the French & Indian Wars.

In 1984 and outbreak of Salmonella poisoning that occurred in Oregon during a two-week period is linked to a Rajneesh religious cult. More than 700 people were affected and there were no fatalities.

In 1992, Kurdistan Worker's Party, a guerilla group in southeastern Turkey is credited with poisoning Turkish water supplies with cyanide.

In 1995, a substance identified as Sarin Nerve Gas was released in the Tokyo subway system by the Japanese cult Aum Shinrikyo. Twelve people died and thousands were hospitalized.

The year 2001 brought bioterrorism into the 21st century with the anthrax attacks at the U.S. postal offices.

Morris County Office of Health Management
Bioterrorism Preparedness Planning

Provides the following services:

⇒ Emergency Response to a Public Health Incident
⇒ Bioterrorism Education
  * Training Seminars
  * Resource Center
  * Community Presentations
⇒ Public Health Planning & Evaluation
⇒ Public Health Disease Surveillance and Investigation
⇒ Risk Communication
⇒ Health Alerts through Local Area Information Networks
⇒ Resource Sharing

Please call the office for requests or assistance with any of the above services or any other special requests: 973-631-5484

www.morrishealth.org

The goal of public health in response to bioterrorism is to improve the public health community's preparedness to detect illness that may be related to a bioterrorism threat, and develop the appropriate public health structure with the ability to respond effectively in the event of a bioterrorism event.

An improved public health infrastructure that can detect disease outbreaks early and provide treatment and disease control is important not only for issues related to bioterrorism but for all infectious diseases. For some infectious disease agents, we might have only a short window of opportunity — between the time the first cases are identified and a second wave of people become ill — to determine that an attack has occurred, to identify the organism, and to prevent further spread. Protection against bioterrorism requires a strong public health system at the local level.