

1 **REPORT OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN**
2 **SERVICES, CHIEF MEDICAL OFFICER**

NMA – 9/13

3 **Nebraska – An Epicenter of Ebola Monitoring and Care**



4
5 Public health played a critical role in the opening of the Biocontainment Patient Care Unit in
6 Omaha and the planning and coordination to get Ebola patients there.

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8 The Nebraska Department of Health and Human Services and Nebraska Medicine have been
9 partners in preparedness for more than 10 years. Building the unit was a joint effort and so was
10 the decision to open it at the request of the U.S. State Department back in September 2014.

11
12 The decision required careful consideration. Ebola itself was not new to us but having Ebola
13 patients on U.S. and Nebraska soil was. This was about more than treating patients. This
14 decision impacted everyone in the state. DHHS believed the highly-trained staff at Nebraska
15 Medicine could safely treat patients while protecting the public and that the risk to Omaha and
16 greater Nebraska was minimal.

17
18 There was also a high-level of coordination and planning to transport patients. It was a multi-
19 jurisdictional, multi-agency effort – DHHS, Nebraska Medicine, State Patrol, Douglas County
20 Health Department, local law enforcement, fire and EMS along with federal partners. Things ran
21 smoothly because key players had planned, trained and exercised together as part of
22 preparedness planning and responded together to real-world events like flooding, tornadoes and
23 H1N1 influenza.

24
25 Nebraska had now become a national epicenter for Ebola care and treatment and with that came
26 more responsibility.

27
28 Health care professionals with a possible high-risk Ebola exposure were now being transported
29 to Nebraska to be near the Biocontainment Unit if care was needed. They were either monitored
30 inside the unit or housed close to the unit in a controlled and safe environment during their 21-
31 day incubation/monitoring period. Monitoring was a joint effort between the Douglas County
32 Health Department and Nebraska Medicine with support from DHHS.

33
34 At the same time, other local health departments across the state were monitoring more people
35 who recently returned from West Africa. These travelers were in a lower risk category and didn't
36 need to be placed near the unit.

37
38 A total of 23 travelers were monitored statewide since last October.

39
40 Beyond its role in opening the Biocontainment Unit and monitoring people with potential Ebola
41 exposure, public health was able to quarterback coordination between federal, state and local
42 partners as well as Nebraska Medicine and help make sure other important parties who may not
43 be directly participating were in the loop.

1 Local health departments engaged their local boards of health early on providing updates on
2 Ebola before the first patients even landed in the U.S. The local boards of health supported their
3 health departments and helped provide guidance and acquire additional resources like funding.

4
5 In 2005, Nebraska led the nation with its foresight to build the Biocontainment Unit.

6
7 In 2015, the unit is now a national asset in the fight against Ebola and other highly infectious
8 diseases. Because of the dedication and diligence of the many people involved in the Ebola
9 response, Nebraska has emerged as a national leader yet again.

10
11 Preparedness planning and response never stops and it continues to be a priority. DHHS' goal is
12 to protect Nebraskans and that's why in response to Ebola, the agency also:

13 Enhanced response plans.

14 Evaluated hospitals' readiness.

15 Shared updated guidance with local health departments, health care providers, hospitals,
16 local labs and the state lab through our extensive Health Alert Network.

17 Updated the DHHS website with numerous resources to help people sort out Ebola fact
18 from fiction and simplify the science.

19 Activated our Emergency Coordination Center as a central clearing house for Ebola-
20 related information and guidance and to help connect preparedness resources to those
21 who need them statewide.

22 23 **Nebraska Experiencing Whooping Cough Uptick**

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25 Whooping cough cases continue to rise in eastern and southeastern Nebraska. Some other areas
26 of the state also have several confirmed cases. State health officials stress the need for
27 Nebraskans to remain vigilant when it comes to vaccination.

28
29 The state is nearing 500 whooping cough cases so far in 2015 which is higher than any of the
30 total case numbers in the last 10 years. DHHS encouraged parents to check their children's
31 vaccination records as well as their own to make sure everyone is protected and stressed other
32 preventive measures like covering coughs and sneezes, washing your hands and staying home
33 when sick can help protect from whooping cough, flu, the common cold and other respiratory
34 diseases.

35
36 Total whooping cough cases for 2015 and prior years:

37 2015 – 492 cases so far

38 2014 – 395

39 2013 – 240

40 2012 – 242

41 2011 – 56

42 2010 – 216

43 2009 – 140

44 2008 – 276

45

- 1 2007 – 70
- 2 2006 – 99
- 3 2005 – 311
- 4 2004 – 103

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6 **Nebraska One of 16 States to Receive Prescription Drug Overdose Prevention Grant**

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8 The Nebraska Department of Health and Human Services received just over \$3 million in
9 funding from the Centers for Disease Control and Prevention to help prevent overdose deaths
10 related to a class of prescription drugs that relieve pain called opioids. The funding is part of the
11 Prescription Drug Overdose: Prevention for States program. Funding is \$771,249 per year over
12 the next four years.

13

14 Prescription drug misuse and abuse, as well as overdose-related deaths, are a growing problem
15 across the nation including Nebraska. This funding will help advance prevention efforts in many
16 ways including working with partners to establish prescribing guidelines, increasing provider and
17 patient education and enhancing Nebraska’s prescription drug monitoring program. These
18 efforts will help improve health outcomes and save lives.

19

20 Fast facts about prescription drug use, abuse and deaths in Nebraska:

21

22 In 2014, drugs and medications – prescription drugs, illicit drugs, and over-the-counter
23 medications – were the underlying cause of death for 81% of all poisoning deaths. Of all
24 drug overdose deaths, 74% were unintentional. (Source: Nebraska Vital Records)

25

26 In 2012, Nebraska’s drug overdose age-adjusted death rate was 7.9 per 100,000 up from
27 3.6 per 100,000 people in 2004. The U.S. age-adjusted drug overdose death rate per
28 100,000 people was 13.1 in 2012 and 9.3 in 2004. (Source: National Vital Statistics
29 System)

30 13th lowest state in rate (4.18) of non-medical use of prescription painkillers (2010-
31 2011).
32 (Source: National Survey on Drug Use and Health)

33

34 The Prescription Drug Overdose: Prevention for States program is part of CDC’s efforts to
35 provide resources and support to advance comprehensive state-level interventions for
36 prevention prescription drug overuse, misuse, abuse and overdose in participating states. In
37 addition to Nebraska, the other states awarded funding were: Arizona, California, Illinois,
38 Kentucky, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island,
39 Tennessee, Utah, Vermont and Wisconsin.

40

41 **LUCAS 2 Devices Help Save Lives of Nebraskans**

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43 Nebraska received a grant of almost \$6 million from the Leona M. and Harry B. Helmsley
44 Charitable Trust. This three-year grant will be used to purchase lifesaving equipment for
45 ambulances and hospitals to increase the chances of survival for Nebraskans having a heart
46 attack.

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1 This grant represents another significant investment in Nebraska’s cardiac care system. It will
2 help provide more EMS services and hospitals especially in Nebraska’s rural communities with
3 the resources they need to embrace existing technology and improve cardiac patient care.

4
5 Approximately 360 ambulance services and 80 hospitals in Nebraska will receive the Physio-
6 Control LUCAS® 2 chest compression system. LUCAS 2 is an external, mechanical device that
7 provides automated chest compressions to an adult in cardiac arrest. The device is a consistent
8 and effective way to perform cardiopulmonary resuscitation (CPR). LUCAS 2 is designed for use
9 by first responders and hospital personnel and it enhances opportunities to improve outcomes
10 for heart attack patients.

11
12 DHHS’ Emergency Medical Services program will help coordinate purchase and distribution of
13 the devices as well as the appropriate training.

14
15 This grant enhances existing cardiac care efforts and continues to build on the good work
16 already being done in Nebraska.

17
18 In 2013, the state Legislature appropriated \$150,000 which helped move Nebraska’s cardiac care
19 systems ahead. The funds were used to purchase or upgrade electrocardiogram devices for
20 ambulance services. The devices monitor and identify problems with the heart and increase
21 communication between EMS providers and hospitals when a person is having a heart attack.

22
23 In 2014, a \$4.1 million Helmsley Charitable Trust initiative, Mission: Lifeline, was announced in
24 Nebraska. The American Heart Association Midwest Affiliate who is leading the initiative
25 partnered with the Helmsley Charitable Trust and DHHS along with Nebraska hospitals and
26 EMS services across the state to provide important training and equipment.

27 28 **Accreditation Update**

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30 The Division of Public Health within the Nebraska Department of Health and Human Services
31 is another step closer to accreditation. The division has officially submitted documentation to
32 the Public Health Accreditation Board. A site visit will be scheduled sometime after January
33 2016.

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35 Public health accreditation is a voluntary process with an overarching goal – improve and
36 protect the health of the public by advancing the quality and performance of Tribal, state, local
37 and territorial public health departments.

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39 The benefits of accreditation are many. It provides valuable, measurable feedback to health
40 departments on strengths and weaknesses, provides increased credibility among elected officials
41 and the public, enhances visibility and accountability of the health department and provides
42 opportunity to improve quality and performance of various programs.

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1 **Cancer Registry Receives Gold Standard Award for 15th Year in a Row**
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3 For the 15th year in a row, the Nebraska Department of Health and Human Services' Nebraska
4 Cancer Registry received a Gold standard rating for its 2012 data from the North American
5 Association of Central Cancer Registries. Nebraska's registry is among an elite group of cancer
6 registries in the nation.

7
8 To achieve the gold standard, the registry's data must meet standards related to quality,
9 completeness and timeliness.

10
11 The Nebraska Cancer Registry is a population-based registry for the state of Nebraska. The
12 registry was created in 1986 when the Nebraska Legislature made cancer a reportable disease and
13 data collection started in 1987. The Nebraska Cancer Registry is the central data repository for
14 all cancer cases diagnosed and treated in the state and all cancer cases occurring among
15 Nebraska residents diagnosed or treated elsewhere. The registry is used to develop a picture of
16 how cancer affects Nebraskans and is maintained by the Division of Public Health. Continued
17 collaboration with hospitals, labs and health care providers is part of what makes Nebraska's
18 Cancer Registry so successful.

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20 **Driving the Right Message – Campaign Targets Parents of Teen Drivers**



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1 The “Driving the Right Message” campaign’s goal is to educate parents about the important role
2 they play in keeping their teen safe at the wheel and is another way to make a positive impact on
3 teen-related crashes and help teens become responsible, skilled drivers.

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5 With motor vehicle crashes being the leading cause of death for Nebraska’s teen drivers, parental
6 involvement is crucial. Parents who are supportive and involved with their teen driver can lower
7 their teen’s crash risk by 50 percent. Modeling safe driving practices such as always using a seat
8 belt, no cell phone use and driving the speed limit also makes an impact. Teen drivers with
9 involved parents are:

10 Twice as likely to use their seat belt

11 70 percent less likely to drink and drive

12 Half as likely to speed

13 30 percent less likely to use a cell phone while driving

14 Significantly less likely to drive with multiple passengers (Children’s Hospital of
15 Philadelphia)

16
17 Sponsored by the Nebraska Department of Health and Human Services, the campaign reaches
18 parents through a variety of methods: movie theater and gas pump topper ads, website ads and
19 posters. The campaign’s logo includes a QR code that takes parents to the website which
20 provides resources and tools about how to keep teen drivers safe. Visit the “Driving the Right
21 Message” website parentsdrivethemessage.ne.gov

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23 Respectfully submitted,

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