First and foremost, Nebraska’s preparedness accomplishments are the direct result of strong, collaborative partnerships at the state and local levels, between the public and private sectors. None of these things could have been achieved by a single agency or individual. The following highlighted activities are in no particular order, and are indicative of just some of the numerous activities and accomplishments occurring at the state and local levels in the public and private sectors.

1. **Statewide Video Conferencing**: The statewide video conferencing backbone is nearing completion and will allow rapid video communication between HHSS, all hospitals and local health departments across Nebraska in the event of an emergency. Hospitals across the state have been linked in, and day to day use of this technology for telemedicine purposes allows specialists in urban areas to coordinate services with rural physicians and patients. Local health departments are receiving funds to purchase the video equipment and should be linked in by the end of the year.

2. **10-Bed Biocontainment Medical Care Unit**: Nebraska has opened a state of the art, self-contained and self-sustaining 10-bed biocontainment medical care unit, located at the University of Nebraska Medical Center. This is the only public (non-government), and largest unit of its kind in the country.

3. **Health Alert Network (HAN)**: The HAN continues to provide rapid communication with Nebraska’s health care professionals. Using this technology, HHSS conducted multiple surveys of Nebraska physicians to determine the location and need for scarce flu vaccine supplies. HHSS and local health department staff successfully redirected those vaccine supplies to areas of highest need across the state, ultimately resulting in some of the highest reported immunization levels among “high risk” patients in the nation.

4. **Shared HAN Redundancy with Wyoming**: HHSS has contracted with the state of Wyoming in order to share the Nebraska’s HAN technology. This will enable Wyoming to quickly develop the same capabilities already used by Nebraska and create redundant systems for both states. This is an excellent example of an interstate agreement that improves response capability over a multi-state region.

5. **Mid-America Alliance**: Nebraska has initiated the formation of the Mid-America Alliance, a regional model of mutual assistance for public health preparedness. The
mission of the Alliance is to provide a framework for mutual assistance among ten states during a situation that stresses one individual state’s resources but does not initiate a governor declared state of emergency.

6. **Mobile, Back-up Communication Systems:** Tactical Communication “TAC PAKS” were purchased and distributed to all local health departments in Nebraska. This equipment will provide rapid communication capabilities in the field, between state and local officials, in the event of a disaster.

7. **HHSS Emergency Command Centers:** Nebraska has equipped two emergency communication and command centers to be used in providing a coordinated response to terrorism attacks or natural disasters. One multi-disciplined facility, located away from current state facilities in the downtown area, will be used for events requiring a major response from multiple departments within HHSS. One ‘mini’ ECC is located in the state office building and is being used for day to day response to public health situations and emergencies.

8. **Placement of PPE, Decontamination Equipment and Portable Isolation Units:** HHSS has distributed funding to hospitals across the state earmarked for the purchase of personal protective equipment, decontamination equipment, and isolation equipment to enhance the ability of those hospitals to respond to bioterrorism events.

9. **Nebraska Public Health Level Two Capacity: Laboratory Bioterrorism and Chemical Testing:** The Nebraska Public Health Laboratory has the equipment and the training and the CDC certification in order to test for chemical and biological agents of bioterrorism.

10. **Increased Medical Laboratory Capacity:** The Nebraska Public Health Laboratory has worked extensively with hospital labs across the state to increase the ability of those labs to respond to potential BT threats at a local level. All hospital labs received a computer and internet connectivity. Six hospital labs have also received and completed installation of STATPack or Secure Telecommunications Application Terminal Package. STATPack is a program which can send, over the internet to the NPHL, digital images of BT agents for diagnosis, utilizing a microscopy camera. Three additional STATPack units are being installed at the Nebraska Food and Water facility, the veterinary facility and the military hospital at Offutt Air Force Base.

11. **Increased Epidemiology Services to Special Populations and Tribes:** Nebraska is providing funds and working with federally qualified health centers (FQHCs) and tribal governments in the development of epidemiology services directed at minority and special populations. FQHC staff and tribes are receiving training in surveillance, investigation and treatment/follow-up procedures. Local health departments coordinate activities with tribes and FQHCs in their areas.

12. **Nebraska Center for Biopreparedness Education:** Nebraska’s Center for Biopreparedness Education continues to provide educational programs and conferences
targeted to meet the needs of groups potentially impacted by BT events. Recent offerings include: Forensic Epidemiology, where public health and law enforcement personnel learn how to better coordinate their efforts; Applied Epidemiology, a course for public health workers to learn how to investigate and respond to disease outbreaks; and the 3rd annual Biopreparedness symposiums designed to provide updates to professionals of many different disciplines and backgrounds. The Center is working with the NE Dept. of Education to address terrorism in schools.

13. **Nebraska Behavioral Health All Hazards Disaster Response and Recovery Plan**: Nebraska has completed the Behavioral Health All Hazards Disaster Response and Recovery Plan and is using it to guide regional plans across the state. Nebraska’s plan is being sited nationally as a comprehensive model for addressing mental health issues related to disasters.

14. **Tri-City Medical Response System (TRIMRS)**: The communities of Grand Island, Hastings and Kearney have formed the Tri-City Medical Response System, modeled after a federally funded program directed at large metropolitan areas. TRI-MRS is serving as a model for smaller communities, in the development of a regional community response plan that combines and maximizes a non-metropolitan area’s preparedness and response resources. The TRIMRS area encompasses 2,500 square mile, over 300,000 citizens and three regional health departments.

15. **TERREX**: HHSS, NEMA, Roads and many other State agencies participated in a State Agency functional exercise, in November of 2004. Follow-up exercises, involving multiple state, and local agencies, are scheduled for November, 2005, and March 2006. Multiple local and regional exercises are also occurring in communities across the state.

16. **Planning for Pandemic Influenza**: The Governor appointed members to the Governor’s Pandemic Influenza Advisory Group. This ad hoc work group of the Nebraska Bioterrorism Preparedness and Response Committee, met in Hastings, in March, 2005. The purpose of the meeting was to provide Governor Heineman with recommendations for the State of Nebraska Pandemic Influenza Plan. Attendees included state and local public health officials, representatives of the business and academic communities, emergency responders, and direct care providers, an ethicist, and the citizenry. Further working sessions are planned in order to further refine and implement recommendations, and address issues such as prioritization of the use of limited supplies of vaccines and anti-virals. CDC has also selected Omaha as one of four sites around the country to conduct citizen focus groups addressing issues related to Pandemic Influenza, including the prioritization of limited vaccine and treatment resources.