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Most U.S. States Poorly Prepared to Respond to Major Radiation Emergency Event

CHICAGO -- A survey of state health departments finds substantial gaps in preparedness for response to a major radiation emergency event, according to a report posted online today by *Disaster Medicine and Public Health Preparedness*, a journal published by the American Medical Association. This article as well as all of the articles in the special issue, *Nuclear Preparedness*, is open access and can be viewed at *Disaster Medicine and Public Health Preparedness* journal's website <http://www.dmphp.org>.

“Attention on public health preparedness has increased since the September 11, 2001, terrorist attacks on New York City’s World Trade Center and other sites,” according to background information in the article. “In recent years, preparedness planning has expanded to an all-hazards approach that includes readiness to respond not only to terrorism but also to releases from unintentional technological incidents, natural disasters, and outbreaks of human diseases.” Emergency preparedness guidance related to radiation release incidents (both intentional and unintentional) has come from a collaborative group of state, county, municipal and federal organizations called the National Alliance for Radiation Readiness (NARR). As part of the NARR activities, the Council of State and Territorial Epidemiologists (CSTE) reassessed the status of radiation preparedness planning and response capabilities at the state health department level in 2010 through a survey. An original assessment was conducted in 2003.

“Thirty-eight (76 percent) state health departments responded to the survey, including 26 of the 31 states with nuclear power plants. Specific strengths noted at the state level included that the majority of states had a written radiation response plan and most plans include a detailed section for communication issues during a radiation emergency,” the authors report. Most states had completed little to no planning for public health surveillance to assess potential human health impacts of a radiation event. “Few reported having sufficient resources to do public health surveillance, radiation exposure assessment, laboratory functions and other capabilities.”

“The results of this assessment indicate that in many measures of public health capacity and capability, the nation remains poorly prepared to respond adequately to a major radiation emergency incident,” the authors write. “The most fundamental step of preparedness, development of response plans (outside of response plans for nuclear power plant emergencies), was not reported as occurring in 45 percent of states. Without a comprehensive plan, states in which a radiation emergency occurs are likely to mount inefficient, ineffective, inappropriate, or tardy responses that could result in (preventable) loss of life. With nearly half of the responding states not having a response plan, a large portion of the U.S. population is at increased risk should a radiological event occur within the country’s borders.”

In conclusion the authors suggest several steps for better preparation including additional training and resources at the state and federal levels to ensure adequate levels of preparedness for response to a possible major radiation emergency event.

(Disaster Med Public Health Preparedness. 2011;5:S134-S142. Available at www.dmph.org)

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