City Council Briefing

Tuesday, Oct. 28, 2014

Briefing on Flood Recovery Status memo available at BoulderFloodInfo.net
Flood Recovery Objectives

1. Help People Get Assistance
2. Restore and Enhance Our Infrastructure
3. Assist Business Recovery
4. Pursue and Focus Resources to Support Recovery
5. Learn Together and Plan for the Future
Objective 1: Help People Get Assistance
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30 housing units remain vacant and uninhabitable.

150 households have active cases with the Long-Term Flood Recovery Group (LTFRG).
Objective 1: Help People Get Assistance

150 Households with Active LTFRG Cases

- 13% - Located in the floodplain
- 48% - Annual household incomes below $25,000
- 57% - Primary living space with construction needs
Eight individual properties with flood damage are proceeding for annexation in Dec 2014/Jan 2015.

The city and county coordinated on a neighborhood survey to gauge residents’ interest in annexation.
## Objective 1: Help People Get Assistance

### OLD TALE ROAD

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27</td>
<td>96%</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>No Reply</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100%</td>
</tr>
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</table>

### GITHENS ACRES

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>17%</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>39%</td>
</tr>
<tr>
<td>No Reply</td>
<td>16</td>
<td>44%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100%</td>
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</table>

### CHERRYVALE/ BASELINE ROADS

<table>
<thead>
<tr>
<th></th>
<th>Count</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>41%</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>29%</td>
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<tr>
<td>No Reply</td>
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<td>29%</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>100%</td>
</tr>
</tbody>
</table>
Objective 2: Restore & Enhance Our Infrastructure
## Objective 2:
**Restore & Enhance Our Infrastructure**

<table>
<thead>
<tr>
<th>Department/Division</th>
<th>Total Flood-Related Projects</th>
<th>Percent of Projects Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citywide Total</td>
<td>329</td>
<td>73%</td>
</tr>
<tr>
<td>OSMP</td>
<td>153</td>
<td>57%</td>
</tr>
<tr>
<td>Parks &amp; Recreation</td>
<td>46</td>
<td>91%</td>
</tr>
<tr>
<td>PW - Utilities</td>
<td>64</td>
<td>95%</td>
</tr>
<tr>
<td>PW - Transportation</td>
<td>32</td>
<td>75%</td>
</tr>
<tr>
<td>PW - FAM/Fleet</td>
<td>34</td>
<td>74%</td>
</tr>
</tbody>
</table>
Objective 2: Restore & Enhance Our Infrastructure

Citywide Totals

Total Cost*  
$27.6 M

Amount Spent*  
$17.1 M

Remaining Cost*  
$10.5 M

62% Complete

* All figures are estimates and may change as additional assessments and evaluations occur.
Objective 3: Assist Business Recovery
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Continuing assistance to Boulder businesses.

About 45 people attended the city-sponsored Business Protection Summit in Lyons on Oct. 17.
Objective 4: Pursue & Focus Resources to Support Recovery
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Citywide Totals

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total Cost*</td>
<td>$27.6 M</td>
</tr>
<tr>
<td>Amount Spent*</td>
<td>$17.1 M</td>
</tr>
<tr>
<td>Remaining Cost*</td>
<td>$10.5 M</td>
</tr>
<tr>
<td>Potential from Insurance, FEMA, FHWA, State*</td>
<td>$16.2 M</td>
</tr>
<tr>
<td>City Share To-date*</td>
<td>$11.4 M</td>
</tr>
<tr>
<td>Actual Reimbursement To-date*</td>
<td>$1.0 M</td>
</tr>
</tbody>
</table>

* All figures are current estimates and may change as additional assessments and evaluations occur.
Objective 4:
Pursue & Focus Resources to Support Recovery

Processing reimbursement requests and ensuring work remains eligible.

Continuing to work closely with FEMA and the State.

Pursuing grants – $257 million in grants is available in CDBG-DR Rounds 2 and 3.
Objective 5: Learn Together & Plan for the Future
Future council updates about flood recovery will occur through Information Packet items, as needed.

www.BoulderFloodInfo.net

Questions?
Preparing for Ebola

Indira Gujral, M.S., Ph.D.
Nick Kell
Goal to Provide Background and Update

1. Ebola Facts
2. Triage and Screening
3. Hospital Isolation & Contact Tracing
4. Public Health Orders
5. Situational Awareness
Ebola Facts
(in 7 minutes or less)
Ebola Virus Outbreaks Have Occurred Since the 70s

- **2nd-worst year**: Sudan, Democratic Republic of Congo (602 cases, 431 deaths; Source: World Health Organization)
- **5th**: Democratic Republic of Congo (315 cases, 254 deaths)
- **3rd**: Uganda, Democratic Republic of Congo (425 cases, 224 deaths)
- **4th**: Guinea, Liberia, Nigeria, Senegal, and Sierra Leone (413 cases, 224 deaths)
- **1st** (2014): 6,553 cases, 3,033 deaths as of Sept. 26
Current Outbreak a Public Health Emergency

- Outbreak started March, 2014
- August 8, 2014 declared a public health emergency
- As of October 20:
  - 9216 cases
  - 4555 deaths
- Fatality rate = 50%
Transmission from Direct Contact with Body Fluids

• Bodily fluids transmit Ebola virus:
  – Feces
  – Vomit
  – Urine
  – Saliva
  – Sweat

• Transmission through:
  – broken skin
  – mucous membranes
    • eyes, nose, or mouth
Symptoms Are Similar to Flu

Symptoms include:

- Fever (greater than 101.5°F)
- Severe headache
- Muscle pain
- Weakness
- Diarrhea (2 of 3 people experience)
- Vomiting (2 of 3 people experience)
- Abdominal (stomach) pain
- Unexplained hemorrhage (1 of 5 experience)

- Symptoms appear 2 to 21 days after exposure - average is 8 to 10 days
STAGES OF EBOLA VIRUS DISEASE

**SOURCE:** CDC

**INCUBATION**
Virus invades cells throughout the body and replicates

**EARLY SYMPTOMS**
8-12 days after exposure, patient develops fever, chills, fatigue, muscle pain, weakness, and becomes contagious

**EXPOSURE**
Virus enters through nose, mouth, eyes, ears, breaks in skin

**SPREAD**
In the W. African outbreak each person with Ebola infects 1.7 - 2 others

**SYMPTOMS WORSEN**
Around 2 weeks after exposure, patients develop diarrhea, vomiting, abdominal pain, rash, red eyes, bleeding

**DAY 1**
Ebola patients are most contagious at and near death

Survivors (30% in 2014) improve after ≈ 6 days of symptoms

**DEATH**
6-16 days after symptoms begin (avg 7.5 in 2014), damage to blood vessels causes drop in blood pressure and organ failure
Caregivers and Healthcare Workers at Greatest Risk

Transmission requires direct contact with:

• Bodily fluids
• Contaminated objects such as needles/syringes
## Threat from Flu is Greater

### The Threat from Influenza and Norovirus is Greater in our Community

<table>
<thead>
<tr>
<th></th>
<th>Incubation</th>
<th>Viral Shedding</th>
<th>Spread</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>1 – 4 days</td>
<td>Virus can spread 1 day prior to symptoms &amp; 5-7 days after being sick</td>
<td>Droplets - cough, sneeze or talk. Touching a surface/object another has touched</td>
<td>Fever or feeling feverish/chills cough; sore throat; nose; muscle aches headaches; fatigue (very tired)</td>
</tr>
<tr>
<td>Average of 30,000 deaths per year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norovirus</td>
<td>12-48 hours</td>
<td>Virus may spread prior to symptoms and up to two weeks after symptoms have subsided.</td>
<td>Droplet, contact (can live on surfaces for weeks, food)</td>
<td>Acute onset vomiting; watery, non-bloody diarrhea with cramps; nausea; may have low grade fever; body aches</td>
</tr>
<tr>
<td>Cause of up to 60% of all GI illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ebola</td>
<td>2 – 21 days</td>
<td>Day 1 of symptoms the viral load is low, increases as symptoms progress</td>
<td>Direct contact with bodily fluids OR contact with objects (syringes)</td>
<td>Fever; headache, muscle pain, weakness, fatigue, diarrhea, vomiting</td>
</tr>
</tbody>
</table>
Screening & Triage
Screening and Triage Requires All of Us
Screening and Triage is Key to Stopping Spread

ASK
About travel
To Sierra Leone, Guinea, Liberia (in West Africa) in the past 21 days.
And exposure
To persons with Ebola.
And symptoms
Fever, headache, joint & muscle aches, weakness, fatigue, diarrhoea, vomiting, stomach pain, loss of appetite, sometimes bleeding.

ISOLATE
If travel or exposure criteria are met and the person has symptoms of Ebola, place the person in a private room.

CALL US
Notify hospital leadership and CDPHE at 303.692.2700 (after hours 720.370.9399).
www.colorado.gov/ebola
If Screening is “Yes”, Isolate

In Healthcare setting:
• Place patient in room with a bathroom
• Use CDC Recommended PPE Ebola patients
• Call CDPHE 303-692-2700 (day)/303-370-9395 (night)

In community setting:
• Use CDC Recommended PPE Ebola patients
• Call CDPHE

First responders: maintain log of all persons who had contact with patient
Some Guidance Still Unclear

- Transport to nearest hospital or a designated hospital (University Hospital, Denver Health, or Children's Colorado)?
- CPR and resuscitation guidance?
Hospital Isolation & Contact Tracing
Isolation and Tracing Requires Many of Us
State and CDC Will Help with Hospital Isolation

• CDC Strike Team focused on hospital infection control

• All hospitals should have plan to:
  – Isolate patient
  – Minimize number of staff interacting with patient
Hospital Isolation Separates Contagious from Others

Isolation requires:

• Single patient room (with private bathroom) with the door closed
• Maintaining log of all persons entering patient's room
• Limiting visitors to patient’s room
New CDC guidelines for Healthcare workers:

- Use N95 mask or Powered Air Purifying Respirator (PAPR)
- No skin exposed
- Correct PPE donning and doffing, with trained observer always present
Some Hospital Isolation and Care Guidance Still Unclear

- Dedicated hospitals for Ebola. Be prepared to accept patients, but for how long?
- Transport of hazardous waste guidance
Contact Tracing
Public Health Traces all Contacts

- Starts with call from EMS and/or hospital or CDPHE
- CDPHE and CDC support
- Part of everyday disease investigation
Tracing Identifies All Possible Contacts

• **Identifies** everyone in contact with sick patient since

• **Assesses Risk** to determine control measures:
  – Isolation
  – Quarantine
  – Monitoring
Public Health Orders
Public Health Orders May Be Required to Stop Spread

• Issued by Boulder County Public Health
  – Isolation
  – Quarantine
  – Active Monitoring
• Enforcement may be required
Isolation Order Requires Staying at Hospital

Isolation Order

• For hospitalized patients with confirmed Ebola virus
• Ensures patient stays at the hospital
• Prohibits patient from leaving Against Medical Advice
• May require security at hospital
Quarantine Order Requires Individuals to Stay Home

Quarantine Order

• For individuals with a high risk of exposure but **without** symptoms
• Prohibits individual from leaving residence for 21 days
• Requires active monitoring of symptoms
• May require enforcement
Active Monitoring Requires Some Individuals to Check-In

Active Monitoring Order

• For those with some risk of exposure
  – Cared for someone with Ebola virus
  – Had direct contact with bodily fluids using personal protective equipment
  – Travelers from one of the 3 countries

• Prohibits travel by air, train, bus, or ship.

• Requires active monitoring of symptoms for 21 Days
Non-Compliance May Require Additional Order

- Quarantine Order can be issued if non-compliant with Active Monitoring Order
  - Individual entitled to hearing
  - Likely would require enforcement support
Monitoring or Quarantine will Include Support

- Support plan will include:
  - Case management
  - Mental health support
  - Financial support
  - Housing support
Together, We Can Protect Boulder County

Remember…

• Ask, Isolate, and Call
• Community awareness is key to identifying and stopping transmission
Resources

• For more information on Ebola, call COHELP at 303.389.1687
• For more information about BCPH response to Ebola, call 303.413.7523
• Every Friday CDPHE 3:00PM Call
  – 1-888-245-0920
  – Passcode: 975295
Together, We Can Stop the Spread and Care for Our Community