

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## New Laboratory Test To Detect Human Infections With Avian Influenza A/H5 Viruses:

**New**



Health and Human Services Food and Drug Administration (FDA) announced on February 3, 2006 the approval of a new laboratory test to diagnose H5 strains of influenza in patients suspected to be infected with the virus.

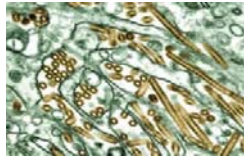
The test was developed by another HHS agency, the Centers for Disease Control and Prevention (CDC). The product is called the Influenza A/H5 (Asian lineage) Virus Real-time RT-PCR Primer and Probe Set. The test provides preliminary results on suspected H5 influenza samples within four hours once a sample arrives at the lab and testing begins. Previous testing technology would require at least two to three days to render results. If the presence of the H5 strain is identified, then further testing is conducted to identify the specific H5 subtype (e.g., H5N1).

"This laboratory test is a major step forward in our ability to more quickly detect cases of H5 avian influenza and provides additional safeguards to protect public health," HHS Secretary Mike Leavitt said. "Thanks to the expeditious and collaborative efforts of CDC and FDA, the availability of this new test gives us one more tool to keep up with the ever changing nature of influenza viruses." To read this press release, please visit <http://www.hhs.gov/news/press/2006pres/20060203.html>

## DHS Completes Foundation of Biometric Entry System: **New**

The Department of Homeland Security's (DHS) US-VISIT program has completed installation of biometric entry capabilities at 104 land border ports as mandated by Congress. Biometric entry capabilities are now deployed at all fixed ports of entry open to US-VISIT travelers. To read further, please visit <http://www.dhs.gov/dhspublic/display?content=5314>.

## Pandemic Influenza: **New**



According to the World Health Organization (WHO) the cumulative number of confirmed cases of avian influenza H5N1 as of February 6, 2006 was 165 cases and 88 deaths.

- The Connecticut Department of Agriculture has stepped up efforts to monitor and detect the spread of avian influenza with commercial and non-commercial flock owners in Connecticut. They have partnered with the Connecticut Veterinary Diagnostic Laboratory at the University of Connecticut to do low or no cost testing of birds for the Avian Influenza virus. In addition, there are strict importation restrictions to prevent the spread of the virus in the state. To read about this initiative further, please visit <http://www.ct.gov/doag/cwp/view.asp?a=1367&q=309688>.
- The Centers for Disease Control and Prevention has produced an update on recommendations for influenza vaccinations and their protection against avian flu. To read the update in full, please visit [http://www.yalenehavenhealth.org/emergency/commu/CDC\\_pandemic\\_update\\_2-feb-2006.pdf](http://www.yalenehavenhealth.org/emergency/commu/CDC_pandemic_update_2-feb-2006.pdf).
- The Connecticut Department of Public Health has created a state Pandemic Influenza Response plan draft. This draft can be found at <http://www.dph.state.ct.us/avian/CTDPH%20pan%20flu%20plan%202-feb-2006.pdf>. Individuals are urged to use this document to assist with local planning locally in response to pandemic event. For more information, please visit: <http://www.pandemicflu.gov/>.
- The Ministry of Health of Iraq has reported a fatal human case of avian influenza A (H5N1) near the border with Turkey. A WHO collaborating laboratory in the United Kingdom confirmed the patient's infection as being caused by influenza A(H5N1) virus. This is the first human case of H5N1 influenza reported in Iraq. The patient had a history of exposure to diseased birds and died on January 17, 2006. Recent poultry deaths have been reported in the area where the patients resided, although H5N1 infection has not been confirmed in birds in Iraq. Please see [http://www.who.int/csr/don/2006\\_01\\_30a/en/index.html](http://www.who.int/csr/don/2006_01_30a/en/index.html) for details.
- The World Health Organization (WHO) has developed a global influenza preparedness plan, which defines the phases of a pandemic flu outbreak, outlines the role of WHO and makes recommendations for national measures before and during a pandemic. Currently, the Avian Flu is at Phase 3. To read about the phases further, please visit <http://www.cdc.gov/flu/pandemic/phases.htm>.

### QUESTIONS OR COMMENTS

Questions, comments or suggestions should be forwarded by fax to (203) 688-4618 or by e-mail to [center@ynhh.org](mailto:center@ynhh.org) [www.yalenehavenhealth.org/emergency](http://www.yalenehavenhealth.org/emergency)

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## New Laboratory Test To Detect Human Infections With Avian Influenza A/H5 Viruses (continued): New

The Connecticut Department of Public Health is prepared to conduct avian flu influenza testing on samples from individuals suspected of being infected with the H5N1 virus using a RT-PCR test developed by the Centers for Disease Control and Prevention and approved by the Food and Drug Administration. In addition to the CDC's protocol, Connecticut Department of Public Health Laboratory, in collaboration with the Association of Public Health Laboratories, is developing its own test, also based on RT-PCR technology, to determine whether a person carries the H5N1 influenza virus.

In order to maximize its resources, The Connecticut's Department of Public Health Laboratory will conduct tests for the H5N1 virus only on samples from individuals who traveled to countries (e.g., Turkey, China) that have identified cases of H5N1 infection, who work with birds and whose symptomology is consistent with influenza. For more information, please call the Connecticut Department of Public Health at (860) 543-8800.

## Assessment of Health-Related Needs After Tsunami and Earthquake: Updated



The Cooperative for Assistance and Relief Everywhere, Inc. (CARE) International Indonesia and CDC conducted surveys to determine the health

and nutrition status of the affected populations and to evaluate the effectiveness of relief interventions seven months after the tsunami and 3 months after the second earthquake. Three districts were surveyed in the Aceh Province, Aceh Besar, Banda Aceh, and Simeulue. This report summarizes the results of those surveys, which identified routine vaccinations and provision of toilets or latrines as particular areas for improvement and revealed no significant difference in health indicators between internally displaced persons (IDPs) and nondisplaced populations. To read the report in full, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5504a1.htm>

## Flu Season: **New**



During the week of January 28, 2006, five states (Colorado, Connecticut, Kansas, Texas, and Wyoming) reported widespread influenza activity. Twenty-one states (Alaska, Arizona, Arkansas, California, Georgia, Florida, Iowa, Minnesota, Mississippi, Nebraska, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, and Wisconsin) and New York City reported regional influenza activity. Thirteen states (Idaho, Illinois, Indiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, North Dakota, Ohio, South Dakota, and Washington) reported local influenza activity. Eleven states (Alabama, Delaware, Hawaii, Kentucky, Louisiana, Maryland, New Hampshire, New Jersey, Utah, Vermont, and West Virginia), the District of Columbia, and Puerto Rico reported sporadic influenza activity. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.

- The Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) has produced recommendations concerning influenza vaccination of health-care personnel (HCP) in the United States. These recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and emergency medical services. The recommendations are targeted at health-care facility administrators, infection-control professionals, and occupational health professionals responsible for influenza vaccination programs and influenza infection-control programs in their institutions. HICPAC and ACIP recommend that all HCP be vaccinated annually against influenza. Facilities that employ HCP are strongly encouraged to provide vaccine to their staff by using evidence-based approaches that maximize vaccination rates. To view these recommendations, please visit [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e209a1.htm?s\\_cid=rr55e209a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e209a1.htm?s_cid=rr55e209a1_e)
- The Centers for Disease Control and Prevention has created a questions and answer report regarding vaccine supply and prioritization recommendations for the U.S. 2006 Influenza Season; this was updated last on February 3, 2006. Questions such as is the vaccine still available, how much influenza vaccine has already been distributed and what is CDC doing in response to the supply problems being experienced by some providers is discussed. To read about this report please visit <http://www.cdc.gov/flu/about/qa/0506supply.htm>
- The CDC has posted a gallery of flu related resources that can be downloaded from their site. Items such as a [Notice to Patients to Report Flu Symptoms](#), [Facts & Myths](#), [Who is at High Risk of Flu Complications?](#) and [Influenza and Your Child](#) can be found at <http://www.cdc.gov/flu/professionals/flu/gallery/flyers.htm>.
- A Spanish translation of "Influenza Symptoms, Protection, and What to Do if You Get Sick" is available from the CDC. To view this document, visit <http://www.cdc.gov/flu/espanol/symptoms.htm>.

## Emergency Credentialing Program (ECP): **New**

The YNHHS "Just in Time" (JIT) training program for hospital disaster volunteers was recognized this week by JCAHO as one strategy for achieving compliance with JCAHO Standard M.S. 4.110. According to Robert Wise, MD, Vice President JCAHO Division of Standards and Survey Methods, the Yale New Haven Center for Emergency Preparedness and Disaster Response "integrating the "JIT" program into hospital emergency management plans provides an approach to appropriately orient and manage individuals who have been granted disaster privileges". As the name implies, the JIT program is designed to be delivered at the time of the event so that the information provided to volunteers who are called into service can be disaster specific, hospital specific and discipline specific. In addition to the JIT program, ECP volunteers are required to complete "EM102 for Hospital Disaster Volunteers" an online awareness level course and are encouraged to complete other subject specific online training courses that are offered. For more information about volunteer training and education, please contact Carol Luddy, RN at (203) 688-5544 or [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org)

## Emergency Credentialing Program (Continued):

### New

Testing of the new online registration system for individuals who are interested in participating in the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is underway. Launch of the enhanced system is scheduled for March. To help promote the importance of the ECP and the new online registration system, each of the participating hospitals in the state will be asked to highlight the registration system during appropriate management meetings, hospital newsletters and include a link to the registration site on their hospital intranet and internet homepages. To date 2,193 physicians and midlevel providers and 1,476 professionals representing behavioral health, laboratory medicine, diagnostic imaging, nursing, pharmacy, paramedics and respiratory therapists have enrolled in the program. Healthcare professionals who are enrolled in the ECP program will have access to state sponsored liability and workers compensation coverage during a Governor declared state of emergency when providing services anywhere besides their employing hospital. For more information, please contact Carol Luddy, RN by phone at (203) 688-5544 or by email at [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org).

## Training and Education:

### New

- **A narrated version of Introduction to Emergency Management (EM 103)** for hospital employees is now available. The CD-ROM based version of EM 103 is playable on most computers and can be used to complement instructor-led training events, such as workshops or new hire orientation. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Introduction to Radiological Emergency Preparedness (EM 110)** is targeted for release on the Yale New Haven Health System learning management system in Spring of 2006. Upon completion of this course, learners will be able to identify experts at a health care facility who can provide information and assistance during radiation and nuclear emergencies and disasters, identify steps to ensure personal health and safety from harmful radiation and identify ways to assist in the response to a radiation emergency including during decontamination. Please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org) for more information.

## Training and Education (Continued): **New**



**Bioterrorism Preparedness for Clinicians (EM 201)** is a 50-minute course designed to prepare physicians and other clinicians for a bioterrorist event or other potential public health emergency. Now available at <http://ynhhs.emergencyeducation.org/>, EM 201 helps clinicians recognize bioterrorism agent disease syndromes, learn the precautions they should take, and understand their roles in the event of a public health emergency. For more information please contact please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

- Yale New Haven Center of Excellence for Bioterrorism Preparedness and Response and the State of Connecticut Department of Public Health are collaborating on an approach for hospital personnel to complete the FEMA sponsored Incident Command Systems (ICS) and Incident Management System (IMS) training programs. Completion of these courses, or their equivalent by targeted personnel, is a requirement of organization compliance with the National Incident Management System. These programs include IS 100, IS 200 and IS 700. For more information, please contact please contact Elaine Forte at (203) 688-3391 or [elaine.forte@ynhh.org](mailto:elaine.forte@ynhh.org).

As part of compliance with the National Incident Management System, organizations are required to document completion of FEMA sponsored incident management training, or its equivalent, by all staff. In order to facilitate compliance by healthcare organizations, the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNHH-CEPDR) is working on incorporating the FEMA training objectives into Emergency Management (EM 103). Additional objectives targeted to staff at the supervisory level and above are being incorporated into EM 140, Incident Command Systems for Healthcare. For more information, please contact Elaine Forte at (203) 688-3391 or [elaine.forte@ynhh.org](mailto:elaine.forte@ynhh.org).

- **Mental Health Aspects for Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is currently under development on the Yale New Haven Health System learning management system and is expected to be available Spring of 2006. This course will train health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and will incorporate brief video vignettes to enhance the learner experience. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Best Practices for the Protection of Hospital Based First Receivers (EM 120)** is now available on the YNHHS-CoE learning management system. The thirty minute awareness level course meets OSHA defined competencies for first receivers to respond to a hazardous exposure. This course is recommended for all emergency department staff (clinical and non-clinical) and any other health care workers with potential roles near a hospital decontamination zone. The course may be accessed at <http://ynhhs.emergencyeducation.org/>

## Upcoming Meetings and Events



DATE	TIME	EVENT	LOCATION
2.15.06	8:30 a.m. to 10:00 a.m.	Southern Tier Meeting	Connecticut Hospital Association (CHA)

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