

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 4, Issue 16 | April 21, 2006

ELEVATED THREAT LEVEL

Pandemic Influenza: **New**

- The Connecticut Department of Public Health sent out the Pandemic Influenza Hospital Preparedness Checklist modified from the HHS Pandemic Flu Plan, Supplement 3 by the Office of Emergency Preparedness. The checklist is designed to guide hospital pandemic influenza planning by identifying key elements of a comprehensive and effective pandemic influenza plan. It also can serve as a way to evaluate the current status of pandemic influenza preparedness. The Connecticut Department of Public Health has requested that hospitals complete the checklist and e-mail this back to Mary Duley at mary.duley@po.state.ct.us as soon as possible. To download this word document, please visit http://www.yalenewhavenhealth.org/emergency/commu/Pandemic_flu_hospital_checklist_1.doc. To download the PDF document, please visit http://www.yalenewhavenhealth.org/emergency/commu/Pandemic_flu_hospital_checklist.pdf. For comments, please contact Richard Kleindienst, Sr. at (203) 688-3912 or richard.kleindienst.sr@ynhh.org.
- The Centers for Disease Control and Prevention has updated its Questions and Answers about Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus article. Information posted answers questions such as "What is avian influenza (bird flu)?", "How does avian influenza spread among birds?", "How do people become infected with avian influenza viruses?", "How is avian influenza in humans treated?", "What precautions can hunters take to reduce the risk for infection when hunting birds in the United States?", "What changes are needed for H5N1 or another avian influenza virus to cause a pandemic?", "What animals can be infected with avian influenza A (H5N1) viruses?" and others. To read this article in full, please visit <http://www.cdc.gov/flu/avian/gen-info/qa.htm>.
- Over the next two months, WHO will be hosting three meetings in Geneva to discuss influenza vaccines. Influenza vaccines are an integral part of a global response to an influenza pandemic. Considerable efforts are ongoing to develop and evaluate candidate pandemic vaccines based on existing and licensed technologies. Processes that can provide pandemic vaccines in large quantities and more quickly than current approaches will also be discussed. To learn more about these meetings, please visit <http://www.who.int/csr/disease/influenza/vaccinesconsult2006/en/index.html>.

Pandemic Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of April 19, 2006 was 196 cases and 110 deaths.

Click on map for an enlarged view.
Map courtesy of <http://www.pandemicflu.gov/>

- Below is the list of countries with poultry or wild birds that have the H5N1 or H5 virus as of April 19, 2006.

Africa: Cameroon, Niger, Nigeria and Burkina Faso

East Asia & the Pacific: Cambodia, China, Hong Kong (SARPRC), Indonesia, Japan, Laos, Malaysia, Mongolia, Myanmar (Burma), Thailand and Vietnam

Europe & Eurasia: Albania, Austria, Azerbaijan, Bosnia & Herzegovina (H5), Bulgaria, Croatia, Denmark (H5), France, Georgia (H5), Germany, Greece, Hungary, Italy, Poland, Romania, Russia, Serbia and Montenegro (H5), Slovak Republic, Slovenia, Sweden, Switzerland, Turkey and Ukraine

Near East: Egypt, Iraq (H5), Iran, Israel and Jordan

South Asia: Afghanistan, India, Kazakhstan and Pakistan (H5)

To read a current update, please visit

<http://www.cdc.gov/flu/avian/outbreaks/current.htm>.

- WHO has published a "healthcare facility infection control recommendations for avian influenza" aid. This aid includes instructions for PPE, infection control recommendations, visitor recommendations and isolation precautions. To view this document in full, please visit http://www.who.int/csr/disease/avian_influenza/guidelines/EPR_AM_final.pdf.
- WHO has published a fifty-four page report that discusses pandemic influenza preparedness and mitigation in refugee and displaced populations. Contents of this report include preparedness during the pandemic alert period (WHO phases 3-5), pandemic mitigation during the pandemic (WHO phase 6), the pandemic preparedness checklist for humanitarian agencies, disinfectants active against human influenza virus, sample calculations and prepositioning of supplies, advice on use of seltamivir and more. To read this report in full, please visit http://www.who.int/csr/disease/avian_influenza/guidelines/avian2006-04-9.pdf.
- The Food Safety and Inspection Service advise consumers that cooking raw poultry to a minimum internal temperature of 165°F will eliminate pathogens and viruses. Other concerns and questions such as "Can I become infected with the bird flu by consuming eggs or other poultry products from infected birds?", "Is it safe to eat raw eggs?" and "How can I protect myself from getting the bird flu from food?" are discussed. To read the questions and answers in full, please visit <http://www.foodsafety.gov/~dms/avfluqa.html>.



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Pandemic Influenza:

Updated

Although avian influenza A viruses usually do not infect humans, more than 193 confirmed cases of human infection with avian influenza viruses have been reported since 1997. Most cases of avian influenza infection in humans are thought to have resulted from direct contact with infected poultry or contaminated surfaces. However, there is still a lot to learn about how different subtypes and strains of avian influenza virus might affect humans. Because of concerns about the potential for more widespread infection in the human population, public health authorities closely monitor outbreaks of human illness associated with avian influenza. To date, human infections with avian influenza A viruses detected since 1997 have not resulted in sustained human-to-human transmission. However, because influenza A viruses have the potential to change and gain the ability to spread easily between people, monitoring for human infection and person-to-person transmission is important. To read further, please visit http://www.cdc.gov/flu/avian/gen-info/avian-flu-humans.htm?s_cid=ccu040306_season4_r_e

Influenza Findings: New



The National Institute of Health (NIH) released findings from 30 years of weekly data that tracked interregional spread of influenza through the United States described by virus type, size of population and commuting rates and distance.

Researchers at NIH conclude that the regional spread of annual influenza epidemics throughout the United States is more closely connected with rates of movement of people to and from work than with geographical distance or air travels. They also found that epidemics spread faster between more populous locations.

"This valuable study highlights new approaches to using historical data sources and statistical analysis to create epidemiological models. These models not only help us understand the transmission of influenza but also could guide policy for its control" said Dr. Elias A. Zerhouni, NIH Director. To read these findings in full, please visit <http://www.nih.gov/news/pr/apr2006/fic-19.htm>.

Many Public Health Staff May Not Report to Work in Pandemic: New



A new study by researchers at Johns Hopkins Bloomberg School of Public Health suggests that many public health workers are unlikely to report to work during an influenza pandemic. Of 308 public health employees surveyed in three Maryland counties, just over half (53.8%) said they would likely report to work during such an emergency. Clinical staff members such as physicians and nurses were more likely to perceive the importance of their role in the agency's overall response and to say they would report to work than were technical or support staff such as computer and clerical workers. The authors say the findings suggest that local public health workers need a better understanding of the importance of their role in an influenza pandemic, a belief that they are well trained to cope with emergency responsibilities and confidence the agency will provide adequate protective equipment, psychological support and timely information. To read about this study further, please visit http://www.ahanews.com/ahanews/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_060419_pandemic&domain=AHANEWS.

"The Flu and You: Old and New Threats" Exhibit at the Harvey Cushing/John Hay Whitney Medical Library, Yale University School of Medicine – April 19, 2006: New



The Office of Emergency Preparedness (OEP) created a display at the Harvey Cushing/John Hay Whitney Medical Library as part of a new exhibit called "The Flu and You: Old and New Threats". The OEP display includes information on infection control and emergency preparedness. Other displays feature the history of influenza, new vaccination research and current and new vaccination methods. The exhibit opened with a ribbon cutting ceremony and included a lecture from Harvey V. Fineberg, President of the Institute of Medicine, on

"Preparing for Avian Influenza: Lessons from the Swine Flu Affair". The exhibit will run for a month. For more information, please visit <http://www.med.yale.edu/library/exhibits/flu/flu.html>.

Secretary Michael Chertoff Discusses Preparedness and Health at National Press Club: New



Addressing a *U.S. News & World Report* meeting on health and preparedness, Homeland Security Secretary Chertoff emphasized that hospitals, nursing homes and other health facilities have a legal and moral obligation "to develop evacuation plans and other emergency plans to ensure that people with special needs whose care has been entrusted to these caregivers will, in fact, be taken care of and will get the appropriate care in an emergency." Remarking that "traditionally, constitutionally and by virtue of expertise and proximity, local and state governments are always at the first point of the spear when it comes to dealing with emergencies," Chertoff also noted that the Federal government has a specific health preparedness responsibility to screen for epidemics or pandemics by building "a system at the border to allow us to screen." For more information, please visit <http://www.dhs.gov/dhspublic/>.

Crisis and Emergency Risk Communication Conference Call –

May 2, 2006: **New**

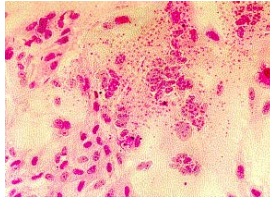
The CDC will be sponsoring a conference call to discuss crisis and emergency risk communication on May 2, 2006, from 1:00 to 2:00 EST. Call objectives include understanding the accepted definitions of emergency risk and crisis communication concepts and their applicability to pandemic influenza, exploring the communication needs of the general public and stakeholders during a public health emergency, describing the emotional range expected from by persons involved in chaotic life events and examining the psychology of a public health emergency and what messages the public will need from their health professionals. To participate on this call, please dial (800) 369-1619, passcode: risk communication. Slides for this call will be available at <http://www.bt.cdc.gov/coca/callinfo.asp>.

Large Botulism Outbreak in Thailand: **New**

An outbreak of food-borne botulism has been reported in rural Thailand, with 163 people affected, 42 of whom required mechanical ventilation. The victims shared a common meal during a religious festival and apparently consumed home-canned bamboo shoots that were contaminated with *Clostridium botulinum*. The bacterium was cultured, and type A botulinum toxin was identified by multiplex PCR.

Of 354 villagers who attended the festival, 200 reported having eaten some of the food, but it is not clear if all these people ate the bamboo shoots. Symptoms of food poisoning were developed by 163 people, and 141 were hospitalized. To read this alert in full, please visit <http://www.upmc-cbn.org/dmz/index.html?wheretoto=%2F>

Multiple-State Mumps Outbreak: **New**



The state of Iowa has been experiencing a large outbreak of mumps that began in December 2005. As of April 12, 2006, 605 suspect, probable and confirmed cases have been reported to the Iowa Department of Public Health (IDPH) (IDPH, unpublished data). The majority of cases are occurring among persons 18-25 years of age, many of whom are vaccinated. Additional cases of mumps, possibly linked to the Iowa outbreak, are also under investigation in eight neighboring

states, including Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, Nebraska and Wisconsin (CDC unpublished data, April 14, 2006).

In addition, the Iowa Department of Public Health has identified two persons diagnosed with mumps who were potentially infectious during travel on nine different commercial flights involving two airlines between March 26, 2006, and April 2, 2006. The origin and arrival cities for these flights include Cedar Rapids and Waterloo, IA; Dallas, TX; Detroit, MI; Bentonville, AR; Minneapolis, MN; St. Louis, MO; Tucson, AZ; and Washington, DC.

The source of the current US outbreak is unknown. However, the mumps strain has been identified as genotype G, the same genotype circulating in the United Kingdom (UK). The outbreak in the UK has been ongoing from 2004 to 2006 and has involved > 70,000 cases. Most UK cases have occurred among unvaccinated young adults. The G genotype is not an unusual or rare genotype, and like the rest of known genotypes of mumps, it has been circulating globally for decades or longer. For more information, please visit <http://www.cdc.gov/nip/diseases/mumps/mumps-outbreak.htm>.

Emergency Credentialing Program (ECP): **Updated**



To date, 1 out of 25 healthcare professionals licensed in Connecticut - nearly 3,500 physicians, nurses, respiratory therapists, pharmacists and behavioral health, laboratory medicine and radiology professionals - have enrolled in the State of Connecticut Emergency Credentialing Program (ECP) for Healthcare Professionals. This is a great start, but we need to do more to reach the program goal of 12,000 healthcare professionals or at least 1 out of every 10 healthcare professionals licensed in Connecticut. As you celebrate your hospital volunteers and their daily contributions to patient care during Volunteer Week, April 23rd through April 29th, remember to talk to your colleagues about the ECP program and encourage them to visit www.ct-esar-vhp.org to enroll online. Although history has shown that healthcare professionals will come forward to help when the need is great, individuals who are enrolled in the ECP will have access to special training and state-sponsored liability and workers compensation coverage. More importantly, by volunteering some of their time to assist during a large-scale disaster or public health emergency, these colleagues will be ensuring that their family, friends and neighbors will have uninterrupted access to vital healthcare resources when they need it most! For additional information about the ECP program, contact Carol Luddy, RN, by email at ECP@ynhh.org or by phone at (203) 688-3224.

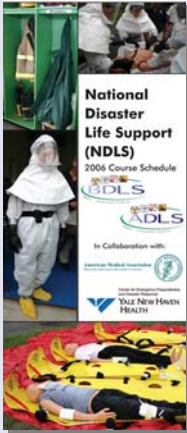
CT Department of Public Health Strategic National Stockpile Exercise – April 19, 2006: **New**

Yale-New Haven Hospital (Y-NHH) and Norwalk Hospital participated in the statewide Strategic National Stockpile (SNS) exercise on April 19, 2006. Y-NHH and Norwalk Hospital received a portion of the SNS used to treat or provide prophylaxis for hospital patients and personnel. As a result of the exercise, Y-NHH was able to evaluate its protocols for the receipt, storage and security of the SNS materials. For more information, please contact Scott Dilley, Exercise and Design Specialist, at (203) 688-2665 or scott.dilley@ynhh.org.

Questions or Comments

Questions, comments or suggestions should be forwarded by fax to (203) 688-4618 or by e-mail to center@ynhh.org www.yalenevnhavenhealth.org/emergency

Training and Education: Updated



There is still space available in the May 18th-21st **National Disaster Life Support** course to be held in New Haven, CT. Basic Disaster Life Support is an eight-hour course that provides an in-depth overview of disasters for all healthcare and public health professionals. The Advanced Life Support course provides physicians, physician assistants, nurses and paramedics with two days

of intensive training on mass casualty triage, decontamination and treatment. Individuals completing the BDLS and ADLS programs will receive CME credits and are eligible to take the instructor course, which prepares them to conduct a course at their own facility. Hospitals are encouraged to consider using some of their HRSA hospital preparedness education and training funds to send appropriate individuals to any or all of these courses. For more information, please contact David Burich at (203) 688-3721 or david.burich@ynhh.org.

- YNHHS-CoE has developed a series of emergency preparedness courses and workshops specifically to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises to address topics including triage, personal protective equipment, infection control, risk communications and incident command, including objectives that ensure compliance with the NIMS training requirements. These courses may be further adapted to better meet the needs of other healthcare delivery organizations such as home health agencies and skilled nursing facilities. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

Training and Education: **New**



A narrated version of **Introduction to Emergency Management (EM 103)** for hospital employees is 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. This course is available on HealthStream and the YNHHS-CoE Learning Management System. In addition, an EM 103 toolkit is available for healthcare educators and staff development coordinators responsible for conducting instructor led emergency preparedness training to staff. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

- **Reminder: Best Practices for the Protection of Hospital-Based First Receivers (EM 120)** is now available on CD-ROM and on the YNHHS-CoE Learning Management System (LMS) at http://ynhhs.emergencyeducation.org/sign_in_em120.asp. This course meets the awareness-level training requirements of the Occupational Safety and Health Administration (OSHA) and is a prerequisite for an operations-level course. The course provides information on hazardous substances and the risks associated with them as well as procedures needed to ensure the safety of healthcare workers. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **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. This course is available in a Connecticut and a national version. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Introduction to Radiological Response (EM 110)** is expected to be available in the Spring of 2006. At the end of the 30-minute course, individuals will be able to describe the harmful effects of radiation, identify steps that can ensure personal safety from harmful radiation and identify ways to assist in the response to a radiation emergency including decontamination and psychological first aid. A more advanced radiological preparedness course is under development and will be released later this year. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.



Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (EM 230) is currently under review on the YNHHS-CoE LMS and is expected to be available later this month. This 50-minute 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.

- As part of compliance with the National Incident Management System (NIMS), 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, YNHHS-CoE is working on incorporating the FEMA training objectives into EM 103, currently a requirement for all YNHHS-CoE staff and recommended by the State of Connecticut Department of Public Health for other healthcare organizations in Connecticut. Additional objectives targeted to staff at the supervisory level and above are being incorporated into EM 140, Incident Command Systems for Healthcare. YNHHS-CoE will develop recommendations for which hospital staff should be required to take this intermediate-level course. For more information, please contact Elaine Forte at (203) 688-3391 or elaine.forte@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
5.4.06	8:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
4.26.06	2:00 p.m. to 3:00 p.m.	Communications, News, Equipment and Training Conference Call Sponsored by the National Terrorism Preparedness Institute	To participate, please visit http://www.dlnets.com/ntpi_26Apr06.htm .
5.2.06	1:00 p.m. to 2:00 p.m. EST	Crisis and Emergency Risk Communication Sponsored by the CDC	To participate, please call (800) 369-1619 Passcode: Risk Communication Slides for this call can be found at: http://www.dlnets.com/ntpi_26Apr06.htm .
5.16.06-5.18.06	8:00 a.m. to 5:00 p.m.	Emergency Response to Domestic Biological Incidents Sponsored by the RI Emergency Management Agency	Radisson Airport Hotel, 2081 Post Road, Warwick, RI To register, please visit http://www.yalenehavenhealth.org/emergency/Domestic_Bio_Incidents.pdf .

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