

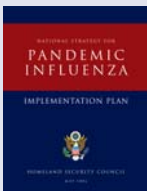
THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

The Bush Administration Releases the Implementation Plan for the National Strategy for Pandemic Influenza: **Updated**



On May 4, 2006, the Bush administration issued a national implementation plan for dealing with pandemic influenza. The plan describes more than 300 critical actions that must be taken by federal, state and local government, communities and the private sector in the areas of: international prevention and containment; transportation and border surveillance; human health and animal protection; law enforcement and public safety and institutional planning to protect personnel and ensure continuity of operations. The plan also proposes timelines and performance measures for various actions. At a White House press briefing, President Bush's homeland security advisor Frances Townsend urged hospitals to immediately develop policies covering essential personnel, absenteeism and the staffing of emergency departments. Jim Bentley, AHA senior vice president for long-term policy, said, "With the release of the new Federal Implementation Plan, every hospital is encouraged to immediately review and, if necessary, update its planning for responding to pandemic flu." To download a copy of the Pandemic Implementation Plan, please visit www.whitehouse.gov/homeland/nspi_implementation.pdf.

Avian Influenza Personal and Family Preparedness Website:

New

YNH-CEPDR has developed a website on avian influenza. This site provides up-to-date information on avian influenza, including signs and symptoms, treatment, when you should seek further medical attention, avian flu resource links and most importantly, how you can prepare and protect yourself and your family. Please visit <http://www.yalenewhavenhealth.org/emergency/influenza/index.html>.

Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of May 12, 2006 was 208 cases and 115 deaths.

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

- Ivory Coast, Gaza and the West Bank have been added to the list of countries with poultry or wild birds that have the H5N1 or H5 virus as of April 28, 2006. The list also includes:

Africa: Burkina Faso, Cameroon, Niger, Nigeria, Sudan and **Ivory Coast - New**
East Asia & the Pacific: Cambodia, China, Hong Kong (SAR/PRC), Indonesia, Japan, Laos, Malaysia, Mongolia, Myanmar (Burma), Thailand and Vietnam
South Asia: Afghanistan, India, Kazakhstan and Pakistan (H5)
Near East: Egypt, Iraq (H5), Iran, Israel, Jordan, **Gaza and the West Bank - New**
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, United Kingdom and Ukraine

To read a current update, please visit <http://www.cdc.gov/flu/avian/outbreaks/current.htm>.

- An Institute of Medicine panel, on April 27, 2006, issued a report concluding that in the event of a flu pandemic, disposable face masks should be considered "the very last in a series of activities" to curb the spread of the virus, the *Washington Post* reports. The 12-member panel says thicker face masks known as N95 respirators offer some protection from the virus when worn effectively. However, the experts warn that there is "no safe way to decontaminate a disposable face mask so it can be reused" and that "even the best mask 'will do little to protect a person who uses it incorrectly.'" To read further, please visit http://www.yalenewhavenhealth.org/emergency/commu/Caution_in_use_of_facil_masks.pdf.
- The CDC has updated their "Questions and Answers About Avian Influenza (Bird Flu) and Avian Influenza A (H5N1) Virus" with regard to food safety. At the current time, you cannot get avian influenza from properly handled and cooked poultry and eggs. There is no scientific evidence that people have been infected with bird flu by eating safely handled and properly cooked poultry or eggs. To read this food safety discussion, please visit <http://www.cdc.gov/flu/avian/gen-info/qa.htm>.



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Avian Influenza: **New**

- The CDC has produced an article discussing host range restriction and pathogenicity in the context of an influenza pandemic. Of the three types of influenza viruses (A, B and C), only influenza A viruses are established in animals other than humans. Influenza pandemics are caused by viruses that have a hemagglutinin (HA) for which most humans have no immune memory. The strains of the 1957 Asian and 1968 Hong Kong pandemics had HAs derived from an avian virus. Although little information exists about avian influenza viruses at the time of the 1918 Spanish influenza pandemic, the HA of the virus responsible for that outbreak is also thought to be of avian origin. Since avian influenza viruses do not replicate efficiently in humans and nonhuman primates, they must overcome host range restriction for the avian virus HA to be introduced into human viruses. The molecular basis for host range restriction is not well understood; however, HA plays a key role in the restriction of interspecies transmission. To read this article in full, please visit <http://www.cdc.gov/ncidod/EID/vol12no06/05-1336.htm>.
- The Connecticut Department of Public Health (CT DPH) has sent out the Pandemic Influenza Hospital Preparedness Checklist modified from the HHS Pandemic Flu Plan, Supplement 3 by the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR). 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. CT DPH 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_1.pdf. For comments, please contact Richard Kleindienst, Sr., at (203) 688-3912 or richard.kleindienst.sr@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.yalenewhavenhealth.org/emergency

HHS Awards Contracts Totaling More Than \$1 Billion To Develop Cell-Based Influenza Vaccine: **Updated**

As part of the President's plan to prepare for a pandemic, HHS Secretary Mike Leavitt on May 4, 2006, awarded more than \$1 billion to accelerate development and production of new technologies for influenza vaccines within the U.S. GlaxoSmithKline, MedImmune, Novartis Vaccines & Diagnostics, DynPort Vaccine and Solvay Pharmaceuticals were awarded contracts to support the advanced development of cell-based production technologies for influenza vaccines and will help to modernize and strengthen the nation's influenza vaccine production by creating an alternative to producing influenza vaccines in eggs. These funds are part of \$3.3 billion proposed by the President and appropriated by Congress to HHS for fiscal year 2006 to help the nation prepare for a pandemic.

"Today, we're taking a step closer to preparedness by investing more than \$1 billion to develop vaccines more quickly and to produce them here in the United States," Secretary Leavitt said. To read this release in full, please visit <http://www.hhs.gov/news/press/2006pres/20060504.html>.

FluMist Nasal Spray is More Effective than the Flu Shot in Children Under the Age of Five: **Updated**



Photo Credit: MedImmune

A study released on May 1, 2006, at a child health meeting finds that FluMist MedImmune's nasal spray flu vaccine, provides infants and preschoolers with "significantly more protection" from the flu than traditional flu shots, the Associated Press reports. For the study, researchers enrolled 8,000 children ages six months to five years during the 2004 flu season to receive both a FluMist nasal spray and a shot, only one of which contained a real flu vaccine. The researchers found that FluMist was 55% more effective than the flu shot, with only 3.9% of children who received FluMist developing the flu, compared with 8.6% of children who received flu shots. To read more about this study, please visit <http://www.yalenewhavenhealth.org/emergency/links/Flumist.pdf>.

Laboratory Testing for Avian Influenza A (H5N1) Virus: **Updated**



The following guidance has been issued by the CT DPH Epidemiology and Laboratory Departments. Testing for avian influenza A (H5N1) should be considered on a case-by-case basis in consultation with the CT DPH Epidemiology Program for hospitalized or ambulatory patients with documented temperature > 100.4° F and one or more of the following: cough, sore throat, shortness of breath and history of contact with poultry (e.g., visited a poultry farm, a household raising poultry or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.

Laboratory testing for human cases of possible avian influenza A (H5N1) is available only through the State Laboratory. The State Laboratory will provide free testing for avian influenza for any patient reported through the surveillance system who meets the above surveillance criteria. Specimens for avian influenza testing should not be sent to the State Laboratory without first consulting the CT DPH Epidemiology Program at (860) 509-7994 or after hours at (860) 509-8000. If the patient meets the surveillance criteria for testing, the authorization will be given to proceed. For further specifics, please visit <http://www.yalenewhavenhealth.org/emergency/influenza/documents/SurveillanceH5N1CTfinal.pdf>.

Laboratory Professionals Emergency

Preparedness Conference – June 7, 2006: **Updated**

The State Laboratory and Hartford Hospital Center of Excellence for Bioterrorism and Emergency Preparedness will be hosting a conference on June 7, 2006, from 8:00 a.m. to 4:00 p.m. at the Connecticut Hospital Association in Wallingford. Connecticut's clinical laboratories will play a vital role as sentinel laboratories in the identification and management of a terrorism event. This conference will provide clinical laboratory professionals from all areas of the laboratory with current, relevant information on the ongoing initiatives underway in Connecticut to protect citizens and prepare healthcare laboratory resources to respond to a large-scale disaster event. For more information or to register for this event, please visit <http://www.yalenewhavenhealth.org/emergency/links/LabConference.pdf>.

New York Department of Health and Mental Hygiene Announces the Launching of its New Website PREPARES:

New

The staff of the New York City Department of Health and Mental Hygiene (DOHMH) Bioterrorism Hospital Preparedness Program has launched NYC Healthcare PREPARES, a DOHMH website dedicated to healthcare community preparedness. Healthcare facilities and emergency planners may access protocols, guidance, templates and other tools useful for preparedness. This site can be accessed at <http://www.nyc.gov/html/doh/html/bhpp/bhpp.shtml>.

Training/Education:

Updated

- To facilitate completion of required **National Incident Management System** training by key hospital executives and management staff with incident command roles and responsibilities, The Center of Excellence for Bioterrorism Preparedness and Response has developed an instructor led, train-the-trainer course that incorporates all of the NIMS objectives into a single, healthcare focused, time-effective learning opportunity. A facilitator's guide will be provided to allow the facility to deliver this training as needed on an ongoing basis. Please contact Mark Schneider at (203) 688-3224 or mark.schneider@ynhh.org to schedule this program at your facility.
- YNH-CEPDR 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 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.

Department of Homeland Security Exercises for 2006 Hurricane Season: **New**



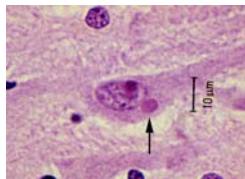
Photo Credit: NESDIS

The Department of Homeland Security has kicked off the first of five regional hurricane preparedness exercises to test improvements made since last year's hurricane season and to identify areas that require additional coordination before the start of this hurricane season, which officially begins June 1. The table-top exercises will focus on several key preparedness and disaster response functions, including evacuations, sheltering, National Response Plan implementation and National Incident Management System activation.

"Hurricane preparation is a shared responsibility among local, state and federal agencies and our non-governmental partners," said George Foresman, Under Secretary for Preparedness. "By training together now, we better integrate planning and response capabilities and make certain that roles and responsibilities are understood at all levels of government."

The first exercise in Philadelphia, May 3-4, involved Pennsylvania, Virginia, Maryland, Delaware and the District of Columbia. Additional exercises will be held May 17-18 in New Orleans, involving Louisiana and Arkansas; May 31-June 1 in Atlanta, involving Alabama, Florida, Georgia, Kentucky, Mississippi, Tennessee, North Carolina and South Carolina, and June 20-21 (location TBD), involving New York, New Jersey, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. To read this release in full, please visit http://www.dhs.gov/dhspublic/interapp/press_release/press_release_0904.xml.

Human Rabies Infection in Texas: **New**



On May 9, 2006, the Centers for Disease Control and Prevention (CDC), working together with Harris County Public Health and Environmental Services and the Texas Department of State Health Services, confirmed a diagnosis of rabies as the cause of illness in a Texas teenager, who has been hospitalized with encephalitis. Four to six weeks prior to admission, the patient had awakened due to direct contact with a live bat in his bedroom. The bat was removed from the home and was not available for testing.

The child did not present for medical attention until after symptoms had developed; thus rabies PEP was not administered. Diagnosis was made on the basis of a positive direct fluorescent antibody test for rabies virus antigen on a nuchal skin biopsy. Further analysis of clinical specimens is ongoing in an effort to establish a likely animal source for the infection, based upon viral characterization. To read further, please visit http://www.cdc.gov/ncidod/dvrd/rabies/news/bat_texas.htm.

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

Nearly thirty years after Dorothy Sutherland of the U.S. Department of Health, Education and Welfare sent a proposal to President Eisenhower to proclaim a "Nurse Day", President Ronald Reagan signed a proclamation designating May 6th as "National Recognition Day for Nurses". In Connecticut "Nurse Day" has evolved to a full week of activities designed to focus on the important contributions made by our state's nurses to the health and safety of our citizens. This year's celebration marks the sixth anniversary of the Connecticut Nightingale Awards for Excellence in Nursing, an annual event honoring many of our state nurses for going above and beyond the call of duty in an array of public, clinical and educational environments. Many of the Nightingale awardees and over 650 of their colleagues across the state have chosen to step up once again to meet the healthcare needs of our state's citizens by enrolling in the State of Connecticut Emergency Credentialing Program (ECP) for Healthcare Professionals. By volunteering some of their time to assist during a large-scale disaster or public health emergency, Connecticut's nurses are ensuring that their family, friends and neighbors will have uninterrupted access to vital healthcare services when they are needed the most. Please take a moment to celebrate National Nurses Week with your colleagues, and encourage them to join the nearly 4,100 physicians, mid-level providers, clinical laboratorians, diagnostic imaging professionals, pharmacists, respiratory care professionals and mental health practitioners who have already enrolled in the ECP program. Enrollment is now available online at www.ct-esar-vhp.org. For additional information about the ECP program or to schedule a program presentation at staff or management meetings, contact Carol Luddy, RN by phone at (203) 688-3224 at carol.luddy@ynhh.org.

Training and Education: Updated



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 YNH-CEPDR learning management system (LMS). 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/>. 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 now available on CD-ROM. 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 YNH-CEPDR 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.



YNH-CEPDR is offering instructor-led **Incident Command Systems (EM 140)** training to all southern tier Connecticut hospitals. The instructor-led EM 140 NIMS enhanced course takes approximately three hours to complete and targets senior hospital administration and those healthcare workers who fill HICS positions within their hospital. At the conclusion of the training, the facility will be left with training materials that will support any additional instructor-led training required. If you are interested in scheduling a one-time instructor-led NIMS/ICS training for your hospital's leadership staff, please contact Lynette Lines at (203) 688-2590 or e-mail lynette.lines@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
6.8.06	8:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
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 .
6.7.06	8:00 a.m. to 4:00 p.m.	Laboratory Professionals Emergency Preparedness Conference Sponsored by The State of Connecticut Department of Public Health Laboratory and Hartford Hospital Center of Excellence for Bioterrorism and Emergency Preparedness	To register, please visit http://www.yalenehavenhealth.org/emergency/links/LabConference.pdf .

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