

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

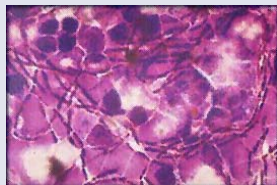
Avian Influenza Personal and Family Preparedness Website:

New

Yale New Haven Center for Emergency Preparedness and Disaster Response 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>.

Federal Agencies Have Taken Some Steps to Validate Sampling Methods for a Next Generation Anthrax Vaccine:

New



The Government Accountability Office (GAO) has done many studies over the past seven years on anthrax vaccine safety and anthrax detection methods. GAO has reported the lack of validated methods for

detecting anthrax contamination and has recommended a coordinated approach to improving the overall process for detecting anthrax that included a probability-based sampling strategy. GAO also reported that the vaccine has not been adequately tested on humans; no studies have been done to determine the optimum number of doses; the long-term safety has not been studied and data on short-term reactions are limited; however, women report higher rates of reactions than do men. Given these concerns, GAO recommended the development of a better, alternative vaccine. For more information, please visit <http://www.gao.gov/highlights/d06756thigh.pdf>.

Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of May 18, 2006 was 216 cases and 122 deaths.

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

- Djibouti, Africa has been added to the list of countries with poultry or wild birds that have the H5N1 or H5 virus as of May 18, 2006. The list also includes:
 - Africa:** Burkina Faso, Cameroon, Niger, Nigeria, Sudan and **Djibouti- New**
 - East Asia & the Pacific:** Cambodia, China, Hong Kong (SARPRC), Indonesia, Japan, Laos, Malaysia, Mongolia, Myanmar (Burma), Thailand and Vietnam
 - South Asia:** Afghanistan, India, Kazakhstan and Pakistan (H5)
 - Near East:** Egypt, Gaza, Iraq (H5), Iran, Israel, Jordan and the West Bank
 - 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 UkraineTo read a current update, please visit <http://www.cdc.gov/flu/avian/outbreaks/current.htm>.
- On May 12, 2006, the World Health Organization (WHO) reported the first confirmed human case of avian influenza A (H5N1) virus infection in Djibouti, Africa. The patient is a two-year-old girl from a small rural village near the border with Somalia. She developed symptoms on April 23, 2006 and is presently in stable condition. Three of the child's siblings are also getting medical treatment and being evaluated for possible H5N1 infection. Health authorities in Djibouti began surveillance for human cases of avian influenza A (H5N1) after reports of a small number of chickens dying in early April. This is the first reported confirmed human infection with avian influenza A (H5N1) in Africa. Please see http://www.who.int/csr/don/2006_05_12/en/index.html for details.
- On May 17, 2006 HHS Secretary Mike Leavitt announced the release of the "Long-Term Care and Other Residential Facilities Pandemic Influenza Checklist" that was created by the Centers for Disease Control and Prevention (CDC). This tool provides guidance for facilities to assess and improve their preparedness for responding to pandemic influenza.

"The collaboration of long-term care and other residential facilities with public health agencies will be important in protecting the people living in those facilities if and when a pandemic occurs," Secretary Leavitt said. "These facilities provide vital services for their residents. By working together now, we'll be better equipped to serve these residents and their caregivers in the future." To view this checklist, please visit <http://www.pandemicflu.gov/plan/LongTermCareChecklist.html>.
- 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/ga.htm>.

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Avian Influenza: **Updated**

- 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.pdf. For comments, please contact Richard Kleindienst, Sr., at (203) 688-3912 or richard.kleindienst.sr@ynhh.org.
- 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>.

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

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>.

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.

Training/Education: Updated

- **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.
- **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.
- 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.

Emergency Credentialing Program (ECP): New



Enrollment in the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is now available online at www.ct-esar-vhp.org. Phase I of the site implementation plan focused on facilitating volunteer enrollment and awareness level training. Enhancements during Phase II of the website development will offer navigation capability to local, state and national resources that provide important information for volunteers and hospital emergency management leaders ECP volunteers and hospital surge capacity.

Phase III site enhancements will include the functionality needed to enable the electronic distribution of hospital based volunteer enrollment information to the ECP Program Contact at each participating hospital so that they can proceed with the credential verification process at their institution. Each ECP Program Contact will be assigned a unique UserID which will allow them defined access for viewing and validating the skills and competencies self-reported by colleagues at their hospital who have enrolled in the ECP program. Phase IV development and enhancement will provide designated users with the capability to view and query the aggregate database based on skills and competency information validated from all professions and all hospitals across the state.

It's important to remember that this volunteer resource for hospital personnel surge capacity will contain confidential information offered by ECS volunteers. Like all personnel information, access to the information and the database should be made available only to those individuals who will be validating volunteer credentials or hold a recognized position in your hospital's Emergency Operations Center (EOC) organization structure.

Please take advantage of forums and opportunities at your hospital to promote the value of the ECS program as a strategy to support hospital surge capacity. For additional information about the ECP program, or to schedule a program presentation at staff or management meetings contact Carol Luddy by phone at (203) 688-3224, by email at carol.luddy@ynhh.org

Training/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.
- 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.

Training and Education: Updated

- **Introduction to Radiological Response (EM 110)** is a 30-minute introductory CD-ROM course which provides the learner with the basic principles of radiation, definitions to terms commonly encountered in radiological and nuclear incidents, a description of the health risks associated with radioactive material, recommendations for safeguarding personal safety during a radiological and nuclear incident and an outline of the strategies for addressing the psychological impact of radiological and nuclear incidents. This introductory course is geared towards nurses, doctors, radiology technicians, radiation oncologists, radiation safety officers, patient care associates, technical assistants, nuclear medicine workers, EMS workers and mental health professionals. 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.
- 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 |
|--------|------------------------|--|--|
| 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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