

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## Avian Influenza: **New**

- The CDC has developed a newsletter that provides pandemic influenza updates. The May 2006 edition features articles that discuss family and personal preparedness, vaccine research, basic infection control and research teams that are joining an international network to develop computer-based simulations of avian flu and other disease outbreaks. To read this newsletter, please visit <http://www.vnhhs.org/emergency/influenza/documents/DCFluUpdate0506.pdf>.
- WHO adopted a resolution to invoke flu rules a year early because of the threat that the avian flu will trigger a flu pandemic.

"The provisions identified for early voluntary compliance include those relating to rapid and transparent notification, support to countries that request it in investigating and controlling (influenza) outbreaks and providing essential information including recommendations for control measures," WHO said in a news release.

In addition, the resolution calls on countries to designate an official International Health Regulations "focal point" to communicate and collaborate with WHO on information and risk assessment, collaborating centers for information and biological materials related to avian influenza and other new flu strains in a timely manner. To read more about this resolution, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/may2606regs.html>.

- The CDC has updated its revised interim guidance for testing of suspected human cases of avian influenza A (H5N1) in the United States and is based on the current state of knowledge regarding human infection with H5N1 viruses. The epidemiology of H5N1 human infections has not changed significantly since February 2004. Therefore, CDC recommends that H5N1 surveillance in the United States remain at the enhanced level first established at that time. However, this revised interim guidance provides an updated case definition of a suspected H5N1 human case for the purpose of determining when testing should be undertaken and also provides more detailed information on laboratory testing. Effective surveillance will continue to rely on health care providers obtaining information regarding international travel and other exposure risks from persons with specified respiratory symptoms as detailed in the recommendations below. For more information, please visit <http://www.cdc.gov/flu/avian/professional/infect-control.htm>

## Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of June 9, 2006 was 225 cases and 128 deaths.

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

- Below is a list of countries with poultry or wild birds that have the H5N1 or H5 virus as of June 1, 2006:

**Africa:** Burkina Faso, Cameroon, Djibouti, Egypt, Ivory Coast (Côte d'Ivoire), Niger, Nigeria and Sudan

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

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

**Near East:** Egypt, Gaza, Iraq (H5), Iran, Israel, Jordan, Pakistan, Palestinian Territories and the West Bank

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

To read current reports, please visit [http://www.oie.int/downld/AVIAN%20INFLUENZA/A\\_AI-Asia.htm](http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm).

- CDC has not recommended that the general public avoid travel to any of the countries affected by H5N1. However, CDC does recommend that travelers to these countries avoid poultry farms and bird markets or other places where live poultry are raised or kept. For further specifics, please visit [http://www.cdc.gov/travel/other/avian\\_influenza\\_se\\_asia\\_2005.htm](http://www.cdc.gov/travel/other/avian_influenza_se_asia_2005.htm).
- There is an ongoing WHO investigation into an extended family cluster of H5N1-infected persons in Indonesia. According to the latest information from WHO, 8 members of the family have contracted avian influenza, 7 have died and 1 has survived. There is no evidence of community spread beyond the initial family cluster and no infections in health care workers. A house-to-house surveillance for influenza-like illness is being conducted throughout the approximately 400 household communities. To read further, please visit <http://pandemicflu.gov/news/indonesiupdate.html>
- The CDC and HRSA Cooperative Agreement Guidance for FY2006 has been developed to upgrade and integrate state and local public health jurisdictions' preparedness for and response to terrorism and other public health emergencies with federal, state, local, tribal governments, the private sector and non-governmental organizations. These emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System. For more information, please visit <http://www.phppo.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00246>.

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## Indonesian Earthquake: WHO Urges the Right Kind of Medical Donations to Indonesia: Updated



Photo Credit: AP

WHO is working with the Indonesian authorities to provide medical care, acquire medicines and equipment and set up a disease surveillance system following the 5.9 Richter earthquake that struck the Indonesian Yogyakarta Province on May 27, 2006.

"There are shortages of some very specific medicines and supplies, including orthopedic supplies, anesthetics and antibiotics," said Dr Georg Petersen, WHO Country Representative, Indonesia. "However," he added, "Only appropriate medicines should be sent, and that too in consultation with the national authorities. Previous experience of disasters has shown that inappropriate contributions have only led to confusion."

There is also a lack of bed sheets, mattresses and other consumable medical equipment such as sterile kits for surgeries, stitching materials and x-ray films. WHO is compiling a list of necessary medicines, supplies and equipment to the affected area. To read about the medical needs further, please visit <http://www.who.int/mediacentre/news/releases/2006/pr31/en/index.html>.

### 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)

## HHS Announces \$1.2 Billion in Funding to States for Bioterrorism Preparedness: **New**



HHS Secretary Mike Leavitt announced on June 7, 2006 that the department has made available another \$1.2 billion to the states, territories and four metropolitan areas to help strengthen their capacity to respond to terrorism and other public health emergencies.

"Improving our nation's response to public health emergencies is an important part of securing America," Secretary Leavitt said. "All emergency incidents—whether naturally occurring, accidental, or terrorist-induced—begin as local matters and with this program, states and communities will build on the preparedness gains they've made over the past four years."

The funds will be used to improve infectious disease surveillance and investigation, enhance the preparedness of hospitals and the health care system to deal with large numbers of casualties, expand public health laboratory and communications capacities and improve connectivity between hospitals and city, local and state health departments to enhance disease reporting. The funds will also be used to exercise existing response plans, test capabilities and evaluate improvements. These emergency preparedness and response efforts are intended to support the National Response Plan and the interim National Preparedness Goal.

The HHS funding is awarded via two separate but interrelated cooperative agreements. Included in the CDC awards is targeted funding to expand the Cities Readiness Initiative from 36 metropolitan areas to 72 metropolitan areas representing all 50 states. To read this release in full please visit <http://www.hhs.gov/news/press/2006pres/20060607.html>.

## Severe Pandemic Planning Assumptions May Be Too Low: **New**

In a recent Clinician's Biosecurity Network Report article authored by Eric Toner, MD (a publication of the Center for Biosecurity at the University of Pittsburgh Medical Center), California planners predict a much greater demand for critical care beds and ventilators during a pandemic of moderate severity than HHS predicted in its Pandemic Influenza Plan. The California predictions are based on review of the FluSurge 2.0 software default assumptions which are based on the experience of the 1968 pandemic, the mildest pandemic on record. The revised assumptions which form the basis of the California predictions include an adjustment to the age distribution of illness and death and an increased utilization rate for critical care and mechanical ventilation. Since the assumptions upon which pandemic models are derived can produce such varied predictions of what should be expected, the authors of the California plan strongly advocate for use of the best possible assumptions, representing a consensus of the country's most experienced experts. To read this article in full, please visit <http://www.ynhhs.org/emergency/links/AssumptionsMayBeTooLow.pdf>.

## Indonesian Earthquake Update: **New**



As of June 8, 2006 reports estimate the death toll has reached 6,521, and the number of injuries has reached 96,786. Interim data indicates hospitals and field hospitals have performed over 4,314 surgeries. Activity in Mount Merapi continues. Volcanic tremors are being felt in the surrounding vicinity of Merapi. Ash has reach Purworejo district, southwest of Merapi (approx. two hours away from the volcano). The villagers living around Mount Merapi are returning to campsites in Klaten and Sleman. To read current situation updates, please visit [http://www.searo.who.int/en/Section23/Section1108/Section2077\\_11753.htm](http://www.searo.who.int/en/Section23/Section1108/Section2077_11753.htm).

- Relief Web with Humanitarian Affairs of the United Nations has developed a map that displays the breakdown of individuals killed and injured following the 5.9 Richter earthquake. Each area displays emergency supplies needed for response efforts. To view this map, please visit [http://www.searo.who.int/en/Section23/Section1108/Section2077\\_11723.htm](http://www.searo.who.int/en/Section23/Section1108/Section2077_11723.htm).

## Training and Education: Updated



**Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is now available on the YNH-CEPDR LMS. This 50-minute course trains health professionals in the recognition, treatment and referral of patients exhibiting behavioral health consequences related to public health emergencies and incorporates 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).

● **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](mailto:mark.schneider@ynhh.org).

● YNH-CEPDR is offering instructor-led **Incident Command Systems (EM 140)** training to all southern tier Connecticut hospitals. This course describes the ways an ICS can provide a consistent approach to command, control and coordination of all efforts aimed at protecting life, preserving property, supporting the emergency response and stabilizing the operations of a health care site, during an emergency or disaster. 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](mailto:lynette.lines@ynhh.org).

## 2006 Hurricane Season: Updated



Photo Credit: NESDIS

The 2006 North Atlantic hurricane season officially began on June 1 and runs through November 30. The forecast for the upcoming hurricane season from the National Oceanic and Atmospheric Administration's (NOAA) National Hurricane Center (NHC) is predicting a total of 13-16 named storms with 8-10 hurricanes and 4-6 storms of Category III or above. The active forecast is based on predicted above-normal sea surface temperatures in the Atlantic Ocean and Gulf of Mexico resulting in more and stronger hurricanes.

Governor Rell has directed the Connecticut Department of Emergency Management and Homeland Security (DEMHS) to organize and conduct several training sessions and exercises early in the season to ensure maximum preparedness by local and state agencies. Some of those preparedness events and activities include a hurricane preparedness workshop for municipal officials on June 14, a federal regional hurricane preparedness tabletop exercise on June 20 to 21 and a statewide hurricane exercise on June 28.

In addition to the following dates, DEMHS has completed or has in process the following initiatives:

- Finalization of flexible regional evacuation plans and routes
- The consolidation of capacity data and location information for the state's 513 local emergency shelters
- Purchase and regional stockpiling of 9,000 cots
- A new public awareness campaign entitled "Be aware, be prepared" to be launched in August to focus the public's attention on family hurricane readiness. The program will include a 60-minute CPTV broadcast on citizen preparedness and television, radio and print public service advertisements
- Distribution to local officials of a newly published Emergency Director's Handbook
- Expanded distribution of the Connecticut Guide to Emergency Preparedness designed to help prepare citizens and families. The guide is also available online at [www.ct.gov/demhs](http://www.ct.gov/demhs)

For more information, please visit

<http://www.ct.gov/governorrell/cwp/view.asp?Q=315278&A=2425>.

## Emergency Credentialing Program (ECP) and the Medical Reserve Corps: New



The State of Connecticut Emergency Credentialing Program (ECP) and each of Connecticut's five Medical Reserve Corps (MRC) units represent an invaluable resource designed to help us prepare for and respond to a statewide, regional or national disasters or public health emergency. The goal of the ECP program is to recruit and pre-qualify healthcare professionals who are willing to volunteer their time and expertise during a disaster. The goal of the MRC at Yale New Haven is to recruit and pre-qualify individuals who can help support the infrastructure of an acute hospital during a disaster. Having an equally important role outside of the hospital setting, MRC units located in Hartford, Middletown, Stratford and Fairfield are principally focused on enhancing the health and safety of their local communities. It is clear that in a local, statewide, regional or national disaster, a coordinated volunteer response from both the ECP and the MRCs will be vital to the success of the response effort. Mary Duley, Hospital Preparedness Coordinator, has been asked to facilitate planning sessions with ECP and MRC unit leaders that will result in the development of an integrated system of volunteers in Connecticut. The growing threat of Avian Influenza and the above-average number of storms predicted for the 2006 hurricane season are just two of the reasons why hospitals should review their response planning now and include a strategy to quickly increase the number of credentialed personnel who will be able to care for a sudden and unexpected surge in patient volume. Volunteers who are enrolled and pre-credentialed in the State of Connecticut Emergency Credentialing Program (ECP) for Healthcare Professionals or in the MRC at Yale New Haven will be an invaluable resource during a large-scale disaster or public health emergency. Enrollment in State of Connecticut ECP is available online at [www.ct-esar-vhp.org](http://www.ct-esar-vhp.org). Enrollment in the MRC at Yale New Haven is available online at [www.mrc-ynh.org](http://www.mrc-ynh.org). For additional information about ECP and the MRC at Yale New Haven, or to schedule a program presentation at staff or management meetings, contact Carol Luddy at (203) 688-3224 or by email at [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org).

## Training and 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, YNH-CEPDR has developed instructor led, train-the-trainer courses that incorporate all of the NIMS objectives into a healthcare focused, time-effective learning opportunities. A facilitator's guide will be provided to allow the facility to deliver trainings as needed on an ongoing basis. Please contact Mark Schneider at (203) 688-3224 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org) to schedule this program at your facility.
- 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/sign\\_in\\_em201.asp](http://ynhhs.emergencyeducation.org/sign_in_em201.asp), 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](mailto:mark.schneider@ynhh.org).
- 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](mailto:scott.selig@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](mailto: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 YNH-CEPDR Learning Management System (LMS) at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em120.asp](http://ynhhs.emergencyeducation.org/sign_in_em120.asp).** EM120 is aligned with Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. This 30-minute course has been assigned to targeted staff on HealthStream. Job classifications that will be required to complete EM 120 in order to ensure compliance with OSHA standards include: (1) All employees who work in the emergency department (such as clinicians, housekeeping, security, patient registration, etc.); (2) All employees who are regularly scheduled to be on call for the emergency department; (3) Volunteers and residents assigned to the emergency department; (4) Employees involved in setting up, taking down or maintaining decontamination facilities, regardless of their primary job role and location; (5) Nursing leadership who function as potential nursing administrators on call; (6) **All members of the hospital decontamination team. This course is a prerequisite to a series of operations-level courses, currently under development.**

The operations-level decontamination course will also align with the Occupational Safety and Health Administration (OSHA) operations-level competencies and will be a prerequisite to a practical session, designed for employees involved in setting up, taking down or maintaining decontamination facilities, and for employees responsible for performing decontamination procedures. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## UPCOMING

### Upcoming Meeting

DATE	TIME	EVENT	LOCATION
7.13.06	8:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

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