

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Avian Influenza: Updated

- 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.
- 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>
- 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>.

Avian Influenza: New



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of June 15, 2006 was 226 cases and 129 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 9, 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.

- Since June 6, 2006 Indonesian health authorities and WHO have been monitoring cases of influenza illness in four nurses who were involved in the care of confirmed H5N1 cases. Test results have now convincingly ruled out H5N1 infection in all four nurses. Two of the nurses cared for siblings, a 10-year-old girl and her 18-year-old brother, who were hospitalized on May 22, 2006 and died the following day. One nurse was shown to be infected with a seasonal influenza A (H1N1) virus, which is circulating widely throughout Indonesia. The second nurse experienced only mild and transient symptoms, but was tested urgently as a precautionary measure. Her test results were also negative for H5N1 infection.

The two additional nurses, who work at a hospital in Medan, North Sumatra, were involved in the care of confirmed H5N1 cases among members of an extended family from the village of Kubu Simbelang in Karo District. One of the nurses, a 34-year-old woman, experienced only mild symptoms and has tested negative for H5N1 infection. The second nurse, a 42-year-old woman, developed influenza-like illness on June 1, 2006. Test results received as of June 6, 2006 are also negative for H5N1 infection. For more information about this situation update, please visit http://www.who.int/csr/don/2006_06_06/en/index.html.

- [Pandemicflu.gov](http://www.pandemicflu.gov) features a dictionary or glossary section of many terms and acronyms used when discussing avian influenza. This glossary can be used as a tool when informing patients and staff about avian influenza. To access this glossary, please visit <http://www.pandemicflu.gov/glossary.html>.

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Avian Influenza Surveillance and Update Conference Call – June 22, 2006: **New**

The CDC will host a conference call on Thursday, June 22, 2006 at 1:00 EST. The topic for the call is avian influenza surveillance and update on the current situation. The objectives for the call will be human surveillance and update, clinical aspects and infection control. To join this call please dial 888-603-9818 passcode avian flu. For more information, please visit <http://www.bt.cdc.gov/coca/updates/2006/2006jun05.asp#1>.

Safety and Immunogenicity of the Second Generation Anthrax Vaccine Candidate: **New**

Vaxgen, Inc. of Brisbane, CA has reported the results of a phase 1 clinical trial designed to assess the safety and immunogenicity of recombinant anthrax vaccine candidates. In pre-clinical studies, rPA102 protected rabbits and non-human primates from an inhalational challenge with B. anthracis. This clinical trial shows that the rPA102 vaccine candidate was well tolerated. Immunogenicity at higher rPA102 doses was not statistically inferior to that of AVA when measured by TNA despite a much larger amount of AI adjuvant in the AVA. Vaxgen is proceeding with optimizing their vaccine candidate's formulation and scheduling. Recently, Vaxgen has encountered manufacturing problems that may delay its delivery to the U.S. government. To read about this study further, please visit <http://216.251.248.234/index.html>.

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.

Migratory Bird Testing and Surveillance for Avian Influenza: **New**

- On June 9, 2006 the U.S. Agency for International Development (USAID) announced a \$5 million award to support the development of a global network to track avian influenza, with the aim of monitoring the role of migratory birds. The Global Avian Influenza Network for Surveillance, or GAINS, will enhance international efforts to collect and analyze laboratory samples from wild birds and identify genetic changes in the virus.

"The United States is already supporting efforts to develop animal surveillance and build diagnostic and laboratory capacity in at least 25 countries," said Dr. Dennis Carroll, Director of USAID's Avian and Pandemic Influenza Response Unit. "The GAINS program is an extension of our important work. The information GAINS produces will feed into systems to warn people about the movement of avian influenza. This network will significantly bolster our ability to support the international community in response to the virus." For more information, please visit http://www.usaid.gov/press/releases/2006/pr060609_1.html.

- State wildlife officials will soon begin testing 2,500 migratory shorebirds and waterfowl returning from Alaska and the Arctic. Testing will be in the northern Washington Puget Sound area and coastal estuaries. In July, it will begin with western sandpipers and later will include such birds as pintails, mallards, wigeons, shovelers, sea ducks and Wrangel Island snow geese. Between October and January, birds killed by hunters will be tested at check stations. In addition, state agriculture officials already have been testing domestic chickens, eggs and dead birds for the virus. To read more, please visit http://seattletimes.nwsourc.com/html/localnews/2003059968_birdflutesting14m.html.

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



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>.

Indonesian Earthquake Update: **New**



On May 28, 2006 the US Embassy in Jakarta issued a [Warden Message](#) urging Americans to defer all nonessential travel to Yogyakarta and the area affected by the earthquake. If you are traveling to the affected areas for disaster relief work, the CDC has provided health recommendations. Recommendations include information about special vaccines, malaria risk, food and water, environmental hazards and items that should be carried. To read these recommendations, please visit http://www.cdc.gov/travel/other/earthquake_indonesia_ga_2006.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.

- 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.

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

2006 Hurricane Season: Updated



Photo Credit: FEMA
Biloxi, Miss., June 2006 - A FEMA Community Outreach representative, furnishes information to an attendant at the Hurricane Preparedness Expo held at Edgewater Mall in Biloxi. Michelle Miller-Freck/FEMA

- With hurricane season underway, the Federal Emergency Management Agency (FEMA) and other components of the Department of Homeland Security (DHS) are working with state agencies to ensure that citizens are protected in the event of a major tropical storm or hurricane. In several states, FEMA workers are conducting public outreach campaigns in schools, shopping centers, and other settings to educate citizens about the simple steps they can take to prepare for tropical storms and hurricanes. For more information, please visit <http://www.dhs.gov/dhspublic/index.jsp>.
- DHS has been working to strengthen its preparedness for hurricane season. Its focus has been on increasing the amount of relief supplies, retooling FEMA for the 21st century, improving coordination with local, state and federal partners, emphasizing individual and community preparedness and updating the National Response Plan. More information about DHS efforts can be found at <http://www.dhs.gov/dhspublic/display?content=5677>.

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



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. 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. Enrollment in State of Connecticut ECP is available online at www.ct-esar-vhp.org. Enrollment in the MRC at Yale New Haven is available online at 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 e-mail at carol.luddy@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.

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, 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.



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 incorporates 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 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.

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 YNH-CEPDR Learning Management System (LMS) at 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.



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

UPCOMING
Upcoming Training and Education

DATE	TIME	EVENT	LOCATION/REGISTRATION
6.22.06	1:00 p.m. to 2:00 p.m. EST	Avian Influenza Surveillance and Update Sponsored by CDC	Call: (888) 603-9818 Passcode: Avian Influenza For more information: http://www.bt.cdc.gov/coca/updates/2006/2006jun05.asp#1

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