

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## Avian Influenza: **New**

- The continuing avian influenza outbreaks in Indonesia, involving both humans and animals, will be the focus of a three-day international consultation starting on June 21, 2006 in Jakarta. An international group of experts will review the status of the H5N1 virus in humans and animals, provide recommendations to control the virus in both animals and humans, review lessons learned for rapid response and containment and provide an authoritative risk assessment of avian influenza in Indonesia in both human and animals. This consultation will bring together experts from Indonesia's Ministries of Health and of Agriculture with those from the World Health Organization, the Food and Agriculture Organization, UNICEF and experts from Airlangga University Surabaya, Udayana University Bali, Persahabatan Hospital, U.S. Centers for Diseases Control and Prevention, France's Epicentre, Hong Kong University, NAMRU-2 laboratory and Japan's National Institute for Infectious Diseases. For more information, please visit <http://www.who.int/mediacentre/news/notes/2006/np14/en/index.html>.
- Scientists from the University of Hong Kong have reported that avian influenza infections in human cells are more likely to trigger a destructive immune-system overreaction, or "cytokine storm". Writing in the July 1 *Journal of Infectious Diseases*, the researchers report that two avian flu viruses, a 1997 strain of H5N1 and a 1997 H9N2 strain, caused immune system cells in lab cultures to produce much greater levels of certain chemokines (a class of cytokine, or messenger protein) than such cells did when infected with an ordinary human flu virus. "In general, the chemokines and chemokine-receptor responses of MDMs [monocyte-derived macrophages, a type of immune cell] to avian influenza viruses were much stronger than those to human virus, which may account for the high pathogenicity of avian viruses," the report states. To read about this study further, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun1406cytokine.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>.

## Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of June 20, 2006 is 228 cases and 130 deaths.

**Click on map for an enlarged view.**  
Map courtesy of [www.who.org](http://www.who.org)

- Below is a list of countries with poultry or wild birds confirmed to have the H5N1 or H5 virus as of June 16, 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/download/AVIAN%20INFLUENZA/A\\_AI-Asia.htm](http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm).

- Influenza experts led by the WHO are investigating a family cluster of human avian influenza cases in Indonesia. Eight family members have contracted avian influenza, seven have died and one has survived, according to WHO. There is concern that the cluster was the result of human-to-human transmission of a mutated virus, because the family did not raise birds. However, some members worked in a market where birds are slaughtered. The human viral samples are genetically similar to samples isolated from poultry in the area.

"At this time, limited human-to-human transmission has not been established definitively, but it is the leading hypothesis. If true, it would be consistent with findings for earlier clusters in Hong Kong and Thailand," the CDC said in the statement.

- All confirmed cases in the cluster can be directly linked to close and prolonged exposure to one patient during a severe phase of illness, according to WHO officials. Three of the confirmed cases spent time in a small room with the initial case while she was symptomatic and coughing frequently, according to the WHO. There is no genetic evidence that the virus has improved its ability to be transmitted from person-to-person, according to a CDC statement. There is also no evidence of transmission within the community beyond the family cluster, nor are there any reports of infections in health care workers, which would likely occur if the virus enhanced its transmission ability. To read further, please visit <http://www.infectiousdiseaseneews.com/200606/frameset.asp?article=avian.asp>.

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## Avian Influenza: **New**

- From June 19 -23, 2006, the USDA will sponsor train-the-trainer workshops with 24 scientists from 19 countries at USDA's National Veterinary Services Laboratories (NVSL) in Ames, Iowa. The focus of the workshops will be HPAI testing and diagnostics for highly pathogenic avian influenza.

"This is just one example of how we are working to prevent or slow the spread of high pathogenicity avian influenza. The goal is to assist senior-level veterinarians and poultry disease experts from countries that either have discovered HPAI, or are at high risk for the disease. When they return to their countries, they are better equipped to train their colleagues in lab procedures and protocols," said USDA's Animal and Plant Health Inspection Service Administrator Ron DeHaven. To read this release, please visit <http://www.usda.gov/wps/portal/usdahome?contentidonly=true&contentid=2006/06/0209.xml>.

- 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, the 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>.

### 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)

## Migratory Bird Testing and Surveillance for Avian Influenza: **Updated**

Wildlife officials in Washington State 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 have begun testing domestic chickens, eggs and dead birds for the virus. To read more, please visit [http://seattletimes.nwsourc.com/html/localnews/2003059968\\_birdflutesting14m.html](http://seattletimes.nwsourc.com/html/localnews/2003059968_birdflutesting14m.html).

## Avian Influenza Readiness: **New**



An emergency appropriations bill passed by Congress on June 15, 2006 provides another \$2.3 billion for pandemic influenza preparedness, including \$250 million for state and local efforts. "These funds are a second installment in response to the President's requests and will be allocated in the most effective manner possible," Mike Leavitt, Secretary of the Department of Health and Human Services (HHS) said in a statement.

"We will continue our essential work to increase our domestic capacity to produce pandemic influenza vaccine and antiviral medications," Leavitt said.

"These funds will also enable us to further enhance federal, state and local preparedness efforts and to further strengthen the international public health infrastructure, which is a critical component of our global surveillance efforts." To read further, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun1606funding.html>.

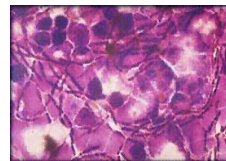
- GlaxoSmithKline may seek approval this year for its vaccine against avian influenza. "This is a preventive vaccine, and what we are discussing now with governments across the world is to use this vaccine to stockpile or to vaccinate their high-risk people," said Jean Stephenne, president of Glaxo's Biologicals in a meeting in Geneva. "We also plan to register it on the private market, which means everyone would have the right to purchase an H5N1 vaccine." To read further, please visit [http://www.bloomberg.com/apps/news?pid=10000102&sid=aMVm1RxM\\_t80&refer=uk](http://www.bloomberg.com/apps/news?pid=10000102&sid=aMVm1RxM_t80&refer=uk).



## DHS Releases Review of Nationwide Catastrophic Event Preparedness **New**

The Department of Homeland Security (DHS) issued findings on June 16, 2006 from a national assessment of the country's catastrophic planning capabilities. The *Nationwide Plan Review* examined whether existing emergency operations plans for states and urban areas are sufficient for managing a catastrophic event. *The Review* identifies actions that require execution by the federal government to improve and coordinate planning. To download this 174 page PDF document, please visit [http://www.dhs.gov/interweb/assetlibrary/Prep\\_NationwidePlanReview.pdf](http://www.dhs.gov/interweb/assetlibrary/Prep_NationwidePlanReview.pdf). To read more about the details of how the review was conducted, please visit <http://www.dhs.gov/dhspublic/display?content=5695>.

## HHS to Acquire New Anthrax Therapeutic Treatment for Stockpile: **New**



The Department of Health and Human Services (HHS) announced on June 20, 2006 that it will purchase 20,000 treatment courses of ABthrax, an anthrax therapeutic treatment, from Human Genome Sciences of Rockville, Md. for \$165,205,217. Delivery is expected to begin in 2009.

"This important addition to the Strategic National Stockpile will provide physicians a way to neutralize the deadly toxin anthrax bacteria produces," said Dr. Gerald Parker, HHS Acting Assistant Secretary for Public Health Emergency Preparedness. "And we found it is the toxin which accounted for the majority of anthrax-related deaths during the anthrax attacks of 2001." To read this release in full, please visit <http://www.hhs.gov/news/press/2006pres/20060620.html>.

## DHS Announces Completion of TOPOFF 4 Command Post Exercise:

### New

The U.S. Department of Homeland Security (DHS) has completed the TOPOFF 4 Command Post Exercise (T4 CPX), a congressionally mandated counterterrorism exercise for top officials. The exercise, which took place from June 19-22, 2006, was a multifaceted effort to prevent and respond to a simulated terrorist attack using weapons of mass destruction (WMDs). The T4 CPX focused on senior officials' abilities to respond to a complex and demanding exercise scenario, in accordance with the National Response Plan (NRP) and National Incident Management System (NIMS).

"The T4 CPX provided an excellent opportunity to strengthen the nation's capacity for effective, coordinated action to address terrorist threats and major disasters," said DHS Under Secretary for Preparedness George Foresman. "Although the scenario is simulated, the risk is real. Every TOPOFF exercise builds on real-world and exercise experiences and lessons learned to further enhance our national preparedness." For more information, please visit <http://www.dhs.gov/dhspublic/display?content=5701>.

## Connecticut Inter-hospital Working Group – July 13, 2006: New

As you may be aware, July 13<sup>th</sup> will be the first meeting of the Inter-hospital Working Group which will bring together both the Northern and Southern Tier hospital representatives. This joint meeting will promote standardized healthcare delivery emergency planning across Connecticut and facilitate the sharing of ideas and lessons learned among the acute care hospitals. The combined meeting will be held at the Connecticut Hospital Association on July 13 from 8:30 – 9:30 am followed by separate Northern and Southern Tier meetings as separate groups from 9:30 – 10:30 am. A schedule of meeting dates through the end of this year and 2007 will be available shortly.

## Governor Rell Reminds Connecticut Residents that Vacation Season is also Mosquito Season:

### New



Photo Credit: CDC

"For the last few years, West Nile Virus, Eastern Equine Encephalitis, and other diseases have been detected in mosquitoes in our state, so it is important to be practical when venturing outdoors," said Governor Rell. Increases in mosquito populations are being seen in many of the state's flooded regions. Precautions to avoid mosquito bites include: minimizing time outdoors at dusk and dawn; making sure door and window screens are tight fitting and in good repair; wearing shoes, socks, long pants, and long-sleeved shirts that are tightly woven; use mosquito netting when sleeping outdoors; using DEET mosquito repellent according to label instructions when it is necessary to be outdoors. For more information, please visit <http://www.ct.gov/governorrell/cwp/view.asp?Q=316566&A=2425>.

## Outbreak Notice: Malaria, Great Exuma, Bahamas: Recommendations for Travelers: New

The CDC has recently received official reports of 14 confirmed malaria cases in Great Exuma, Bahamas, an area where malaria transmission does not normally occur and for which antimalarial drugs have not previously been recommended. Thirteen cases occurred in residents of the Bahamas, and an additional malaria infection was confirmed in a U.S. citizen who traveled to Great Exuma in early May 2006. All these confirmed infections were caused by *Plasmodium falciparum*. Most of the thirteen patients reported no recent travel to malaria-endemic areas, but some of the Bahamas residents may have recently traveled from Haiti, where *P. falciparum* is endemic. For more information, please visit [http://www.cdc.gov/travel/other/2006/malaria\\_bahamas.htm](http://www.cdc.gov/travel/other/2006/malaria_bahamas.htm).

## Car Seats and Child Passenger Safety (CPS): New

Connecticut SAFE KIDS and the Department of Public Health are again teaming up to offer a free training on car seats and child passenger safety (CPS). This four-hour training will help answer questions you may have about transporting children safely. In addition, it will provide you with answers to parent/caregiver's questions on how to keep their children safe while riding in the car. The training will cover car seats, booster seats, seat belts, and safe transportation on school buses. Connecticut's new booster seat law went into effect on October 1, 2005, and this training provides an opportunity to learn about the new law. For more information, please visit <http://www.ct.gov/dot/cwp/view.asp?a=1388&q=259444>.

## From Silos to Systems: Transdisciplinary Approaches to Public Health Assurances in the Post-Katrina Era – July 13, 2006: New

South Central Center for Public Health Preparedness and the Alabama Department of Public Health will host a satellite broadcast on transdisciplinary approaches to public health assurances in the post-Katrina era. This broadcast is scheduled for July 13, 2006 from 1:00 p.m.-2:30 p.m. EST. The broadcast will identify key areas that sciences play in post disaster rebuilding transdisciplinary strategy for support assurance with be examined and policy deployment for health systems will be evaluated. To registrar for this broadcast, please visit <http://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252>.

## 15<sup>th</sup> World Conference on Disaster and Emergency Medicine – May 13-16, 2007: New



The World Association for Disaster and Emergency Medicine (WADEM) will hold a conference from May 13-16, 2007 in Amsterdam, Netherlands. The central theme of the 2007 congress is preparedness, knowledge, training and networks. Experts from around the world will have the opportunity to actively exchange and enhance their expertise, develop and strengthen their networks and further the development of emergency disaster medicine. To download a copy of this brochure, please visit [http://www.ynhhs.org/emergency/links/flyer\\_WCDem2007.pdf](http://www.ynhhs.org/emergency/links/flyer_WCDem2007.pdf). To learn more about this conference, please visit <http://www.wcdem2007.org/>.

## Training and Education: Updated

- 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 healthcare 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 retain training materials that will support any additional instructor-led training that is 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).
- To facilitate completion of required **National Incident Management System (NIMS)** 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 the NIMS objectives into a healthcare focused, time-effective program. 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).
- **Mental Health Aspects of Emergencies and Disasters for Non-Mental Health Professionals (EM 230)** is now available at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em230.asp](http://ynhhs.emergencyeducation.org/sign_in_em230.asp). 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).

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



To support hospital and public health pandemic flu plans for personnel surge capacity, a special Emergency Credentialing Program (ECP) volunteer recruitment campaign will be launched next week. The ECP recruitment campaign will specifically target nurses, pharmacists, pharmacy technicians and respiratory therapists and will include a program promotion mailer that will be sent to home addresses. Please ask your colleagues to watch for the mailer and take advantage of the easy online enrollment process by visiting [www.ct-esar-vhp.org](http://www.ct-esar-vhp.org). To date, 1 out of 25 healthcare professionals licensed in Connecticut - nearly 3,500 physicians, nurses, respiratory therapists, pharmacists, and behavioral health, laboratory medicine, 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 our program goal of 12,000 healthcare professionals or at least 1 out of every 10 healthcare professionals licensed in Connecticut. Online enrollment for the MRC-YNH is available at [www.mrc-ynh.org](http://www.mrc-ynh.org). Volunteers who can help support the hospital or public health infrastructure are also essential for personnel surge capacity. The goal of the Medical Reserve Corps at Yale New Haven (MRC-YNH) is to recruit and register individuals from Biomedical Engineering, Materials Services, Patient Registration, Patient Services, Plant Engineering, Plant Maintenance and Security Services. For additional information about the ECP and any other essential hospital support services 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). For information about the MRC at YNH-CEPDR contact Eugenie Schwartz at (302) 688-3224 or by email at [eugenie.schwartz@ynhh.org](mailto:eugenie.schwartz@ynhh.org).

## Training/Education: Updated

- **A narrated CD-ROM of Introduction to Emergency Management (EM 103)** is available in both a hospital and a non-hospital version. The CD-ROM of EM 103 is playable on most computers and can be used to complement instructor-led training events such as workshops or new hire orientations. EM 103 toolkits are available for healthcare educators and staff development coordinators responsible for conducting instructor led emergency preparedness training to staff. In addition, this course is available online at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em103.asp](http://ynhhs.emergencyeducation.org/sign_in_em103.asp). 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 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. 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).

## Training/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 has been designed for 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 has developed a series of emergency preparedness courses and workshops designed to prepare healthcare workers in community health centers for their roles in disaster response. These instructor-led sessions combine didactic lecture and group exercises that address topics including triage, personal protective equipment, infection control, risk communications and incident command. The course objectives 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).

## UPCOMING

### Upcoming Meetings

DATE	TIME	EVENT	LOCATION
7.13.06	8:30 a.m. to 9:30 a.m.	Connecticut Inter-hospital Working Group	Connecticut Hospital Association
7.13.06	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

## UPCOMING

### Upcoming Training and Education

DATE	TIME	EVENT	LOCATION/REGISTRATION
7.13.06	1:00 p.m. to 2:30 p.m. EST	From Silos to Systems: Transdisciplinary Approaches to Public Health Assurances in the Post-Katrina Era  Sponsored by South Central Center for Public Health Preparedness and the Alabama Department of Public Health	To register, please visit: <a href="http://www.adph.org/alphnt/vcomm.asp?action=conflistone&amp;templatnbr=3&amp;depid=143&amp;templateid=1252">http://www.adph.org/alphnt/vcomm.asp?action=conflistone&amp;templatnbr=3&amp;depid=143&amp;templateid=1252</a>

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