

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 4, Issue 27 | July 7, 2006

ELEVATED THREAT LEVEL

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

Updated

As you may be aware, July 13th marks the date of 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 a.m. – 9:30 a.m. followed by separate Northern and Southern Tier group discussions from 9:30 a.m. – 10:30 a.m. A schedule of meeting dates through the end of this year and 2007 will be available shortly.

Avian Influenza: **New**

In the *Weekly Epidemiological Record*, WHO suggests several conclusions can be drawn from avian influenza outbreaks from December 2003 to April 2006. These conclusions are:

- The number of new countries reporting human cases increased from 4 to 9 after October 2005.
- Half of the cases occurred in people under the age of 20 years; 90% of cases occurred in people under the age of 40 years.
- The overall case-fatality rate was 56%. Case fatality was high in all age groups but was highest in persons aged 10 to 39 years.
- The case-fatality profile by age group differs from that seen in seasonal influenza, where mortality is highest in the elderly.
- The overall case-fatality rate was highest in 2004 (73%), followed by 63% to date in 2006, and 43% in 2005.
- Assessment of mortality rates and the time intervals between symptom onset and hospitalization and between symptom onset and death suggests that the illness pattern has not changed during the three years.
- Cases have occurred all year round. However, the incidence of human cases peaked, in each of the three years in which cases have occurred, during the period roughly corresponding to winter and spring in the northern hemisphere. If this pattern continues, an upsurge in cases could be anticipated starting in late 2006 or early 2007.

For more information regarding these conclusions, please visit http://www.who.int/csr/don/2006_06_30/en/index.html.

Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of July 4, 2006 is 229 cases and 131 deaths.

Click on map for an enlarged view.
Map courtesy of www.who.org

- Below is a list of countries with poultry or wild birds confirmed to have had the H5N1 or H5 virus as of July 4, 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, Kazakhstan, 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.

- "Pandemic Planning Update II" was released by the Department of Health and Human Services on June 29, 2006. The report outlines the status of the federal efforts to boost US flu vaccine production capacity, increase the stockpile of antiviral drugs, monitor the spread of avian flu in the United States and assist in pandemic planning. To download a PDF copy of this report, please visit <http://www.pandemicflu.gov/plan/pdf/PanfluReport2.pdf>.
- The CDC has updated its "Key Facts About Avian Influenza" fact sheet. The CDC addresses recent concerns regarding the large cluster outbreak of H5N1 in Thailand. "While there has been some human-to-human spread of H5N1, it has been limited, inefficient and unsustainable." For more information, please visit <http://www.cdc.gov/flu/avian/gen-info/facts.htm>.
- The July 18th issue of the *Annals of Internal Medicine* contained an article titled "Planning for Avian Influenza." This article discusses how influenza A(H5N1) contains three of the four properties necessary to create a pandemic. The properties are human-human-transmission, the immunologic majority of its carriers and its high lethality. The article discusses approaches to minimize the impact of the disease, hospital preparedness, risks and healthcare workers and final conclusions. The article concludes by suggesting that if a pandemic flu strikes a community, its full impact will last three to four months. To read this article in full, please visit <http://www.annals.org/cgi/content/full/0000605-200607180-00133v1>.

INSIDE THIS ISSUE

2 HHS Releases HIPAA Privacy Tool for Emergency Planners

2 USDA's Avian Influenza Efforts

3 Flood Preparedness

4 Emergency Credentialing Program

6 Upcoming Meeting and Events

HHS Releases HIPAA Privacy Tool for Emergency Planners:

New

On July 5, 2006 the U.S. Department of Health and Human Services (HHS) published a new web-based interactive decision tool designed to assist emergency preparedness and recovery planners in determining how to access and use health information about persons with disabilities consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

"Being able to coordinate health information appropriately and in advance will help save lives," HHS Secretary Mike Leavitt said. "This new tool strengthens America's ability to better prepare for emergencies such as manmade and natural disasters."

The audience for this tool includes HIPAA entities as well as federal, state and local emergency preparedness planners. This tool will help enable state and local planners to get answers to HIPAA privacy questions tailored to their specific needs. To read this release in full, please visit

<http://www.hhs.gov/news/press/2006pres/20060705a.html>.

Questions and Answers on Influenza

Vaccinations: New

- On June 26, 2006 the Advisory Committee on Immunization Practices (ACIP) issued updated recommendations for the use of seasonal influenza vaccine and antiviral pharmaceuticals. The principle changes to these recommendations include an extended target group, a protocol that children should receive two doses of the vaccine, the extension of the vaccination period from September to January and the restrictions on the use of Amantadine and Rimantadine. To read the recommendations in full, please visit <http://www.cdc.gov/flu/about/qa/vaxprioritygroups.htm>.
- On June 30, 2006 the CDC produced a question and answer sheet regarding influenza vaccine production, supply and distribution in the United States. This sheet discusses why certain private sectors receive vaccines before others, why orders may arrive in multiple shipments or months apart and other vaccine related concerns. To read this document, please visit <http://www.cdc.gov/flu/about/qa/vaxsupply.htm>.

HHS Assists States with Antiviral Drug Purchases:

New



Photo Credit: AP

On June 30, 2006 HHS Secretary Mike Leavitt announced a contract award with Roche Laboratories, Inc. to provide oseltamivir phosphate (Tamiflu[®]) to all 50 states, the District of Columbia, five U.S. territories and the three freely associated states of the Pacific at a federally subsidized price. The contract will run for a period of two years with a total contract award amount of \$149,110,000.

"Our ultimate goal is to stockpile sufficient quantities of antiviral drugs to treat 25 percent of the U.S. population," Secretary Leavitt said. "Helping the states develop their own medical stockpiles will facilitate quicker distribution of antiviral drugs in the event of a pandemic influenza outbreak."

Under the HHS contract, 59 jurisdictions will be able to purchase the pharmaceuticals at a federally negotiated price from Roche and will receive a 25 percent federal subsidy for a prescribed number of treatment courses. To read this release in full, please visit

<http://www.hhs.gov/news/press/2006pres/20060630.html>.

USDA's Avian Influenza Efforts: New



Common Eider
Photo Credit: FluLab

As testing continues in Alaska, no confirmed cases of the deadly H5N1 strain of avian influenza have been detected. Currently, tests are being conducted in the Yukon Delta National Wildlife Refuge along the Alaskan tundra. Wild birds from both Asia and America come to feed and nest during the summer months at this location. Biologists are testing primarily Brant, Common Eider and Spectacle Eider birds. These birds have regular known contact with Asia and may bring the disease back to California and Mexico on their migratory route. For more information, please visit

<http://www.flulab.com/overview.php?a=2006-06-30-fl33>.

- On June 29, 2006 the United States Department of Agriculture (USDA) released a 180-day report on USDA's efforts both internationally and domestically to combat the H5N1 avian influenza. Some highlights of the report include:
 - USDA is working closely with international organizations to assist HPAI H5N1 affected regions with disease prevention, management and eradication activities.
 - USDA continues to strengthen safeguards already in place to protect against the introduction of HPAI H5N1 into the United States.
 - USDA and state animal health officials are working cooperatively with the poultry industry to conduct surveillance at breeding flocks, slaughter plants, live-bird markets, livestock auctions and poultry dealers.
 - USDA has implemented a reporting system to answer calls and inquiries from the public regarding dead or sick wild birds. The toll-free number, 866-4 USDAWS, has been published on the USDA Web site, www.usda.gov/birdflu, to support public inquiries and help expedite calls.
 - USDA is conducting AI surveillance in wild migratory birds in Alaska and ten other states. Initial AI screening tests are being performed by one of more than 45 USDA approved laboratories in the National Animal Health Laboratory Network (NAHLN). In the case of wild bird samples, the U.S. Department of the Interior's National Wildlife Health Center also performs initial screening tests.
 - USDA has developed the National Avian Influenza Response Plan to ensure a quick and decisive response when any surveillance system detects any serious poultry disease.

To read more about the USDA's efforts, please visit

http://www.usda.gov/wps/portal/!ut/p_s.7_0_A/7_0_10B?contentidonly=true&contentid=2006/06/0228.xml.

DHS Completes National Infrastructure Protection Plan: **New**

On June 30, 2006, the U.S. Department of Homeland Security (DHS) announced the completion of the National Infrastructure Protection Plan (NIPP), a comprehensive risk management framework that clearly defines critical infrastructure protection roles and responsibilities for all levels of government, private industry, nongovernmental agencies and tribal partners. The NIPP builds on the principles of the President's National Strategy for Homeland Security and its companion strategies for the physical protection of critical infrastructure and key assets and the securing of cyberspace. It also fulfills requirements in Homeland Security Presidential Directive (HSPD) 7 and the Homeland Security Act of 2002.

"The NIPP formalizes and strengthens existing critical infrastructure partnerships and creates the baseline for how the public and private sectors will work together to build a safer, more secure and resilient America" said DHS Secretary for Preparedness George Foresman.

HSPD 7 identified seventeen critical infrastructure and key resource sectors that require protective actions for a terrorist attack or other hazards. Those sectors include: agriculture and food; energy; public health and healthcare; banking and finance; drinking waters and water treatment systems; information technology; telecommunications; postal and shipping; transportation systems including mass transit, aviation, maritime, ground or surface, and rail and pipeline systems; chemical; commercial facilities; government facilities; emergency services; dams; nuclear reactors, materials and waste; the defense industrial base and national monuments and icons. For more information, please visit <http://www.dhs.gov/dhspublic/display?content=5721>.

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.yalenehavenhealth.org/emergency

Flood Preparedness: **New**



New Hope, PA condos flooded by the Delaware River.

June 29, 2006 (AP Photo/Matt Rourke)

- With the unprecedented rain in New England, many areas are at risk for floods. When preparing for a possible flood, it is important to understand the terms flood watch, flash flood watch, flood warning and flash flood warning and when to take action immediately. In addition, during a flood, you should not walk through moving water or drive in flooded areas. Six inches of moving water can cause you to fall and will reach the bottom of most passenger cars causing loss of control and possible stalling. A foot of water will float many vehicles and two feet of rushing water can carry away most vehicles including sport utility vehicles and pick-ups. The recent severe weather emphasizes the need for all Americans to take basic steps to prepare for emergencies. Individuals are encouraged to create an emergency supply kit, make a family emergency plan and be informed about local emergency plans. For more information, please visit <http://www.fema.gov/areyouready/flood.shtm>.
- Extensive water damage after major floods increase the likelihood of mold contamination in buildings and homes. The CDC provides recommendations on how to limit exposure to mold and how to identify and prevent mold-related health effects. To read this report, please visit http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5508a1.htm?s_cid=rr5508a1_e.

Connecticut Holds Hurricane Preparedness Exercise: **New**

On June 28, 2006 Governor M. Jodi Rell joined the members of her state emergency cabinet and partner federal agencies in a statewide hurricane preparedness exercise based at the state emergency operations center in Hartford. More than 30 state and federal agencies collaborated with participating municipalities throughout the state in the exercise which simulated the effects of a catastrophic category 3 or 4 hurricane striking southern New England.

"It is not a matter of if, but rather, when that southern New England will be hit by a major hurricane," said Governor Rell. "Several experts are already predicting a more active season for our region. It is imperative that we are ready as a state, as municipalities and as individuals. I strongly urge all citizens to prepare themselves now for this hurricane season. Effective prior family preparation and planning can and will save lives."

This exercise, which focused on the long-term recovery aspects of a major hurricane, is a follow-on training event to the special hurricane preparedness exercise ordered by Governor Rell in September 2005 following Hurricane Katrina. To read this release in full, please visit <http://www.ct.gov/governorrell/cwp/view.asp?Q=317184&A=2425>.

15th World Conference on Disaster and Emergency Medicine – May 13-16, 2007 in Amsterdam, Netherlands: **Updated**



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. 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.
- 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 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. 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.

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

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 will be examined and policy deployment for health systems will be evaluated. To register for this broadcast, please visit <http://www.adph.org/alphnt/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252>.

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 was launched last week. Over 65,000 program recruitment postcards were mailed to nurses, pharmacists, pharmacy technicians and respiratory therapists. Response to the recruitment campaign so far has been good with nearly 100 new volunteers already enrolled. Ask your colleagues to watch for the mailer and take advantage of the easy online enrollment process by visiting www.ct-esar-vhp.org. 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. 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.

- 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. Online enrollment for the MRC-YNH is available at www.mrc-ynh.org. For information about the MRC at YNH-CEPDR contact Eugenie Schwartz at (302) 688-3224 or by email at eugenie.schwartz@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 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.
- **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. 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.

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. 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 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. 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.

- 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.

FOR MORE INFORMATION, PLEASE CONTACT:

Christopher M. Cannon
Director
(203) 688-3224
christopher.cannon@ynhh.org

Elaine Forte
Program Development Manager
(203) 688-3391
elaine.forte@ynhh.org

James Paturas
System Manager
(203) 688-3496
james.paturas@ynhh.org

Louise-Marie Dembry, MD
Associate Medical Director
(203) 688-4634
louise-marie.dembry@ynhh.org

Carol Luddy, RN
ECP Program Coordinator
(203) 688-5544
carol.luddy@ynhh.org

Mark Schneider
Education and Training Supervisor
(203) 688-2577
mark.schneider@ynhh.org

One Church Street, 5th Floor • New Haven, CT 06510 • Tel. (203) 688-3224 • Fax (203) 688-4618
center@ynhh.org • www.yalenevnewhavenhealth.org/emergency

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 Group Discussion	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	<p>From Silos to Systems: Transdisciplinary Approaches to Public Health Assurances in the Post-Katrina Era</p> <p>Sponsored by South Central Center for Public Health Preparedness and the Alabama Department of Public Health</p>	<p>To register, please visit:</p> <p>http://www.adph.org/alphn/vcomm.asp?action=configure&templatename=3&deptid=143&templateid=1252</p>