

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Avian Influenza: Updated

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 last 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.

Initial Medical Screening and Ongoing Public Health Surveillance in Hurricane Evacuation Centers: New

The CDC is recommending an initial medical intake in evacuation centers housing hurricane evacuees, to be followed by ongoing public health surveillance. This guidance is intended specifically for persons in evacuation centers and does not necessarily apply to evacuees who may be in other residential settings. For more information, please visit <http://www.bt.cdc.gov/disasters/hurricanes/medscreening.asp>.

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 pandemicflu.gov

- 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.

- [Pandemicflu.gov](http://pandemicflu.gov) features a section that displays contact information and phone numbers for state departments around the nation. Contact information for the Department of Agriculture, Bureau of Natural Resources and the Department of Public Health in each state are listed on this site. To access this contact information, please visit <http://www.pandemicflu.gov/state/statecontacts.html>.
- The Centers for Disease Control and Prevention (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>.
- 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 principal 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>.

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Getting Ready for Pandemic Influenza: Protecting Employees and Customer Health Forum: **New**

On July 11, 2006, the Yale New Haven Center for Emergency Preparedness and Disaster Response presented at the Getting Ready for Pandemic Influenza: Protecting Employees and Customer Health forum hosted by Pitney Bowes in Stamford, CT. The forum was developed by the Business Council of Fairfield County. Information shared included a pandemic influenza business preparedness checklist, personal and family preparedness plan (PEACE) and the personal influenza preparedness tool (PSST!). This event provided employees with information that they can use in the event of a weather or medical disaster. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

HHS Releases HIPAA Privacy Tool for Emergency Planners: **Updated**

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 Michael 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 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

HHS Announces Additional \$225 Million for State and Local Pandemic Influenza Preparedness Efforts: **New**



Secretary
Michael Leavitt

On July 11, 2006, HHS Secretary Michael Leavitt announced an additional \$225 million in funding for state and local preparedness. "These funds will build on the work begun at the summits and help local, tribal, territorial and state public health officials as they undertake critical preparedness planning that communities must do themselves," said Secretary Leavitt.

This funding is part of \$350 million included in recent emergency appropriations for upgrading state and local pandemic influenza preparedness passed by Congress in December 2005. In February 2006, the first phase of \$100 million was awarded to states for planning and exercising pandemic response plans and to identify gaps in preparedness. This second phase of funding is being awarded to begin addressing those identified gaps in pandemic influenza preparedness planning. The grants will be awarded to all 50 states, the District of Columbia, three local jurisdictions (New York City, Chicago and Los Angeles County), five U.S. Territories and three Freely Associated States of the Pacific. To read this release in full, please visit <http://www.hhs.gov/news/press/2006pres/20060711.html>.

Avian Influenza Bird Testing and Monitoring: **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 virus back to California or Mexico on their migratory route. For more information, please visit

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

- The Alaska Science Center continues to monitor the H5N1 testing closely. As part of its education outreach, the science center has developed animated movies that illustrate movement of five species of migratory birds from breeding and molting areas to post-nesting staging and wintering habitats. These birds have known contact with Asia and may bring the influenza virus back to the United States or Canada. To view these animated movies, please visit http://alaska.usgs.gov/science/biology/avian_influenza/wandering_wildlife_birds.html.

Bombings in Bombay (Mumbai), India: **New**



July 11, 2006 (AP Photo)

On Tuesday, July 11, 2006, eight bombs exploded in first-class compartments of packed Bombay commuter trains killing at least 174 people and injuring over 439. The bombs exploded in the center of India's financial industry and home to Bollywood. The bombing appeared timed to inflict the maximum carnage to more than 6 million people who ride the crowded rail network daily. Emergency crews struggled to treat survivors and recover wreckage during monsoon downpours. The mobile phone network collapsed adding to a sense of panic across the city. To read more about the bombings, please visit <http://www.wral.com/apworldnews/9498075/detail.html>.

- On July 11, 2006, Secretary Michael Chertoff issued the following statement. "The Department of Homeland Security is closely monitoring the bombings in Mumbai, India, as is the rest of the Federal government. At this time, there is no specific or credible intelligence suggesting an imminent threat to the homeland or our transit systems. There are no plans to raise the nation's threat level as a result of this atrocious act. We will work with individual transit agencies that may choose to increase their vigilance, as a matter of prudence, at this time. More generally, we continue to strengthen mass transit security throughout the country. We offer our deepest sympathies and condolences to the victims and people of India. America will continue to stand with India in the war against terror." For information, please visit <http://www.dhs.gov/dhspublic/display?content=5734>.

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 of 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.
- **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.
- **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.

Severe Weather around the World: **New**



Interstate I-95
Photo Credit: WTNH Channel 8

On July 12, 2006, during the late afternoon, severe storms moved through Connecticut, took down power lines and trees and flooded roads. For a period of time, Interstate I-95 was flooded as the storm moved through Fairfield County. The National Weather Service determined the storm damage was caused by a tornado.

In response to the weather, Governor Rell opened the state emergency operating center to offer special assistance to cities and towns affected by the storm and possible tornado. State officials are taking immediate steps to assist municipal governments in public safety, damage assessments and other areas as needed. In addition, the Department of Emergency Management and Homeland Security is contacting local officials in Greenwich, Stamford, New Canaan and Norwalk, areas most affected by the storm. For more information about the severe weather, please visit <http://www.wtnh.com/Global/story.asp?S=5142278>. For more information on the state's response, please visit <http://www.ct.gov/governorrell/cwp/view.asp?Q=317566&A=2425>.

- If a tornado or threatening weather approaches, it is important to remember tornado safety. If a warning is issued, you should practice the following:
 - Move to a pre-designated shelter
 - If an underground shelter is not available, move to an interior room or hallway on the lowest floor and get under a sturdy piece of furniture
 - Stay away from windows
 - Get out of automobiles
 - Do not try to outrun a tornado in your car; instead leave your car immediately
 - Mobile homes should be abandoned
 - Stay alert and be aware. Flying debris from tornadoes causes the most deaths and injuries

For more information on tornado safety, please visit <http://www.nws.noaa.gov/om/brochures/tornado.shtml>.



Typhoon "Bilis"
Photo Credit: Wally Santana/AP

On July 12, 2006, Typhoon "Bilis" struck northern Philippines killing at least nine people. "Bilis" started as a tropical storm and grew to typhoon strength with sustained winds of 75 mph. Forecasters said Typhoon "Bilis" is expected to make landfall over Taiwan Friday morning and make a second landfall on China's Fujian province Friday afternoon. For more information, please visit <http://www.wral.com/apworldnews/9509092/detail.html>.

Early Warning Infectious Disease Surveillance (EWIDS) Program Activities on the Northern and Southern Border States: **New**

In 2003, HHS designated \$5 million per year to be allocated to the northern and southern states bordering Canada and Mexico for the Early Warning Infectious Disease Surveillance System. The existing CDC Public Health Emergency Preparedness Cooperative Agreement is the funding mechanism for the twenty states that have chosen to participate. Since 2003, the EWIDS has developed progress on laboratory surveillance through PulseNet and FoodNet, isolation and quarantine of individuals from Canada and Mexico who are working or visiting the United States, working with tribes whose land is on the border and crosses into Mexico and Canada and the Laboratory Response Network (LRN) expansion into Canada and Mexico. For more information, please visit <http://www.bt.cdc.gov/surveillance/ewids/>.

Training/Education: Updated

- **Introduction to Emergency Management with NIMS (EM 103 w/NIMS)** is now available at http://ynhhs.emergencyeducation.org/sign_in_em103nims.asp. This course provides awareness-level emergency preparedness training for the healthcare delivery workforce. Based on the National Incident Management System (NIMS) objectives, EM 103 w/NIMS is designed to assist healthcare workers in understanding their role in providing continuous care for existing patients and additional patients in the event of an emergency or a terrorist event. This course meets the NIMS objectives for IS 100: An Introduction to ICS, IS 700: An Introduction to the National Incident Management System and parts of IS 800: Introduction to the National Response Plan for healthcare delivery organizations as described in the document *NIMS: National Standard Curriculum Training Development Guidance*, October 2005. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Best Practices for the Protection of Hospital-Based First Receivers (EM 120)** is 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 is offering instructor-led **Incident Command Systems (ICS) for Healthcare (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 lynette.lines@ynhh.org.
- To facilitate completion of other required 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.

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



As of July 1, 2006, demonstrating compliance with JCAHO's new Human Resources Standard HR.1.25 is a requirement for hospital accreditation. HR.1.25 provides guidance for assigning responsibilities to volunteer practitioners during a disaster. Made on a case-by-case basis and only when the hospital's emergency management plan has been activated, the HR.1.25 Standard allows for a method to streamline the process for determining qualifications and competence of volunteer practitioners when the immediate needs of patients cannot be met by existing hospital staff. Appropriate safeguards, including verification of the licensure, certification or registration required to practice in a profession and oversight of the care, treatment and services provided by the volunteer must be in place to assure that the volunteers are competent to provide safe care.

The national Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), of which the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is a part, is designed to ensure pre-event verification of the practitioner's qualifications. ECP has been cited by JCAHO as a "mechanism to facilitate the assignment of disaster responsibilities to volunteer practitioners at the time of a disaster".

Early this month, 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 200 new volunteers already enrolled, bringing the number of volunteers available to nearly 4,000. Ask your colleagues to watch for the mailer and take advantage of the easy online enrollment process by visiting www.ct-esar-vhp.org.

Volunteers who can help support the hospital or public health infrastructure are also essential for personnel surge capacity. Online enrollment for the Medical Reserve Corps at Yale New Haven (MRC-YNH) is available at www.mrc-ynh.org. The goal of the MRC-YNH is to recruit and register individuals from departments such as 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 carol.luddy@ynhh.org. For information about MRC-YNH, contact Eugenie Schwartz at (203) 688-3224 or eugenie.schwartz@ynhh.org.

UPCOMING

Upcoming Meetings



DATE	TIME	EVENT	LOCATION
8.10.06	9:30 a.m. to 10:30 a.m.	Southern Tier Group Discussion	Connecticut Hospital Association

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