

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## Change in Nation's Threat Level for the Aviation Sector: **New**



On August 14, 2006, the Department of Homeland Security (DHS) announced an adjustment in the aviation threat level from **RED to ORANGE** for flights from the United Kingdom to the United States. There will not be any operational changes for domestic flights in the United States. Thus, the U.S. threat level remains at **ORANGE**, or 'High', for all domestic and international flights. The ban on liquids and gels in carry-on baggage remains in full effect. Further information can be found at [www.dhs.org](http://www.dhs.org).

## Pandemic Influenza COCA Conference Call – August 21, 2006: **Updated**

On Monday, August 21, 2006, Dr. Michael Doney will discuss quarantine issues and avian influenza. This call will take place from 1:00 p.m. – 2:00 p.m. EST. The conference call number is (888) 889-4431, passcode quarantine. This call will discuss the role of the CDC Division of Global Migration and Quarantine and the CDC Quarantine Station, community-based nonpharmaceutical public health interventions and their rationale for use during an influenza pandemic. To download slides for this call, please visit <http://www.bt.cdc.gov/coca/callinfo.asp>.

## Are you prepared for the bird flu or any flu? **New**



The Yale New Haven Center for Emergency Preparedness and Disaster Response has produced what may be the nation's first wallet card to help people protect themselves from the flu - the bird flu and any influenza. The wallet card includes a list of recognizable flu symptoms, treating flu at home and several ways people can protect themselves and their family, including developing an emergency preparedness plan and kit. Call (203) 688-2000 or toll-free (888) 700-6543 for a free copy.

## Avian Influenza: **New**



According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of August 14, 2006, is 238 cases and 139 deaths.

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

On August 14, 2006, the U.S. Departments of Agriculture (USDA) and Interior announced that routine surveillance has indicated the presence of H5 and N1 avian influenza subtypes in samples from two wild mute swans in Michigan, but testing has ruled out the possibility of this being the highly pathogenic H5N1 strain that has spread through birds in Asia, Europe and Africa. Test results thus far indicate this is low pathogenicity avian influenza, which poses no threat to human health. For more information, please visit <http://www.usda.gov/wps/portal/usdahome?contentidonly=true&contentid=2006/08/0294.xml>.

- There are two types of avian influenza (AI) that are both identified as H5N1. A difference exists in the virus classification: one is low-pathogenicity (LPAI) and the other is high-pathogenicity (HPAI). Pathogenicity refers to the ability of the virus to produce disease. HPAI H5N1, often referred to as the "Asian" H5N1, is the type causing worldwide concern. LPAI H5N1, often referred to as the "North American" H5N1, is less concerning. USDA has published a fact sheet that discusses the differences among the "Asian" H5N1 and the "North American" H5N1. To read this fact sheet, please visit <http://www.usda.gov/wps/portal/usdahome?contentidonly=true&contentid=2006/08/0296.xml>.
- On August 9, 2006, Agriculture Secretary Mike Johanns and Interior Secretary Dirk Kempthorne announced that their departments are expanding wild bird monitoring for highly pathogenic H5N1 avian influenza (HPAI H5N1) beyond Alaska through cooperative agreements and projects made with the lower 48 states, Hawaii and other Pacific islands. As part of the "An Early Detection System for H5N1 Highly Pathogenic Avian Influenza in Wild Migratory Birds - U.S. Interagency Strategic Plan," USDA has completed cooperative agreements with 48 states and is finalizing agreements with two states, which cover all 50 states in the four major U.S. migratory bird flyways. These agreements provide nearly \$4 million for state agencies to sample specific species of migratory birds at appropriate sites under plans coordinated through the four national flyway councils. For more information, please visit [http://www.usda.gov/wps/portal/!ut/pl\\_s.7\\_0\\_A/7\\_0\\_10B/cmd/ad/ar/sa.retrievecontent/c/6\\_2\\_1UH/ce/7\\_2\\_5JM/p/5\\_2\\_4TQ/d/0\\_th/J\\_2\\_9D/s.7\\_0\\_A/7\\_0\\_10B?PC\\_7\\_2\\_5JM\\_contentid=2006/08/0287.xml&PC\\_7\\_2\\_5JM\\_parentnav=AI\\_NEWS&PC\\_7\\_2\\_5JM\\_navid=AI\\_NEWSRT](http://www.usda.gov/wps/portal/!ut/pl_s.7_0_A/7_0_10B/cmd/ad/ar/sa.retrievecontent/c/6_2_1UH/ce/7_2_5JM/p/5_2_4TQ/d/0_th/J_2_9D/s.7_0_A/7_0_10B?PC_7_2_5JM_contentid=2006/08/0287.xml&PC_7_2_5JM_parentnav=AI_NEWS&PC_7_2_5JM_navid=AI_NEWSRT).

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## Pandemic Influenza Summit – September 14, 2006: Updated

On September 14, 2006 Yale New Haven Center for Emergency Preparedness and Disaster Response and the State of Connecticut Department of Public Health will host *Pandemic Influenza Summit* on alternative delivery models for healthcare organizations. The summit will provide a forum for healthcare delivery organizations and agencies in Connecticut (hospitals, EMS, community health centers, nursing homes, home health agencies, physician groups and urgent care centers) to meet and discuss the coordination of healthcare delivery through alternative systems during a pandemic influenza event. It will also provide a focus for planning and launch ongoing workgroups which will report progress to the Statewide Inter-hospital Working Group Meetings at CHA (formerly the Northern Tier and Southern Tier Hospital meetings), leading to specific recommendations in each of the topic areas to guide consistent, strategic and integrated pandemic policies and protocols. The summit will feature Anna Likos, MD, MPH, as the keynote speaker. Dr. Likos joined the Influenza Division of the CDC as a medical epidemiologist in July. Her current position in the Influenza Division is focused on the international aspect of influenza, especially influenza A, H5N1 and infections in humans. She has had the opportunity to provide technical assistance to countries in Asia, Eastern Europe and Africa. The summit is offered by invitation only. For more information, please contact Eugenie Schwartz at [eugenie.schwartz@ynhh.org](mailto:eugenie.schwartz@ynhh.org) or (203) 688-3224.

## Smallpox Train-the-Trainer Sessions: Updated

The State of Connecticut Department of Public Health is offering several smallpox vaccination train-the-trainer programs. These training sessions are designed to prepare licensed healthcare professionals who can administer vaccines to become smallpox vaccinator trainers. The training contains two parts: Part A is on-line and is a prerequisite to register for Part B, a hands-on workshop. Upon completion of the entire training, trainers will be prepared to plan and deliver their own smallpox vaccinator training sessions within their jurisdictional mass dispensing area or hospital. Part B trainings are scheduled for August 23, 2006, (Branford) and August 24, 2006, (Westport). Registration through the TRAIN Connecticut website is required: <https://ct.train.org>. For additional information, contact Monica S. Rak, RN Lead Trainer, Mass Dispensing Program, (860) 509-7995.

## Avian Influenza: **New**

- On August 8, 2006, the Infectious Diseases Society of America (IDSA) and the Society for Healthcare Epidemiology of America (SHEA) submitted recommendations to the White House in response to the Implementation Plan for the National Strategy for Pandemic Influenza. In the document, IDSA and SHEA recommended new vaccine science and delivery approaches, and vaccine manufacturers must be involved in those efforts. "There is a critical need for rapid, transparent, and extensive exchange of scientific information among experts, and a novel systematic approach is needed to speed vaccine development," said the groups' comment letter. IDSA and SHEA also called for regular drills to ensure that plans work in real life. Community mitigation approaches such as quarantine need to be based on mathematical modeling that is supported by field testing to validate and refine key assumptions. To read in detail all of the IDSA and SHEA recommendations, please visit <http://www.shea-online.org/>.
- British researchers have taken a step that could lead to more potent drugs against the deadly H5N1 bird flu virus. They have peered inside a key protein on the surface of the virus, obtaining structural information that chemists could use to design new drugs to block the virus. The scientists have used the x-ray technology to determine N1's shape as well as that of two other closely related neurominidases. They report in the journal *Nature* that the enzymes have a key structural difference from the two neurominidases studied earlier. To read further, please visit <http://www.flulab.com/overview.php?a=2006-08-16-fl68>.
- A new avian influenza center, created by the World Bank, has awarded its first grant to Laos for projects aimed at controlling and preparing for bird flu outbreaks. To read further, please visit <http://www.flulab.com/overview.php?a=2006-08-15-fl58>.



World-famous actor and martial arts expert Jackie Chan stars in a new television public service announcement to alert children and their families around the world to the dangers of highly pathogenic avian influenza, or bird flu. The one-minute spot shows Chan, a UNICEF Goodwill Ambassador, with six children and some origami birds that are used to convey an essential message. Chan tells the girls and boys in a firm tone: birds can pass on avian influenza to people, so it's important to stay away from sick and dead birds, especially chickens. For more information, please visit <http://www.fao.org/newsroom/en/news/2006/1000376/index.html>.

- The National Association of County and City Health Officials has released a guide for use by local health departments as part of a multi-sector effort to coordinate planning for and response to a pandemic influenza outbreak. The guide identifies key partners and actions by pandemic phase and issue area such as healthcare. For more information, please visit <http://www.naccho.org/topics/infectious/influenza/LHDPanFluGuide.cfm>.



The American Public Health Association has launched its "Get Ready for Flu Blog". This site features up-to-date information on pandemic flu, latest human cases reports, vaccine research and more. In addition, the site features interactive avian influenza blogging for posting and viewing comments. This site can be accessed at <http://www.getreadyforflu.blogspot.com/>.

## Governor Rell Announces \$6.2 Million for Modern Public Health Laboratory: **New**



On August 9, 2006, Governor M. Jodi Rell announced funding for a new, state-of-the-art public health laboratory for Connecticut, with \$6.2 million for facility design. The laboratory is expected to gain approval when the State Bond Commission meets on August 18, 2006. The funding is the next step in moving the Department of Public Health's multi-service laboratory from an outmoded, 41-year-old facility in Hartford to a modern, secure 120,000-square foot facility on state-owned land off West Street in Rocky Hill. "The state public health laboratory not only provides analysis and testing for government and private clients, it is playing an increasingly vital role in homeland security," the Governor said. "The lab performs testing for the U.S. Postal Service and, in the event of an emergency, would provide analysis to help determine the source and nature of threat, manage the response, and monitor recovery activities." To read this release in full, please visit <http://www.ynhhs.org/emergency/commu/Aug9PublicHealthLaboratory.pdf>.

## Health Experiences of Hurricane Katrina

Survivors: **Updated**



The Kaiser Family Foundation interviewed low-income victims of Hurricane Katrina in New Orleans, Baton Rouge and Houston five to six months after the storm and found that many continue to experience gaps in healthcare, had difficulty accessing mental health services, lacked transportation to needed healthcare and could not afford basic necessities or healthcare. The survey attributed a sharp reduction in charity care and lack of insurance to these lasting effects. A detailed report can be viewed at <http://www.kff.org/uninsured/7538.cfm>.

## HHS to Acquire Anthrax Immune Globulin for

Stockpile: **Updated**

The Department of Health and Human Services (HHS) will purchase 10,000 therapeutic courses of treatment of Anthrax Immune Globulin (AIG) from Cangene Corporation. Deliveries of AIG to the Strategic National Stockpile are expected to begin in 2007. "Our first line of defense against anthrax is antibiotics," said HHS Assistant Secretary for Public Health Emergency Preparedness, RADM Craig Vanderwagen, M.D. "While additional studies are underway to determine its efficacy and ultimate role in treatment, AIG may have the potential to provide physicians with a source of human antibodies against the anthrax toxin that could improve the management of patients with the life-threatening toxemia associated with severe anthrax."

## NIMS Training: **Updated**

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).

## September is... **National Preparedness Month**

Get a Kit, Make a Plan,  
Be Informed and  
Get Involved

National Preparedness Month is a nationwide effort held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and schools. National Preparedness Month 2006 is sponsored by the U.S. Department of Homeland Security. The goal of the month is to increase public awareness about the importance of preparing for emergencies and to encourage individuals to take action. Throughout September, Homeland Security will work

with a wide variety of organizations, including local, state and federal government agencies and the private sector, to highlight the importance of family emergency preparedness and promote individual involvement through events and activities across the nation. This year's theme is "Get Prepared, Get Involved". Look for details regarding National Preparedness Month activities to be held at delivery network hospitals in upcoming issues of this report.

## JCR/OSHA/Red Cross 2nd Annual Emergency Preparedness Conference: Poster Abstracts

Welcomed: **Updated**



Joint Commission Resources, the Occupational Safety and Health Administration (OSHA) and the American Red Cross (ARC) - leaders in patient safety, workplace safety and emergency response - have joined forces for the 2nd Annual Emergency Preparedness Conference, Disaster Readiness on the Home Front. This conference, scheduled for October 19-20, 2006, in Washington, DC, will examine the threat of potential natural disasters and pandemic flu and help attendees formulate a practical response plan that allows for peak performance during an emergency.

In preparation for this timely event, individuals are invited to submit one or more abstracts for exhibit in the conference poster presentations, coordinated by the Yale New Haven Center for Emergency Preparedness and Disaster Response. Abstracts must be submitted by September 1, 2006, and will be peer-reviewed for their quality, originality and relevance to the conference. At least one of the abstract's authors must attend to present the poster. A selection of accepted presentations will also qualify for publication in the Conference resource materials. For information about abstract submission, please visit <http://www.ynhhs.org/emergency/disasterconference/index.html>. For more information or to register for this conference, call JCR Customer Service at (877) 223-6866, or visit <http://jcrinc.co.mansellgroup.net/UM/T.asp?A2557.25634.1808.1.113544>.

## CDC Findings on Mental Health of People in Tsunami-Affected Areas: **Updated**

On August 8, 2006, two Centers for Disease Control and Prevention (CDC) studies were published in the Journal of the American Medical Association dealing with the mental health of people affected by the December 2004 South Asia tsunami. One study examined the effects of posttraumatic stress disorder (PTSD) and depression among children in tsunami affected areas while the other looked at mental health problems among adults in the same tsunami affected areas. Children from affected villages were more than two times as likely to report PTSD symptoms as those from unaffected villages, and the rates of these symptoms had not decreased significantly nine months after the tsunami. While elevated rates of PTSD were found in adults two months after the disaster, the rates of these symptoms were still elevated but decreased nine months after the disaster. More information about mental health needs in a disaster can be found on the CDC website at <http://www.bt.cdc.gov/mentalhealth/>.

## Medical Reserve Corps (MRC): **Updated**



The MRC YNH-CEPDR has recruited healthcare students and volunteers from the community to increase personnel surge capacity in the event of a large-scale disaster. The MRC is actively recruiting volunteers from all disciplines including Biomedical Engineering, Materials Services, Patient Registration, Plant Engineering, Plant Maintenance and Security Services and those with customer service skills, managerial skills and people to greet and assist in an event. The MRC is preparing for an influenza pandemic by teaching classes on personal and family preparedness to the MRC volunteers as well as to community groups. For additional information about the MRC YNH-CEPDR or to schedule a program presentation, contact Eugenie Schwartz at (203) 688-3224 or [eugenie.schwartz@ynhh.org](mailto:eugenie.schwartz@ynhh.org).

## Training/Education:

### Updated

- **Incident Command Systems (ICS) for Health Care with NIMS (EM 140 NIMS)** is a 40-minute course which offers an introduction to ICS for healthcare workers and is available at [http://ynhhs.emergencyeducation.org/sign\\_in\\_em140nims.asp](http://ynhhs.emergencyeducation.org/sign_in_em140nims.asp). 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. EM 140 NIMS meets the National Incident Management System objectives for IS 200: Basic ICS, IS 700: An Introduction to the National Incident Management System and IS 800: Introduction to the National Response Plan, for health care delivery organizations as described in the document *National Incident Management System: National Standard Curriculum Training Development Guidance*, October 2005. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- **Introduction to Radiological Response (EM 110)** is a 30-minute introductory CD-ROM course which provides the learner with the basic principles of radiation, definitions 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 or a copy of the CD-ROM, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).

## Emergency Credentialing Program (ECP): Updated

- Response to last month's recruitment campaign has resulted in over 200 new volunteers taking advantage of the new and easy online enrollment process at [www.ct-esar-vhp.org](http://www.ct-esar-vhp.org). In addition to the volunteer enrollment tool, the web site includes "FAQs" about the program and provides information that is important for volunteers to know about their role in a medical emergency management response. The total number of volunteers enrolled in the program, representing all disciplines and all areas of the state is nearly 4000. While this is a good start, our ECP program goal is to have at least 10% (12,000) of our state's licensed professionals enrolled in the program and available as a personnel surge capacity resource during a large-scale disaster. Please contact Carol Luddy at (203) 688-3224 or [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org) to schedule a presentation about the program at a management or staff meeting.
- Using a web-enabled process, hospital-based validation of ECP volunteer skills, competencies and credentials is expected to begin in September. Each participating hospital must identify at least one individual who will be responsible for coordinating the validation process and for managing the information in the database during a large-scale disaster or public health emergency. It's important to remember that this volunteer resource for hospital personnel surge capacity will contain confidential information offered by ECS volunteers. Like all personnel information, access to the information and the database should be made available only to those individuals who will be validating volunteer credentials or hold a recognized position in your hospital's Emergency Operations Center (EOC) organization structure. In addition to their unique UserID and Password, designated program contacts will receive information and training on this user-friendly database application. If you have not already done so, please forward the name and contact information for the person at your hospital who is the designated contact for the Emergency Credentialing Program to [carol.luddy@ynhh.org](mailto:carol.luddy@ynhh.org).

## 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](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](mailto: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](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).
- **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).

## Training/Education: Updated

- Frontline staff may not recognize victims of a bioterrorism attack, drills are unlikely to improve their knowledge much, and even staff who suspect exposure to a bioterrorism agent may not notify all the required authorities, found a study in the August 2006 *Annals of Emergency Medicine*. Mock patients with signs of anthrax exposure were sent to the emergency departments (EDs) of 23 general hospitals in Israel. While 21 of the EDs admitted the patient, only 14 suspected anthrax exposure, and only 10 completely followed their protocols to notify hospital officials, infectious disease specialists, infection control practitioners and local public health institutions. Such notification is necessary to perform an epidemiologic investigation and rapidly contain an outbreak. Questionnaires given to ED physicians found a low level of knowledge about anthrax, with the average score rising from 54.5% before the drill to 59.3% after the drill. For this reason, it is important to take **Bioterrorism Preparedness for Clinicians (EM 201)**. 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.emergencymedication.org>. For more information, please contact Mark Schneider at (203) 688-2577 or [mark.schneider@ynhh.org](mailto:mark.schneider@ynhh.org).
- There is space available in the September 21<sup>st</sup> -23<sup>rd</sup> National Disaster Life Support course to be held in New Haven. Basic Disaster Life Support is an eight-hour course that provides an in-depth overview of disasters for all healthcare and public health professionals. The Advanced Life Support course provides physicians, physician assistants, nurses and paramedics with two days of intensive training on mass casualty triage, decontamination and treatment. Individuals completing the BDLS and ADLS programs will receive CME credits and are eligible to take the instructor course, which prepares them to conduct a course at their own facility. Hospitals are encouraged to consider using some of their HRSA hospital preparedness education and training funds to send appropriate individuals to any or all of these courses. To download a brochure, please visit [http://www.yaleneewhavenhealth.org/emergency/commu/NDLS\\_2006CourseSchedule.pdf](http://www.yaleneewhavenhealth.org/emergency/commu/NDLS_2006CourseSchedule.pdf). For more information, please contact David Burich at (203) 688-3721 or [david.burich@ynhh.org](mailto:david.burich@ynhh.org).

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## UPCOMING

### Upcoming Meetings

DATE	TIME	EVENT	LOCATION
9.14.06	8:00 a.m. to 4:30 p.m.	Pandemic Influenza Summit	Invitation only: Contact Eugenie Schwartz at <a href="mailto:eugenie.schwartz@ynhh.org">eugenie.schwartz@ynhh.org</a> or (203) 688-3224
10.19.06 & 10.20.06	7:00 a.m. to 6:00 p.m.	JCR/OSHA/Red Cross 2 <sup>nd</sup> Annual Emergency Preparedness Conference: Disaster Readiness on the Home Front	More information available at <a href="http://www.jcrinc.com/education.asp?durki=11641">http://www.jcrinc.com/education.asp?durki=11641</a>

## UPCOMING

### Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
8.21.06	1:00 p.m. to 2:00 p.m. EST	Quarantine Issues – Avian and Pandemic Influenza Conference Call	Dial-in Number: (888) 889-4431 Passcode: Quarantine For more information, please visit <a href="http://www.bt.cdc.gov/coca/callinfo.asp">http://www.bt.cdc.gov/coca/callinfo.asp</a>
8.23.06		Smallpox Vaccination Train-the-Trainer: Part B Hands-on Workshop	Branford, CT Registration required. Details available at <a href="https://ct.train.org">https://ct.train.org</a>
8.24.06		Smallpox Vaccination Train-the-Trainer: Part B Hands-on Workshop	Westport, CT Registration required. Details available at <a href="https://ct.train.org">https://ct.train.org</a>
9.21.06	8:00 a.m. to 4:30 p.m.	Basic Disaster Life Support Course	For more information, contact David Burich at <a href="mailto:david.burich@ynhh.org">david.burich@ynhh.org</a> or (203) 688-3721
9.22.06 & 9.23.06	8:00 a.m. to 4:30 p.m.	Advanced Disaster Life Support Course	
9.24.06	8:00 a.m. to 2 p.m.	National Disaster Life Support Instructor Course	