

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Pandemic Influenza Summit:

New

On September 14, 2006, the Yale New Haven Center for Emergency Preparedness and Disaster Response and the State of Connecticut Department of Public Health hosted *Pandemic Influenza Summit* on alternative delivery models for healthcare organizations. The summit provided a forum for healthcare delivery organizations and agencies in Connecticut (hospitals, local and state government, local 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 also provided a focus for planning and launch of ongoing workgroups on alternate healthcare delivery systems, ethical and legal issues, human resources and personnel, risk communications, surge capacity and triage. Workgroups 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. If you are interested in participating in a future workgroup, please contact Eugenie Schwartz at center@ynhh.org or (203) 688-3224.

Are you prepared for the bird flu or any flu?:

Updated



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 other influenza. The PSST! 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 September 14, 2006, is 246 cases and 144 deaths.



Release of a whooper swan marked with a GPS transmitter. (Photo credit: B. Chun, Korea National Museum)

GPS satellite transmitters are the latest technology used to fight avian influenza. Wild whooper swans wearing light solar-powered GPS satellite transmitters are winging their way across Eurasia while land-bound scientists are tracking the birds' journeys on computers. Whooper swans drew attention after large numbers became infected with HPAI influenza in Mongolia in 2005 and in western China in 2005 and 2006 where few poultry are present. The whooper swan locations are being updated twice weekly on a project webpage <http://www.werc.usgs.gov/sattrack/>. To read this press release, please visit <http://www.usgs.gov/newsroom/article.asp?ID=1547>.

- The Department of Health and Human Services currently hosts Pandemicflu.gov which contains U.S. government avian and pandemic flu information. This site is now available in Spanish, <http://www.pandemicflu.gov/espanol/>.
- On September 2, 2006, the U.S. Department of Agriculture announced the presence of the H5 and N1 avian influenza subtypes in samples from wild mallard ducks in Pennsylvania. Test results thus far indicate this is low pathogenic avian influenza (LPAI), which poses does not pose a threat to human health. The ducks were sampled August 28, 2006 in Crawford County, Pennsylvania. The ducks were showing no signs of sickness, which also suggests this is LPAI. The samples were taken by Pennsylvania Game Commission personnel under a cooperative agreement with USDA, as part of an expanded wild bird monitoring program. Hunters are encouraged to practice hand washing and thorough cooking when handling or preparing wildlife of any kind. To read this release in full, please visit <http://www.usda.gov/wps/portal/usdahome?contentidonly=true&contentid=2006/09/0337.xml>.
- On September 12, 2006, the U.S. Department of Agriculture and Interior announced final test results, which confirm that an H5N1 avian influenza virus detected in fecal samples collected last month from resident wild mallard ducks in Maryland is a low pathogenic subtype. This strain has been detected several times in wild birds in North America and poses no threat to human health. For more information, please visit <http://www.usda.gov/wps/portal/usdahome?contentidonly=true&contentid=2006/09/0348.xml>.
- In the September 2006 edition of *PLoS Medicine*, there is an abstract discussing an experimental A(H5N1) vaccines research study with mice and ferrets. This study demonstrated the ability to create a vaccine based on one particular strain of the H5N1 flu virus that could potentially protect against different emerging H5N1 strains. To read this abstract, please visit http://medicine.plosjournals.org/archive/1549-1676/3/9/pdf/10.1371_journal.pmed.0030360-L.pdf.

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Pandemic Flu Preparedness: What Every Community Should Know Satellite Broadcast September 29, 2006:

Updated

On Friday, September 29, 2006, Public Health Grand Rounds will host a satellite broadcast on pandemic flu preparedness, what every community should know. This program will examine the case of California's Santa Clara County, where the community is preparing for a pandemic that will challenge their public health system and affect every aspect of their daily life. This call will take place from 2:00 p.m. – 3:00 p.m. EST. For more information or to register for this broadcast, please visit <http://www.publichealthgrandrounds.unc.edu/pandemic/index.htm>.

Botulinum Toxin Satellite Broadcast – September 20, 2006: New

On September 20, 2006, the U.S. Army Medical Research and Material Command and Texas Tech University Health Sciences Center will host a satellite broadcast on botulinum toxin from 1:00 p.m. to 3:00 p.m. This two-hour satellite broadcast will feature experts from the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) and medical toxicologists with clinical experience treating cases of botulism from a variety of other organizations. The U.S. Army Medical Research and Material Command will host the program at no charge to the viewer. Pre-registration is required by September 18, 2006. For more information, please visit <http://www.swankhealth.com/botox/>.

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



- National Preparedness Month is a nationwide coordinated effort held each September to encourage Americans to take simple steps to prepare for emergencies in their homes, businesses and schools. The U.S. Department of Homeland Security (DHS) is sponsoring National Preparedness Month 2006 which will focus on family emergency preparedness. The goal of National Preparedness Month is to increase public awareness about the importance of preparing for emergencies including natural disasters and potential terrorist attacks and to encourage individuals to take action to prepare themselves and their families. The month provides Americans with a variety of opportunities to learn more about emergency preparedness. Events and activities across the nation will encourage individuals to prepare an emergency supply kit, make a family emergency plan, be informed about different threats and get involved in preparing their communities. For more information, please visit <http://www.ready.gov/>.

Emergency Credentialing Program (ECP): New



"The first responders of today live in a world transformed by the attacks of 9/11. Because no one believes that every conceivable form of attack can be prevented, civilians and first responders will again find themselves in the front lines. We must plan for that eventuality. A rededication to preparedness is perhaps the best way to honor the memories of those we lost that day." (Source: 9/11 Report: The National Commission on Terrorist Attacks Upon the United States, Thomas H. Kean, Chair and Lee H. Hamilton, Vice Chair).

While September is designated as "National Preparedness Month", planning for the eventuality of a future devastating event is an ongoing process in hospitals and healthcare agencies across the state. In addition, to developing a plan for a surge in the need for hospital beds, supplies and equipment, all emergency management plans should include a strategy for increasing the number of healthcare professionals that are available to provide essential care during a sudden or unexpected surge in patient volume. Integration of professional time and expertise offered by volunteers enrolled and pre-qualified through the ECP or the Medical Reserve Corps at Yale New Haven (<http://www.ynh-mrc.org/>) should be part of plan. Please take a moment to share program information with your colleagues and encourage them to visit www.ct-esar-vhp.org for more information and for easily online enrollment.

NIMS Training: New

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 Lynette Lines at (203) 688-2590 or lynette.lines@ynhh.org.

Training/Education: Updated

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

- 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, according to 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. This course is available at <http://ynhhs.emergencyeducation.org>. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **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. 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.

Influenza Vaccine: **New**



The annual supply of influenza vaccine and the timing of its distribution cannot be guaranteed in any year. Currently, influenza vaccine manufacturers are projecting that approximately 100 million doses of influenza vaccine will be available in the United States for the 2006-07 influenza season, an amount that is approximately 16% more doses than were available for the 2005-06 season. An additional 15 million-20 million doses might be available if a new vaccine is licensed in 2006. For more information, please visit

<http://www.cdc.gov/flu/professionals/vaccination/timing.htm>

- The inactivated influenza vaccine and Live Attenuated Influenza Vaccine (LAIV) can be used to reduce the risk for influenza virus infection and its complications. This is FDA approved for persons aged >6 months, including those with high-risk conditions, whereas LAIV is approved only for use among healthy persons aged 5-49 years. For more information, please visit <http://www.cdc.gov/flu/professionals/vaccination/recommendations.htm>
- The immunogenicity of the approved LAIV has been assessed in multiple studies, which included approximately 100 children aged 5-17 years and approximately 300 adults aged 18-49 years. LAIV virus strains replicate primarily in nasopharyngeal epithelial cells. The protective mechanisms induced by vaccination with LAIV are not completely understood but appear to involve both serum and nasal secretory antibodies. No single laboratory measurement closely correlates with protective immunity induced by LAIV. For more information, please visit <http://www.cdc.gov/flu/professionals/vaccination/laivefficacy.htm>.
- Close contacts of persons at high risk for complications from influenza should receive influenza vaccine to reduce transmission of wild-type influenza viruses to persons at high risk. Use of inactivated influenza vaccine is preferred for vaccinating household members, healthcare workers, and others who have close contact with severely immunocompromised persons (e.g., patients with hematopoietic stem cell transplants) during those periods in which the immunocompromised person requires care in a protective environment. For more information, please visit <http://www.cdc.gov/flu/professionals/vaccination/closecontacts.htm>

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 OSHA operations-level competencies and will be a prerequisite to a practical session designed for employees involved in setting up, taking down or maintaining decontamination facilities and for employees responsible for performing decontamination procedures. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
10.10.06	8:30 a.m. to 9:30 a.m.	Southern Tier Meeting Only	Connecticut Hospital Association
10.19.06 & 10.20.06	7:00 a.m. to 6:00 p.m.	JCR/OSHA/Red Cross 2 nd Annual Emergency Preparedness Conference: Disaster Readiness on the Home Front	More information is available at http://www.jcrinc.com/education.asp?durki=11641

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
9.20.06	1:00 p.m. to 3:00 p.m.	Sponsored by the U.S. Army Medical Research and Material Command and Texas Tech University Health Sciences Center Botulinum Toxin	Pre-registration is required by September 18, 2006. To register and for more information, please visit http://www.swankhealth.com/botox/ .
9.29.06	2:00 p.m. to 3:00 p.m. EST	Sponsored by the Public Health Grand Rounds Pandemic Flu Preparedness: What Every Community Should Know Satellite Broadcast	To register and for more information, please visit http://www.publichealthgrandrounds.unc.edu/pandemic/index.htm

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

Scott Selig
Education and Training
Coordinator
(203) 688-2587
scott.selig@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.yalenehavenhealth.org/emergency