

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Avian Influenza: **New**



On October 27, 2006, Governor M. Jodi Rell launched www.ct.gov/ctfluwatch, a new website dedicated to helping Connecticut prepare for the possibility of avian and pandemic influenza. The website includes an online system to report

sightings of dead wild birds, as well as information and preparedness tools for the public, government and schools, healthcare providers and the business community.

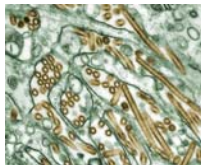
- Researchers are reporting results of a study that substantially alters the existing understanding of how the influenza virus evolves and that could have important implications for monitoring changes to the virus and predicting which strains should be used for flu vaccine. The study found that much of the time the H3N2 virus seemed to be "in stasis"; that is, the HA gene showed no significant excess of mutations in the antigenic regions (those recognized by the immune system). During these stasis periods, none of the co-circulating strains is significantly more fit than others, apparently because multiple mutations are required to substantially improve the virus's ability to evade the immune system. As a result, an increased variety of strains accumulates. Ultimately, however, one of the variants will come within one mutation of achieving higher fitness and becoming dominant. Once the crucial last mutation does occur, virus evolution shifts from stasis to a brief interval of rapid Darwinian evolution, where the new dominant virus rapidly sweeps through the human population and eliminates most other variants. To read further, please visit <http://www.nih.gov/news/pr/oct2006/nlm-25.htm>.

Infection Control and Pandemic Influenza Conference Call – November 16, 2006: **New**

On November 16, 2006, from 2:30 p.m. to 3:30 p.m., Dr. Michael Bell, the Associate Director for Infection Control in the Division of Healthcare Quality Promotion at CDC, will be discussing infection control and pandemic influenza. Dr. Bell will review current planning guidance for infection control related to pandemic influenza and will discuss how pandemic influenza planning guidance differs from other influenza related recommendations. Dial-in number is (888) 889-4431, passcode pandemic. For more information, please visit http://www.bt.cdc.gov/coca/callinfo.asp?s_cid=ccu050106_ocacall_e

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of October 31, 2006, is 256 cases and 152 deaths.



In an article published on the Proceedings of the National Academy of Sciences in the United States of America website, scientists discuss the emergence and predominance of an H5N1 influenza variant in China. The development of highly pathogenic avian H5N1 influenza viruses in poultry in Eurasia accompanied with the increase in human infection in 2006 suggests that the virus has not been effectively contained and that the pandemic threat persists. Updated virological and epidemiological findings from market surveillance in southern China demonstrate that H5N1 influenza viruses continued to be panzootic in different types of poultry. Genetic and antigenic analyses revealed the emergence and predominance of a previously uncharacterized H5N1 virus sublineage (Fujian-like) in poultry since late 2005. Viruses from this sublineage gradually replaced those multiple regional distinct sublineages and caused recent human infection in China. These viruses have already transmitted to Hong Kong, Laos, Malaysia and Thailand, resulting in a new transmission and outbreak wave in Southeast Asia. Serological studies suggest that H5N1 seroconversion in market poultry is low and that vaccination may have facilitated the selection of the Fujian-like sublineage. The predominance of this virus over a large geographical region within a short period directly challenges current disease control measures. To read further, please visit <http://www.pnas.org/cgi/content/abstract/0608157103v1>.



Wood Duck

A recent study published on the Emerging Infectious Diseases website, research was conducted on the susceptibility of North American ducks and gulls to H5N1 highly pathogenic avian influenza viruses. The results of this study indicate that there is significant species-related variation in susceptibility, clinical disease and antibody response to H5N1 virus infection in wild birds. Wood ducks and laughing gulls were highly susceptible to H5N1 HPAI viruses with substantial illness and death. If H5N1 were introduced into North America, these species might serve as effective indicator species in a surveillance program. To read this study, please visit <http://www.cdc.gov/ncidod/EID/vol12no11/06-0652.htm#cit>.

- A recent WHO report on 10 of the 12 confirmed H5N1 avian influenza cases that occurred in Turkey last winter adds to evidence that children and youth may be particularly susceptible to the infection. The disease struck only children younger than 16, even though their parents had probably been exposed to the same probable source of infection, infected poultry. Of the four case-patients described in the report that died, all were teenagers, while all the survivors were younger children, aged 3 to 9 years. To read further, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/oct3106turkey.html>.
- The American Public Health Association (APHA) launched the Get Ready campaign to help the public prepare for a potential influenza pandemic and outbreaks of other emerging infectious diseases. APHA's website will target pandemic preparedness for individuals, families and communities. The campaign includes a blog, fact sheets and podcasts, accessible through the Get Ready Web site at <http://www.getreadyforflu.org>.

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Healthcare Emergency Preparedness Response and Management: Surviving the Storm Conference: **Updated**

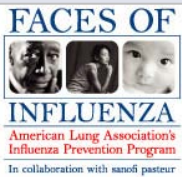


On November 30, 2006, Jim Paturas of YNH-CEPDR will be the keynote speaker for the Healthcare Emergency Preparedness Response and Management: Surviving the Storm, A Legal and Operation Guide Conference in

New York City. Mr. Paturas will discuss the topic of education and training of the workforce, meeting standards and competencies. This conference is a two-day event that will discuss frontline, practical solutions and insights from industry-leading healthcare and emergency management practitioners, in-house counsel and other experts. For more information, please visit

<http://www.ynhhs.org/emergency/commu/648L07-NYC.pdf>.

The American Lung Association Influenza Site: **New**



The American Lung Association has developed a site that identifies locations that will be administering flu shots during the 2006-2007 season. Please visit

<http://www.facesofinfluenza.org/home.php> for a location close to you.

Seasonal Influenza: **New**

During the week of October 15 through October 21, influenza activity was reported as local in two states (Hawaii and Louisiana) and sporadic in nine states (Alabama, California, Connecticut, Florida, Iowa, Massachusetts, Mississippi, New York and Texas). All other states including the District of Columbia reported no influenza activity. To view a full report, please visit

<http://www.cdc.gov/flu/weekly/>.

Pandemic Influenza Planning, Ethics: **New**

- From October 24-25, 2006, more than 30 leading experts on pandemic flu, ethics and public health attended the pandemic planning meetings held in Geneva. Dr. Alex Capron, a professor of law and medicine at the University of Southern California, said the discussions focused on four main topics: equitable access to therapeutic and prophylactic measures; ethical aspects of interventions such as quarantine and social distancing; what healthcare workers should be expected to do during an outbreak and what obligations are owed them; and issues that arise between governments when developing a multilateral response to a pandemic. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/oct2706who.html>.
- In a recent article published in the October 2006 issue of PLOS Medicine, a comparative analysis of influenza vaccination programs was conducted. The threat of avian influenza and the 2004–2005 influenza vaccine supply shortage in the United States have sparked a debate about optimal vaccination strategies to reduce the burden of morbidity and mortality caused by the influenza virus. A comparative analysis of two classes of suggested vaccination strategies, mortality-based strategies that target high-risk populations and morbidity-based strategies that target high-prevalence populations, were evaluated. To read this study in full, please visit <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0030387>.
- In October, the Minnesota Center for Health Care Ethics (MCHCE) released vaccine allocation recommendations for the pandemic vaccine that differ from the federal government recommendations. The report emphasizes that approaches to vaccine allocation differ because of different assumptions about pandemic severity. The federal recommendation is based on a moderate pandemic, while the Minnesota group's plan is based on a severe pandemic, like that of 1918-19, along with an inadequate supply of vaccine. The Minnesota group's approach is designed to prevent not only deaths due to influenza, but also deaths related to public infrastructure breakdowns. It is weighted toward those whose immune systems are more likely to respond strongly to a pandemic flu vaccine. As such, it would put the 25-year-old utility worker ahead of the 75-year-old. To read further, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/oct3106ethics.html>.

Pandemic Influenza Planning: **Updated**



On October 23, 2006, WHO published the *Global Pandemic Influenza Action Plan to Increase Vaccine Supply*. The *Global Action Plan* was developed with the advice of more than 120 scientific experts from national immunization programs, national regulatory authorities and vaccine manufacturers in both industrialized and developing countries. The plan identifies and prioritizes practical solutions for reducing the potential pandemic influenza vaccine supply gap; these are contained in eight strategies with activities for the short, medium and long terms. To read this release in full, please visit

<http://www.who.int/mediacentre/news/releases/2006/pr58/en/index.html>. To download a PDF copy of the *Global Action Plan*, please visit http://www.who.int/csr/resources/publications/influenza/CDS_EPR_GIP_2006_1.pdf.

- On September 14, 2006, the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) and the State of Connecticut Department of Public Health hosted a 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. The workgroups launched – alternate healthcare delivery systems, ethical and legal issues, human resources and personnel, risk communications, surge capacity and triage – are continuing to meet and will report their progress at the Interhospital Workgroup Meetings held at the Connecticut Hospital Association. A summary of the workgroup sessions can be found at <http://www.yalenevhealth.org/emergency/panflusummit/>.

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.yalenevhealth.org/emergency

The Medical Reserve Corps at the Yale New Haven Center for Emergency Preparedness and Disaster Response: Updated

With the threat of avian influenza and many weather-related disasters, it is important to minimize the threat to individuals and their families. The Medical Reserve Corps at the Yale New Haven Center for Emergency Preparedness and Disaster Response can provide community presentations about personal and family preparedness to faith-based organizations, senior centers, scout troops and others. Volunteering in the Medical Reserve Corps provides a unique opportunity for individuals to support their community's valuable healthcare infrastructure during a disaster. To schedule a presentation for a group or to discuss becoming a volunteer, please contact the MRC Coordinator Eugenie Schwartz at (203) 688-2659 or eugenie.schwartz@ynhh.org. To enroll in the Medical Reserve Corp, please visit <http://www.ynh-mrc.org/>.

Education and Training Services: Updated

- At the request of the National Incident Management System (NIMS) Integration Center, the State of Connecticut Department of Emergency Management and Homeland Security is working with YNH-CEPDR in collaboration with CT DPH to receive approval of two courses, Introduction to Emergency Management w/NIMS (EM 103 w/NIMS) and Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 w/NIMS), as a strategy to meet the NIMS training requirements for all healthcare organizations. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@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 Lynette Lines at (203) 688-2590 or lynette.lines@ynhh.org.

Seasonal Influenza: New



- On October 31, 2006, the CDC updated its questions and answers on influenza vaccine supply and vaccination prioritization recommendations for the U.S. 2006-07 influenza season. Sections that were updated discuss thimerosal-free influenza vaccine doses and supply, other influenza vaccine supply and vaccine recommendations. To view these recommendations, please visit <http://www.cdc.gov/flu/about/qa/vaxprioritygroups.htm>.
- The CDC has created a separate question and answer fact sheet on the thimerosal-free influenza vaccine. To view this fact sheet, please visit <http://www.cdc.gov/flu/about/qa/thimerosal.htm>.
- On October 30, 2006, Novartis (formerly Chiron) became aware of some instances where their Fluvirin vaccine shipped under the CDC contract was received in either a frozen state and/or below the required storage temperature. Novartis is conducting a recovery of the shipments made under the CDC contract, which is in 5mL multi-dose vials bearing the Chiron Vaccines label. The shipments were distributed between October 11 and 17, 2006. There is no safety concern due to receiving this vaccine; however, the vaccine potency may have been compromised due to the temperature exposure. To read about this recall, please visit <http://www.cdc.gov/flu/professionals/vaccination/fluvirinrecall06.htm>.

Emergency Credentialing Program (ECP): Updated



Development of the database used to support the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is nearly complete. Unique UserIDs and passwords that will be required for access to the system have been assigned and will be distributed to each of the designated hospital contacts early in November. A UserID and password will be necessary to 1) access the portion of the database that allows for credential verification of these non-physician or mid-level volunteers who have enrolled in the program and have reported that they are employed by a particular hospital and 2) access names, specialty and contact information for all volunteers (all hospitals and non-hospital agencies) across the state.

Hospital contacts for the ECP are responsible only for ensuring that credentials are verified by the appropriate manager for behavioral health professionals, clinical lab professionals, diagnostic imaging/radiographers, nurses, pharmacists, pharmacy technicians and respiratory therapists. Physicians and mid-level providers (APRNs, dentists and physician assistants) will continue to be recruited and credentialed through the medical staff office at each hospital. It is important to remember that the database is a volunteer resource for hospital personnel surge capacity and will contain confidential information offered by ECP 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 a hospital's Emergency Operations Center (EOC) organization structure. Carol Luddy will schedule time with each ECP hospital contact to provide information about the credential verification process and about desktop management of the ECP database using FileMaker(TM). Like Adobe Acrobat Reader, FileMaker is "user-friendly", free-of-charge and will not require any special application license or desktop installation.

The Connecticut Emergency Credentialing Program remains "ahead of the curve" when compared to the capability of similar programs across the country. Its success to date can be attributed to the commitment of the Statewide Credentialing Committee, colleagues representing their professional associations, Connecticut hospitals and the Connecticut Department of Public Health for ensuring citizens have uninterrupted access to healthcare during a large-scale disaster or public health emergency. Please visit www.ct-esar-vhp.org to learn more about the program, or contact Carol Luddy at (203) 688-5544 or carol.luddy@ynhh.org.

Training and Education: Services: Updated

YNH-CEPDR is committed to developing and delivering services that advance healthcare planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other healthcare delivery organizations, emergency management professionals, the business community and others.

- **ASSESSMENTS:** Hazard Vulnerability Analysis, Business Impact Analysis and Gap Analysis
- **PLANNING:** Emergency management plans and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Development, facilitation and evaluation

For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

Training and 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.

Training and 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 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.

- **Incident Command Systems (ICS) for Healthcare with NIMS (EM 140 w/NIMS)** is a 1-hour and 15-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 w/NIMS meets NIMS 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 healthcare 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.
- **Best Practices for the Protection of Hospital-Based First Receivers (EM 120)** is available at http://ynhhs.emergencyeducation.org/sign_in_em120.asp. EM 120 is aligned with the 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.
- **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.
- **Introduction to Radiological Response (EM 110)** is a 30-minute narrated 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 or 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.

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
11.9.06	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
11.9.06	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting Only	Connecticut Hospital Association

UPCOMING

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
11.16.06	2:30 p.m. to 3:30 p.m.	<i>Sponsored by the CDC</i> Infection Control and Pandemic Influenza	More information is available at http://www.bt.cdc.gov/coca/callinfo.asp?s_cid=ccu050106_cocacall_e .
11.28.06	1:00 p.m. to 2:30 p.m.	<i>Sponsored by the Alabama Department of Public Health</i> Weapons of Mass Destruction: Disaster Planning and Operations	For more information or to register, please visit http://www.adph.org/alphn/vcomm.asp?action=cnflistone&templatnbr=3&deptid=143&templateid=1252 .

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Preparedness Report Archive: <http://www.yalenehavenhealth.org/emergency/commu/archives.html>

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