

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Avian Influenza: **New**



Dr. Margaret Chan
Photo Credit: WHO

On November 9, 2006, Dr. Margaret Chan of China was appointed by the Executive Board of WHO for the post of Director-General. The Director-General is WHO's chief technical and administrative officer. Dr. Chan is a well-known public figure because of her record of leadership in fighting disease first in Hong Kong and more recently at WHO. During her nine-year tenure as Director of Health, Dr. Chan confronted the first human outbreak of H5N1 avian influenza in 1997 and

successfully defeated Severe Acute Respiratory Syndrome (SARS) in Hong Kong in 2003. She also introduced primary healthcare 'from the diaper to the grave' with a focus on health promotion and disease prevention, self-care and healthy lifestyles. In 2003, she joined WHO and rose to the position of Representative of the Director-General for Pandemic Influenza as well as Assistant Director-General for Communicable Diseases. To read this release, please visit <http://www.who.int/mediacentre/news/releases/2006/pr65/en/index.html>.

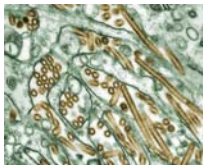
Pandemic Influenza Planning:

New

On November 9, 2006, the US Department of State sent a cable to all diplomatic and consular posts entitled "Pandemic Influenza: Preparing for Possible Shelter-In-Place". The cable's main intent was to provide guidance to all staff regarding "shelter-in-place". That is, in the event of severe pandemic influenza with high morbidity, the public may be advised to self-quarantine. The Department of Health and Human Services, via its www.pandemicflu.gov website, advises that families have on hand two weeks of emergency supplies (food, water, medicines) in the event of a pandemic influenza. Just as in the United States, US government employees and their families overseas have primary responsibility for maintaining adequate supplies of food to shelter-in-place. This also applies to private US citizens. For the long-term, families are advised to store foods that are non-perishable, do not require refrigeration or preparation (including the use of water) or cooking. The cable also advises that families should store one gallon of water per person per day. To read this cable in full, please visit http://hongkong.usconsulate.gov/ci_avian_2006110301.html.

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>.



Flu Swab
Photo Credit: WHO

WHO has released updated guidance on collecting, preserving and shipping specimens for the diagnosis of avian influenza A-H5N1 for influenza virus detection. This document features information on WHO investigation kits, viral transport media, field data sheets, guidance on regulations for the transport of infectious substances and samples from animals and the environment. To download this document, please visit http://www.who.int/csr/resources/publications/surveillance/WHO_CDS_EPR_ARO_2006_1/en/index.html.

- 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.

Infection Control and Pandemic Influenza

Conference Call: **Updated**

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_cocacall_e.

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Pandemic Influenza

Planning: Updated

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 (CT DPH) 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/>.

Smallpox Vaccine, Dryvax® Extension of Dating Approval: New

Wyeth Pharmaceuticals received approval on October 24, 2006, for extension of dating of Smallpox vaccine Dryvax® from October 2006 to February 2007. For more information, please visit <http://www.bt.cdc.gov/agent/smallpox/vaccination/pdf/wyethletter27oct06.pdf>.

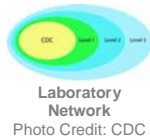
Education and Training Services: Updated

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.

Pandemic Influenza Planning, Ethics: New

- One in four Americans believe they or a household member would lose their job or business if they had to stay at home for seven to 10 days during a severe flu pandemic, according to a Harvard School of Public Health study. Although the survey found that more than three-fourths of Americans would cooperate if public health officials recommended that they stop some activities for one month, such as using public transportation and going to the mall, a substantial number of people surveyed also said they would have no one to care for them if they became ill. Many of the 1,697 adults surveyed also said they would face serious financial problems, such as loss of pay and healthcare, if they had to stay home from work for a week or more. More than four in 10 people living in one-adult households and about a third of low-income adults said they would not have anyone to take care of them if they were sick and had to remain at home for seven to 10 days. When asked about their current employers plans for dealing with a flu pandemic, only 19 percent of respondents said they were aware of any preparedness plan at their workplace. Fifty percent of employed Americans believe that their workplace would stay open if public health officials recommended that some businesses in their community should shut down. To view the results of this study or to comment on the American Public Health Association blog, please visit <http://getreadyforflu.blogspot.com/>.
- 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 a 25-year-old utility worker ahead of a 75-year-old. To read further, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/oct3106ethics.html>.

Laboratory Network for Chemical Terrorism: New



Sixty-two state, territorial and metropolitan public health laboratories are members of the chemical component of the Laboratory Response Network (LRN). A designation of Level 1, 2 or 3 identifies laboratory capabilities and defines member network participation. The LRN was established by the US Department of Health and Human Services (HHS), CDC in accordance with Presidential Decision Directive 39, which outlined national anti-terrorism policies and assigned specific missions to federal departments and agencies. The LRN is charged with the task of maintaining an integrated network of state and local public health, federal, military and international laboratories that can respond to bioterrorism, chemical terrorism and other public health emergencies. For more information, please visit <http://www.bt.cdc.gov/lrn/chemical.asp>.

Communicating in the First Hours Website: New



HHS and the CDC have developed a website titled, *First Hours*. This site contains communication messages to use within the first hours of an emergency for federal, state, local and tribal public health officials. Messages include short and extended messages offering health and safety information for the first hours; radio scripts and sound bites to aid with media outreach; and university research reports. These messages discuss bioterrorism agents, chemical agents, radiological events and suicide bombs. For more information, please visit <http://www.bt.cdc.gov/firsthours/intro.asp>.

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

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



- The CDC recommends that healthy children aged six months to five years old, their close contacts and out-of-home caregivers, nannies, daycare providers, etc., should get a flu vaccine. This expands last year's recommendation to *include* vaccination for children two years to five years this flu season. For more information, please visit <http://www.cdc.gov/flu/protect/children.htm>.
- During the week of October 22 through October 28, influenza activity was reported as local in two states (Alabama and Louisiana) and sporadic in ten states (California, Connecticut, Florida, Hawaii, Indiana, Massachusetts, Mississippi, New York, Pennsylvania 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/>.

Emergency Credentialing Program (ECP): New



- The Health Resources and Services Administration (HRSA) recently released revised technical specifications, credentialing requirements and program compliance measures for the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) of which the State of Connecticut Emergency Credentialing Program for Healthcare Professionals (ECP) is a part. Through the efforts of ECP program planners, hospital contacts and volunteers, the ECP is well positioned in all areas required by HRSA in their revised guidance.
- As of November 9, 2006, over 3,400 healthcare professionals have enrolled in the ECP. Recruitment and credential verification processes have been expanded to include physical therapists. Processes for verification of credentials for healthcare professionals who are interested in participating in the ECP and are employed by outpatient surgery centers and discipline-specific processes that will include enrollment and credential verification for cytologists, histologists, blood bank technicians and phlebotomists are under development.
- Access to the ECP database is available only to individuals who have an identified role in the hospital emergency management plan. At the time of an event, the database will be available to authorized users in "real-time" mode via the Internet. In anticipation of Internet failure, hospital contacts will be asked to regularly download a complete database copy for local (desktop) access using FileMaker™, a user-friendly and widely used database management tool. Note: FileMaker™ does not require user licensing fees or installation. User training for both the web-based and FileMaker™ applications will be provided to hospital contacts beginning in December.
- A revision to the existing pre-event online training course *EM 102 for Hospital Disaster Volunteers* is under way. The revision will continue to address the specific and unique needs of volunteers but will also be NIMS compliant. Release of the new training course is planned for January 2007. A "just-in-time" training model that has been endorsed by JCAHO and is hospital-specific, event-specific and role-specific has been introduced to program hospital contacts and will be rolled-out for implementation in the coming months. For more information about the ECP or to schedule a program presentation to managers and staff, please contact Carol Luddy, RN, at (203) 688-3224 or ECP@ynhh.org.

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

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 in the spring of 2007. 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
12.13.06	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
12.13.06	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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