

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

Volume 5, Issue 26 | June 29, 2007

ELEVATED THREAT LEVEL

Novation Survey on Pandemic Flu Preparedness Shows Hospitals Will Run Out of Supplies in Less Than One Week: **New**



Hospitals across the country are preparing for the increasing reality of a global flu pandemic. Novation, the healthcare contracting services company of VHA, Inc. and the University HealthSystem Consortium (UHC), surveyed materials managers

to determine the status of their pandemic disaster preparations. While more than half of the hospitals surveyed (68%) reported that they have devoted resources to developing comprehensive pandemic-specific disaster plans, 79% of reported that they could continue operations without external resources for less than one week. 54% said that operations could continue for one to three days and 25% say they will be able to operate between four to seven days without external resources. Novation distributed online questionnaires to 303 materials managers from VHA and UHC. Sixty-eight responses were received for a 22% response rate.

The survey probed for items included in pandemic-specific disaster plans. The majority of respondents (93%) have identified key products and suppliers that are essential to provide treatment to patients during a pandemic. Two-thirds said they have created collaborative plans with other hospitals, as well as their distributors. In addition, more than half of respondents have established automatic delivery of additional products and supplies upon notification of an outbreak, can manage critical business functions through an alternate location and can support existing business functions with limited staffing through cross training/skills development. To read about the survey findings further, please visit

<http://www.infectioncontroltoday.com/hotnews/76h148311751046.html>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of June 25, 2007, is 315 cases and 191 deaths.

- On June 27, 2007, Joseph Domenech, the United Nations Food and Agriculture Organization (FAO) chief veterinary officer, cautioned about complacency regarding avian influenza efforts. While the response to the avian virus has improved significantly over the past three years, it remains entrenched in several countries and will continue to spread. Recent H5N1 outbreaks in birds in Bangladesh, Ghana, Togo, the Czech Republic and Germany are examples of the continuing avian threat; the threat of a human flu pandemic can not be ruled out as long as the disease persists in poultry. Domenech said containment and eradication of the virus will demand a long-term financial and political commitment, especially in the face of the "high risk poultry production and marketing practices that still continue in many countries." To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun2707fao.html>.
- The Government Accountability Office (GAO) issued two reports that address avian and pandemic influenza planning, one examining how well the US Department of Agriculture (USDA) is prepared to respond to avian flu outbreaks and the other assessing efforts by US and international agencies to help vulnerable countries. The GAO based its conclusions on a review of federal response plans and regulations, visits to poultry operations, interviews with federal, state, and industry officials in five states that have experienced other types of avian flu outbreaks and a review of nineteen state plans. The 60-page report, sent to congressional committees on June 11, emphasizes the importance of USDA's avian flu plans. "A well-planned, coordinated emergency response is essential when dealing with highly pathogenic avian influenza in order to mitigate financial losses to the \$28 billion US poultry industry." The reports discuss several important USDA strides as well as key challenges for mitigation in the event of an outbreak. These challenges will be the basis for further work plan development and discussion. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun2707gao.html>.

CDC Health Information for International Travel 2008 is Now Available: **New**



CDC Health Information for International Travel, known as the Yellow Book, is published every two years as a reference for those who advise international travelers of health risks. First published more than 25 years ago as a small pamphlet with sets of recommendations for the prevention of illnesses such as smallpox, the Yellow Book has become a reference for travelers worldwide. It is written primarily for healthcare providers, including physicians, nurses, and pharmacists, although the travel industry, multinational corporations, missionary and volunteer organizations and families who vacation abroad. The Yellow Book can be purchased at most major bookstores or online; see ordering information on the CDC Travelers' Health Web site at www.cdc.gov/travel/. The electronic version of the book is expected to be released on the Travelers' Health Web site before the end of June. For more information, please visit <http://www.cdc.gov/Features/YellowBook/>.

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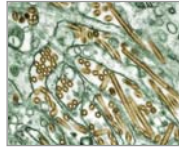
Hospital Admissions During a Pandemic: SARS Study: **New**

- Preventing people from going to the hospital for elective surgery during Toronto's outbreak of SARS resulted in only "modest" reductions in admissions, and hospitals would likely stay busy during an influenza pandemic, Canadian researchers say. The city's spring 2003 outbreak of severe acute respiratory syndrome was largely confined to hospitals, and was spread through contact with infected patients. To limit its spread, a provincial public health emergency was declared, restricting hospital-based services to urgent cases, limiting access by visitors, and mandating the use of protective equipment such as masks for healthcare workers. During the early and late stages of the outbreak, overall hospital admissions fell 12% in the Greater Toronto Area, compared with no change in Ottawa and London, two unaffected regions of the province, Dr. Michael Schull of Toronto's Institute for Clinical Evaluative Sciences and his colleagues reported in the *Canadian Medical Association Journal*.

But some unintended consequences of the restrictions occurred, such as fewer admissions because of heart attack and gastrointestinal bleed for a few months in Toronto. Transfers between hospitals and the rate of urgent visits to emergency departments also declined. "These changes suggest that some potentially seriously ill patients did not present to hospital, and access to specialized care may have been more limited than in the pre-SARS period." The study's authors suggested that planners consider ways of mitigating against these unintended consequences, such as using telephone advice lines to encourage appropriate use of hospital services. To reduce admissions for elective procedures even more would require common definitions of urgency and uniform guidelines to prioritize patients, such as those recently developed for elective hip and knee procedures, the researchers said.

- A commentary accompanying the study, titled "Is the Quarantine Act relevant?" concluded the quarantine measures used on thousands of people who worked, visited or received services at certain Toronto-area hospitals were ineffective. Compliance was no higher than 57%, and the quarantine and travel advisories were unnecessary because people infected with SARS were not highly infectious during the incubation period or when they first showed symptoms, said Dr. Richard Schabas, a public health official in Belleville in eastern Ontario. To read further, please visit <http://www.cbc.ca/health/story/2007/06/18/sars-hospital.html>.

Avian Influenza (*continued*): **New**



In presentations given on June 21, 2007 at the International Conference on Options for the Control of Influenza in Toronto, researchers outlined the discovery of mutations that appear to reduce the susceptibility of H5N1 avian flu to the leading antiviral drug, oseltamivir (Tamiflu). Other findings uncovered mutations in a seasonal flu strain, H1N1, that could reduce the effectiveness of another antiviral, zanamivir (Relenza), and a

not-yet-released antiviral, peramivir. The mutations, which were discovered via laboratory assays, appear to be spontaneous and not the result of inappropriate use of the drugs on avian flu patients, the researchers said. But they represent a development in a field where the pharmaceutical options for containing influenza have diminished as H5N1, feared as the possible precursor to a pandemic strain, has extended its range. Dr. Jennifer McKimm-Breschkin of Australia's CSIRO Molecular Health Technologies revealed that isolates from two of the H5N1 virus's three main groupings, or clades, have developed partial resistance to oseltamivir. Because the oseltamivir-resistance mutations reported were found in lab tests of bird isolates, it is difficult to draw conclusions about human treatment, said McKimm-Breschkin. In another presentation at the conference, Dr. Elena Govorkova of St. Jude Children's Research Hospital in Memphis, TN kept a clade 2 virus from Turkey from replicating in ferrets by administering the equivalent of 2.5 times the standard human dose of oseltamivir, signaling that the drug may be able to overcome the mutation if administered early enough and in high enough doses. To read this article in full, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun2207resist.htm>.

New Global Disease-Control Rules Take Effect

On June 15, 2007 the revised International Health Regulations (IHR) took effect aiming to help protect the world from a host of emerging diseases and health threats such as pandemic influenza and bioterrorism. The revised rules, updated for the first time since 1969, were approved by WHO member countries at the World Health Assembly in May 2005. The rules define the commitments and responsibilities of countries for limiting the global impact of epidemics and other public health emergencies. The new rules state that smallpox, polio, SARS, and new human influenza strains must be reported immediately to the WHO. In addition, the IHR call for reporting several other diseases and also require countries to report natural, accidental, or deliberate use of biological or chemical agents or radio-nuclear material.

To encourage more openness about health threats and to speed the international response, the new rules require member countries to notify international officials of a public health emergency within 24 hours of assessment; designate a national IHR focal point to stay in constant communication with the WHO; develop and maintain core public health capacities for monitoring and responding to emerging threats, including those related to chemicals, radiation and food; and report health measures, such as border screening and quarantine, implemented in response to disease outbreaks, with a focus on measures that could impair international trade or travel. The United States formally accepted the revised IHR in December 2006 and immediately implemented the new rules according to US federalism principles. For more information, please visit <http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jun1507regulations.html>.

Registration of Traveler Emergency Contact and Itinerary Information: **New**



Several airlines have registration processes that allow travelers to provide their contact information, emergency contact/next-of-kin information and travel itinerary information in case on an emergency. In light of recent events involving an airline traveler with a potentially infectious disease, CDC encourages travelers to provide this information to ensure they can be reached in case of emergency.

Additionally, the US State Department provides a free travel registration service to US citizens who are traveling or living in another country. Registration allows a traveler to record information about his or her upcoming trip abroad that the Department of State can use to assist in case of an emergency. Americans residing abroad can also get routine information from the nearest US embassy or consulate. For more information, please visit http://www.cdc.gov/travel/other/register_contact_info.htm.

Questions, Comments, Suggestions or to Subscribe

For questions, comments, suggestions or to subscribe to the Preparedness Report, please e-mail us at center@ynhh.org.
www.yalenehavenhealth.org/emergency

2007 Biomedical Advanced Research and Development Authority (BARDA) Industry Day – August 3, 2007

The BARDA Industry Day is a forum for representatives from relevant industries, academia, federal agencies and international agencies interested in working with the Federal Government to showcase technological advances in medical countermeasures to manmade and naturally occurring threats. Also included is a discussion on the HHS Pandemic Influenza Plan, the HHS PHEMCE Strategy and Implementation Plan and Project BioShield. The 2007 BARDA Industry Day will be held on August 3, 2007, at the Fairmont Washington DC in Washington, DC, and will consist of breakout sessions on vaccines, therapeutics, medical diagnostic products and non-pharmaceutical countermeasures. Industry stakeholders will present their product information to representatives from throughout the federal government, international agencies, industry and academia. For more information and to register, please visit <http://www.hhs.gov/aspr/ophemc/barda/>.

NATHCER Project Tabletop Exercise Scheduled for Las Vegas, NV: **New**

On July 11, 2007, YNH-CEPDR staff will facilitate and evaluate a tabletop exercise in Las Vegas, NV at the MGM Grand Hotel during the *2007 Western Regional Preparedness Conference: Strengthening Interstate Communication and Collaboration*, hosted by the Area Health Education Center of Southern Nevada (AHEC SN) <http://www.snahec.org/wrpc/index.htm>. AHEC SN is a partner in the National Alliance for Training HealthCare for Emergency Response (NATHCER) project. The purpose of this exercise is to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities for response and to assess the effectiveness of specific education and training initiatives in preparing participants to respond. The exercise will focus on key healthcare coordination and critical decision-making to save lives and protect the public health, patients, staff and visitors following an incident. The NATHCER project staff has already conducted nine table top exercises over the past three months within eight of the ten FEMA regions. For more information, please contact Deanna Bourgeault at (469) 619-3005 or deanna.bourgeault@ynhh.org.



Personal and Family Preparedness

Do you know how to prepare yourself and your family for a natural or man-made emergency? Whether you're a medical professional, community member, student, or someone who has a question, turn to the Medical Reserve Corps for reliable and current resources on personal and emergency preparedness. The Medical Reserve Corps at Yale New Haven Center for Emergency Preparedness and Disaster Response (MRC-YNH CEPDR) is proud to be known as "**the source**" for accurate and current information and education and training on emergency preparedness. The MRC-YNH CEPDR has an expert staff that will provide effective education and training resources to audiences around the state. Find out how to set up training and access other resources by contacting Eugenie Schwartz at eugenie.schwartz@ynhh.org or at (203) 688-2659.

Emergency Credentialing Program

As the hazy days of summer approach and we celebrate our summer holidays with family and friends, we usually feel prepared for anything.....mosquitoes, sun burn, crowded beaches, traffic.....It is easy in this fun season to forget that we still need to be prepared just in case we are faced with a major disaster in our state or region. It could be weather; it could be any number of manmade events, both accidental and intentional. To be ready for this, we need to build a strong cadre of dedicated professional volunteers who are willing to step forward and say "I will." One way to do this is to volunteer to be part of the State of Connecticut Emergency Credentialing Program for Healthcare Professionals. This database contains the names of approximately 3700 volunteers in a variety of medical and allied health fields as well as their skills. Members of this group could be asked to volunteer at the site of disaster should the need arise. If you are interested in joining or just finding more information on this dedicated group of volunteers, please go to <http://www.ct-esar-vhp.org> or contact Joseph Filakovsky, DNP, APRN, Emergency Credentialing Coordinator at (203) 688-3224 or at ecp@ynhh.org.



3rd Annual Emergency Preparedness Conference, Abstracts Welcomed

Earthquakes, tornados, heat waves, floods, oil spills, fires, nuclear accidents, dirty bombs, pandemic flu, terrorism threats, hurricanes, blackouts, blizzards; the list of disasters is endless – and continues to grow. On average, natural disasters cause 185 deaths per day. The loss of human life, the physical and environmental damages, the disruption to school, homes, business and productivity and the financial impact can be devastating to any community or country. But the impact of many disasters can be sharply reduced if an effort is made to assess risk and develop and test contingency plans for disaster response before it happens, rather than after the damage has been done.

Joint Commission Resources (JCR) will present its third annual emergency preparedness conference at the Hilton Alexandria Mark Center in Alexandria, Virginia, on October 10 and 11, 2007. This outstanding program will provide attendees with new ideas, concrete tools, tips, checklists and strategies to help them prepare their organizations and jurisdictions for peak performance, self-sufficiency and constant readiness. Once again, JCR is partnering with the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) on the scientific abstract session for the conference. Providing a forum for attendees to share their experience and expertise with colleagues from around the country, the abstract session will be even bigger and better than last year, with 25 submissions being selected for poster presentation and two selected for platform presentation during the conference plenary sessions on October 11, 2007. For more information on the abstract submission process, please go to <http://yalenewhavenhealth.org/emergency/disasterconference/>. For more information or to register for this conference, please visit <http://www.jcrinc.com/24835/>, or call JCR Customer Service at (877) 223-6866.

Positions Available at YNH-CEPDR

YNH-CEPDR has openings for Exercise Specialists, Regional Education Specialists, Grant Reporting Specialist and a Courseware Development Intern. Please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org for more information, or apply online at <http://www.yalenewhavenhealth.org/info/jobs.html>.

Education and Training Services

YNH-CEPDR is committed to developing and delivering effective and scalable 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, emergency operations plans and business continuity plans
- **EDUCATION and TRAINING:** Course development and course delivery in various modalities (including web-based)
- **DRILLS and EXERCISES:** Design, development, facilitation and evaluation

For additional information about these services, please contact Scott Selig at scott.selig@ynhh.org or (203) 688-2587 or Kimberly Spaulding at kimberly.spaulding@ynhh.org or (203) 688-4482.

Education and Training

The online publication *Emerging Infectious Diseases* article entitled "Respirator Donning in Post-Hurricane New Orleans" makes the observation that "An observational study of 62 healthcare workers in three California hospitals found that 40 (65%) improperly put on N95 FF respirators before entering the room of a patient in isolation for tuberculosis." <http://www.cdc.gov/eid/content/13/5/700.htm>. Properly fit personal protective equipment can help control the spread of airborne infections including pandemic influenza. YNH-CEPDR is currently developing **N95 Respirator Fit Tester Training (EM 122)**. This 20-minute online course will provide an in-depth look at the fit testing process used to test the seal of the N95 respirator and will meet OSHA fit-testing requirements. The N95 respirator is worn by healthcare workers treating patients with infectious airborne diseases, including pandemic influenza. This course is designed to provide just-in-time training to healthcare workers that must perform fit tests. The use of text and video combined with a cue card, available to print, gives fit testers a more robust learning experience and a useful job aid. This course is anticipated to be released in the summer of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Education and Training



At the request of the Bioterrorism Training and Curriculum Development Program of the HHS, the YNH-CEPDR EM 103 w/NIMS and EM 140 w/NIMS courses were reviewed by the NIMS Integration Center. These courses provide a solution to address elements 9 through 11 of the NIMS Implementation Activities for Hospitals and Healthcare Systems. These courses meet all of the required objectives defined by the NIMS National Standard Curriculum Training Guidance as demonstrated on the YNH-CEPDR NIMS Competency Crosswalk, which may be accessed at http://www.ynhhs.com/emergency/YNH_CEPDR_NIMS_CompencyCrosswalk.pdf. EM 103 w/NIMS and EM 140 w/NIMS have also been approved as being NIMS compliant for healthcare education and training requirements by the State of Connecticut Department of Public Health and the State of Connecticut Department of Emergency Management and Homeland Security.

To download a brochure, please visit http://www.ynhhs.org/emergency/NIMS_Brochure-Final.pdf. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

- YNH-CEPDR has developed a strategic partnership with HealthStream to distribute EM 103 w/NIMS and EM 140 w/NIMS. This partnership will support a broader dissemination of these courses as a strategy for hospitals and healthcare systems to become compliant with NIMS education and training requirements. For more information, please contact Scott Selig at scott.selig@ynhh.org.
- **Introduction to Emergency Management with NIMS (EM 103 w/NIMS)** is available at <http://ynhh.emergencyeducation.org/>. Yale New Haven Health System employees should access the course via the learning management system at <http://cmecourses.com/ynhh/>. EM 103 w/NIMS meets the required objectives of IS 100, IS 700 and IS 800 for healthcare organizations and provides awareness-level emergency preparedness training for the healthcare delivery workforce. 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. 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 50-minute course which offers an introduction to ICS for healthcare workers and is available at <http://ynhh.emergencyeducation.org/>. Yale New Haven Health System employees should access the course via the learning management system at <http://cmecourses.com/ynhh/>. EM 140 w/NIMS meets the required objectives of IS 200, IS 700 and IS 800 for healthcare organizations. 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. 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. An online version of EM 110 is scheduled for release in the summer of 2007. A more advanced radiological preparedness course is under development and planned for release in the fall of 2007. EM 110 CD-ROM is available for a fee and can be obtained by contacting Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- **Best Practices for the Protection of Healthcare-Based First Receivers (EM 120)** is available at <http://ynhh.emergencyeducation.org/>. EM 120 is aligned with the Occupational Safety and Health Administration (OSHA) required awareness-level competencies for first receivers. Sample job classifications that may 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 and planned for release in the fall of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
7.10.07	11:00 a.m. to 12:00 p.m. EST	NEPHERET Region: EM 103 w/NIMS Train-the-Trainer, Family Planning	For more information, please contact Ella Holst at: Ella.holst@ynhh.org .
7.11.07	11:00 a.m. to 12:00 p.m.	NEPHERET Region: EM 103 w/NIMS Train-the-Trainer, Community Health Centers	For more information, please contact Ella Holst at: Ella.holst@ynhh.org .
7.12.07 7.17.07	1:00 p.m. to 2:00 p.m. 11:00 a.m. to 12:00 p.m.	NEPHERET Region: EM 103 w/NIMS Train-the-Trainer, Home Health Agencies	For more information, please contact Ella Holst at: Ella.holst@ynhh.org .
7.19.07	11:00 a.m. to 12:30 p.m. EST	Pandemic Influenza for First Receivers <i>Sponsored by the Alabama Department of Public Health</i>	For more information, please visit https://www.adph.org/alphn/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252 .
7.16.07 and 7.21.07		All Hazard Incident Management Teams (AHIMT) Training <i>Sponsored by the Connecticut Fire Academy</i>	Windsor Locks, CT For more information, please visit http://www.ynhhs.org/emergency/AHIMTClass.pdf or contact Jackie Kilby-Richards at (860) 627-6363 x 285 jacklyn.kilby-richards@po.state.ct.us .

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

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UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
7.11.07	9:00 a.m. to 12:00 p.m.	NATHCER Exercise Area Health Education Center of Southern Nevada, Las Vegas, NV <i>Sponsored by YNH-CEPDR</i>	For more information, please contact Deanna Bourgeault at deanna.bourgeault@ynhh.org .
7.12.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
7.12.07	9:30 a.m. to 10:30 a.m.	Regions 1, 2 and 5 Hospital Meeting	Connecticut Hospital Association
7.26.07 and 7.27.07	8:00 a.m. to 5:00 p.m. 8:00 a.m. to 12:15 p.m.	4 th Annual Arkansas Statewide Preparedness Conference <i>Sponsored by Arkansas Medical Services, UAMS Regional Programs, Arkansas Children's Hospital, AR DHHS, AR Hospital Association, AR Dept. of Emergency Management, Arkansas Office of the FBI</i>	For more information, please visit http://www.ynhhs.org/emergency/AKStatewidePreparednessConf.pdf .
8.3.07	<i>More Information to Come</i>	2007 Biomedical Advanced Research and Development Authority (BARDA) Industry Day <i>Sponsored by HHS</i>	For more information and registration, please visit http://www.hhs.gov/aspr/ophemc/barda/ .
9.19.07	<i>Save the Date</i>	2007 National Summit <i>Sponsored by the New York Primary Care Development Corporation</i>	For more information, please visit http://www.pcdcny.org/ .