

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Risk of Bird-Flu Pandemic Seen as a Permanent Threat: **New**

In a January 16, 2007 article, written by Nicholas Zamiska of *The Wall Street Journal*, Mr. Zamiska warns that bird flu pandemic should be seen as a permanent threat. Although fears of an avian flu pandemic among humans have subsided, experts warn that the risk has not vanished. Evidence continues to trickle in that the virus has not gone away. Birds continue to die from the disease in countries such as Vietnam and South Korea. In recent weeks, China, Indonesia, and Egypt have reported cases of humans contracting the virus, most likely from close contact with sick birds. Public health experts say the safest approach is to consider a human pandemic a somewhat permanent threat. "The virus (avian H5N1) has not mutated. We aren't any closer to reaching a pandemic state than we were before, but she adds, it would be foolish to bet against it." says Dida Connor, a spokesperson for the WHO in Vietnam. To read this article you will need to login as a user, please visit http://online.wsj.com/public/search/page/3_0466.html?KEYWORDS=risk+of+bird-flu+pandemic+seen+as+a+pandemic+threat.

Pandemic Influenza Conference Call – January 23, 2007: **New**

On January 23, 2007, from 1:00 to 2:00 p.m. Barbara Reynolds from the CDC will host a crisis and emergency risk communication pandemic influenza conference call. Issues to be addressed include the psychology of a severe influenza pandemic and what kinds of messages the public will need from their public health professionals; why stigmatization occurs and how officials can respond and discourage it; the importance of strengthening community hardiness and personal resilience to provide the optimum opportunity for recovery from the crisis; and how to incorporate loss, grief and mourning rituals in communication to the community while respecting cultural differences. For more information about this call, please visit <http://www.bt.cdc.gov/coca/callinfo.asp>.

CDC Shipping Instructions: **Updated**

The CDC has updated and created instructional picture diagrams for proper shipping of specimens after a chemical-exposure event. To access these diagrams, please visit <http://www.bt.cdc.gov/whatsnew.asp>.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of January 15, 2007, is 267 cases and 161 deaths.

- On January 12, 2007, the Ministry of Health of Indonesia confirmed the death of a 22-year old woman from Tangerang City, Banten Province, from H5N1 avian influenza. The Ministry of Health has also confirmed two additional cases of human infection of H5N1 avian influenza. With fresh outbreaks in Indonesia, Vietnam and a new human case reported in China, there are renewed concerns over this deadly virus. For more information, please visit <http://www.flulab.com/overview.php?a=2007-01-17-fl78>.
- [Pandemicflu.gov](http://www.pandemicflu.gov) has developed a checklist for US businesses with overseas operations. This checklist provides suggestions and can serve as a starting point for developing a comprehensive plan. The checklist highlights actions applicable to businesses of all sizes, although each item does not necessarily apply to every overseas business. For further information and resources, please visit <http://www.pandemicflu.gov/plan/business/businessoversea.html>.
- On January 17, 2007, the Department of Health and Human Services (HHS) awarded contracts totaling \$132.5 million to GlaxoSmithKline, Novartis Vaccines and Diagnostics and Iomai Corporation for the advanced development of H5N1 influenza vaccines using an immune system booster called an adjuvant. An adjuvant is a substance that may be added to a vaccine to increase the body's immune response to the vaccine's active ingredient, called an antigen. Under the contracts, each company will build up its capacity to produce within six months after the onset of an influenza pandemic either 150 million doses of an adjuvant-based pandemic influenza vaccine or enough adjuvant for 150 million doses of a pandemic influenza vaccine. In addition to supporting the development of company's antigen-sparing vaccine candidate, the contracts also require each company to provide its proprietary adjuvant for US Government-sponsored, independent evaluation with influenza vaccines from other manufacturers. To read this release in full, please visit <http://www.hhs.gov/news/press/2007pres/20070117a.html>.
- A study led by Yoshiro Kawaoka of the University of Wisconsin–Madison used a virus that was reassembled in 2005 out of fragments recovered from the tissues of 1918 victims. The researchers compared clinical course, pathology and genomic analyses for seven monkeys experimentally infected with high doses of the 1918 virus and three monkeys infected with a modern virus from the same H1N1 family as the 1918 strain. Pathologic analysis revealed that the lungs of the 1918-infected group, but not the modern-virus group, were filled with blood and watery fluid and had widespread tissue destruction. Viral isolation from the tissues showed that the 1918 virus kept replicating throughout the monkeys' respiratory systems. Based on findings of this study, Kawaoka's team recommends additional research on statins, a class of drugs used against cardiovascular disease that target inflammatory response observed in the flu studies. To read further, please visit <http://www.nature.com/nature/journal/v445/n7125/full/nature05495.html>.

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Strategies and Tools for Meeting the Needs of Children in a Disaster:

New

On January 11, 2007, the Agency for Healthcare Research and Quality conducted a web conference that explored key issues surrounding preparedness planning for the care of children. The conference highlighted research, tools and models that can be used in developing effective preparedness strategies for addressing the unique needs of children. To listen to an audio recording of the conference or to view presentations presented, please visit <http://www.ahrq.gov/news/ulp/btpediatric/>.

JCAHO Proposed Additions to EM

Standards: Updated

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has posted for public comment proposed revisions to the emergency management standards for hospitals and long-term care facilities. According to JCAHO, the standards are designed to emphasize "scalable" emergency management needed to respond to the variety, intensity and duration of the disasters that healthcare facilities may encounter. The changes to the current emergency management standards are extensive. The new standards provide guidance for developing an emergency management program that identifies six critical functions, regardless of the cause or causes of an emergency. It is important that organizations have an understanding of their capabilities in meeting these six critical functions during conditions when their facility's infrastructure, the community's infrastructure or both are compromised. Visit http://www.jointcommission.org/AccreditationPrograms/Hospitals/Standards/FieldReview/em_stds_fr.htm to read the complete release of the proposed standards or <http://www.ynhhs.com/emergency/commu/JCAHOProposedAdditionstoEMStandards.pdf> to read a summary of the standards.

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.yalenehavenhealth.org/emergency

AHA comments on prioritizing pandemic flu

vaccine distribution: **New**

In comments submitted on January 18, 2007 to HHS, the American Hospital Association (AHA) said healthcare providers should be among the first to receive pre-pandemic and pandemic flu vaccine to ensure they can respond to the nation's healthcare needs. The association suggested a three-tiered strategy for prioritizing vaccine distribution among healthcare workers, beginning with hospital, primary care and emergency medical staff who have direct patient contact. Subsequent healthcare recipients should include non-clinical staff who have direct contact with pandemic flu patients, followed by support personnel who do not directly interact with patients but are critical to keeping the healthcare facility running, AHA said. To ensure adequate production and controlled distribution of vaccine, the federal government should become the sole purchaser of pandemic flu vaccine and direct the allocation, distribution and administration of the vaccine, while states should distribute and administer the vaccine locally under the purview of strict federal guidelines and stipulations, AHA said. To read further, please visit http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_070118_vaccine&domain=AHANEWS.

Seasonal Influenza: **New**



During the week of December 31, 2006, to January 6, 2007, widespread activity was reported by five states (Alabama, Georgia, Kentucky, South Carolina and Tennessee); regional activity was reported by eleven states (Connecticut, Florida, Indiana, Iowa, Maryland, Mississippi, Nevada, North Carolina, Oklahoma, Pennsylvania and Texas); local activity was reported by fifteen states (Arizona, California, Idaho, Illinois, Kansas, Louisiana, Massachusetts, Michigan, Missouri, Nebraska, New Jersey, South Dakota, Utah, Virginia and Wisconsin); sporadic activity was reported by the District of Columbia, New York City and nineteen states (Alaska, Arkansas, Colorado, Delaware, Hawaii, Maine, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Washington, West Virginia and Wyoming); and no influenza activity was reported by Vermont. For more information, please visit <http://www.cdc.gov/flu/weekly/>.



The CDC has recently updated their "Cover Your Cough Posters" by translating them into Portuguese, French, Vietnamese, Chinese, Hmong, Khmer and Laotian. To download these posters, please visit <http://www.cdc.gov/flu/protect/covercough.htm>.

The CDC has updated its "Flu Vaccine Effectiveness: Questions and Answers for Health Professionals" fact sheet. This fact sheet discusses the effectiveness of flu vaccines against all flu and cold type viruses, why a vaccine is needed every year and more. For more information, please visit <http://www.cdc.gov/flu/about/qa/vaccineeffect.htm>.

GAO Report: Transportation for Disadvantaged Populations: **Updated**

The US Government Accountability Office has created a report "Transportation of Disadvantaged Populations: Actions Needed to Clarify Responsibilities and Increase Preparedness for Evacuations." This report identifies transportation problems that states and localities will have in the event of a disaster. The GAO studied the District of Columbia, Los Angeles, Miami, New Orleans and Buffalo because they were identified as being high risk because of a large concentration of elderly, disabled and low-income populations without their own vehicles. To read this report, please visit <http://www.gao.gov/new.items/d0744.pdf>. (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.

NIMS Compliance Approval for EM 103 w/NIMS and EM 140 w/NIMS: **Updated**

Introduction to Emergency Management with NIMS (EM 103 w/NIMS) and Incident Command Systems for Healthcare (EM 140 w/NIMS) have been approved as compliant by the Department of Homeland Security (DHS) National Incident Management System (NIMS) Integration Center (NIC). These courses are cost-effective, time-efficient and provide a healthcare-focused alternative to required FEMA courses. Together, EM 103 w/NIMS and EM 140 w/NIMS have been approved by the DHS NIC as meeting the required objectives of IS 100, IS 200, IS 700 and parts of IS 800. To access these courses, please visit <http://ynhhs.emergencyeducation.org/>. For more information, please contact Scott Selig at (203) 688-2587 or scott.selig@ynhh.org.

Emergency Credentialing Program: **Updated**



One-hour training sessions are being scheduled with Emergency Credentialing Program (ECP) hospital contacts to learn how to access and navigate the ECP volunteer management database to conduct pre-event credential verification and for resource identification and contact information when the ECP system is activated. It is strongly recommended that at least two individuals from each hospital become familiar with the ECP and the volunteer management database and that these individuals have a designated and defined role in the hospital's 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. For more information or to schedule your training, please contact Carol Luddy at (203) 688-5544 or carol.luddy@ynhh.org.

15th World Conference on Disaster and Emergency Medicine – May 13-16, 2007 in Amsterdam, Netherlands: **Updated**



The World Association for Disaster and Emergency Medicine (WADEM) will hold a conference from May 13-16, 2007 in Amsterdam, Netherlands. The central theme of the 2007 congress is preparedness, knowledge, training and networks. The need for consistent standards and benchmarks in emergency preparedness for hospitals and healthcare organizations around the world is critical. To address this need, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Joint Commission International (JCI), the Pan American Health Organization (PAHO), the Yale New Haven Center for

Emergency Preparedness and Disaster Response (YNH-CEPDR) and WADEM will offer an 1½ day workshop during the conference to develop recommendations on a focused subset of hospital emergency preparedness benchmarks, define and implement an ongoing process to pilot and evaluate those benchmarks and promote a consensus-building process that will be used to develop and implement these and additional benchmarks in the future. Hospital and healthcare leaders and decision-makers are encouraged to register for this exciting educational opportunity and participate in an international standard-setting initiative. Early registration continues through February 10th. To learn more about this conference, please visit <http://www.wcdem2007.org/>.

Training and Education Courses: **Updated**



Introduction to Emergency Management with NIMS (EM 103 w/NIMS) is available at <http://ynhhs.emergencyeducation.org/>.

This course addresses basic emergency management concepts required by DHS for courses IS 100, IS 700 and portions of IS 800. EM 103 w/NIMS 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. 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://ynhhs.emergencyeducation.org/>. 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 addresses objectives required by DHS for courses IS 200, IS 700 and portions of IS 800. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

Training and Education Website: **Updated**



YNH-CEPDR has updated its education and training website. In addition to a new look, registration is now required to access online courses. This new approach will permit users to view a transcript and review or print their Certificate of Completion for courses previously passed. It also enables YNH-CEPDR to provide more complex offerings that require documented completion of prerequisites. Please visit <http://ynhhs.emergencyeducation.org/>.

Training and Education Courses: **Updated**



Best Practices for the Protection of Hospital-Based First Receivers (EM 120) is available at <http://ynhhs.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 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 and will be planned for release in spring of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.

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

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Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
2.14.07	8:30 a.m. to 9:30 a.m.	Statewide Interhospital Working Group	Connecticut Hospital Association
2.14.07	9:30 a.m. to 10:30 a.m.	Southern Tier Meeting	Connecticut Hospital Association

Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
1.23.07	1:00 p.m. to 2:00 p.m.	Crisis and Emergency Risk Communication: Pandemic Influenza <i>Sponsored by the CDC</i>	Dial in number: (888) 889-4431 Passcode: CERC For more information, please visit http://www.bt.cdc.gov/coca/callinfo.asp .
2.27.07	1:00 p.m. to 2:30 p.m.	When the System is Overwhelmed: Protecting the Provider During Bioterror <i>Sponsored by the Alabama Department of Public Health</i>	To register for this call, please visit http://www.adph.org/alphn/vcomm.asp?action=conflistone&templatnbr=3&deptid=143&templateid=1252 .