

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

UN Calls for Renewed Vigilance as Bird Flu Outbreaks Increase:

New



On January 23, 2007, the Food and Agricultural Organization (FAO) of the United Nations, expressed concern about new flare-ups of avian influenza in China, Egypt, Indonesia, Japan, Nigeria, South Korea, Thailand and Viet Nam but stressed that the number of outbreaks in the first weeks of 2007 has been significantly lower than the epidemic waves of last year. The UN agency urged countries to remain vigilant and fully cooperate with international organizations. The virus continues to kill people and damage farmers' livelihoods. FAO noted that the intercontinental spread of the H5N1 virus by wild birds migrating from Asia to Europe and Africa had not taken place during this autumn/winter season at the same level as it had in 2005. However, poultry trade and the transport of live birds could still spread the virus. Cold weather enhances virus survival, but farming systems and wild bird migration as well as the movement of animals during important holiday seasons also play a role. To read this release in full, please visit <http://www.fao.org/newsroom/en/news/2007/1000483/index.html>.

Avian Influenza: New

Rachel Schwartz, PhD of the Institute for Biosecurity at Saint Louis University School of Public Health has created a *Pandemic Response for Prisons and Jails Handbook*. This handbook addresses some of the unique circumstances faced by correctional facilities in dealing with pandemic avian influenza, taking into account the special populations involved, the availability of resources and training, the epidemiological realities of disease transmission and treatment in prisons and jails, staff needs for training, support and material. The handbook also includes fact sheets on avian influenza, lessons learned from past pandemics, information on personal protective equipment, respiratory hygiene and cough etiquette, social distancing in correctional settings, algorithms for pandemic response and strategies for limiting absenteeism among workers during pandemic. The handbook contains a hard copy of a PowerPoint training module, action checklist and other resources. For more information, please visit <http://www.bioterrorism.slu.edu/newsletter/Jan07News/PandemicResponse0107.html>.

Avian Influenza: New

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of January 22, 2007, is 269 cases and 163 deaths.

- On January 18, 2007, viruses with a genetic mutation, linked in laboratory testing to moderately reduced susceptibility to oseltamivir, have been discovered in two persons previously reported with H5N1 infections in Egypt. Both patients had been on treatment with oseltamivir for two days before the clinical samples that yielded the viruses were taken. The two patients from whom samples were taken were a 16 year-old female and a 26 year-old male from Gharbiyah Province, Egypt. They were a niece and uncle who lived in the same house. The girl was admitted to a hospital on December 19, 2006, while the man was admitted on December 17, 2006. On December 21, 2006, they began receiving 2 tablets per day of oseltamivir. On December 23, 2006 they were moved to a referral hospital. The samples which have so far been tested were taken from the two patients on December 23rd. The girl died on December 25th and the man died on December 28th. At this time there is no indication that oseltamivir resistance is widespread in Egypt or elsewhere. WHO is not making any changes in antiviral treatment recommendations for H5N1-infected persons published in June 2006 because the clinical level of resistance of these mutations is not yet well established. Current laboratory testing suggests that the level of reduced susceptibility is moderate. This mutation has previously been identified in Viet Nam in one case in 2005. Moreover, these mutations are not associated with any known change in the transmissibility of the virus between humans. Based on these considerations, the public health implications at this time are limited. Finally, these findings do not indicate a need for a change in phase level. The WHO pandemic preparedness level remains at three. The Egyptian authorities, WHO and its Collaborating Centers will continue to share with the public all relevant information from the on-going investigations and analyses as soon as it becomes available. For more information, please visit http://www.who.int/csr/don/2007_01_18/en/index.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>.

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15th World Conference on Disaster and Emergency Medicine: **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/>.

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

Updated

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/>.

Seasonal Influenza: **New**



Illustration: CDC
Click to enlarge

During the week of January 7, 2007 to January 13, 2007, widespread activity was reported by by three states (Kentucky, South Carolina and Tennessee); regional activity was reported by twelve states (Arkansas, Connecticut, Florida, Georgia, Indiana, Iowa, Nevada, North Carolina, Oklahoma, Pennsylvania, Texas and Virginia); local activity was reported by sixteen states (Alabama, Arizona, California, Idaho, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, Utah and Wisconsin); sporadic activity was reported by the District of Columbia, New York City and 18 states

(Alaska, Colorado, Delaware, Hawaii, Maine, Mississippi, Montana, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, South Dakota, 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>.

Governor Rell Pushes for Stepped Up Training in Evacuation Process: **New**



Governor Rell

On January 22, 2007, Governor M. Jodi Rell announced that notices have been sent out this week to all Connecticut mayors and first selectmen concerning a May 1, 2007 training session that will focus on Connecticut's statewide evacuation and mass sheltering planning process. The Department of Emergency Management and Homeland Security (DEMHS) is partnering with the Connecticut Conference of Municipalities (CCM) to conduct this seminar. The program will include training on the regional evacuation plans for chief elected officials. In addition to evacuation plans, the program will focus on topics such as debris management by the Department of Environmental Protection (DEP), child safety and universal access for all citizens. Governor Rell was the first governor in the nation to voluntarily direct state agencies to develop written evacuation plans for all potential emergencies and to order a special Category 4 hurricane drill to assess the state's readiness. For more information, please visit <http://www.ct.gov/governorrell/cwp/view.asp?Q=331034&A=2791&pp=12&n=1>.

HHS Announces \$175 Million in Grant Opportunities for States to Assist Healthcare Providers in the Gulf Coast Region: **New**



On January 18, 2007, HHS Secretary Mike Leavitt has announced the availability of \$175 million in grant funds to help hospitals and healthcare providers that are suffering economic pressure as a result of Hurricane Katrina. These funds are being made available to the states of Alabama, Louisiana and Mississippi, for acute care hospitals and skilled nursing facilities which face financial pressures as a result of changing wage rates that have not yet been reflected or adjusted for in Medicare payment methodologies. To read this release in full, please visit <http://www.hhs.gov/news/press/2007pres/20070118.html>.

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

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 Mark Schneider at (203) 688-2577 or mark.schneider@ynhh.org.
- 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.

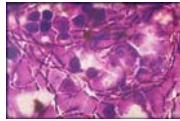
Training and Education Website: **Updated**



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/>.

Immunological Responses after Exposure to Anthrax Spores in the US Capitol, 2001: **New**



Luciana L. Borio, MD evaluated a prospective, longitudinal, observational study published in the January 15 issue of the *Journal of Infectious Diseases*. This study analyzed the humoral and cell-mediated immune responses to *B. anthracis* among persons exposed and possibly exposed to spores in the US Capitol complex in October 2001, during the anthrax bioterrorist attacks. Conclusions from this study indicate that prompt intervention with antibiotics and vaccination was highly effective against the disease even in those who were highly exposed; antibiotic prophylaxis was sufficient to abort infection, but did not inhibit an immune response; and anthrax spores primed antibody and cellular immune responses in a dose-dependent manner, which enhanced the response to vaccination. To read detailed specifics of this evaluation, please visit http://www.upmc-cbn.org/report_archive/2007/01_January_2007/cbnreport_01182007.html.

AHA comments on prioritizing pandemic flu vaccine distribution: **Updated**

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/isp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_070118_vaccine&domain=AHANEWS.

Emergency Credentialing Program: **New**



Rapid access to volunteer contact information to arrange for additional medical professional resources is a critical component of a medical emergency response during a large scale disaster or public health emergency. 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.

Training and Education: **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 planned for release in the spring of 2007. For more information, please contact Mark Schneider at (203) 688-2577 or mark.schneider@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.

Training and Education: 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.

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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
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
Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
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&templatenbr=3&deptid=143&templateid=1252 .