

THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

JAMA Reports Breakthrough in Avian Flu Vaccine: **New**



Credit: AFP

On March 5, 2008, the Journal of the American Medical Association reported in Volume 299, Issue 9 of its publication that a vaccine against the H5N1 avian influenza has been engineered and tested. The vaccine was created by researchers at the University of Pittsburgh's Center for Vaccine Research and the pharmaceutical company, Novavax Inc., in Rockville, Maryland (Bright, RA et al. *PLoS ONE*.

2008;3[1]:e1501). The vaccine, which encodes genes for three

influenza viral proteins, uses a virus-like particle that lacks genetic information to reproduce, making it safer than other avian flu vaccines that are partially developed from live viruses. The vaccine was tested successfully in mice, producing strong immune responses and protected the animals from a lethal challenge with the H5N1 avian virus. The vaccine is currently being tested in humans. To learn more about this exciting discovery, please visit www.jama.com.

Advisers to the Food and Drug Administration (FDA) Back New Recipe for 2008-2009 Flu Vaccine: **New**



On March 4, 2008, the Associated Press (AP) reported that next year's flu vaccine will be changed to provide protection against three new and different influenza strains. Advisers to the FDA unanimously backed the new recipe, echoing an earlier decision by

WHO. It is a highly unusual move; seldom are more than one or two strains swapped out from one year to the next. Due to this drastic change, pressure will now be on the flu vaccine manufacturers to be able to produce more than 100 million doses by the fall. "It's going to be a really busy spring and summer, and of course we're always looking for fallback positions just in case things don't work out well," said Dr. Nancy Cox, flu director at the CDC. "There's a lot of work that will be going on to try and make sure that everything comes together in such a way that there will be plenty of vaccine." To read this article in full, please visit

http://hosted.ap.org/dynamic/stories/F/FLU_VACCINE?SITE=AZPHG&SECTION=HOME&TEMPLATE=DEFAULT.

Avian Influenza: **New**

According to the World Health Organization (WHO), the cumulative number of confirmed cases of avian influenza H5N1 as of March 5, 2008, is 371 cases and 235 deaths.



Bird Flu in Egypt
Credit: AFP/Khaled Desouki

On March 5, 2008, the Ministry of Health and Population of Egypt announced a new human case of avian influenza A(H5N1) virus infection. The case is an 11-year-old male from Menof District, Menofia Governorate. He was hospitalized with symptoms on February 26 and was confirmed as being infected with A(H5N1) by the Central Public Health Laboratory and NAMRU-3 on March 4. He remains in a critical condition. Investigations into the source of his infection indicate a history of contact with sick and dead poultry. Of the 46 cases confirmed to date

in Egypt, 20 have been fatal. For more information, please visit http://www.who.int/csr/don/2008_03_05/en/index.html.

- On March 5, 2008, Russian health officials warned that the threat from the deadly bird flu virus is growing as countries are failing to implement effective disease control measures to deal with the crisis. "The threat is growing as the measures taken, particularly in Indonesia and Egypt, are ineffective and the virus is constantly present in wild birds and circulates in domestic birds that leads to the development of the virus," said Nikolai Vlasov, the head of Russia's agricultural watchdog, Rosselkhoznadzor. The official however stressed that "Russia has no reason to panic," adding that the country has taken all the necessary measures needed to cope with bird flu. Although no cases of human-to-human transmission of H5N1 have been reported, scientists fear the virus could mutate into a strain that could pass easily between people, causing a global pandemic. To read this article in full, please visit <http://en.rian.ru/russia/20080305/100739263-print.html>.
- On March 5, 2008, Reuters reported that Indonesian bird flu virus samples sent to a WHO laboratory last month have not shown any signs of mutation, according to a health ministry spokeswoman. Scientists need to share and analyze H5N1 virus samples to see if they have mutated to become more easily passed between people as that could mean the start of a pandemic that may kill millions of people. Such analyses are also needed in the making of vaccines, a chief weapon in the fight against a pandemic. "CDC [Centers for Disease Control and Prevention] has received the samples and run tests on the samples. The result is it is still H5N1. It hasn't mutated. Meaning it is endemic among fowl and can be transferred from fowl to human," said Lily Sulistyowati, the health ministry's spokeswoman. The lack of mutation means the virus remains hard for humans to catch. Worldwide, the virus has infected 371 people in 14 countries since 2003, killing 235 of them, or roughly 64 percent. To read more about the efforts to research this virus and create a vaccine, please visit <http://africa.reuters.com/commodities/news/usnJAK150528.html>.
- On March 4, 2008, the Ministry of Health and Population of Egypt announced a new human case of avian influenza A(H5N1) virus infection. The case is a 25-year old female from Sennoris District, Fayum Governorate. She developed symptoms on February 24 and was hospitalized on February 27. Her death has now been confirmed by the Ministry of Health and Population. Investigations into the source of her infection indicate that she had contact with sick poultry prior to becoming ill. To learn more about this case, please visit http://www.who.int/csr/don/2008_03_04/en/index.html.

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US DHHS Region I (New England) Emergency Planning Office (Office of the Assistant Secretary for Preparedness and Response – ASPR)

The Occupational Safety and Health Administration (OSHA) Publication Focuses on Security Personnel
Security personnel (i.e., guards) stand to benefit from a new publication by OSHA entitled **Preparing and Protecting Security Personnel in Emergencies**. This publication addresses emergencies involving hazardous substance releases and provides guidance for employers and their security personnel who may be involved in the emergency response. Printed copies can be obtained by calling OSHA's publications office at (202) 693-1888.

The following resources are identified to assist your preparedness activities:

New/Highlighted Resources:

The Department of Homeland Security (DHS) Selects Schools to Host New Centers of Excellence
http://www.dhs.gov/xnews/releases/pr_1204061890079.shtm

Emergency Evacuations from Major Cities, Ash Institute for Democratic Governance and Innovation, John F. Kennedy School of Government, Harvard University
For more information, please visit
<http://www.innovations.harvard.edu/spotlight.html?id=801&preview=1>

National Disaster Response: FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors. GAO-08-369, February 27.

<http://www.gao.gov/cgi-bin/getrpt?GAO-08-369>
Highlights
<http://www.gao.gov/highlights/d08369high.pdf>

The Great Pandemic, US DHHS, Office of the Public Health Service Historian.
<http://1918.pandemicflu.gov/>

Congressional Research Service. Homeland Security: Roles and Missions for United States Northern Command
<http://www.fas.org/sqp/crs/homsec/RL34342.pdf>

A correspondence course to provide an overview of the new National Response Framework.
<http://www.training.fema.gov/EMIWeb/IS/IS800b.asp>

Seasonal Influenza: **New**



During the week of February 17-23, 2008, widespread activity was reported by Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, West Virginia, and Wyoming; regional activity was reported by Florida; and local activity was reported by the District of Columbia. To read this report in full, please visit <http://www.cdc.gov/flu/weekly/>.



Credit: Department of Health and Human Services

During week 8 (February 17 - 23, 2008), influenza activity decreased slightly in the United States. Two thousand three hundred twenty-one (30.0%) specimens tested by WHO and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of deaths attributed to pneumonia and influenza was above the epidemic threshold for the seventh consecutive week. The proportion of outpatient visits for influenza-like illness (ILI) and acute respiratory illness (ARI) was above national baseline levels. ILI decreased in seven of the nine regions compared to week 7, and was above region-specific baselines in all nine regions. The East South Central, Mid-Atlantic, Mountain, New England, Pacific, South Atlantic and West North Central regions reported ARI at or above their region-specific baselines. Forty-nine states reported widespread influenza activity; one state reported regional influenza activity; and the District of Columbia reported local influenza activity. For more information, please visit http://www.cdc.gov/flu/weekly/?s_cid=ccu030308_seasonal_influenza1_e.



On February 27, 2008, the CDC reported that a panel of immunization experts voted to expand the recommended ages for annual influenza vaccination of children to include all children from 6 months through 18 years of age. The previous recommendation was for vaccination of children from 6 months to 59 months of age. The expanded recommendation is to take effect as soon as feasible, but no later than the 2009 – 2010 influenza season. The Advisory Committee on Immunization Practices (ACIP), which advises the CDC on vaccine issues, voted on the new recommendation during its February 27-28, 2008, meeting. The new recommendation increases the number of children recommended for vaccination by approximately 30 million. To learn more about these new guidelines, please visit <http://www.cdc.gov/od/oc/media/pressrel/2008/r080227.htm>.

New Smallpox Vaccine Licensed to Replace Old Smallpox Vaccine: **New**

Acambis The CDC has begun distribution of a new-generation smallpox vaccine, ACAM2000™ (Acambis Inc., Cambridge, Massachusetts), to civilian laboratory personnel, the military, and state public health preparedness programs. ACAM2000™ is a live, vaccinia virus smallpox vaccine that was licensed for use in the United States by the Food and Drug Administration in August 2007. ACAM2000™ will be replacing Dryvax® smallpox vaccine (Wyeth Pharmaceuticals, Inc., Marietta, Pennsylvania) because of withdrawal of the Dryvax® license. ACAM2000™ is a live vaccinia virus derived from plaque purification cloning from Dryvax®. The safety data available from the ACAM2000™ clinical trials indicate a similar safety profile to Dryvax®. Wyeth intends to withdraw the Dryvax® license and asks that all remaining quantities of vaccine held by civilian and military users be quarantined by February 29, 2008, for the purpose of destruction. This withdrawal is not necessitated by any safety, purity, or quality concerns with the product but rather is consistent with a contract agreement between the CDC and Wyeth. All lots of Dryvax® vaccine will expire on February 29, 2008, and should not be used after that date. For more information regarding the proper protocol for destruction of the Dryvax® vaccine, please visit <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5708a6.htm>.

CDC Issues Health

Advisories: **New**



On February 29, 2008, the CDC issued a health advisory to re-emphasize the importance of considering antiviral medications for use in the treatment or prevention of influenza. The two prescription antiviral medications recommended for treatment or prevention of influenza include



oseltamivir (Tamiflu®, Roche Laboratories, Nutley, NJ) or zanamivir (Relenza®, GlaxoSmithKline, Research Triangle Park, NC). These antiviral medications are also known as neuraminidase inhibitors. Recent studies suggest a considerable protective effect against complications associated with influenza when neuraminidase inhibitors are used for treatment. These benefits include reducing the risk of death among older adults hospitalized with laboratory-confirmed influenza. Because high levels of resistance to adamantane antiviral medications (rimantadine and amantadine) continue to be observed among circulating influenza A viruses, adamantanes are not recommended for treatment or prevention of influenza. For more information, please visit <http://www.cdc.gov/flu/professionals/antivirals/>.



Ricin Investigation
Credit: AP Photo/
Douglas C. Pizac

On February 29, 2008, the CDC issued a health advisory stating that they are working collaboratively with the Southern Nevada Health District's Environmental Health Division, the FBI, and other public health and law enforcement agencies to investigate a case of possible ricin exposure in Las Vegas. Preliminary results of environmental testing at laboratories in Nevada have tested positive for ricin. Ricin is a potent biologic toxin that is derived from castor beans. The CDC requests that public health officials and clinicians who encounter patients with symptoms consistent with ricin poisoning report these cases to the CDC Emergency Operations Center, telephone 770-488-7100. The local poison control center (PCC) should also be contacted at 1-800-222-1222 to report cases. Medical personnel are available at PCCs to provide specific advice on treatment and management of ricin poisoning if needed. For more information about clinical descriptions, case classifications, and laboratory testing, please visit

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5401a1.htm>.

Disasters around the World: **New**



Philippine Earthquake
Credit: AFP/Nicolas Asouri

On March 4, 2008, Philippine officials closed schools in the eastern region of Bicol as meteorologists warned that the aftershocks from March 3rd's powerful earthquake combined with recent heavy rains could trigger landslides. The US Geological Survey (USGS) reported that a 6.9-magnitude earthquake struck off the coast of Bicol, a region southeast of the Philippine capital, Manila, at 22:11 local time (1411 GMT) on March 3rd. The epicenter was located about 114 miles (183 km) northeast of Northern Samar province and was 35 miles (56 km) below sea level. There have been no reports of injuries, damages or tsunami warnings, but brief power outages were reported in some areas, according to the AP. Officials warned that a series of strong aftershocks could cause landslides in Bicol, a region already vulnerable because of recent heavy rains and flooding, as well as the presence of Mount Mayon, the country's most active volcano. To learn

more about the recent weather events of this region, please visit <http://coe-dmha.org/apdr/user/printfriendly.cfm?news=24128>.

CDC Releases Results of Formaldehyde Level Tests

On February 14, 2008, FEMA and the CDC issued a joint press release indicating preliminary results from recent testing that found higher than typical indoor exposure levels of formaldehyde in travel trailers and mobile homes used as emergency housing in the Gulf Coast Region. The CDC's preliminary evaluation of a scientifically established random sample of 519 travel trailers and mobile homes tested between December 21, 2007 and January 23, 2008 showed average levels of formaldehyde in all units of about 77 parts per billion (ppb). Long-term exposure to levels in this range can be linked to an increased risk of cancer, and as levels rise above this range, there can also be a risk of respiratory illness. These levels are higher than expected in indoor air, where levels are commonly in the range of 10-20 ppb. Levels measured ranged from 3 ppb to 590 ppb. FEMA is taking steps to expedite the relocation of residents from temporary housing units to apartments or other alternative housing such as motels and hotels. To read this article in full, please visit

<http://www.cdc.gov/print.do?url=http://www.cdc.gov/od/oc/media/pressrel/2008/r080214b.htm>.

REAL ID Extensions Granted to States by DHS: **New**



FEMA Trailers
Credit: AP/Gerald Herbert

On March 3, 2008, DHS released an article defining the purpose of the REAL ID state extensions, indicating that according to the REAL ID Act, if an individual chooses to present a State-issued driver's license or identification card for an official purpose as of May 11, 2008, that driver's license or identification card must be issued by a State that is complying with the REAL ID Act. Those official purposes include: accessing a Federal facility, boarding federally-regulated commercial aircraft, and entering nuclear power plants. Any person presenting a driver's license or state identification card

from a State with an approved extension will be able to use the document for official purposes. The deadline for a State to request an initial extension is **March 31, 2008**. If a State chooses not to request an extension, its driver's licenses and identification cards will no longer be acceptable for official purposes as of May 11, 2008. Individuals of these States can still present other forms of acceptable identification (government-issued photo ID, such as a U.S. passport, military ID, or government identification badge is often acceptable) to board federally regulated commercial aircraft or access Federal facilities and nuclear power plants. Individuals that do not have other acceptable forms of identification (e.g., government-issued photo identification, such as a U.S. passport, military ID, or other government identification badge) may suffer delays at the airport due to the requirement for additional security screening. To learn more about implementation of the REAL Act, please visit http://www.dhs.gov/xprevprot/programs/gc_1204567770971.shtm.

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

FEMA Reports that NOAA Weather Radios Proved Valuable in Recent Disaster: **New**



On March 5, 2008, the Federal Emergency Management Agency (FEMA) reported that the use of National Oceanic and Atmospheric Administration (NOAA)

weather radios provided excellent communication during a recent storm in Hardin County, Lexington, Kentucky. The storm knocked out the county's 911 call center system, and electricity went out, which would have been detrimental if law enforcement, 911 dispatch centers, and fire departments had not been given NOAA radios to use as an alternative form of communication. The radios run on AC/DC batteries and were the only form of communication between emergency responders after the power failure. Hardin County and surrounding areas were able to purchase 61 NOAA radios after they received a grant from FEMA in the amount of \$1,933 to cover the cost of the devices. To read this article in full, please visit, <http://www.fema.gov/news/newsrelease.fema?id=42841>.

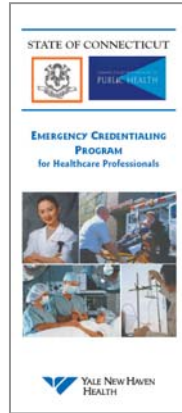
2007 National Healthcare Quality Report Findings: **New**



The release of the 2007 National Healthcare Quality report finds that the quality of healthcare in the United States continues to improve at a modest pace. However, the rate of improvement appears to be slowing. The average annual rate of improvement reported

across the core measures included in this year's fifth annual National Healthcare Quality Report (NHQR) is 2.3%, based on data spanning 1994 to 2005. An analysis of selected core measures, which cover data from 2000 to 2005, shows that quality has slowed to an annual rate of 1.5%. An important goal of improving healthcare quality is to reduce variation in care delivery across the country. This means that patients in all States would receive the same level of high quality, appropriate care. Since 2000, on average, variation has decreased across the measures for which the NHQR tracks State data, but unfortunately this progress is not uniform. For more information on these findings, please visit <http://www.ahrq.gov/qual/nhqr07/nhqr07.pdf>.

Volunteers Needed in the State of Connecticut Emergency Credentialing Program for Healthcare Professionals: **New**



Just like the Marine Corps, we are looking for a "few good men and women" to become volunteers in the State of Connecticut Emergency Credentialing Program for Health Care Professionals. Professionals in Medicine, Nursing, Radiology, Physical Therapy, Behavioral Health, Respiratory Therapy as well as many others are needed. This is a program of both pre-credentialed and credentialed hospital disaster volunteers from many disciplines who have offered to respond when a natural or human event overwhelms a facility, region or state. Volunteers who agree to assist are given facility and event specific "just-in time" training to assist them to function in their new setting, and volunteers are covered for liability and workers' compensation. Please check out our web site at www.ct-esar-vhp.org to see if this program is for you. Enrollment is done on-line, and basic disaster related education is provided. If you have any questions, please contact us at ecp@ynhh.org, or call Joseph Filakovsky, DNP, APRN, Emergency Credentialing Program Coordinator, at (203) 688-4468.

California Releases Healthcare Surge Guidelines: **New**

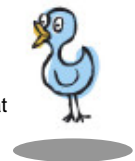
On February 29, 2008, the Clinician's Biosecurity Network (CBN) reported that the California Department of Public Health released its *Standards and Guidelines for Healthcare Surge during Emergencies*. The guidelines, comprising four volumes, along with training materials and a reference manual, are available online at www.bepreparedcalifornia.ca.gov. This is an effort to cover the multitude of difficult issues related to emergencies that overwhelm the healthcare system. The manuals offer practical solutions and useful tools for a number of these issues. In addition, a thorough listing and interpretation of the relevant laws and regulations that affect surge planning is included. To read this article in full, please visit <http://cms.upmc-cbn.org/>.

Don't forget to CHIRP!



Flu season is definitely upon us, and YNH-CEPDR wants to remind you to CHIRP.

YNH-CEPDR has developed educational tools suitable for distribution to your employees, volunteers, patients and visitors that describe personal infection control practices that can help keep them flu-free. For more information, please contact center@ynhh.org.



Public Health Preparedness: Mobilizing State by State

COTPER CDC's Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) has released its inaugural report on public health emergency preparedness. The report highlights the progress that has been made in state and local preparedness and response, identifies preparedness challenges facing public health departments, and outlines the CDC's efforts to address those challenges. Designed to increase accountability regarding the country's investment in preparedness activities, the report presents national data as well as state-specific snapshots for all 50 states and four directly funded localities: Chicago; Los Angeles County; New York City; and Washington, DC. To read this press release in full, please visit <http://www.cdc.gov/od/oc/media/pressrel/2008/r080220.htm>, and for a copy of the entire report, please visit <http://emergency.cdc.gov/publications/feb08phprep/>.

Check Your Emergency Preparedness Kits When You Check Your Clock



On February 22, 2008, the American Public Health Association (APHA) reported the launch of a new campaign aimed at encouraging Americans to make sure their emergency preparedness kits are

stocked when they change their clocks for daylight savings time. The "Get Ready: Set Your Clocks, Check Your Stocks" campaign aims to build on the message of preparedness that already exists with using daylight savings time as a reminder to check the batteries in our smoke detectors. "Since we already use daylight savings time as an opportunity to ensure that our families are prepared for an emergency, it's a great time for us to also make sure that we have a fully stocked emergency kit and that none of the perishable items have expired," said Georges C. Benjamin, MD, FACP, FAACP(E), executive director of APHA. "When we spring forward this year, we want every American to make sure their family has a preparedness kit to fall back on in the event of an emergency." For more information, please visit <http://www.apha.org/about/news/pressreleases/2008/clocksandstocks.htm>.

Positions Available at YNH-CEPDR

YNH-CEPDR has openings for Project Coordinator - Product and Services Development and Network Development Specialists. Please contact YNH-CEPDR at (203) 688-3224 or center@ynhh.org for more information, or apply online at <http://www.ynhscareers.org/>.

Protecting the Healthcare Workforce

Ensuring that all of your staff know how to protect themselves during a disaster in which they may be exposed to a chemical, biological or radiological substance is an important factor in their decision to come to work and fulfill their role in a disaster, and to your facility's ability to provide ongoing healthcare services. OSHA requires that employees performing certain functions complete training programs that prepare them to don and doff appropriate levels of personal protective equipment (PPE) and recognize when such precautions may be necessary. YNH-CEPDR has developed a comprehensive suite of courses that address these OSHA requirements and provide an effective method to train your staff in proper PPE procedures. Whether your need is for fit testing N95 respirators or operations level PPE and decontamination training for your decontamination team, YNH-CEPDR has a solution for your organization. For more information, please contact center@ynhh.org.

Campaign Launched to Make Hospitals Safe from Disasters



Credit: CDC

In the February 2008 issue (129) of the Health Emergency Management in New Zealand (HEMNZ) Bulletin, an article was released detailing a global campaign called "Hospitals Safe From Disasters". The campaign was launched this January in Davos, Switzerland by the secretary of the International Strategy for Disaster Reduction (UN/ISDR) and WHO, with support from the Global Facility for Disaster Reduction and Recovery (GFDRR) of the World Bank, and its aim is to encourage all those responsible for hospital safety such as, decision makers, politicians, architects, engineers, public health officials, development banks, and donors to take action and make hospitals safe from disasters. Damage to primary healthcare centers during disasters can deal serious blows to public health infrastructure and national health systems, sometimes leaving entire populations without adequate access to crucial primary healthcare or health facilities months after the tragedy. This could mean disruption of essential health interventions such as routine immunization or maternal and child healthcare, as well as an increased risk of epidemics. Therefore, there are three main objectives in the WHO and UN/ISDR campaign: to better protect the lives of patients, the health of staff and the public by reinforcing the structural resilience of healthcare facilities; to ensure that health facilities and services continue to function in the aftermath of disasters; and to better prepare and train healthcare workers on preparedness plans that will keep health systems operational when disasters strike. To read further about this initiative, please visit http://www.hemnz.org.nz/newsletters/HEMNZ_bulletin_129.pdf.

UN Food Agency Begins Providing Aid to Cyclone Victims



Madagascar
Credit: AP Photo/Joana Coutinho

The United Nations World Food Programme (WFP) has started distributing emergency food assistance to tens of thousands of people in Madagascar, where at least 73 people have died and almost 150,000 others have been left homeless after cyclone Ivan battered the island nation last week. WFP has already handed out three-day rations of high-energy biscuits to 2,000 Malagasy living in tents in the capital, Antananarivo, after their homes were destroyed by the cyclone winds. Later this week it expects to distribute corn-soya blend porridge to some of the tent camps, the agency said in a press statement, adding that general food distributions and food-for-work activities will also start in the coming days. To learn more about the aid that WFP is providing to this region, please visit <http://interdiscussion.blogspot.com/2008/02/madagascar-un-food-agency-begins.html>.



Cyclone Ivan
Credit: REUTERS/Njaka Rajaonisaona

On February 26, 2007, Reuters reported that cyclone Ivan killed 60 people when it tore through Madagascar last week, more than doubling the previous death toll of 22. Ivan, one of the biggest cyclones ever to hit Madagascar, was packing winds that topped 125 mph. Six cyclones struck Madagascar last year, killing at least 150 people. Scientists say warming seas linked to climate change are likely to increase the frequency and intensity of tropical cyclones in coming decades. For more information, please visit <http://www.alertnet.org/thenews/newsdesk/L26914414.htm>.

Regional Practical and Train-the-Trainer Hazmat Course Bring Area Hospitals Together

Eighteen participants from seven hospitals attended a regional training session of **EM220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level hazmat and decontamination** course recently held at Middlesex Hospital in Middletown, Connecticut. The four-hour course, led by instructors Deborah Smith, David Burich and Samantha Kopp, included a hazardous material identification exercise, practice in donning and doffing of level C personal protective equipment, and a decontamination exercise. This was followed by an additional two-hour train-the-trainer session which prepared participants to return to their institutions and train additional staff in the course material. The regional approach allowed participants the opportunity to share ideas and best practices, while learning in a collaborative environment. For information on bringing EM220 to your hospital or region, please contact Deborah Smith at Deborah.Smith@ynhh.org.

YNH-CEPDR Courses: **New**



EM 120: Best Practices for the Protection of Hospital-Based First Receivers.

Information topics include: special threats from specific agents; levels of biological, chemical and radiological protection and isolation; various levels of respiratory protection; principles of decontamination; decontamination procedures; mental health concerns regarding decontamination; and personal safety issues regarding decontamination.



EM 121: N95 Respirator and Personal Protective Equipment (PPE) Training for Healthcare Workers.

Information topics include: reasons for respirator and personal protective equipment (PPE) use; proper methods for inspecting, donning, and doffing a respirator and PPE; the effective use of a respirator and PPE; and common errors made in PPE and N95 respirator use.



EM 122: N95 Respirator Fit Tester Training.

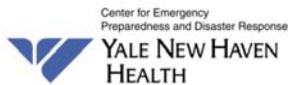
Information topics include: identifying the need to conduct the N95 respirator fit test; conducting a fit test for N95 respirator use; and performing proper inspection and disposal of respirators.



EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level.

Information topics include: preparation for healthcare workers, such as emergency department clerks and clinicians, who are assigned to work in the contaminant-free areas but who may need to identify possible risks associated with unannounced patients; preparation for healthcare workers with designated roles for contaminant removal or who will be working in areas that are considered to be contaminated (training includes proper use of protective equipment); and preparation for hazardous materials specialists, including radiation safety officers.

Programs and Services



YNH-CEPDR is committed to developing and delivering effective and scaleable 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 us at (203) 688-3224 or center@ynhh.org.

UPCOMING

Upcoming Meetings and Events

DATE	TIME	EVENT	LOCATION
3.26.08	2:00pm-3:00pm EST	<p>Creating Vigilant, Prepared and Resilient Communities for Homeland Security</p> <p><i>Teleconference Sponsored by Live Response, a product of DHS FEMA and National Integration Center (NIC)</i></p>	<p>A free pre-recorded satellite teleconference</p> <p>For more information, please visit http://www.dlnets.com/ntpi_26Mar08.htm</p>
04.03.08 and 04.04.08	Save the Date	<p>Emergency Preparedness for Facilities: Basic Preparedness Training for Corporate HQ, Public, Commercial, Educational, Health Care, Manufacturing, Banking, Hospitality, Airport and Related Business Sectors</p> <p><i>Emergency Preparedness Conference sponsored by Controlled Vehicle Access System (CVAS) and Homeland Defense Journal</i></p>	<p>Homeland Defense Journal Training Center Arlington, VA</p> <p>For more information, please visit http://www.homelanddefensejournal.com/hdl/Emergency-Preparedness_April08.html</p>

FOR MORE INFORMATION, PLEASE CONTACT:

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