

THE PREPAREDNESS REPORT

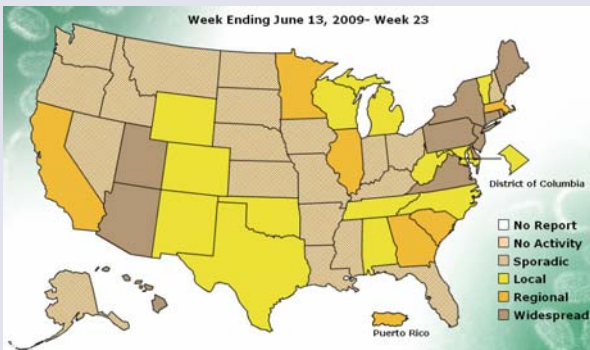
The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

Seasonal Flu: Updated

The influenza activity reported by state and territorial epidemiologists indicates geographic spread of both seasonal influenza and novel influenza A (H1N1) viruses and does not measure the severity of influenza activity. For the week ending June 13th, widespread influenza activity was reported by eleven states (Arizona, Connecticut, Delaware, Hawaii, Maine, New Jersey, New York, Pennsylvania, Rhode Island, Utah and Virginia), regional influenza activity was reported by Puerto Rico and six states (California, Georgia, Illinois, Massachusetts, Minnesota and South Carolina), local influenza activity was reported by the District of Columbia and thirteen states (Alabama, Colorado, Maryland, Michigan, New Mexico, North Carolina, Oklahoma, Tennessee, Texas, Vermont, West Virginia, Wisconsin and Wyoming) and sporadic activity was reported by twenty states (Alaska, Arkansas, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Dakota, Ohio, Oregon, South Dakota and Washington). The complete report can be accessed by going to: <http://www.cdc.gov/flu/weekly/>.



Critical Files Missing at FEMA: New

The Federal Emergency Management Agency needs to track, manage and monitor contracts better, according to an independent audit released Tuesday. Foxx & Co., an audit firm hired by the Homeland Security Department Inspector General to review fiscal 2007 FEMA disaster contracts, found that some contracts it sought to review were missing. One official told the auditors "lots of files are missing - probably 30 percent," a report by the company said. Of the 32 contracts that had files and were reviewed, many lacked the documents that proved the goods and services were necessary; justified why work was not completed; and assessed contractor performance. For additional information, please visit: <http://federaltimes.com/index.php?S=4141961>.

Novel H1N1 Influenza: New

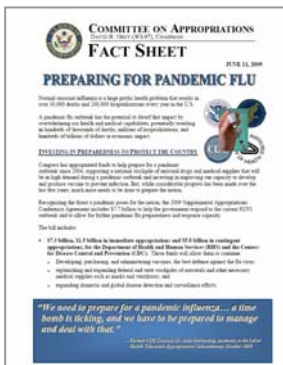
The World Health Organization (WHO) reports that, as of June 24th, 74 countries have officially reported 55,867 cases of influenza A (H1N1) infection, including 238 deaths. The level of influenza pandemic alert remains at phase 6.



The Centers for Disease Control and Prevention (CDC) is reporting, as of June 19th, 21,449 confirmed/probable cases in 50 states the District of Columbia and Puerto Rico. Eighty-seven deaths have occurred. Currently, the level of transmission is primarily community-based.



The Connecticut Department of Public Health reports, as of June 23rd, 824 confirmed cases and five deaths among state residents. Laboratory-confirmed cases represent only a fraction of the likely number of cases in the state because many persons with mild symptoms do not seek care from a doctor or hospital but recover at home.



Congress last week approved \$7.65 billion for battling pandemic influenza, more than three times what the House and Senate had earlier proposed. The money was included in a \$106 billion war supplemental appropriation bill dedicated mostly to funding the military campaigns in Iraq and Afghanistan. Most of the pandemic funding is for activities by the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), but also includes \$350 million to boost state and local capacity for responding to the novel H1N1 flu pandemic. To see the Committee on Appropriations Fact Sheet *Preparing for Pandemic Flu*, Please visit: http://appropriations.house.gov/pdf/FY09_Suppl_Conf_Pan_Flu_Fact_Sheet_06.11.2009.pdf.

- HHS Secretary Kathleen Sebelius announced that the department would pursue advanced development of new way to make influenza vaccine. Protein Sciences Corporation, Inc., of Meriden, Conn., will do the work under a new \$35 million contract. The contract could be extended up to five years at a total cost of approximately \$147 million. Using this method, vaccine candidates, clinical investigational lots, and commercial-scale vaccine production may be available faster than by using traditional vaccine production methods. Because the basic cells can be frozen and stored indefinitely, manufacturing large quantities of a vaccine is also faster using this recombinant technology. To view the news release from HHS, please visit: <http://www.hhs.gov/news/press/2009pres/06/20090623c.html>.
- Oxford University researchers used computational methods to reconstruct the origins and timescale of the Novel H1N1 pandemic; the latest strain has been circulating among pigs, possibly among multiple continents, for many years prior to its transmission to humans. The team also concluded that despite widespread influenza surveillance in humans, the lack of systematic swine surveillance allowed for the undetected persistence and evolution of this potentially pandemic strain for many years.' For additional information on this study, please visit: http://www.ox.ac.uk/media/news_stories/2009/090611_1.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 following resources have been identified to assist your preparedness activities:

http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf

USFA Releases Medical Facility Fires Topical Report:

<http://www.usfa.dhs.gov/downloads/pdf/tfrs/v9i4.pdf>

New from the U.S. Government Bookstore: *Medical Aspects of Chemical Warfare*:

<http://bookstore.gpo.gov/actions/GetPublication.do?stocknumber=008-023-00134-1>

Highlighted Resources:

A Comprehensive List of H1N1 Influenza Resources:

<http://www.ynhhs.org/emergency/links/InfluenzaReferences.pdf>

NRC Publishes Final Aircraft Impact Rule for Nuclear Power Reactors: **New**



The US Nuclear Regulatory Commission (NRC) published a final rule in the Federal Register to require all new nuclear power reactors to design their facilities to withstand the impact of a large aircraft. Plants must incorporate design features and functional capabilities to show, with reduced use of operator actions, that either the reactor core remains cooled or the containment remains intact, and either spent fuel cooling or spent fuel pool integrity is maintained" after a large commercial aircraft strikes the facility. The final rule comes after years of debate as to the impact of an airplane crash into a nuclear facility in the fashion of the terrorist attacks on the World Trade Center and the Pentagon on 9/11. For more information on the NRC ruling, please visit: For a copy of the news release, please visit: <http://www.nrc.gov/reading-rm/doc-collections/news/2009/09-030.html>.

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

Novel H1N1 Influenza: **New** (Continued)

- Novartis AG expects a vaccine for the H1N1 virus to be available by the autumn after it produced the first batch for testing ahead of schedule. The vaccine will enter clinical trials next month, the Swiss drug maker reported, a day after the World Health Organization declared a pandemic and warned governments to prepare for a long battle against the virus. Novartis, Sanofi-Aventis, GlaxoSmithKline and Solvay all obtained the influenza A (H1N1) seed virus in recent weeks and aim to have a vaccine ready ahead of the northern hemisphere flu season. The WHO has estimated vaccine makers could produce up to 4.9 billion pandemic flu shots a year in a best-case scenario, leaving some of the world's 6.5 billion population unprotected, particularly if more than one injection was needed to gain immunity. For additional information about the vaccine, please visit: <http://www.reuters.com/article/europeCrisis/idUSLB532879>.

H1N1



The arrival of Novel H1N1 flu in the United States exposed gaps in the supply chain that delivers medication, masks and even testing swabs to hospitals and doctors' offices - shortcomings that could prove vastly more worrisome if a deadlier strain returns in the fall. Across the nation, from sprawling federal agencies to small local health departments, disease trackers are urgently evaluating their response to novel H1N1

flu, with eyes trained firmly on the autumn months when specialists expect two flu strains to circulate widely: the seasonal variety, capable of killing thousands, as well as the novel H1N1 strain. The specialists operate against a backdrop of unpredictability, knowing that earlier novel flu strains sometimes wane, while others rebounded in mutated, deadlier forms. To read the entire article, which appeared in the *Boston Globe*, please visit:

http://www.boston.com/news/local/massachusetts/articles/2009/06/15/swine_flu_arrival_overwhelmed_stockpile_of_medical_supplies/?s_campaign=8315.



At least 81 U.S. healthcare workers have contracted laboratory-confirmed cases of the novel H1N1 influenza virus and about half caught the virus on the job, the Centers for Disease Control and Prevention reported. One of the key findings of the study was that potential patients with novel H1N1 flu "need to be identified at the front door" of the hospital so that personnel will know they need to take preventive measures, such as wearing masks, isolating the patients and paying particular attention to hand hygiene. If a larger, more virulent outbreak of the virus recurs this fall, a similar infection rate could cause significant problems because it would limit the number of workers available to care for the sick. In addition, there is the concern that the infected healthcare staff could transmit the virus to debilitated patients before their own

symptoms become apparent. To read the article from the *Los Angeles Times*, please visit: http://www.latimes.com/news/nationworld/nation/la-sci-flu19-2009jun19_0_7032033_story.



Stanford University Hospital

Stanford University Hospital is testing a "drive-through" approach to processing large numbers of medical patients during a pandemic. The first test of its kind in the United States, it will offer a potential alternative to the standard walk-in system for screening and treating patients. "The main idea is to avoid infection," Dr. Eric Weiss, the hospital's medical director for disaster planning, said in a statement. "We feel that this mechanism of screening and evaluating patients during a pandemic will be safer for both patients and healthcare providers and much faster than traditional methods." For additional information, please visit:

http://www.mercurynews.com/breakingnews/ci_12553596?source=email.



Credit: Word Factbook

A Warwick (UK) Business School professor and one of the founders of global risks specialist, Maplecroft, has released three new maps and indices revealing the countries most at risk from an influenza pandemic. The Influenza Pandemic Risk Index (IPRI) consists of three categories: 1) Risk of Emergence, 2) Risk of Spread and 3) Capacity to Contain. Each index generates a list of countries most at risk and which require a tailored policy response on the part of government and business. Maplecroft's research focuses on global risks to business. The map of Risk of Spread shows the UK most at risk to the spread of an influenza pandemic, ranking number 1 out of 213 countries. The Netherlands, Germany, Italy, Russia, Canada and Japan are also categorized as extreme risk because of their high population density, urbanization and busy airports. Despite the fact that the UK and other developed Western nations are at extreme risk of spread, their capacity to contain influenza pandemics ranks low risk. For more about these risk assessments, please visit:

<http://www.sciencedaily.com/releases/2009/06/090612122449.htm>.

DHS Announces \$1.8

Billion in Federal

Preparedness Grants: **New**

States and cities at risk of natural disasters and terrorism will receive nearly \$1.8 billion in federal preparedness grants to protect, prevent, respond and recover from potential calamities this fiscal year, according to DHS. "These grants provide direct support for regional preparedness, urban security, and medical response efforts in communities across the country," said DHS secretary Janet Napolitano. "The new grants management initiative launched this year will generate better value for every grant dollar while strengthening our nation's ability to prepare for, respond to, and recover from all disasters." More Information about the grant program can be found at: <http://homelandsecuritynews.com/single.php?id=8161>.

FEMA Plans to Establish Emergency 'Base Camps:

New



FEMA is planning to award a contract to a logistics and management company that could establish and operate one or two "base

camps" that could provide food, shelter and basic needs to approximately 300-2,000 people in each camp, in the event that the president declares a disaster or emergency anywhere in the continental U.S. The chosen vendor must be capable of opening one or two base camps within 72 hours of receiving its task order, in case of an emergency such as a hurricane, flood, earthquake, cyclone, tornado, blizzard, avalanche, tsunami or act of terrorism, according to a Request For Information (RFI) issued by FEMA on June 3. The story, from *Government Security News*, can be viewed at: <http://www.gsnmagazine.com/cms/features/news-analysis/2138.html>.

Preparedness: **New**

The Homeland Security Department's science and technology office plans to triple spending on cybersecurity research and development, the acting undersecretary told Congress on Tuesday, with most of the additional funds in President Obama's fiscal 2010 budget request focusing on new ways to protect the nation's critical infrastructure, including transportation and the electric grid. The Directorate for Science and Technology, which is the primary research and development arm of DHS, requested \$968 million for fiscal 2010, a 3.8 percent increase over the previous year's enacted budget. To read more about DHS plans for cybersecurity, please visit: http://www.nextgov.com/nextgov/ng_20090610_3239.php.

Novel H1N1 Influenza: **New** (Continued)



For the countries of Latin America and the Caribbean, the declaration of a full-fledged A (H1N1) influenza pandemic means they should be on the alert for new cases but should not necessarily expect a dramatic increase in severe illnesses or deaths, a Pan American Health Organization (PAHO)

spokesperson said. Jon Andrus, a senior PAHO medical epidemiologist and technical advisor for immunization said "national efforts should focus primarily on mitigating the health and social impact of the virus, rather than on attempts to contain transmission of the disease." He further stated, "For the last 40 days or so, we've been operating under emergency conditions, I think phase 6 allows us to take a step back and reflect on what we need to do over time. Most pandemics last years, so this is not a sprint, it's a marathon." The situation, however, could change, depending on how the virus evolves over time and what impact it has in different countries and sub regions. Countries in the Southern Hemisphere, for example, are just beginning their regular flu season. For more on Dr Andrus' briefing, please visit: http://new.paho.org/hq/index.php?option=com_content&task=view&id=1502&Itemid=1.

Avian Influenza: **New**

The WHO reports the cumulative number of confirmed human cases of avian influenza A (H5N1) as of June 2, 2009 to be 433 cases with 262 deaths resulting in a case mortality rate of 61%. To view the cumulative and individual country indexes, please visit: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_06_02/en/index.html.



A new study suggests that vaccination with 1918 H1N1 influenza virus-like particles not only protected mice and ferrets against the lethal 1918 influenza virus, but also displayed cross-reactive immunity against the potentially pandemic H5N1 influenza virus. The researchers from the National Center for Immunization and Respiratory Diseases, Collaborating Centers for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Georgia and Novavax, Inc., Rockville, Maryland report their findings in the June 2009 issue of the *Journal of Virology*. For further information on this finding and a link to the study itself, please visit:

<http://www.sciencedaily.com/releases/2009/06/090619112429.htm>.



After an outbreak of the avian influenza, most carcasses end up in landfills. There, according to a new study, the virus can survive for up to two years. "If you think of landfills as reservoirs, you could have birds as vectors. Other animals could be vectors. Landfill personnel could be potentially exposed. Avian influenza, mainly infects birds, including chicken, ducks and turkeys. However, human cases are becoming more common and there are fears

that future mutations could help the virus more readily spread from person to person, possibly leading to pandemics. For more on this issue, please visit:

<http://dsc.discovery.com/news/2009/06/09/bird-flu-landfills.html>.

- The WHO announced that its collaborating center at the US Centers for Disease Control and Prevention (CDC) has developed a new H5N1 recombinant vaccine virus based on specimens provided by Egypt's health ministry. The A/Egypt/2321-NAMRU3/2007 (clade 2.2.1) virus is available to institutions, companies and other pandemic vaccine developers under a material transfer agreement through the WHO's Global Influenza Program or through the CDC. The WHO announcement is available at: http://www.who.int/csr/disease/avian_influenza/H5N1virus26May/en/index.html.

U.S. Army Medical Research Institute of

Infectious Diseases finds pathogen vials: **New**

An inventory of potentially deadly pathogens at Fort Detrick's infectious disease laboratory found more than 9,000 vials that had not been accounted for, Army officials said, raising concerns that officials would not know whether dangerous toxins were missing. The vials contained some dangerous pathogens, among them the Ebola virus, anthrax bacteria and botulinum toxin, and less lethal agents such as Venezuelan equine encephalitis virus and the bacterium that causes tularemia. Most of them, forgotten inside freezer drawers, had not been used in years or even decades. Officials said some serum samples from hemorrhagic fever patients dated to the Korean War. For more on this story, please visit:

http://www.washingtonpost.com/wp-dyn/content/article/2009/06/17/AR2009061703271.html?wprss=rss_nation.

Pandemic Influenza

Planning: **New**

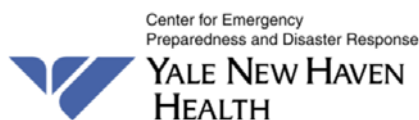


A pandemic influenza could result in an estimated 30-40% reduction of workforce and significant absenteeism for up to 12 weeks, negatively affecting patient care and essential services. How will your organization manage the increased demand for services, staff, supplies and other

critical resources? The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) can assist your organization in preparing for a pandemic through services such as:

- Development of a business impact analysis, continuity of operation plan and business continuity plan
- Development of pre-event communication messages as well as task lists for workforce surge impact, recovery resources and recovery teams
- Assessments of current pandemic influenza planning; review of emergency operations plans and emergency management plans (EMPs) for compliance with The Joint Commission, NIMS, CMS, OSHA, CDC and NFPA requirements
- Online, instructor-led or WebEx training courses recommended for health care workers in acute care hospitals, community health centers, home health agencies, urgent care centers, skilled nursing facilities and public health agencies to address the impact and preparations required pre-pandemic event and during a pandemic event

Assistance with conducting tabletop exercises to discuss the Incident Command System (ICS), implementation of the EOP, communication practices and mitigation practices during a pandemic influenza event. To learn more how YNH-CEPDR can assist your organization, please call (203) 688-3224 or e-mail center@ynhh.org.



Preparedness: **New (Continued)**



Credit: TSA

Help to increase port security may soon be at hand. A new type of robot being developed will make it easier to detect drugs, weapons, explosives and illegal immigrants concealed in cargo containers. Dubbed the "cargo-screening ferret" and designed for use at seaports and airports, the device is being designed at the University of Sheffield in the United Kingdom with funding from the Engineering and Physical Sciences Research Council, the British Home Office Scientific Development Branch and the U.K. Borders Agency. The ferret will be the world's first cargo-screening device able to pinpoint all kinds of illicit substances and the first designed to operate inside standard freight containers. It will be equipped with a suite of sensors that are more comprehensive and sensitive than any currently employed in conventional cargo scanners. For more information on this device, please visit: <http://homelandsecuritynews.com/single.php?id=8152>.

- On June 17th, the Department of Homeland Security (DHS) conducted an exercise to test the readiness and capabilities of federal departments and agencies. -coordinating with the White House - to execute their Continuity of Operations (COOP) plans. The exercise, known as Eagle Horizon, is a mandatory annual exercise for all executive branch departments and agencies coordinated by DHS through the Federal Emergency Management Agency (FEMA) and its National Continuity Programs (NCP) Directorate. In a national emergency, federal departments and agencies may be required to relocate to alternate sites. Eagle Horizon simulates such an event - and triggers the cohesive, overlapping national continuity plan vital to the continued performance of essential government functions. To view the press release, please visit: http://www.dhs.gov/ynews/releases/pr_1245258718688.shtm.



Officers of the Royal Bahamas Police Force, Customs Department, Airport Crash and Rescue and the Port Department recently completed an intensive three-week course on Chemical Biological Radiological Nuclear (CBRN) Weapons. Twenty-three participants completed the course, which included both theory and practical exercises. The course was presented by Diplomatic Security Anti-Terrorism Assistance Program of the U.S. State Department. The participants were taught to respond, mitigate and rescue in an emergency from an attack of chemical, biological, radiological or nuclear terrorism. Deborah Smith, RN, Clinical Education Coordinator for the Yale New Haven Center for Emergency Preparedness and Disaster Response served on the faculty. For more information on this training program, please visit: http://freeport.nassauguardian.net/national_local/295611019085019.php.

Addressing Evacuation and Shelter-in-Place Needs of Medically Dependent Populations Residing in High Occupancy Facilities: **New**



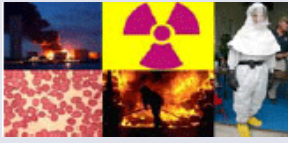
The Federal Emergency Management Agency (FEMA) has awarded the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) a three-year competitive training grant to develop and deliver a national training program that addresses the evacuation and shelter-in-place needs of medically dependent populations residing in high-occupancy facilities. The primary audience for these courses will be first responders with homeland security related responsibilities. First receivers have been identified as a secondary audience. YNH-CEPDR is anticipating opportunities for collaboration among entities in the following capacities:

- Strategic guidance in course development and implementation strategies
- Subject matter expert review of draft materials
- Identification and recruitment of audiences to receive the approved courses
- Participation in a train-the-trainer module to assist in course delivery
- Participation in plan assessments
- Participation in regional exercises

To download a flyer about this program, please visit http://www.ynhhs.org/emergency/About_FY08_FEMA_Final.pdf.

For more information, please contact Jeff Schlegelmilch, Program Manager at (203) 688-4485 or jeffrey.schlegelmilch@ynhh.org.

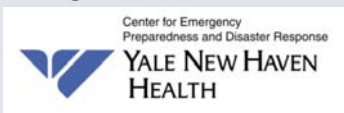
Protecting the Healthcare Workforce



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 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 addresses these OSHA requirements and provides 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.

Programs and Services



YNH-CEPDR is committed to developing and delivering effective and scaleable services that advance health care planning, preparedness and response for emergencies and disasters. YNH-CEPDR offers the following services to hospitals, other health care 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, or visit our web site at <http://www.yalenewhavenhealth.org/emergency/index.html>.

Disasters around the World: **New**



Seven people were killed in a rush-hour collision between two Red Line Washington Metro trains on June 22nd. Mayor Adrian Fenty said 76 people were taken to hospitals, including two who were in critical condition. Their conditions remained stable overnight. The condition of another critical patient was upgraded. A Metro statement said both trains were on the same track, headed in the same direction, south out of the Fort Totten station. The operator on the trailing train was killed. A National Transportation Safety Board team arrived to investigate the crash, assisted by the FBI Evidence Response Team, according to NTSB board member Deborah Hersman, who said she had walked the tracks by the accident scene. For more information on this incident, please visit:

http://www.cnn.com/2009/US/06/23/washington.metro.crash/index.html?eref=rss_topstories.



SOURCE: ESRI

A regional earthquake occurred at 11:28 AKDT on June 22nd and was felt throughout South Central Alaska. This event was not related to the Redoubt volcano. The Alaska Earthquake Information Center and the U.S. Geological Survey report the magnitude at 5.7, centered 30 miles southwest of Talkeetna or 55 miles northwest of Anchorage. Aftershocks from this event continue to be recorded on seismic stations at Redoubt. For additional details and a map of the affected areas, please visit:

http://www.aeic.alaska.edu/Seis/recent/sub/quakes/2009173_evid109810/evid109810.html.

- Current activity at the Redoubt volcano (Alaska) remains unchanged from previous observations. This suggests that a significant explosive event is likely, though not certain, in the coming days (Alert Level Orange). For the most current status, please visit: <http://www.avo.alaska.edu/activity/Redoubt.php>.
- The National Interagency Fire Center (NIFC) has set Preparedness Level I (minimal large fire activity is occurring nationally; most geographic areas have low to moderate fire danger and require little or no commitment of national resources). In Alaska, scattered wet thunderstorms are expected over the central and northern interior today with cool, showery weather in the south. The Southwest will see scattered mostly wet thunderstorms except for dry weather in western Arizona. Elsewhere, most of the West will be dry and warmer except for widely scattered wet thunderstorms in the Great Basin and central Rockies. Significant fire activity was reported over the past week. Seven large fires continue to burn over 8,600 acres in Alaska, Florida and Arizona Since January 1st, 2009, there have been 46,298 fires that destroyed 1,845,495 acres of woodland. To review the current fire situation in your area, please visit: http://www.nifc.gov/fire_info/nfn.htm.
- A strengthening Tropical Storm Andres headed toward Mexico's Pacific coast Monday, prompting emergency preparations for a storm that forecasters predicted would become the season's first hurricane. The U.S. National Hurricane Center said Andres was centered about 170 miles south-southeast of Manzanillo at 8 p.m. PDT Monday, and it had sustained winds near 65 mph with higher gusts. Andres was moving toward the northwest near 8 mph with winds that are expected to build to as much as 75 mph by late Tuesday or Wednesday. The forecast track showed it brushing the central Mexican coast on Tuesday before weakening and bending toward the west a little short of the Los Cabos resorts at the tip of the Baja California Peninsula Thursday night or Friday issued a hurricane warning for the Pacific coast from Cabo Corrientes to Punto San Telmo. A hurricane watch was in effect further south, from San Telmo to the port of Lazaro Cardenas. For more information, please visit: <http://www.nhc.noaa.gov/index.shtml?epac>.



Tropical Storm Nangka is located approximately 250 NM southeast of Manila, Philippines with sustained winds of 46 mph and gusts to 58 mph. Nangka is forecast to move through the Philippines toward Taiwan and curve northeast toward Japan without significant strengthening. There is additional risk of a cyclone developing in the Northern Indian Ocean/Arabian Sea within the next 24 hours. The disturbance is currently moving north

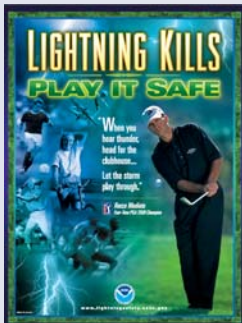


northwestward at 12 kts. and is located approximately 85 NM west-northwest of Mumbai, India. There are currently no other significant tropical weather systems active in the western, southern and central Pacific, the southern Indian Ocean or southern hemisphere. For further information, please visit: <http://metocph.nmci.navy.mil/jtwc.php>.

Disasters around the World: **New** (Continued)



The National Hurricane Center reports no significant tropical activity in the Atlantic Ocean. The Atlantic Hurricane season began June 1st and runs until November 30th.
<http://www.nhc.noaa.gov/>.



Summer is the peak season for one of the nation's deadliest weather phenomena - lightning. But don't be fooled, lightning strikes year-round. The goal of Lightning Safety Week (June 21-27, 2009) is to safeguard U.S. residents from lightning. In the United States, an average of 62 people are killed each year by lightning. Please visit the NOAA Lightning Safety Website at:
<http://www.lightningsafety.noaa.gov/>.



FEMA has declared five areas in the United States as a disaster areas and eligible for assistance in recovery. Arkansas, Missouri and South Dakota was were declared disaster areas due to severe storms, flooding, tornadoes and straight-line winds from March 11th through the present time, Alaska for flooding and ice jams starting April 28th and continuing and Oklahoma for wildfires from April 9-12, 2009 For further information and instructions for applying, please visit

<http://www.fema.gov/news/event.fema?id=11568> (AK),
<http://www.fema.gov/news/event.fema?id=11589> (AR),
<http://www.fema.gov/news/event.fema?id=11609> (MO),
<http://www.fema.gov/news/event.fema?id=11608> (OK) and
<http://www.fema.gov/news/event.fema?id=11588> (SD).

There have been no Fire Management Assistance Declarations issued for ongoing wildfire activity since May 18th.

Education and Training Courses: **Updated**



The Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) is pleased to announce that previews for National Incident Management System (NIMS) courses are available at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain current with applicable federal and accrediting agency requirements. The current course updates` meet the requirements outlined in the FEMA February 2008 National Incident Management System (NIMS): Five-Year NIMS Training Plan.

- **EM 108: Emergency Preparedness for Healthcare with NIMS (New)** Hospitals and many healthcare organizations are still required to implement the National Incident Management System (NIMS) education and training for appropriate personnel. YNH-CEPDR has developed Emergency Preparedness for Healthcare with NIMS (EM 108) as an equivalent IS 700 NIMS course. This course is time-efficient and relevant to public health, hospital and healthcare workers. The course provides information and action steps all employees can take to ensure a work environment prepared for disasters.
- **EM 141: Role of the Medical / Technical Specialist during an Incident (New)** A course which explores the roles and responsibilities of medical and technical specialists when the ICS has been activated and includes an interactive case study. During a disaster, members of the command or general staff may require additional information about chemical, biological, radiological or nuclear (CBRN) emergencies, information technology or legal issues, which a designated medical or technical specialist can provide.
- **EM 142: Incident Command Systems for Healthcare with NIMS (New)** This course is designed to help healthcare leaders understand their role in managing continuous care for patients in the event of an emergency or disaster and to meet the federal requirements for IS 100.HC, An Introduction to Incident Command System and IS 200.HC, Applying Incident Command System to Healthcare Organizations. EM 142 is designed for all those who may serve in a leadership role in a healthcare organization during an emergency or disaster.

YNH-CEPDR also offers a number of courses that address important issues in healthcare preparedness, such as special populations, protection of the healthcare workforce and compliance with the Joint Commission, OSHA and CMS regulations. These courses may be reviewed at <http://ynhhs.emergencyeducation.org/>. YNH-CEPDR is committed to ensuring that our courses remain timely and current with best practices and cutting-edge content.

- **EM 106: Emergency Preparedness for Healthcare – At Work and At Home (New)** Emergency preparedness is the responsibility of every healthcare employee. Whether meeting the Joint Commission, Centers for Medicare and Medicaid Services requirements or ensuring that employees will come to work during a disaster, emergency preparedness training is essential. This awareness-level course will provide the information and action steps all employees can take to ensure a work environment prepared for disasters and is recommended for all hospital and healthcare employees.
- **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 respirator and PPE 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 210: Advanced Radiological Emergency Preparedness for Clinicians (New)** This course is designed for clinicians with an interest in understanding radiation concepts, the medical effects of radiation on biological systems, radiation countermeasures and essential elements for dealing with radiological and nuclear emergencies in the healthcare environment.

Education and Training Courses: Updated (Continued)

- **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.
- **EM 250: Small Victims, Big Challenges: Pediatric Triage, Treatment and Recovery for Emergencies (New)** A course which introduces clinicians acting as first receivers to the unique challenges encountered with children in a disaster. Children represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of children.
- **EM 260: Geriatric Preparedness, Triage and Treatment in Disasters (New)** A course that introduces clinicians acting as first receivers to the unique challenges encountered with the elderly in a disaster. Senior citizens represent a special subset of individuals at-risk as they have unique physiological and pharmacological considerations. The federal Pandemic and All-Hazards Preparedness Act (PAHPA) encourages the Department of Health and Human Services to promote appropriate pre-disaster activities at the state and local levels to address the medical health needs of the elderly.

For more information on any of our courses or to develop a customized course for your specific needs, please contact us at (203) 688-3224 or center@ynhh.org.

UPCOMING

DATE	TIME	EVENT	LOCATION
7.01.09 to 7/03/09	See Website	Improving Public Health through Leadership and Knowledge <i>Sponsored by The National Association of Local Boards of Health</i>	Sheraton Society Hill Hotel One Dock Street (2nd and Walnut Streets) Philadelphia, PA 19106 Phone: (800) 325-3535 Please register at http://www.nalboh.org/Registration.htm .
7.23.09 to 7.25.09	See Website	17th Annual Health Forum/AHA Leadership Summit <i>Sponsored by The Health Forum and the American Hospital Association</i>	San Francisco Marriott 55 Fourth Street San Francisco, CA 94103 Please register at: http://www.healthforum.com/healthforum/html/conferences/09Summit/02_Registratio.html .
8.06.09 to 8.07.09	See Website	Implementing the National Patient Safety Goals <i>Sponsored by Joint Commission Resources</i>	Marriott San Antonio Northwest 3233 NW Loop 410 San Antonio, TX 78213 Phone: 210-377-3900 Please register at: http://www.jcrinc.com/Conferences-and-Seminars/Implementing-the-NPSG-August/1539/ .

<p>8.17.09 to 8.18.09</p>	<p>See Website</p>	<p>Novel Vaccines - Design & Development</p> <p>Sponsored by the Cambridge Healthtech Institute</p>	<p>Renaissance Providence 5 Avenue of the Arts Providence, RI 02903 Tel: 401-276-0010 Fax: 401-276-5014</p> <p>Please register at https://chidb.com/register/2009/imt/reg.asp</p>
<p>8.18.09 to 8.19.09</p>	<p>See Website</p>	<p>Novel Vaccines: Adjuvants & Delivery Systems</p> <p><i>Sponsored by the Cambridge Healthtech Institute</i></p>	<p>Renaissance Providence 5 Avenue of the Arts Providence, RI 02903 Tel: 401-276-0010 Fax: 401-276-5014</p> <p>Please register at https://chidb.com/register/2009/imt/reg.asp</p>

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