

# THE PREPAREDNESS REPORT

The Center for Emergency Preparedness and Disaster Response

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ELEVATED THREAT LEVEL

## Seasonal Flu: Updated

For the week ending April 18<sup>th</sup>, CDC reported regional influenza activity was reported by 9 states (Arizona, Hawaii, Idaho, Nebraska, New Jersey, New York, North Dakota, South Carolina and Washington); local influenza activity was reported by 17 states (Alabama, Alaska, California, Connecticut, Kentucky, Massachusetts, Michigan, Missouri, Montana, Nevada, North Carolina, Oregon, Pennsylvania, South Dakota, Tennessee, Utah and Wyoming) and sporadic activity was reported by 22 states (Arkansas, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Rhode Island, Texas, Vermont, Virginia, West Virginia and Wisconsin). No influenza activity was reported by two states (Delaware and Mississippi). The complete report can be accessed by going to: <http://www.cdc.gov/flu/weekly/>.



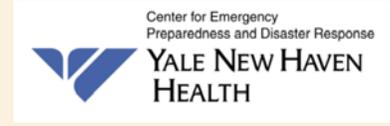
Credit: CDC

## Three Vials of Virus Samples Missing from Fort Detrick Facility: New



Three vials of virus samples containing Venezuelan Equine Encephalitis are missing from the Army's Medical Research Institute of Infectious Diseases, prompting an investigation by the Army's Criminal Investigation Command. The three missing vials were among thousands of vials that were under the control of a senior scientist who retired in 2004. When another Fort Detrick scientist recently inventoried the retired scientist's biological samples, he discovered that the three vials of the virus were missing. The original scientist's records about his vials dated back to the days of paper-and-pen inventories. For further information about this event, please visit: <http://www.cnn.com/2009/US/04/22/missing.virus.sample/>.

## H1N1 Influenza: New



Over the past week, cases of a new novel influenza virus have emerged. The virus responsible for the illness is now identified as H1N1 influenza A. This past Saturday, based on cases identified

in Mexico, California and Texas, the World Health Organization (WHO) has declared H1N1 flu as a public health emergency of international concern. In addition, on Wednesday, April 29<sup>th</sup>, the WHO raised its pandemic alert level for H1N1 influenza to phase 5, signifying human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short. As of April 30<sup>th</sup>, the CDC has confirmed a total of 109 cases of H1N1 flu in the United States in California (14), Kansas (2), New York (50), Ohio (1), Texas (26), Arizona (1), Indiana (1), Massachusetts (2), Michigan (1), South Carolina (10) and Nevada(1). With the exception of one death in Texas,, all cases of H1N1 influenza A identified within the United States have been mild and with the exception of one case, all have had links to travel to Mexico. H1N1 influenza A virus infection (H1N1 flu) can cause a wide range of symptoms, such as fever, cough, sore throat, body aches, headache, chills and fatigue. People with H1N1 flu may also have vomiting and diarrhea. Like seasonal flu, H1N1 flu in humans can vary in severity from mild to severe. People with chronic medical conditions might be more at risk to develop a severe illness from H1N1 flu infection. Everyone can play a role in minimizing the spread of this infectious disease by remembering these three rules:

- 1) Wash your hands 2) Cover your cough 3) Stay home if you are sick



The CDC has ongoing information about H1N1 flu. For more information, visit [http://www.cdc.gov/swineflu/swineflu\\_you.htm](http://www.cdc.gov/swineflu/swineflu_you.htm). You may also access the YNH-CEPDR H1N1 Influenza A web page (<http://ynhhs.org/emergency/influenza/>) for additional resources and information

- The Department of Health and Human Services has declared a public health emergency in the United States. This is standard operating procedure and allows the Federal Government to free up federal, state and local agencies and their resources for prevention and mitigation; it also allows the use of medication and diagnostic tests that might not otherwise be able to be used, particularly on very young children; and it releases funds for the acquisition of additional antivirals. To read the release, please visit: [http://www.dhs.gov/ynews/releases/pr\\_1240773850207.shtm](http://www.dhs.gov/ynews/releases/pr_1240773850207.shtm).



The European Center for Disease Prevention and Control (ECDC) has documented cases of suspected A/H1N1 in New Zealand, Spain, Italy, Scotland, Colombia and Brazil. Additionally, the Pan American Health Organization (PAHO) reported that the 1,455 probable cases of influenza with severe pneumonia (including 84 deaths) in Mexico are from 24 of the 32 States in this country. The majority occurred in the Federal District, Mexico and San Luis de Potosi States. Those affected were mainly young adults previously reported healthy. Of the 25 confirmed cases, 17 were reported from the Federal District, six from the State of Mexico, one from Oaxaca and one from Vera Cruz. For additional information and resources, please visit: [http://ecdc.europa.eu/en/health\\_content/Articles/article\\_20090427.aspx](http://ecdc.europa.eu/en/health_content/Articles/article_20090427.aspx).

### INSIDE THIS ISSUE

2 Avian Influenza	3 Preparedness	4 Pandemic Influenza Planning
2 Pentagon Cyber-Command Developed	4 Disasters around the World	5 Education and Training



## 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](http://www.ynhhs.org/emergency/US_DHHS_web_sites.pdf)

### Highlighted Resources: A Comprehensive List of H1N1

#### Influenza Resources:

[http://www.ynhhs.org/emergency/links/Swine\\_FluReferences.pdf](http://www.ynhhs.org/emergency/links/Swine_FluReferences.pdf).

## Pentagon Cyber-Command Developed: **New**

The Obama administration is finalizing plans for a new Pentagon command to coordinate the security of military computer networks and to develop new offensive cyber-weapons. Reorganization of Defense Department and intelligence agencies by the Obama Administration will accommodate the new command. The new command would affect U.S. Strategic Command, whose mission includes ensuring U.S. "freedom of action" in space and cyberspace, and the National Security Agency, which shares Pentagon cyber security responsibilities with the Defense Information Systems Agency. The Pentagon plans do not involve the Department of Homeland Security, which has responsibility for securing the government's non-military computer domain. To read the article from the *Washington Post*, please visit: <http://www.washingtonpost.com/wp-dyn/content/article/2009/04/22/AR2009042200029.html?referrer=emailarticle>.

## Canadian Plotted to Send Nuclear Technology to Iran: **New**

A Canadian citizen of Iranian decent was charged with violating the Customs Act and a United Nations embargo on nuclear-related exports to Iran. Police said the investigation began eight weeks ago after the individual allegedly purchased two pressure transducers (capable of producing weapons-grade uranium) in Boston for \$1,100 each and brought them to Canada by truck. The company that sold them eventually became suspicious and reported the individual to the Immigration and Customs Enforcement branch of the U.S. Department of Homeland Security, which tipped off the Canadian authorities. For further details, please visit:

<http://www.calgaryherald.com/Technology/Canadian+plotted+send+Iran+nuclear+technology+Police/1506872/story.html>.

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

- The index case for the current H1N1 Influenza outbreak has been identified as a five-year-old boy in an outbreak that has now spread across four continents. The boy and his family live in the village of La Gloria (population: 3000) in the state of Vera Cruz, where a flu outbreak was reported on April 2. State officials arrived and took samples from dozens of people and all came back positive for seasonal influenza but the boy was the only one who tested positive for H1N1 Influenza. To view the entire story, please visit: <http://www.cnn.com/2009/HEALTH/04/28/swine.flu/index.html>.



U.S. refiners, particularly those with operations near the Mexico border, said on April 27<sup>th</sup> they were closely monitoring the spread of H1N1 flu and preparing contingency plans for a possible outbreak. No refinery units had yet been idled or slowed because of the health threat and companies were not discussing what steps they would take if workers began to fall ill. Some 25 percent of U.S. fuel production capacity comes from Texas. To

read the article from *Reuters*, please visit:

<http://www.reuters.com/article/rbssEnergyNews/idUSN2753537320090427>.

- In a worst-case scenario that the current flu crisis threatens military operations, the Department of Defense has already stockpiled enough antivirals to meet demand across the services, a Pentagon spokesperson said on April 27<sup>th</sup>. At the Pentagon, the Department of Defense has stored plenty of the antivirals at strategic locations around the world should an epidemic threaten the U.S. military. The Pentagon spokeswoman said the military has reserved 7 million treatment courses of Tamiflu and 260,000 treatment courses of Relenza enough, to meet the demands of service members and their dependents should the need arise. To read the entire article, which appeared in *Military Times*, please visit: <http://www.military.com/news/article/April-2009/pentagon-prepared-for-flu-outbreak.html?ESRC=topstories.RSS>.
- HealthMap, the online disease-surveillance system created by Children's Hospital Boston researchers, is getting faster. Now the real-time disease tracker is posting *Twitter* messages on the current H1N1 flu outbreak. HealthMap already bolsters official reports with the early warning that Internet searches, chat rooms or news stories can give about emerging infectious diseases. Sometimes these unofficial sources predate expert alerts and are a potentially important asset when diseases can quickly circle the globe via international air travel. To read the entire article from the *Boston Globe*, Please visit: [http://www.boston.com/news/health/blog/2009/04/tracking\\_swine.html](http://www.boston.com/news/health/blog/2009/04/tracking_swine.html).



CT Governor Jodi Rell

Connecticut Governor M. Jodi Rell today announced that she has directed the state Department of Public Health to distribute nearly 10,000 treatment courses of antiviral



medication to the state's acute care hospitals, a precautionary move against the spread of H1N1 flu. Each Connecticut hospital will receive as many treatment courses as it has licensed beds. Each treatment course is a 10-day supply of either oseltamivir (Tamiflu) or zanamivir (Relenza). In all, 9,152 treatment courses will be distributed from the state's current stockpile of about 11,000 treatment courses. Governor Rell has formally requested delivery of one-quarter of the state's allocation of antiviral medication from the Strategic National Stockpile, an additional 134,000 treatment courses. That supply is expected to

arrive from the CDC in the next three to five days. To read the announcement, please visit: <http://www.ct.gov/dph/cwp/view.asp?Q=439206&A=3659>.

## Avian Influenza: **New**

The WHO reports the cumulative number of confirmed human cases of avian influenza A (H5N1) as of April 23, 2009 to be 421 cases with 257 deaths resulting in a case mortality rate of 63%. To view the cumulative and individual country indexes, please visit: [http://www.who.int/csr/disease/avian\\_influenza/country/cases\\_table\\_2009\\_04\\_23/en/index.html](http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_04_23/en/index.html).

- An in-depth analysis of blood from patients recovering from the H5N1 avian influenza virus has provided important insights into how to combat the potentially lethal virus. The findings by U.S. Food and Drug Administration scientists and collaborators better explain what part of the "bird flu" virus is seen by the immune system once a person becomes infected. As one result of this research, a protein of the bird flu virus called PB1-F2 was identified as a potentially potent target for attack by immune systems to stop the spread of the virus. To view the press release, please visit: <http://www.fda.gov/bbs/topics/NEWS/2009/NEW01998.html>. To read the entire study, please visit: <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000049>.

## Mexican Police Seize Anti-Aircraft Weapon Near U.S. border: **New**

Mexican police seized an anti-aircraft machine gun mounted on a van and other heavy weapons at a house in northern Mexico near the U.S. border. The discovery came two days before a visit to Mexico by President Barack Obama during which Mexico's violent drug cartels and their mainly U.S.-bought weapons were set to top the agenda. For further information, please visit:  
<http://hsdailywire.com/single.php?id=7793>.

## Levees 'Cannot Save New Orleans': **New**

A report from the National Academy of Engineering (NAE) and the National Research Council (NRC), said there was "undue optimism" regarding the ability of protective levees to withstand the impact of a Katrina-like storm. New Orleans has about 350 miles of barriers, levees and other structures intended to protect the city. The risks of severe flooding in the city could "never be fully eliminated", said an independent panel of experts, and authorities should consider raising the level of buildings and even abandoning flood-prone areas. To read further, please visit:  
<http://news.bbc.co.uk/2/hi/americas/8017837.stm>.

## Many U.S. Naval Bases Not Prepared for Terror Attacks: **New**



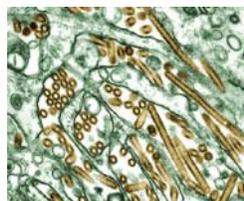
The Navy is overhauling its anti-terrorism programs after an internal audit found its installation-level protection efforts have been poorly monitored and incomplete. Investigators with the Naval Audit Service last year visited 22 of the 66 Navy installations in the continental U.S. and found that only one of them had fully complied with post-Sept. 11 Navy directives to develop an anti-terrorism plan. Navy regional commands were reporting that 89 percent of Navy bases had developed complete anti-terrorism plans, according to the audit service, a Washington, D.C.-based office that monitors the efficiency and effectiveness of Navy programs. To read a summary of the report from the *Navy Times*, please visit:  
[http://www.navytimes.com/news/2009/04/navy\\_basesecurity\\_042609w/](http://www.navytimes.com/news/2009/04/navy_basesecurity_042609w/).

### 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](mailto:center@ynhh.org).  
[www.yalenehavenhealth.org/emergency](http://www.yalenehavenhealth.org/emergency)

## Avian Influenza: **New** (Continued)

- An unusual pattern of avian influenza cases in Egypt among toddlers, all of whom have survived has led some flu-tracking Web sites to speculate that dozens of silent cases are circulating there. The World Health Organization says such fears are exaggerated and despite the fact that thousands of Egyptians have rushed their children to hospitals this flu season, there is no evidence yet of asymptomatic avian flu cases or any significant mutation in the H5N1 virus. To read the article from the New York Times, please visit: <http://www.nytimes.com/2009/04/21/health/21flu.html?partner=rss&emc=rss>.
- Researchers from Hong Kong and Canada found a new inhibitor against H5N1 avian flu virus by using a new technology platform, according to the University of Hong Kong. Of the 20 compounds tested, one demonstrated the ability to inhibit neuraminidase, thus the replication of the virus, at a level comparable to oseltamivir, an effective drug currently used to combat influenza. The study revealed that the compound was also able to bind to the neuraminidase of the virus, which may overcome the drug resistance introduced by mutation of the virus. Please visit: [http://news.xinhuanet.com/english/2009-04/15/content\\_11191189.htm](http://news.xinhuanet.com/english/2009-04/15/content_11191189.htm) #



Credit: Wikipedia

Influenza viruses replicate primarily in the respiratory tract and this local infection produces systemic disease related to the intense immune response and possible viremia. Cardiac complications such as pericarditis and myocarditis are frequently encountered, and increased hospitalization rates for cardiovascular events such as stroke, myocardial infarction, angina and sudden cardiac death have been reported during influenza epidemics as well. Oseltamivir, an antiviral medication thought to be effective against Highly Pathogenic Avian Influenza (H5N1) may also protect against the occurrence of cardiovascular complications. To read

the article, which appeared in *Circulation: Cardiovascular Quality and Outcomes*, please visit: <http://circoutcomes.ahajournals.org/cgi/content/abstract/2/2/108>

## Preparedness: **New**

- Three abstracts submitted by the Yale New Haven Center for Emergency Preparedness and Disaster Response (YNH-CEPDR) have been accepted for presentation at the 16th World Congress on Disaster and Emergency Medicine to be held May 12-15, 2009 in Victoria, British Columbia (Canada). They are:
  - Creating Hospital Surge Capacity: Hospital Emergency Support Functions (HESF) and Reallocation of Resources
  - Developing an Integrated Civilian-Military Model for Healthcare Emergency Response Planning
  - Strengthening International Preparedness and Response for Radiological and Nuclear Emergencies: A Role for the Connecticut Radiological Emergency Response Biodosimetry Laboratory

For more information about YNH-CEPDR and its programs, please visit:  
<http://ynhhs.org/emergency/>.

### Center for Biosecurity of UPMC

#### Hospitals Rising to the Challenge:

The First Five Years of the U.S. Hospital Preparedness Program and Priorities Going Forward

U.S. hospitals are better prepared for disasters than they were before the September 11 attacks, but many medical facilities remain ill equipped for catastrophic situations like large natural disasters or terrorist attacks, preparedness experts reported. There is much to be done before hospitals are prepared to address the complicated challenges associated with those

large-scale events that drain response resources over a prolonged period of time," as hospitals still lack the capacity to deal with big influxes of patients for large and ongoing disasters. To access the entire report, please visit:

<http://www.reuters.com/article/email/idUSN2226996620090422> . :

- The Drift River oil terminal, at the mouth of a river that flows from the Mount Redoubt volcano, has been closed since the initial eruption on March 22<sup>nd</sup>. The eruption forced Chevron, operator of 10 of the 11 Cook Inlet oil-producing platforms, to stop production earlier this month for lack of storage space or access to the underwater pipeline that flows to the terminal. With Redoubt still rumbling and the oil-storage terminal near it still closed, production from most of the Cook Inlet offshore oil platforms that feed the facility is likely to remain shut off for months, representatives of Chevron and the U.S. Coast Guard said. Even if the volcano quiets, resuming normal terminal operations will likely take months of work, including about three weeks to clean mud off the facility's runway and perhaps four months to clean out storage tanks so that they can be refilled with Cook Inlet crude. To read more from *Reuters*, please visit:  
<http://www.reuters.com/article/email/idUSN2226996620090422>.

## Pandemic Influenza

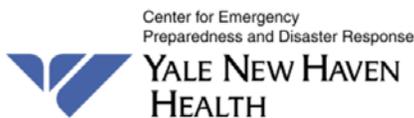
### Planning: **New**



A pandemic influenza could result in an estimated 30-40% reduction of workforce and significant absenteeism for up to 12 weeks, negatively impacting 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, workforce surge impact, recovery resources and recovery team task lists
- 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 EMP, 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](mailto:center@ynhh.org).



## Preparedness: **New** (Continued)



General Dynamics Information Technology put out an ad last month on behalf of the Homeland Security Department seeking someone who could "think like the bad guy." Applicants, it said, must understand hackers' tools and tactics and be able to analyze Internet traffic and identify vulnerabilities in the federal systems. With warnings that the U.S. is ill prepared for a cyber attack, the White House conducted a 60-day study of how the government can better manage and use technology to protect everything from the electrical grid and stock markets to tax data, airline flight systems, and nuclear launch codes. It was noted that the country had detailed plans for floods, fires or errant planes drifting into protected airspace, but no similar response etched out for a major computer attack. For additional details, please visit: <http://www.nationalterroralert.com/updates/2009/04/18/wanted-computer-hackers-to-help-government/>.

- The National Emergency Medical Services Preparedness Initiative (NEMSPI) is using game-based learning called "Zero Hour" to give responders the opportunity to construct and implement complex strategies within a safe, virtual environment in order to train and exercise for the multifaceted situations encountered in real life. The project was funded by the Department of Homeland Security and is patterned after similar training initiatives in the US military. EMS providers who play the NEMSPI Zero Hour will actively engage in exercises that focus on enhancing and reinforcing their skills and abilities in four key target capability areas: CBRNE detection, triage and pre-hospital treatment, information collection and threat recognition and information sharing and collaboration. For more information about *Zero Hour*, please visit: [http://inside.gwumc.edu/nemspi/disaster\\_simulation.htm](http://inside.gwumc.edu/nemspi/disaster_simulation.htm).

## Disasters around the World: **New**

Alaska's Mount Redoubt volcano is currently at an alert level of ORANGE, indicating ongoing eruptive activity. The current activity began with a series of eruptions on March 22<sup>nd</sup>. The Alaska Volcano Observatory reports that growth of the lava dome within the summit crater has slowed. Emissions of volcanic gases and minor amounts of ash continues. The last explosive event during the current eruption occurred on the morning of April 4<sup>th</sup>. Additional explosive events are likely and could send ash to greater than 30,000 feet above sea level. The potential for lahars (volcanic mudflows) and other flooding down the Drift River Valley remains, as does the potential for trace to minor ash fall on communities near Redoubt. For the most current information, please visit: <http://www.avo.alaska.edu/activity/Redoubt.php>.

### Code Definitions

**ORANGE:** Volcano is exhibiting heightened or escalating unrest with increased potential of eruption, timeframe uncertain, **OR** eruption is underway with no or minor volcanic-ash emissions [ash-plume height specified, if possible].



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). Strong winds are predicted to extend from southern California to the western Great Lakes as a large low pressure system moves into the western states. Significant fire potential is expected across portions of New Mexico, Texas, Missouri and the western Great Lakes region. Low humidity will continue along the East Coast states. Significant fire activity was reported over the past week. Fourteen large fires continue to burn over 66,000 acres in Florida, Oklahoma, Missouri, South Carolina and Texas. To review the current fire situation in your area, please visit: [http://www.nifc.gov/fire\\_info/nfn.htm](http://www.nifc.gov/fire_info/nfn.htm).



South Carolina's biggest wildfire in more than three decades, a blaze four miles wide, destroyed dozens of homes on April 23<sup>rd</sup> and threatened some of the area's world-famous golf courses at the height of the spring tourist season. The blaze scorched about 31 square miles over the past two days and then veered north, heading away from the high-rise hotels that line Myrtle Beach. There were no reports of injuries, and authorities said they had not determined what sparked the flames. According to the South Carolina Forestry Commission, the fire has burned 18,000 acres and is 40 percent contained. This fire is burning nine miles northwest of Myrtle Beach. Residences are threatened and evacuation orders are in place. For an extended summary on this fire, please visit: <http://www.foxnews.com/story/0,2933,517695,00.html>.

## 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 health care 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](mailto: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](mailto:center@ynhh.org), or visit our web site at <http://www.yalenewhavenhealth.org/emergency/index.html>.

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



Tropical Cyclone 27S (Kiriilly) is dissipating 450 miles NNE of Darwin, N.T. (Australia). There is no other significant tropical activity in the Northwest, Eastern or Central Pacific areas, or in the Southern Hemisphere/Western Pacific areas. For further developments, please visit:

<https://metocph.nmci.navy.mil/jtwc.php>.

The Atlantic Hurricane season will begin June 1<sup>st</sup>.

- FEMA has declared five areas in the United States as disaster areas and eligible for assistance in recovery. Alabama, Arkansas, Florida, Georgia and Indiana were declared disaster areas due to Severe Storms, Flooding, Tornadoes, and Straight-line Winds during the period of March 8<sup>th</sup> to April 9<sup>th</sup> on March 15<sup>th</sup>. For further information and instructions for applying, please visit: <http://www.fema.gov/news/event.fema?id=11409> (Alabama), <http://www.fema.gov/news/event.fema?id=11408> (Arkansas), <http://www.fema.gov/news/event.fema?id=11368> (Florida), <http://www.fema.gov/news/event.fema?id=11388> (Georgia) and <http://www.fema.gov/news/event.fema?id=11369> (Indiana).. Additionally, multiple Fire Management Assistance Declarations have been issued for ongoing wildfire activity in Texas (6), Oklahoma (5) and South Carolina (1). For information on these events, please visit <http://www.fema.gov/news/disasters.fema> .

## Brazilians Hijack U.S. Military Satellite

### Transponders: **New**



Credit: NOAA

The U.S. Navy has ten military communication satellites in geosynchronous orbit but they are not always available to military units because thousands of Brazilians -- truck drivers, rogue rain forest loggers, drug traffickers, kidnappers -- steal the satellite frequencies for their own communication needs. On the night of March 8<sup>th</sup>, cruising 22,000 miles above the Earth, U.S. Navy communications satellite FLTSAT-8 suddenly erupted with illicit activity from across vast and silent stretches of the Amazon, announcing that a famous soccer player had just scored his first goal with the a new team. For more information on this activity, please visit: <http://hsdailywire.com/single.php?id=7829>

## 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 Health care with NIMS (New)** Hospitals and many health care 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 Health care Professionals with NIMS (EM 108) as an equivalent IS 700 NIMS course. This course is time-efficient and relevant to public health, hospital and health care 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 Health care with NIMS (New)** This course is designed to help health care 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 Health care Organizations. EM 142 is designed for all those who may serve in a leadership role in a health care organization during an emergency or disaster

## Education and Training Courses: Updated (Continued)

YNH-CEPDR also offers a number of offerings that address important issues in health care preparedness, such as Special Populations, Protection of the Health care Workforce and compliance with Joint Commission, OSHA and CMS regulations. These courses may also be previewed 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 Health care – At Work and At Home (New)** Emergency preparedness is the responsibility of every health care 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 health care 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 Health care 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 health care environment.
- **EM 220: Best Practices for the Protection of Hospital-Based First Receivers, Operations Level** Information topics include preparation for health care 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 health care 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](mailto:center@ynhh.org).

UPCOMING  
Upcoming Training and Education

DATE	TIME	EVENT	LOCATION
5/7/09 to 5/8/09	See Website	Disaster Medicine 201: Post-Earthquake Medical Challenges in the New Madrid Seismic Zone  <i>Sponsored by the Central United States Earthquake Consortium</i>	University of Tennessee Health Sciences Center, 8 South Dunlap Street, Memphis, TN 38163  Please register at: <a href="http://www.cusec.org/register/register.php?id_evt=70">http://www.cusec.org/register/register.php?id_evt=70</a> .
5/7/09	8:00 am-4:00 pm	Standards of Care During a Mass Casualty Event  <i>Sponsored by the Institute of Medicine</i>	<i>American Medical Association</i>  <i>Conference Room 3C</i>  <i>515 North State Street</i>  <i>Chicago, IL 60654</i>  Please register at: <a href="http://www8.nationalacademies.org/isc-registration/public/default.asp?event=319E8216">http://www8.nationalacademies.org/isc-registration/public/default.asp?event=319E8216</a> .
5/12/09 To 5/15/09	See Website	<i>16th World Congress on Disaster and Emergency Medicine</i>  <i>Sponsored by the World Association for Disaster and Emergency Medicine</i>	Victoria Conference Center 720 Douglas Street Victoria, BC V8W 3M7 CANADA  Please register at: <a href="http://www.wcdem2009.org/index.php?option=com_content&amp;task=view&amp;id=2&amp;Itemid=5">http://www.wcdem2009.org/index.php?option=com_content&amp;task=view&amp;id=2&amp;Itemid=5</a>
6/1/09 To 6/4/09	See Website	USPHS Scientific and Training Symposium  <i>Sponsored by the United States Public Health Service</i>	Atlanta Marriott Marquis Hotel 265 Peachtree Center Ave, NE Atlanta, GA 30303  Please register at <a href="http://www.phscofevents.org/registration.cfm">http://www.phscofevents.org/registration.cfm</a> .

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