



## Preparedness and Planning

### ADA Checklist and Resources for Emergency Shelters

The Civil Rights Division of the U.S. Department of Justice has published several resources explaining the Americans with Disabilities Act (ADA) and the advance planning necessary to ensure that emergency shelters are accessible to persons with disabilities. The [emergency shelters checklist](#), designed to provide informal guidance to emergency preparedness efforts, details how to conduct an accessibility survey and ensure compliance with accessibility regulations. The ADA "Best Practices Tool Kit for State and Local Governments" Chapter 7, Addendum 2, discusses some of the key issues that emergency managers and shelter operators need to address when they plan for and provide shelter during emergencies and disasters. Although this Addendum focuses primarily on issues affecting shelter residents with disabilities, these topics are also applicable to volunteers and employees with disabilities. Project Civic Access, a wide-ranging effort to ensure compliance with the ADA, has also made available previous settlement agreements made with individual counties. For more information, contact the ADA Information Line at 800-514-0301 (voice), 800-514-0383 (TTY).

### Report on Emergency Preparedness for Persons with Disabilities

The American National Standards Institute (ANSI) Homeland Security Standards Panel (HSSP) has published a workshop report on the need for standards-based solutions to assist individuals with disabilities and special needs during emergencies or natural disasters. The workshop, held in February 2009, brought together over 100 key stakeholders from standards developing organizations, federal agencies, and disability advocacy groups. The final workshop report details session specific discussions and summarizes key findings and recommendations. Audio recordings and American Sign Language video are [available on YouTube](#).

### FEMA Suggests Involving Kids in Disaster Preparedness

The Federal Emergency Management Agency (FEMA) has compiled a [website](#) specifically targeted for kids, helping them overcome their fears by becoming involved in family emergency planning. Guided by Herman, the website's cartoon "spokescrab", kids learn how to create an emergency supply kit, discuss a family disaster plan with their parents and handle the emotional stress of disaster management. By actively planning ahead, kids can be empowered to handle emergencies with confidence.

### Model Memorandum of Understanding (MOU) among Hospitals

During a government-declared state of emergency, collaborations among healthcare entities (e.g., hospitals, nursing homes, clinics, rehabilitation facilities) can be vital to secure the health of individuals and populations.

## News

### HHS Funds Research for New Way to Make Vaccine

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### WHO Identifies Oseltamivir (Tamiflu®) Resistant H1N1

Health authorities in Denmark and Japan have reported the appearance of H1N1 viruses which are resistant to oseltamivir (Tamiflu®), though still sensitive to zanamivir. A third case, discovered in Hong Kong, is suspected to have originated in the western United States. See [page 9](#).

### Potential Flu Vaccine Shortage Could Spark International Dispute

Currently about 70 percent of the world's existing flu vaccines are made in Europe, and only a handful of countries are self-sufficient in vaccines. See [page 5](#).

### Novel Viral Spread Matched to Air Travel

New research undertaken by Dr. Kamran Khan, working with St. Michael's Hospital in Toronto, has provided the first confirmation of the long-suspected link between air travel and viral spread. See [page 9](#).

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The Preparedness and Catastrophic Event Response (PACER) consortium has developed a [model MOU](#) for consideration by hospitals and other healthcare entities. Emergency care hospitals and other entities that execute MOUs should assess whether the MOU constitutes a legally-binding contract under the laws of their specific jurisdictions. The potential for an MOU to be construed as a legal contract may impede the ability of hospitals to make real-time decisions during emergencies due to concerns of contractual liability or other factors. For this and other reasons, many hospitals may prefer non-binding MOUs.

### **New Drug May Provide Anthrax Protection**

Following the 2001 anthrax attacks, researchers began searching for a new approach to anthrax prevention and treatment, in addition to the antibiotics and anthrax vaccination already available. ABthrax<sup>®</sup>, an experimental drug now successfully tested in animals, works by blocking the entry of anthrax toxin into cells and promises to be useful in combination with antibiotics. In monkey and rabbit studies, the new drug substantially increased survival when given either two days before exposure or immediately after the first signs of infection. After injection of ABthrax<sup>®</sup> into 333 health individuals, with no serious side effects attributed to the drug, the drug's developers, Human Genome Sciences (HGS), have applied for FDA approval. Under their contract with the federal government, the company has already delivered twenty-thousand doses to the U.S. Strategic National Stockpile.

### **Protecting the Most Vulnerable in Emergencies**

Sharona Hoffman, Professor of Law & Bioethics and Co-Director of the Law-Medicine Center at Case Western Reserve University School of Law, has published an article entitled "[Preparing for Disaster: Protecting the Most Vulnerable in Emergencies](#)" in the UC Davis *Law Review*. The article addresses the often overlooked needs of individuals with disabilities, pregnant women, children, elderly persons, prisoners, certain members of ethnic minorities, people with language barriers, and the impoverished and suggests a proposal for statutory provisions that will mandate adequate preparation to safeguard the welfare of the vulnerable in emergencies.

### **Entity Emergency Liability Protection Legislation Passed in Six States**

In 2009, six states (Arkansas, Louisiana, Minnesota, Oklahoma, Oregon, and Virginia) have passed laws that provide liability protection for businesses and non-profit entities that assist their governments during emergencies. These states have joined a total of 28 state jurisdictions (including the District of Columbia), who have passed entity emergency liability protections. The North Carolina Institute of Public Health has been following these new developments and updates [its website](#) as more states pass such legislation.

### **National Environmental Public Health Tracking Network**

The National Environmental Public Health Tracking Network is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources. Its [dynamic web-based design](#) allows viewers to explore this information, viewing maps, tables, and charts about health and the environment across the country. The Tracking Network is unique because, for the first time, environmental data and public health data can be tracked together in one place, allowing scientists, health professionals, policymakers, and members of the public to see where these hazards and health problems are occurring and how they are changing over time. As scientists are better able to assess the connections between the environment and health, public health professionals will be able to more easily assess unusual trends and events, determining which communities may be at risk.

### **All-Hazards Disaster Behavioral Health Conference Report**

The current issue of "[The Dialogue](#)," published by HHS's Substance Abuse and Mental Health Services Administration (SAMHSA), summarizes the information

presented and discussed at the All-Hazards Disaster Behavioral Health: Optimizing Psychological Health and Resiliency in Difficult Economic Times conference. This 3-day conference (March 30 to April 1, 2009) brought together disaster mental health and substance abuse coordinators, researchers, and other professionals from across the country to discuss how to maximize resources, build resilience, and manage stress in difficult economic times.

### **Promoting Safe Egress and Evacuation for People with Disabilities**

The National Disability Authority has launched an important new publication entitled [“Promoting Safe Egress and Evacuation for People with Disabilities”](#). The publication is aimed at ensuring the speedy and safe evacuation of public buildings by people with a disability, particularly in the event of an emergency. It includes sections on egress planning, implementation, performance assessment and outcome review. This publication will be of special interest to facility managers, accommodation officers, health and safety personnel, access officers, disability liaison officers and human resource professionals in the public sector.

## **Surveillance**

### **Surveillance for Foodborne Disease Outbreaks (FBDO)**

[This report](#) summarizes epidemiologic data on FBDOs reported during 2006 (the most recent year for which data have been analyzed). A total of 1,270 FBDOs were reported, resulting in 27,634 cases and 11 deaths. Among the 624 FBDOs with a confirmed etiology, norovirus was the most common cause, accounting for 54% of outbreaks and 11,879 cases, followed by *Salmonella* (18% of outbreaks and 3,252 cases). Among the 11 reported deaths, 10 were attributed to bacterial etiologies (six *Escherichia coli* O157:H7, two *Listeria monocytogenes*, one *Salmonella* serotype *enteritidis*, and one *Clostridium botulinum*), and one was attributed to a chemical (mushroom toxin). Among outbreaks caused by a single food vehicle, the most common sources were poultry (21%), leafy vegetables (17%), and fruits/nuts (16%). Public health professionals can use this information to 1) target control strategies for specific pathogens in particular foods along the farm-to-table continuum and 2) support good foodhandling practices among restaurant workers and the public.

### **Summary of Notifiable Diseases, United States, 2007**

Health-care providers in the United States are required to report certain infectious diseases to a specified state or local authority. A disease is designated as notifiable if timely information about individual cases is considered necessary for prevention and control of the disease. Each year, the Centers for Disease Control and Prevention [publishes a summary](#) of the cases of notifiable disease reported for the most recent year for which data is available. This report presents a summary of notifiable diseases for 2007.

### **Multistate Outbreak of *E. coli* O157:H7 Infections**

Following an investigation of a multistate outbreak of *Escherichia coli* O157:H7 infections, the United States Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS), issued a recall of 380,000 pounds of assorted beef primal products from JBS Swift Beef Company. Health officials in several states noticed that the majority of cases were associated with undercooked ground beef. Subsequent samples of unopened ground beef, tested by the Michigan Public Health Laboratory, demonstrated *E. coli* which matched the outbreak strain.

## Communications

### **Adapting Community Call Centers for Disaster Support**

The Agency for Healthcare Research and Quality (AHRQ) has published a [report](#) describing a model to enable community health call centers to support home-management and shelter-in-place approaches in mass casualty or public health emergency events. Community health call centers include poison control centers, nurse advice lines, and other hotlines. The model, called the Health Emergency Line for the Public (HELP), was developed in Colorado by Denver Health under contract with the AHRQ and uses interactive response technology to provide public information and decision support related to health events.

### **Managing Call Centers during Large-Scale Outbreaks**

The CDC Division of Healthcare Quality Promotion and the Oak Ridge Institute for Science and Education have been working with many federal, state, and local partners to develop a [tool for coordinating call centers](#) to respond to an influenza pandemic. A draft workbook is in its final stages, and should be released in August 2009. Due to the recent H1N1 events, some of the information contained in the workbook may be important to make available to community planners prior to the release. The project staff have developed a shorter implementation tool and are making it available for distribution.

### **NICHHD Provides H1N1 Virus Information to Vulnerable Populations**

The National Institute for Child Health and Human Development (NICHD), which supports and conducts research among some of the nation's more vulnerable populations, has compiled [H1N1 related information tailored](#) for caregivers of infants and children, women who are pregnant, may become pregnant or are breastfeeding and persons with disabilities. By gathering the CDC guidelines relevant to these populations into one, easily navigated website, the NICHD hopes to increase the availability of information about flu prevention and treatments for these specific populations.

### **State Health Departments Better Than Local Health Departments at Communicating H1N1 Information**

[A recent study](#), conducted by the RAND corporation, analyzed state and local websites following the April 26 declaration of a public health emergency by the U.S. Department of Health and Human Services. Researchers discovered that, while 46 state websites posted specific H1N1 information (such as advice for concerned citizens, guidelines for healthcare providers and links to the Centers for Disease Control and Prevention (CDC) website) within 24 hours, only 34 percent of the 153 local health departments reviewed provided H1N1 information within that same time frame. Though only nine state health departments managed to post information for non-English speakers, the report concludes that state health departments, overall, did an adequate job of communicating information to the public. Anecdotal evidence suggests that local health departments did not see themselves as the primary providers of information. Researchers warn that in cases of emergency, residents, especially in rural areas, will seek guidance first from their local health departments.

## Pandemic Planning

### **States Eligible to Receive \$350 Million for H1N1 and Seasonal Flu Preparedness Efforts**

The day after hosting a national summit on 2009 novel H1N1 flu with representatives from state, tribal, territorial and local governments from across the country, Health and Human Services' Secretary Kathleen Sebelius an-

nounced the availability of \$350 million in grants designed to support public health preparations for both seasonal and novel H1N1 flu season. The grants were funded by the recent supplemental appropriations bill that was passed by Congress and signed into law by President Barack Obama on June 24, 2009.

### **H1N1 Funding Increased by \$355 Million**

On July 16th, the Obama Administration gave Congress the 15 day advance notice of their intention to spend \$1.825 billion out of the \$5.8 billion contingency for H1N1. \$335 million of the additional funds will be for state, local and CDC planning for a national vaccination program. The \$335 million is on top of the \$350 million already appropriated.

### **HHS Funds Research for New Way to Make Vaccine**

The Department of Health and Human Services (HHS) issued a \$35 million contract to Protein Sciences Corporation to study a new technology, recombinant influenza vaccine. Using this method, vaccine candidates, clinical investigational lots, and commercial-scale vaccine production may be available faster than by using regular vaccine production methods. The contract will assist the company to carry out the necessary advanced testing before the Food and Drug Administration can license the use of this new technology for the production of flu vaccine. If such approval is granted, the Protein Sciences Corporation will be required to establish the domestic manufacturing capability necessary to provide a finished vaccine within 12 weeks of pandemic onset and to produce at least 50 million doses of pandemic flu vaccine within six months of pandemic onset.

### **H1N1 Vaccine Might Not Be Ready Until the Year's End**

On July 13, top officials at the World Health Organization warned that novel H1N1 vaccine may not be available until late this year, though countries could use emergency provisions to obtain the vaccine quicker if their populations need them. Development has been slower than expected due to a much lower than usual "yield" of vaccine ingredient being produced by the current H1N1 viruses being used. Even after initial production, a new vaccine will need to be tested by regulatory authorities for safety issues, a process that can take weeks or months and does not necessarily guarantee the detection of rare, but potentially serious, side effects such as those which halted the 1976 flu vaccination campaign. Several drugmakers are currently considering the addition of adjuvants which, while boosting the immune response to a vaccine, have not been specifically tested for use in children and pregnant women.

### **HHS Purchases Additional H1N1 Vaccine Ingredients**

On July 14, Department of Health and Human Services' (HHS) Secretary Sebelius announced that the department will commit \$884 million to purchase additional supplies of two key ingredients for a potential H1N1 vaccine to further prepare for a potential resurgence of the 2009 H1N1 virus. "We recognize that preparedness is a shared responsibility between federal, tribal, state, local governments, private organizations and individuals," Secretary Sebelius said. "We are doing our part to be as prepared as possible for the impact that this infectious disease could have on our country."

### **Potential Flu Vaccine Shortage Could Spark International Dispute**

Currently about 70 percent of the world's existing flu vaccines are made in Europe, and only a handful of countries are self-sufficient in vaccines. As the world gears up for a new wave of novel H1N1 influenza, these vaccines may become a limited, and highly-fought-over, resource. That could be problematic for many nations, including the United States, which makes only 20 percent of the regular flu vaccines it uses, or Britain, where all of its flu vaccines

are produced abroad. These nations fear that the contracts they signed with foreign pharmaceutical companies could be in danger if those nations producing the vaccine decide, under public pressure, to suspend international distribution of vaccine. In the event of only mild disease, such international battles may not be an issue, but the potential for “vaccine wars” is yet another complication facing nations as they prepare for this fall.

### **CDC Releases Pandemic H1N1 Vaccine Guidance**

On July 8, the Centers for Disease Control and Prevention (CDC) released [recommendations](#) to help state and local officials target high-priority populations for H1N1 vaccination when supplies are initially limited. With the goal of minimizing the health and societal impact of the novel H1N1 virus, the CDC is recommending that states focus on vaccinating schoolchildren and school staff, daycare children and staff, pregnant women and contacts of newborns, those with medical underlying condition, and healthcare workers. The report focuses on U.S. civilians, but also addresses the pressing needs of other nations and military personnel.

### **WHO Recommendations on Pandemic (H1N1) 2009 Vaccination**

Upon review of the current pandemic situation, and the status of both seasonal and H1N1 vaccine productions, the Strategic Advisory Group of Experts (SAGE) on Immunization [issued its recommendations](#) regarding H1N1 vaccines. SAGE, the WHO’s principal advisory regarding vaccines and immunization, highlighted 1) the need to immunize healthcare workers (as well as other vulnerable populations) in order to protect critical healthcare infrastructure, 2) the importance of international post-marketing safety surveillance, and 3) the production of multiple vaccines (including those containing oil-in-water adjuvants and live-attenuated virus) in anticipation of limited vaccine availability and potential viral “drift.”

### **Judicious Use of Antiviral Prophylaxis**

In the light of three confirmed cases of oseltamivir (Tamiflu®) resistant H1N1, the Centers for Disease Control and Prevention (CDC) has re-emphasized that inappropriate use of oseltamivir for chemoprophylaxis could contribute to the development and circulation of oseltamivir resistant H1N1 viruses. According to the [“Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A \(H1N1\) Virus Infection and Their Close Contacts,”](#) antiviral chemoprophylaxis should be considered only in two specific situations, 1) for persons at high risk from complications due to influenza and 2) for health care workers exposed to influenza due to inadequate personnel protective equipment. Antivirals are discouraged for prevention of illness in healthy children or adults based only on potential community exposure. The CDC advises that administrative controls (e.g. staying home from work when ill, triaging to identify potentially infectious patients) and personal protective equipment be used, instead of antiviral chemoprophylaxis, to reduce the risk of exposure among health care workers.

### **H1N1 Flu Summit**

On June 9, the White House invited state and local officials, emergency managers, educators and others to participate in an [all-day conference](#) focusing on emergency preparedness for a potentially more severe outbreak of H1N1 influenza this fall. The summit offered an opportunity for states to ask questions, discuss preparedness strategies and share insights learned from the original April/May outbreaks. Breakout sessions focused on medical surge capacity, mass vaccination plans and judicious use of school closures. The Obama Administration said that flu preparedness was a “shared responsibility” and announced new funding for states and a nationwide flu prevention campaign at [www.flu.gov](http://www.flu.gov).

## **Messages for Fall H1N1 Campaign**

Peter Sandman, one of the preeminent risk communication speakers and consultants in the United States today, has assessed the current public mood as complacent in regard to the ongoing novel H1N1 influenza pandemic. In this environment, he argues that officials need to sound the alarm, communicating three key messages in equal proportions: 1) Pandemic H1N1 will almost certainly be pervasive, 2) Pandemic H1N1 looks very mild so far, and 3) We must prepare for the possibility that pandemic H1N1 could become more severe. Peter Sandman develops each of these themes and suggests several "message maps," designed to organize the information for more convenient media presentation. Peter Sandman updates his website frequently and has written [several helpful commentaries](#) on novel pandemic influenza.

## **Actions for Novel H1N1 Influenza Planning and Response**

In an effort to help medical offices and outpatient facilities (e.g., outpatient/ambulatory clinics, outpatient surgery centers, urgent care centers, physical therapy/rehabilitation offices or clinics) manage a potential increase in demand for services in the midst of a novel H1N1 influenza outbreak, the CDC has announced its [top ten steps](#) for novel H1N1 influenza planning and response. Preparedness by these smaller medical facilities, which provide routine, episodic and/or chronic healthcare services, could help to ensure a sustainable community healthcare response during the likely recurrence of novel H1N1 flu in the fall.

## **Emergency Department Management of Novel H1N1 Outbreak**

The Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Emergency Care Coordination Center (ECCC), in cooperation with the American College of Emergency Physicians (ACEP), have published the ["National Strategic Plan for Emergency Department Management of Outbreaks of Novel H1N1 Influenza."](#) Developed to identify critical capabilities necessary for successful emergency department management of an H1N1 virus outbreak and to suggest strategies to achieve these capabilities, this plan is intended to guide operational and tactical planning involving professional associations, government entities, public health department, and hospitals. Following the federal template for management of biological threats, defined in the Homeland Security Presidential Directive #10, the National Strategic Plan for ED Management of H1N1 outbreaks focuses on situational awareness, protection of ED infrastructure and personnel, continuity of service, timely medical surge capacity and postoutbreak recovery.

## **Experts Reveal History of Pandemic Flu Viruses**

Published in the Proceedings of the National Academy of Sciences, a [new study sheds](#) light on the natural history of pandemic flu viruses. By analyzing and comparing the genetic make-up of the 1918, 1957 and 1968 pandemic flu viruses, researchers were able to gain insight into the ancestry of these viruses and the genetic exchanges that created them. Contrary to previous studies which hypothesized a sudden viral jump from birds to humans, researchers now believe that the 1918 Spanish flu, which killed up to 50 million people, circulated in swine and humans for years before the pandemic began. In addition, this new study suggests that both the 1918 and 1957 viruses underwent at least two rounds of reassortment, genetic swapping possible only when two strains simultaneously infect a single host, before being capable of producing pandemics. By adding to our understanding of the gradual development pandemic viruses, many researchers hope we will be better able to monitor and control current viruses.

## **In Vitro and In Vivo Characterization of H1N1 Influenza Viruses**

In the journal *Nature*, researchers tested how well the current pandemic strain of H1N1 replicates in ferrets, mice, pigs, and non-human primates. [The research](#) shows that those who have antibodies for the 1918 pandemic

H1N1 strain have partial immunity to the 2009 H1N1 pandemic strain. It also shows that the 2009 H1N1 pandemic strain is susceptible to antivirals.

### **2009 H1N1 Influenza A: Clinical Details, Antiviral Resistance, and Other Mutations**

The Clinician's Biosecurity Network [released an article](#) entitled, "2009 H1N1 Influenza A: Clinical Details, Antiviral Resistance, and Other Mutations," detailing the clinical characteristics of severe H1N1 illness, the recent development of drug resistance and the prospects for the future. As more clinical and scientific facts are learned about illness caused by the novel 2009 H1N1 influenza virus, many hope that clinical policy will become more firmly rooted in scientific data, and optimal management strategies will emerge.

### **Home Care Guidance for Treatment of H1N1 Influenza**

Recognizing that most H1N1-related illness is relatively mild thus far, the Centers for Disease Control and Prevention published an online summary of physician [directions for home influenza care](#). Designed for concerned patients or caregivers, the website tells the public to expect fever and respiratory symptoms for several days, but to seek emergency care if they experience vomiting, confusion, chest or abdominal pain, difficulty breathing, or if symptoms worsen after initial improvement. Those ill should stay home for seven days after symptoms begin or 24 hours after symptoms end, whichever is longer. In addition to recommending over the counter drugs to try or avoid, the site also suggests drinking fluids, using alcohol-based sanitizers and avoiding touching one's eyes, nose and mouth.

### **WHO Reporting Requirements for Pandemic (H1N1) 2009 Influenza**

On July 16, the World Health Organization (WHO) announced that it will no longer require countries with community-wide transmission of H1N1 virus to submit regular reports of individual confirmed cases and no longer issue global summaries of all confirmed cases. Rather, recognizing that laboratory confirmation of all suspected cases can easily drain a country's capacity to monitor and investigate severe and exceptional cases, [the WHO now recommends](#) that countries focus on surveillance activities that report the established indicators of virulence and transmission used to monitor seasonal flu. Such activities include closely monitoring for clusters of severe pandemic (H1N1) 2009 virus infection, clusters of respiratory illness requiring hospitalization and unusual clinical patterns.

### **Intensive-Care Patients with Severe Novel Influenza A (H1N1) Virus Infection: Michigan, June 2009**

Since April 26, community wide transmission of novel influenza A (H1N1) virus has occurred in Michigan, with 655 probable and confirmed cases reported as of June 18. The July 10 issue of "[Morbidity and Mortality Weekly Report](#)" summarizes the clinical characteristics of a series of 10 patients with novel influenza A (H1N1) virus infection and acute respiratory distress syndrome at a tertiary-care intensive care unit in Michigan. Of the 10 patients, nine were obese (body mass index [BMI] >30), including seven who were extremely obese (BMI >40); five had pulmonary emboli; and nine had multiorgan dysfunction syndrome. Three patients died. Clinicians should be aware of the potential for severe complications of novel influenza A (H1N1) virus infection, particularly in extremely obese patients.

### **Manitoba, Canada, Tribes Declare Swine Flu Emergency**

Manitoba's First Nation chiefs have declared [a state of emergency](#) in an effort to raise awareness of the disproportionate impact H1N1 virus is having on their communities. Roughly half of all confirmed cases in Manitoba are First Nations residents. Cramped living conditions, lack of running water in some areas, and high incidence of chronic illness have been suggested as possible contributing factors. Despite the need, communication and cooperation between tribal lead-

ers and provincial authorities has been hampered by misunderstandings and bureaucracy.

### **U.S. H1N1 Flu Deaths Continue to Climb**

In early July, federal health officials announced a 34% rise in deaths over the past week alone, ending at a total 170 fatalities and 34,000 confirmed cases nationally. Since these numbers represent only the small percentage of cases which seek treatment and testing, the Centers for Disease Control and Prevention estimates that over a million Americans have been infected so far, though probably experiencing only mild illness. The World Health Organization has tracked the H1N1 virus as it continues to sweep through the Southern Hemisphere and Europe. British officials are projecting over 100,000 new cases daily by the end of August.

### **WHO Identifies Oseltamivir- (Tamiflu®) Resistant H1N1**

Health authorities in Denmark and Japan have reported the appearance of H1N1 viruses which are resistant to oseltamivir (Tamiflu®), though still sensitive to zanamivir. A third case, discovered in Hong Kong, is suspected to have originated in the western United States, sparking a call from the federal Centers for Disease Control and Prevention (CDC) for more Tamiflu® resistance testing. Though antiviral resistance has been seen in other types of flu and resistance is not believed to be widespread, the CDC have increased efforts to monitor and track Tamiflu®-resistant H1N1. These are the first reports of antiviral drug resistance within the H1N1 strain. All three patients recovered and no resistant virus was found among their close contacts.

### **Novel Viral Spread Matched to Air Travel**

New research undertaken by Dr. Kamran Khan, working with St. Michael's Hospital in Toronto, has provided the first confirmation of the long-suspected link between air travel and viral spread. By analyzing last year's air travel out of Mexico (which doesn't change substantially from year to year), Dr. Khan was able to correlate air traffic volume and countries that did or did not experience swine flu outbreaks with over 90% accuracy. The study showed that while passengers leaving Mexico traveled to 164 countries, 80% were headed for the United States, a trend consistent with the path of the epidemic this spring.

### **Novel Flu Hits Summer Camps**

An official from the U.S. Centers for Disease Control and Prevention announced the nation's largest weekly increase in novel influenza cases (over 6,000 newly confirmed) involving 34 summer camps in 16 states. The virus has remained widespread during the summer in 12 states, a feature distinctive of influenza pandemics. Of the typed influenza isolates, over 99% were traced to the novel H1N1 flu strain.

### **New Projects Posted on CIDRAP'S Promising Practices Website**

The Center for Infectious Disease Research and Policy's "Promising Practices" website seeks to encourage public health preparedness by sharing peer-reviewed practices that can be adapted by public health stakeholders. Recently three new projects have been posted.

- The Cambridge Public Participation Project describes methods for engaging homeless, disabled, or elderly audiences and their service providers in pandemic preparedness.
- Emergency Preparedness Tips for those with Functional Needs Guide provides detailed information on building a disaster kit, and documenting important health information, as well as specific advice for seniors and the deaf and hard of hearing. Similarly, it includes tips for people living with cognitive impairments, life support systems, mental health and substance abuse issues, mobility impairments, service animals and pets,

and visual impairments.

- Pandemic Influenza Surge Plan to Manage In-Hospital Deaths includes a training course and planning tool for health professionals. The course describes strategies, roles, and responsibilities that will be assumed by the Office of Chief Medical Examiner and health care facilities.

## Regional News

### **Mid-Michigan Red Cross Cuts Emergency Food and Shelter Program**

After more than 20 years of service, the emergency food and shelter program offered by the Mid-Michigan Red Cross was closed in June due to financial constraints. The program provided food and motel vouchers for families unable to find assistance at the other city shelters. Volunteers of America in Lansing will now take over the program, adding it to the existing emergency shelters and emergency services which Volunteers of American already runs.

### **Region 3 Completes Two Highly Successful Conferences**

The Region 3 Healthcare Preparedness Network recently completed two successful conferences for both its regional and state partners. The "Cornerstones in Preparedness" conference was held on May 28 and provided over 90 attendees with a background in the complexities of dealing with special needs populations and the psychological aspects of a disaster. A special tract was offered for those agencies just beginning to work on their disaster preparedness, such as long term care, home health care, dialysis clinics and primary care clinics. A second conference, held on June 25, included presentations on the 2009 Region 3 morgue survey, MIMORT and DMORT capabilities, the responsibilities of funeral homes, capabilities of cadaver dogs and role of the M.E. investigator. The key note address was on the emergency response to the 2008 mass fatality event in Greensburg KS. Over 80 partners attended from across the Region and State, including professionals from healthcare, behavioral health, public health, emergency management, medical examiners and the funeral home industry. Both conferences, developed by CEMA in conjunction with the Region 3 Advisory Committee, were held at the Dow Event Center in Saginaw and offered both category 1 CME for physicians as well as EMS CE credits. In postevent evaluation, many attendees expressed their appreciation and requested follow-up conferences next year. A third conference tailored for Public Information Officers has been rescheduled for October 22nd, 2009 (originally scheduled for April 30th). Registration information is available at [www.region3hpn.org](http://www.region3hpn.org). For more information on these and other Region events, please contact the Regional Office at (989)-758-3712.

## Other News

### **New Assistant Secretary for Preparedness and Response**

U. S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced that the United States Senate unanimously confirmed Dr. Nicole Lurie as the next Assistant Secretary for Preparedness and Response at HHS. Dr. Lurie, an internationally recognized leader in public health, most recently served as co-director of policy analysis at the RAND Corporation Center for Domestic and International Health Security, senior natural scientist and professor of policy analysis at the RAND Corporation.

### **Express Tuberculosis Control Laws in Selected U.S. Jurisdictions**

The Centers for Law and the Public's Health, a Collaborative at Johns Hopkins and Georgetown Universities, researched [this descriptive review](#) of the TB control laws of 24 states and New York City. Tuberculosis (TB), a serious communicable disease, remains a significant public health threat in the United States despite long-standing public health prevention efforts at various levels of government. Believing that legal preparedness is central to ensuring the success of public health efforts to control the spread of TB, the Centers for Disease Control and Prevention (CDC) in 2007 initiated this study as part of a series of applied research and development projects.

### **Walmart Supports Emergency Preparedness for the Disabled**

The Walmart Foundation has announced a \$500K grant to the National Organization on Disability's Emergency Preparedness Initiative. Through its outreach and awareness efforts, the Initiative hopes to encourage emergency planning strategies that adequately address the needs of the 54 million Americans with disabilities. Though the necessity for such plans was highlighted by Hurricane Katrina, the Department of Homeland Security's National Plan Review from 2006 revealed this as an area of weakness in many state's emergency preparations.

### **Mending Wounded Minds**

The Johns Hopkins Public Health Magazine recently [published an article](#) highlighting the need for effective, evidence-based mental health services for victims of violence, torture and rape in developing countries where mental disorders often receive no treatment. In an effort to address this need, the Bloomberg School's Applied Mental Health Research group is dedicated to implementing and testing evidence-based mental health services in developing countries where care for the mentally ill is frequently non-existent or ineffective. After reviewing various options for treatment, AMHR has been testing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), designed to help children find connections between thoughts, feelings and behavior. Trained local therapists engage the child in games, drawing and role-plays that are aimed at helping children begin to talk about their experiences. The approach has been effective in treating trauma stemming from child sexual abuse, grief, disaster and other causes.

### **Preparedness Pays Off**

Washington DC's local and regional preparedness planning paid off on June 29 as emergency vehicles rushed to the site of a horrific Metro crash that killed at least nine and injured 80 more. Thanks to the increased focus on emergency readiness since the Sept. 11, 2001 terrorist attacks, officials say the response was both prompt and well-ordered.

### **Carbon Monoxide Deaths Emphasize Need for Safety Education**

A Detroit man and three children died in their home recently due to suspected carbon monoxide poisoning. Fire officials believe that the family was using a generator in their basement. Tragically, over 400 Americans die each year due to accidental carbon monoxide poisoning. This odorless colorless gas, contained in combustion fumes released from cars, small gasoline engines, gas ranges, charcoal fires and heating systems, can build-up to toxic levels in enclosed or semi-enclosed areas causing serious illness and death. Though certain populations (such as unborn babies, infants and people with chronic heart disease, anemia or respiratory problems) are most susceptible, all people and animals are at risk. The CDC has provided [thorough guidelines](#) on-line to help individuals prevent and recognize potential exposures, explaining how to properly vent gas appliances and prevent carbon monoxide poisoning from vehicles, generators, gas oven and more. Since carbon cannot be seen or smelled, the CDC recommend the installation of a battery-operated carbon monoxide detector.

### **CDC Feature: Health Disparities and Racial/Ethnic Minority Youth**

Ethnic minority youth health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Disparities often begin early in life, starting during childhood or adolescence. These disparities are inequitable and directly related to the historical and current unequal distribution of social, political, economic, and environmental resources. In addition to race and ethnicity, health disparities also exist on the basis of sex, age, income level, geography, sexual orientation, disability, and special health care needs.

## **Training and Education**

### **Cultural Competency Curriculum for Disaster Preparedness and Crisis Response**

On June 30, the U. S. Department of Health and Human Services' Office of Minority Health (OMH) released its latest cultural competency e-learning program: "Cultural Competency Curriculum for Disaster Preparedness and Crisis Response." The program trains individuals such as emergency managers, first responders, social workers, and disaster mental health workers in effectively serving culturally and linguistically diverse populations at every phase of the disaster - preparedness, response and recovery. The training, arranged into four courses, is designed to address the National Standards for Culturally and Linguistically Appropriate Services (CLAS), established in 2000 by the OMH.

### **CDC Emergency Operations Center: "Behind the Scenes" Video**

Take a look behind-the-scenes at the command center and staff responsible for coordinating emergency response to domestic and international public health threats. Since 2001, CDC has responded to dozens of events and incidents including the anthrax attacks, Hurricane Katrina and SARS, Monkeypox, *E. coli*, and Novel H1N1 Flu outbreaks. Developed by the Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), this roughly six-minute video helps put a face to those men and women responsible for implementing the CDC's emergency risk communication strategies during public health emergencies.

<b>Date/Time</b>	<b>Event</b>	<b>Location</b>
Jul. 30, 2009 9:00am	<b>CDC Immunization Training Update</b> <u>This program</u> will be broadcast in two formats, both as a satellite course and a webcast. Anticipated topics include influenza (including H1N1 influenza), rotavirus, vaccine safety and vaccine supply. So-called "alternative" vaccine schedules and other emerging vaccine issues will also be discussed. The 2.5-hour broadcast will be repeated at 12:00pm EST, as well.	Satellite Broadcast and Webcast

Date/Time	Event	Location
Aug. 3, 2009	<p><b>Fundamentals of Infection Surveillance, Prevention, and Control</b>  <a href="#">This course</a> emphasizes the roles and responsibilities of the Infection Professional (IP) and how to prepare an appropriate infection surveillance, prevention and control program, specific to the organization and the populations the organization serves. This course is recognized by both the American Nurses Credentialing Center and the American Society of Clinical Pathologists, allowing for the conference count as continuing education credit (up to 24.0 contact hours). This course will also be offered August 10-13 in San Francisco, CA, and from October 26-29 in Phoenix, AZ.</p>	Baltimore, MD
Aug. 3, 2009	<p><b>4th Annual Disaster Planning for Hospitals Conference</b>  Discover how to <a href="#">effectively prepare</a> your facility for a large-scale disaster with special emphasis on both response and recovery. The World Research Group's faculty will share in-depth case studies on every step of the process from creating an emergency operation plan to repatriation of patients after an evacuation. Highlights will include a keynote address from the Joint Commission on the 2009 Emergency Management Standards as well as discussions of H1N1 response, sustainability action plans, mass casualty triage systems, emergency operational plans for special needs populations, patient tracking systems and the legal/ethical issues of critical care.</p>	Chicago, IL
Aug. 6, 2009	<p><b>Strategic Response to Crisis</b>  <a href="#">The course</a> will present essential information for the assessment of both crisis situations and the effects of critical incidents on people involved in those situations. Learn to create an effective plan of action to assist those in crisis and complete a series of exercises designed to sharpen assessment and crisis planning skills. Strategic planning and tactical decision making are emphasized, as are rationales for choosing one set of crisis intervention processes over another.</p>	Detroit, MI
Aug. 6, 2009 8:30am	<p><b>Breastfeeding: A Vital Emergency Response</b>  This topic, also the theme of World Breastfeeding Week, is intended to draw attention to the vital role that breastfeeding plays in emergencies. <a href="#">The broadcast</a> will stress the need for active protection and support of breastfeeding before and during emergencies. It will also give suggestions for mobilizing action and nurturing networking and collaboration between those with breastfeeding skills and those involved in emergency response.</p>	webcast

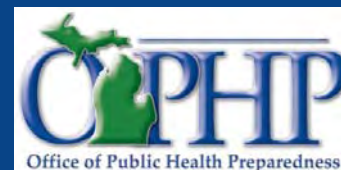
Date/Time	Event	Location
Aug. 7, 2009	<p><b>Individual Crisis Intervention and Peer Support</b></p> <p>Crisis Intervention is NOT psychotherapy; rather, it is a specialized acute emergency mental health intervention which requires specialized training. As physical first aid is to surgery, crisis intervention is to psychotherapy. Thus, crisis intervention is sometimes called "emotional first aid". <a href="#">This program</a> is designed for teach participants the fundamentals of, and a specific protocol for, individual crisis intervention. This three-day course is designed for anyone who desires to increase their knowledge of individual (one-on-one) crisis intervention techniques in the fields of Business &amp; Industry, Crisis Intervention, Disaster Response, Education, Emergency Services, Employee Assistance, Healthcare, Homeland Security, Mental Health, Military, Spiritual Care, and Traumatic Stress.</p>	Detroit, MI
Aug. 7, 2009	<p><b>Group Crisis Intervention</b></p> <p>This <a href="#">three-day training</a> is designed to present the core elements of a comprehensive, systematic and multi-component crisis intervention curriculum, the Group Crisis Intervention course will prepare participants to understand a wide range of crisis intervention services. Fundamentals of Critical Incident Stress Management (CISM) will be outlined and participants will leave with the knowledge and tools to provide several group crisis interventions, specifically demobilizations, defusings and the Critical Incident Stress Debriefing (CISD). The need for appropriate follow-up services and referrals when necessary will also be discussed.</p>	Detroit, MI
Aug. 9, 2009	<p><b>National Conference on Community Preparedness</b></p> <p>The conference is open to all who are interested in making their communities safer, stronger, and better prepared for all types of hazards. NCCP 2009 will bring together approximately 600 state and local elected officials, emergency management, fire and police services, public health and emergency medical services, non-governmental organizations, private business and industry, advocacy groups, and members of the public. Visit the <a href="#">conference website</a> for further information, including registration details.</p>	Arlington, VA
Aug. 12, 2009	<p><b>National Conference on Health Communication, Marketing, and Media</b></p> <p>The Third Annual National Conference on Health Communication, Marketing and Media provides you the opportunity to interact and network with a broad spectrum of health communications and marketing leaders across public health, health care, academic and private sectors. Last year the conference attracted more than 1000 participants representing 290 organizations and provided a venue for over 100 presenters and exhibitors. <a href="#">The conference</a> is an excellent opportunity to meet with colleagues and help you shape the future of health communication, marketing, and media practice. Scholarships are available.</p>	Atlanta, GA

Date/Time	Event	Location
Aug. 17, 2009	<p><b>Michigan's Trauma System: Preparing for Implementation</b>  <a href="#">This conference</a> will cover topics related to: trauma triage criteria; discussion of the "Guide to Implementation"; Regionalization Initiatives such as stemi, stroke, and peri-natal; the burn surge plan, and challenges in moving the trauma system forward.</p>	Sheraton Hotel Lansing, MI
Aug. 19-21, 2009	<p><b>International Swine Flu Conference</b>            Top leaders and key decision-makers of major companies representing a broad range of industries will meet with distinguished scientists, public health officials, law enforcers, first responders, and other experts to discuss pandemic prevention, preparedness, response and recovery at the <a href="#">1st International Swine Flu Summit</a>. This conference will feature hog/swine industry leaders, well-known emergency responders and heads of hospitals from around the world.</p>	Washington, DC
Aug. 30, 2009	<p><b>Public Health Information Network (PHIN) Conference 2009</b>            The seventh annual Public Health Information Network (PHIN) <a href="#">Conference</a> features workgroups/ancillary meetings, informatics workshops/tutorials, and many opportunities for networking with informatics colleagues from the local, state, national, and international levels. Participants will also be able to provide input to CDC on how to implement the PHIN initiative in the context of the larger national Health IT Initiative.</p>	Atlanta, GA
Aug. 30, 2009	<p><b>The International <i>Bacillus</i> Conference</b>            The major mission of the <a href="#">conference</a> is to promote stimulating and fruitful interactions between investigators involved in research related to the physiology, genetics, molecular biology, and pathogenicity of these bacteria and to the prevention and treatment of diseases they cause. Session will focus on topics such as bacterial development and structure, epidemiology and ecology, genomics, genetic regulation, toxins, bacteria-host interactions and vaccines/therapeutics.</p>	Sante Fe, NM
Sept. 14, 2009	<p><b>Large Animal Handling Workshop</b>            This one-day <a href="#">workshop</a> is intended for Michigan first responders, animal control officers, and other interested animal volunteers. The goal of the workshop is to help participants develop or reinforce skills and response capabilities used when dealing with cattle, horses, and other domestic livestock during emergencies or other response situations.</p>	MSU Pavilion 4301 Farm Lane East Lansing, MI 48824
Sept. 21, 2009	<p><b>Caring for the Community: Preparing for an Influenza Pandemic</b>            Breakout sessions will focus on topics such as legal and ethical concerns, integration and collaboration of state and local agencies, staffing and technology requirements, and pre-ED screening. The conference will also feature three prominent keynote speakers: John Barry (Author of <i>The Great Influenza</i>), Dr. Marc Siegel (Fox News Medical Correspondent), and Dr. Howard Markel (Professor of Historical Medicine, University of Michigan). To register, please visit the <a href="#">Spectrum Health website</a>.</p>	Holiday Inn Hotel and Conference Center 1005 Perry Street Big Rapids, MI 49307

Date/Time	Event	Location
Sept. 21, 2009	<b>Wireless State of Technology Conference</b> This <u>free event</u> will bring together both domestic and international stakeholders in a think tank environment to examine the potential of wireless communications technology for improving support and assistance for persons with disabilities before, during, and after a natural or manmade disaster. The target audience is the wireless industry, emergency management and public safety officials, broadcast and cable industry, individuals with disabilities, disability organizations, and researchers working on issues of emergency communications.	Atlanta, GA
Sept. 21, 2009	<b>National After Action Workshop on H1N1 Epidemic Spring 2009</b> Leaders from the Centers for Disease Control and Prevention, and state and local health departments will participate in this <u>national dialogue</u> that will give participants the unique opportunity to interact with colleagues from all levels of the response, and to participate in working sessions designed to help identify gaps to be addressed as we enter the fall influenza season. Updates will be given on the current status of the Novel Influenza A H1N1, both domestically and internationally, and what to expect as we enter the 2009-2010 influenza season.	Los Angeles, CA
Sept. 22, 2009	<b>Frontline Disaster Planning Workshop</b> This interactive <u>workshop</u> focuses on handling mass casualties and establishing alternative care sites and the processes involved in establishing organized systems to limit the loss of life: coordination, collaboration, and communication with police, fire, emergency medical services, hospitals, community emergency response teams, and other community resources. The workshop will identify planning, guidance, and tools needed to ensure an effective community agency, health, and medical care response.	Arlington, VA



Mailing Address:  
 Office of Public Health Preparedness  
 Capitol View Building - 201 Townsend Street - Lansing, MI 48913  
 (517) 335-8150 — <http://www.michigan.gov/ophp>



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