



Preparedness and Planning

Seasonal Flu Vaccine Shipping Early

The H1N1 flu pandemic is spurring makers of seasonal flu vaccines to ship them to market well ahead of schedule. When novel H1N1 influenza first surfaced this spring, flu vaccine makers said they were worried about being able to make enough of two different vaccines, one against the new strain and one against the three strains of [seasonal flu](#) expected to circulate. Vaccine companies (Sanofi, Novartis, and GlaxoSmithKline) all have begun shipments of seasonal flu vaccine earlier than usual. Doctors and clinics will face quite a challenge in trying to vaccinate patients first against seasonal flu and then give what is expected to be a series of two shots against swine flu.

Prevention and Control of Seasonal Influenza with Vaccines

Highlights of the 2009 seasonal influenza [recommendations](#) include 1) that annual vaccination be administered to all children aged 6 months-18 years for the 2009-10 influenza season; 2) that vaccines containing the 2009-10 trivalent vaccine virus strains A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane/60/2008-like antigens be used; and 3) a notice that recommendations for influenza diagnosis and antiviral use will be published before the start of the 2009-10 influenza season. Vaccination efforts should begin as soon as vaccine is available and continue through the influenza season.

VacStockpile: A Tool to Estimate the Potential Impacts for Stockpiling Vaccines for Vaccine-Preventable Diseases of Children

VacStockpile has been designed to help planners and policy makers evaluate the potential health and cost impacts of stockpile decisions for each type of pediatric vaccine for an array of scenarios regarding possible vaccine shortages. The consequences of a vaccine shortage evaluated include potential doses of vaccine shortage, replenishment costs to replace stockpile doses that are used for shortages or discarded because of expiry of shelf life, and a number of potential health consequences (e.g., number of cases, hospitalizations and deaths) that may occur under various vaccine shortage scenarios. Although [VacStockpile](#) has been designed for use in the United States, it can be applied to other situations or locations where vaccine stockpiles are being maintained or considered.

Estimating Those At Risk of Medical Consequences in a Disaster

The MedCon:Pre-Event has been designed to estimate the baseline medical care requirements (i.e., the number of persons that would require medical care) of a displaced population following a disaster due to pre-existing medical conditions. Users of [MedCon:PreEvent](#) should note that it has not been designed for estimating the medical care requirements due to direct impact of the event (e.g., injuries and illness)

News

School-Related H1N1 Guidance

The Centers for Disease Control and Prevention (CDC) has released three new resources to assist school planning related to the H1N1 virus. In addition, the Flu.gov website has also issued new school-based information. See [page 3](#) for more information.

H1N1 Vaccine Recommendations

The CDC's Advisory Committee on Immunization Practices recommends that vaccination efforts focus on five key populations. The key populations include those who are at higher risk of disease or complications, those who are likely to come in contact with novel H1N1, and those who could infect young infants. See [page 4](#).

Rapid Tests for H1N1

The use of rapid tests for novel influenza A(H1N1) have considerable appeal. These two articles discuss the tests and their efficacy. See [page 6](#).

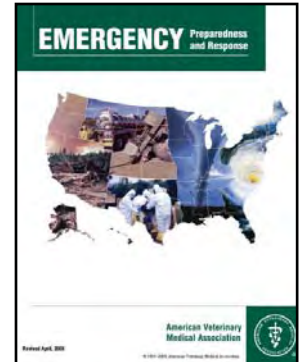
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or additional medical care requirements resulting from the aggravation of the existing medical condition. The intended users of the MedCon: Pre-Event model are public health preparedness planners at local, state, and federal levels involved in addressing the large scale medical care requirements resulting from man-made and natural disasters.

American Veterinary Medical Association Emergency Preparedness and Response Guide

The goal of the American Veterinary Medical Association's (AVMA) emergency management program is to encourage and foster veterinary leadership and guidance in local, state and federal efforts within the United States in preparation for: disasters and emergencies involving animals, animal and public health, and other veterinary issues. [This guide](#) contains templates for writing detailed animal disaster and emergency operations plans.



Biolabs are Slow to Improve Security

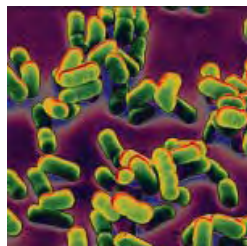
The Government Accountability Office ([GAO](#)) [found](#) that government officials have been slow to upgrade security at U.S. laboratories that handle deadly germs nearly a year after congressional investigators found weak security controls. Two of the labs found to have security problems have made some improvements despite "limited action" by the Centers for Disease Control and Prevention (CDC) to work out a comprehensive safety plan. Investigators urged the CDC to set uniform perimeter security for all five of the nation's Biosafety Level 4 labs, which handle organisms such as the Ebola virus and smallpox. The CDC says it has convened a working group to study how to improve security controls. But GAO investigators rapped the agency for declining to make any documents available so progress could be monitored.

New Native American and Alaskan Native Culture Pocket Guide

The U.S. Department of Health and Human Services has released a newly developed [pocket resource](#) called "Culture Card: A Guide to Build Cultural Competence: American Indian and Alaska Native". Portable and convenient, this card was developed to enhance cultural competence among service providers working in or coordinating services for Native American and Alaska Native communities and addresses history and culture, myths and facts, tribal sovereignty, and more. It offers helpful tips on how to successfully interact and work within tribal communities.

Surveillance

Plague Claims a Third Life in Northwestern China Town



A third man has died of [pneumonic plague](#) in northwestern China where a town of more than 10,000 people has been sealed off. Police have set up checkpoints around Ziketan, as medics are disinfecting the area and killing rats and insects. Pneumonic plague, which attacks the lungs, can spread from person to person or from animals to people. About ten other people inside the town have so far contracted the disease, according to state media.

Livingston County Sees Spike in Whooping Cough Cases

A recent outbreak of a highly communicable illness, preventable by vaccine, has caused Livingston County Department of Public Health to issue a health alert. Eight confirmed cases of pertussis, commonly known as whooping cough, have been identified in the county from June 29 through July 24. Six of the

cases were children between the ages of 5 and 17. The Health Department is advising all concerned individuals to check their immunization status, as well as their children's. The cost of the vaccine varies depending on insurance status. No child will be denied state required immunization due to inability to pay. For more information, call (517) 546-9850 or visit the Livingston County Public Health Department [website](#).

Seasonal Dynamics of Recurrent Epidemics

Mathematical modeling can be utilized to predict seasonal dynamics of certain diseases. The journal *Nature* published [an article](#) outlining the use of this mathematical model and shows the non-linear dynamics of seasonal diseases. This helps explain why some years a certain disease affects more people than others.

Communications

Incorporating Social Media into Disaster Communications

Emergency management organizations must get ahead of the rising tide of [social media](#) and incorporate it into their risk communications strategies, advised a roundtable of experts in a recent report. Communications methods that involve user interaction--such as Twitter, blogs, social networking sites, Really Simple Syndication (RSS) feeds, and others--provide emergency communications an unparalleled opportunity to reach wide audiences in times of catastrophe, observed the report.

Pandemic Planning

CDC School-Related H1N1 Guidance

The Centers for Disease Control and Prevention (CDC) has released three new resources to assist school planning related to the H1N1 virus.

- ["Preparing for the Flu: A Communication Toolkit for Schools"](#) provides basic information and communication resources to help school administrators implement recommendations from CDC's Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year.
- This [Technical Report](#) includes detailed information on the reasons for the strategies presented in the CDC Guidance for School (K-12) Responses to Influenza during the 2009-2010 School Year and suggestions on how to use them. The guidance is designed to decrease exposure to regular seasonal flu and 2009 H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools. CDC will continue to monitor the situation and update the current guidance as more information is obtained on 2009 H1N1.
- The Centers for Disease Control and Prevention and the U.S. Department of Education have established a [School Dismissal Monitoring System](#) to report on novel influenza (H1N1)-related school or school district dismissal in the United States.

Updated Guidance for Schools for the Fall Flu Season

Updated [federal guidelines](#) offer state and local public health and school officials a range of options for responding to 2009 H1N1 influenza in schools, depending on how severe the flu may be in their communities. The guidance

should balance the risk of flu in their communities with the disruption that school dismissals will cause in education and the wider community.

Recommendations for Use of Vaccine against Novel H1N1

As of August 6, the Centers for Disease Control and Prevention (CDC) estimated 6,506 total novel influenza A (H1N1) hospitalizations and 436 deaths. The CDC's Advisory Committee on Immunization Practices [recommends](#) that vaccination efforts focus on five key populations. The key populations include those who are at higher risk of disease or complications, those who are likely to come in contact with novel H1N1, and those who could infect young infants. When vaccine is first available, the committee recommended that programs and providers try to vaccinate:

- pregnant women,
- people who live with or care for children younger than 6 months of age,
- health care and emergency services personnel,
- persons between the ages of 6 months through 24 years of age, and
- people from ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

H1N1 2009 Influenza Virus Infection during Pregnancy in the USA

[This article](#), published in *The Lancet*, provides key points regarding pregnant women with H1N1 infection. Those with suspected or confirmed influenza infection need prompt treatment with antiviral medication. There is an increased risk for pregnancy complications if infected with an influenza virus. Pregnant women who are otherwise healthy have been severely impacted by the novel H1N1 influenza virus. Pregnant women who have been infected with novel H1N1 influenza virus have had a higher rate of hospitalization than the general population. Of 45 deaths reported to the Centers for Disease Control and Prevention (CDC) during the first two months of the outbreak, six (13%) were in pregnant women. CDC has posted clinical guidance for treatment and prophylaxis of pregnant women with suspected or confirmed novel H1N1 influenza.

Neurologic Complications of H1N1 Infection in Children

The findings of [this research](#) indicates that, as with seasonal influenza, neurologic complications can occur after respiratory tract infection with novel influenza A (H1N1) virus. For children who have influenza-like illness accompanied by unexplained seizures or mental status changes, clinicians should consider acute seasonal influenza or novel influenza A (H1N1) virus infection in the differential diagnosis, send respiratory specimens for appropriate diagnostic testing, and promptly initiate empirical antiviral treatment, especially in hospitalized patients.

Novartis Starts Testing Its H1N1 Flu Vaccine

Swiss drugmaker Novartis has begun injecting its H1N1 flu vaccine into people for the company's first [human tests](#). The vaccine is being tested in a year-long trial of 6,000 people of all ages in Britain, Germany and the United States. Half of Novartis' vaccines being tested are grown in chicken eggs, the traditional way of making flu vaccines, while the other half use a new cell-based technology. The trial will test the vaccine's safety and whether one or two shots are necessary. Novartis is only getting about 30 to 50 percent of the usual yield it gets from flu viruses to make vaccines. The low virus yield could mean delays in when countries get their vaccine orders filled. More than 35 countries have placed orders with Novartis for the vaccine. The U.S. has ordered \$979 million worth of vaccine.



Clinical Trials to Test 2009 H1N1 Influenza Vaccine Candidates

Scientists in a network of medical research institutions across the United States are set to begin a series of clinical trials to gather critical data about influenza vaccines, including two [candidate H1N1 flu vaccines](#). Initial studies will look at whether one or two 15 microgram doses of H1N1 vaccine are needed to induce a potentially protective immune response in healthy adult volunteers (aged 18 to 64 years old) and elderly individuals (aged 65 and older). Researchers also will assess whether one or two 30 microgram doses are needed. The doses will be given 21 days apart, testing two manufacturers' vaccines (Sanofi Pasteur and CSL Biotherapies). If early information from those trials indicates that these vaccines are safe, similar trials in healthy children (aged 6 months to 17 years old) will begin.

CDC Novel H1N1 Vaccination Planning Q&A

On August 10, the Centers for Disease Control and Prevention (CDC) updated its website regarding novel H1N1 [vaccination planning](#) information. This question and answer site addresses vaccine purchase, distribution, allocation, supplies, and administration.

Influenza Antiviral Drugs and Related Information

Tamiflu® (oseltamivir phosphate) and Relenza® (zanamivir) are the two approved influenza antiviral drugs that are recommended by the Centers for Disease Control and Prevention for use against the 2009 H1N1 influenza virus. The prescribing information for both products, Emergency Use Authorizations (EUAs) and fact sheets are available of the U.S. Food and Drug Administration [website](#).

Extended-Duration Antiviral Chemoprophylaxis against Influenza

[A study](#) published in the *Annals of Internal Medicine* looks into the safety and efficacy of long term antiviral use. The researchers reviewed several randomized control studies regarding the long-term use of both oseltamivir and zanamivir and found that both drugs were helpful in symptomatic patients but not in asymptomatic patients. The researchers recommend further research into long term chemoprophylaxis with antivirals.

Tamiflu®-Resistant H1N1 Case Found in Canada

Canada has recorded its [first case](#) of Tamiflu®-resistant H1N1 influenza in a man who had been given the drug to prevent infection. The 60-year-old Quebec man was given the flu antiviral after his son fell ill with the pandemic virus. A spokesperson for the Public Health Agency of Canada, said the strain did not appear to have spread beyond the reported individual case. Use of Tamiflu® to prevent infection has occasionally given rise to resistant viruses. The Tamiflu®-resistant case is the fifth reported globally since the virus was detected in April. Denmark and Hong Kong reported one case each, whereas Japan has reported two resistant cases.



CDC Updates Exclusion Period for Influenza-Like Illnesses

On August 5, the Centers for Disease Control and Prevention (CDC) changed its recommendation related to the amount of time people with influenza-like illness should stay away from others (the exclusion period). [New guidance](#) indicates that people with influenza-like illness should stay home for at least 24 hours after their fever has abated (without the use of fever-reducing medicine). A fever is defined as having a temperature of 100 Fahrenheit or 37.8 Celsius or greater. This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after

the resolution of symptoms, whichever was longer. The new recommendation applies to camps, schools, businesses, mass gatherings, and other community settings where the majority of people are not at increased risk for influenza complications.

Facemasks and Hand Hygiene to Prevent Household Influenza Transmission

Researchers studied 259 households in Hong Kong, China to analyze the effectiveness of facemasks and hand hygiene in preventing influenza transmission. The [research showed](#) that overall both facemasks and hand hygiene did not produce statistically significant results in reducing household transmission of influenza. The research also showed that if these interventions were applied within 36 hours of symptom onset, there were statistically significant results for reduction in influenza transmission.



FDA Authorizes Emergency Use of Third Test for 2009 H1N1

The U.S. Food and Drug Administration (FDA) announced it has issued an Emergency Use Authorization (EUA) for another diagnostic test for the 2009 H1N1 influenza virus, whose spread has caused the virus to be characterized as a pandemic by the World Health Organization. The EUA for the Focus Diagnostics Influenza H1N1 (2009) Real-Time Reverse Transcription Polymerase Chain Reaction ([RT-PCR](#)) diagnostic test is the third diagnostic test authorized under an EUA by the FDA since the public health emergency involving the 2009 H1N1 influenza virus was declared on April 26, 2009. The EUA allows Focus Diagnostics to distribute the test to laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests. This test is not typically utilized in a doctor's office—it is a complex laboratory test performed in an environment that has the necessary equipment. These tests are intended for use in the detection of the 2009 H1N1 influenza virus in patients with symptoms of respiratory infection.

Detection of Novel Influenza A Virus Using RIDT

This [interim guidance](#), updated August 10, provides an overview of the sensitivities of rapid influenza diagnostic tests (RIDT) in detecting novel influenza A (H1N1) virus in order to help guide the reporting and interpretation of test results. This document does not discuss either direct (DFA) or indirect immunofluorescence assays (IFA). This guidance is primarily intended for clinical laboratories and clinical practices conducting influenza testing on respiratory specimens from patients with suspected novel influenza A (H1N1) virus infection.

Evaluation of RIDT for Detection of Novel Influenza A (H1N1)

Morbidity and Mortality Weekly published [an evaluation](#) of rapid influenza diagnostic tests (RIDT) for novel influenza A (H1N1). Three types of rapid influenza diagnostic tests were evaluated and compared to real-time reverse transcription--polymerase chain reaction tests. According to the authors, rapid influenza diagnostic tests were only sensitive when there were high amounts of the virus present in a patient. The sensitivity of rapid tests dropped to between 40% and 69% after the amount of virus dropped.

Transmissibility of 1976 Swine Flu at Fort Dix

In the *Journal of the Royal Society Interface*, researchers studied why the outbreak of Swine Influenza in 1976 at Fort Dix did not spread outside the military installation. Their [research showed](#) that the basic reproductive number (R_0) was the key indicator on how an influenza virus reproduces

and transmits. The R0 for the 1976 Fort Dix outbreak was lower than all other pandemics which indicate why the virus burned out instead of spread further around the world.

Some Public Health Workers Unlikely to Respond in Pandemic

Approximately 1 in 6 public health workers said they would not report to work during a pandemic flu emergency regardless of its severity, according to a survey led by researchers at the Johns Hopkins Bloomberg School of Public Health. [The findings](#) are a significant improvement over a 2005 study conducted by the same research team.

Public Health/Medical Responses to the 1957-58 Pandemic

Authors in the journal *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* reviewed the information surrounding the 1957 pandemic to help understand the current pandemic. This information provides [an overview](#) of the epidemiology of the pandemic of 1957 which will help response efforts for the 2009 influenza pandemic.

Business/Workplace Guidance for Preventing Influenza in Workers

[This guidance](#) was updated on June 25 in order to provide more specific guidance regarding when a worker who has been exposed to novel influenza A (H1N1) may return to work. Ensure the ill employee stays home for at least 24 hours after your fever is gone except to get medical care or for other necessities (their fever should be gone without the use of a fever-reducing medicine). It was further updated on August 10 to provide clarification on privacy issues surrounding the disclosure of information to employees during a pandemic.

No Sign that H1N1 is Mutating

Federal health officials say the new H1N1 influenza [virus has not mutated](#) to become more dangerous, but they're closely tracking that as the virus continues to circle the globe. Dr. Nancy Cox of the Centers for Disease Control and Prevention calls it "quite surprising" that more genetic variation hasn't emerged given the virus' quick spread – sickening more than an estimated million people in the U.S. alone since April. People under 25 get sick most often, although most of the deaths recorded in the U.S. so far have been in 25-to 49-year-olds. People older than 65 have far lower risk of getting sick – perhaps because of years of exposure to viruses in the same influenza family.



University Team Developed Anti-virus Compound

A National Taiwan University research team has developed an anti-virus compound that can break down the surface structures of the H1N1, enterovirus, avian flu viruses, and staphylococcus aureus. The university has already transferred the technology to develop the compound called "[NTU-VirusBom](#)" to private sector biotechnology companies. Disinfectant sprays, hand lotions, air filters, surgical masks and other products using the compound could be available on the market sometime in the future.

Regional News

Michigan Gets Northern Border Security Center

The U.S. government is building an intelligence gathering center designed

to help detect smuggling, terrorism and other crime across the long and liquid Great Lakes border between the U.S. and Canada. The \$30 million [Operational Integration Center](#) at Selfridge Air National Guard Base is the first center of its kind on the northern border and is expected to open next May. It will analyze and act on aircraft video, border camera images and other information from several federal, state and local agencies.

Other News

MIHAN Program Achieves PHIN Certification

The PHIN Certification Evaluation determined that the Michigan Department of Community Health has fully met all of the PHIN certification criteria. Congratulations to the OPHP Health Alert Network staff for their continued hard work and dedication to achieve this certification.



Training & Education

Fall Regional Immunization Conferences

The Division of Immunization will once again offer its popular immunization conference series. The [online registration](#) process will begin on August 18. When the registration begins on August 18, email reminders will be sent to the MDCH Immunization Listserv, as well as all the local health departments. The eight regional conferences will be held on the following dates:

- October 7 - Troy
- October 8 - Detroit
- October 13 - Gaylord
- October 15 - Marquette
- October 21 - Grand Rapids
- November 4 - East Lansing
- November 17 - Kalamazoo
- November 19 - Ypsilanti

Yale New Haven Courses

In preparation for a potential expansion of the current H1N1 outbreak, now is the time to plan, prepare, and train for the fall 2009 influenza season. The Yale New Haven Center for Emergency Preparedness and Disaster Response assists health care and public health organizations across the nation in disaster mitigation, preparedness, response, and recovery [services](#) including:

- N-95 Respirator and PPE Training
- N-95 Respirator Fit Tester Training
- Emergency Preparedness for Health Care
- Planning and Response to a Pandemic Influenza for Health Care at Work and at Home

Understanding and Sufficiency of States' TB Control Law

The CDC's Public Health Law Program, Division of Tuberculosis Elimination, and Division of Global Migration and Quarantine, in collaboration with the National Tuberculosis Controllers Association, have developed a [scenario](#) and companion [PowerPoint slide set](#) along with a [user's guide](#) that public health professionals can use to conduct in-depth assessments of their jurisdictions' TB control laws.

Cultural Competency Curriculum for Disaster Preparedness

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 [6-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.

New Emergency Use Authorization (EUA) Online Course

An EUA [online course](#) has been developed by the Food and Drug Administration and Centers for Disease Control and Prevention to provide public health officials, emergency managers, or Strategic National Stockpile coordinators with an introduction to the Emergency Use Authorization of medical products. An EUA allows the use of drugs, biologics and medical devices that are not approved, licensed or cleared respectively (i.e., "unapproved medical products") in an emergency to diagnose, treat, or prevent a serious or life-threatening disease or condition when there are no adequate, approved, or available alternatives. The medical products subject to the EUA may have never been approved, or have been approved for some other use, but not for the use required by the emergency.

Date/Time	Event	Location
Aug. 17, 2009	Michigan's Trauma System: Preparing for Implementation This conference 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.	Lexington Hotel Lansing, MI
Aug. 19, 2009	International Swine Flu Conference 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 1st International Swine Flu Summit . This conference will feature hog/swine industry leaders, well-known emergency responders and heads of hospitals from around the world.	Washington, DC

Date/Time	Event	Location
Aug. 26, 2009	<p>Public Engagement WebDialogue: H1N1 Vaccination Program</p> <p>Members of the public are invited to voice their opinions in a two-day WebDialogue on the H1N1 vaccination program. The goal is to give the Centers for Disease Control and Prevention (CDC) input on its voluntary fall vaccination program against the 2009 H1N1 flu virus. You will discuss, deliberate, and offer input as the CDC helps state and local health organizations develop the vaccination program. Participants are expected to review background materials about H1N1, thoughtfully discuss values and priorities, and provide input through a survey, poll, and evaluation. A second, identical, web-dialogue is scheduled for August 31-September 1. H1N1 Community Engagement Meetings: The Keystone Center is also holding meetings in ten communities on weekends during August.</p>	Webcast
Aug. 26, 2009 8:00am	<p>Risk Communication Workshop</p> <p>During the influenza H1N1 outbreak of 2009, health professionals were thrust into the media spotlight and reporters were forced to interpret new scientific information. In this workshop, health professionals will learn to deliver more effective messages to the media about influenza and other public health hazards. Reporters will learn to decode the language used by health professionals when dealing with outbreaks and pandemics. For more information, including registration details, visit the Michigan Center for Public Health Preparedness website.</p>	Webcast
Aug. 26, 2009 2:00pm	<p>Sports Event Risk Management</p> <p>Key learning objectives for this program are to define that National Response Framework and National Infrastructure Protection Plan, understand the value of collecting information in planning preparedness and enhancing security for public events and activities, learn how vulnerability assessments work for planning and preparedness utilizing the RSAT software tool, and learn the value of multiagency collaboration and the need to close security gaps in American sports venues.</p>	OPHP Large Training Room (517) 335-8150
Aug. 30, 2009	<p>Public Health Information Network (PHIN) Conference 2009</p> <p>The seventh annual Public Health Information Network (PHIN) Conference 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>The International <i>Bacillus</i> Conference</p> <p>The major mission of the conference 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

Date/Time	Event	Location
Aug. 30, 2009	<p>Alliance of Hazardous Materials Professionals National Conference This year's theme is "Environmental Health, Safety, Security—Steering a Course for Sustainability." Besides professional speakers and insider tours, the conference will offer an educational emergency response scenario involving bomb, chlorine spill, and sarin dispersion incidents at the USS Midway.</p>	San Diego, CA
Sept. 14, 2009	<p>Large Animal Handling Workshop This one-day workshop 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>Caring for the Community: Preparing for an Influenza Pandemic 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 The Great Influenza), Dr. Marc Siegel (Fox News Medical Correspondent), and Dr. Howard Markel (Professor of Historical Medicine, University of Michigan). To register, please visit the Spectrum Health website.</p>	Holiday Inn Hotel and Conference Center 1005 Perry Street Big Rapids, MI 49307
Sept. 21, 2009	<p>Wireless State of Technology Conference This free event 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.</p>	Atlanta, GA
Sept. 21, 2009	<p>National After Action Workshop on H1N1 Epidemic Spring 2009 Leaders from the Centers for Disease Control and Prevention, and state and local health departments will participate in this national dialogue 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.</p>	Los Angeles, CA

Date/Time	Event	Location
Sept. 22, 2009	Frontline Disaster Planning Workshop This interactive workshop 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
Sept. 27, 2009	Michigan Primary Care Association Annual Conference Save the Date! This conference offers a variety of sessions designed to address or improve health center programs and services. Sessions are tailored to meet the needs of administrators, board members, medical providers, executive directors, fiscal officers, clinical directors and others who work in the healthcare field.	Amway Grand Plaza Hotel Grand Rapids, MI



Photo by Matthew Pohl



Photo by Kathy Popelka



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This publication is supported by Cooperative Agreement Number 5U90/TP517018-09 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.