



Readiness

Response

Report

**Raul Pino, M.D., M.P.H.
Commissioner**

**Operational & Support Services
Office of Public Health
Preparedness and Response
(OPHPR)**

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THE YEAR AHEAD

Francesca Provenzano and William Gerrish

Happy New Year! The 2018 New Year promises to be busy and exciting for Connecticut's preparedness and response community. The state has already experienced extremely cold temperatures and a significant snowstorm in early January that prompted the opening of the State Emergency Operations Center.

The state's Hurricane Relief Evacuee Support Planning Work Group continues to be active, coordinating information and resources among federal, state, local, and community-based organizations to meet the needs of travelers arriving to Connecticut from Puerto Rico and other hurricane-affected areas. ESF-8/Healthcare Coalition members have been active participants on regional calls with DEMHS coordinators, and the weekly updates from HCCs to DPH continue to be valued and appreciated!

Connecticut's Healthcare Coalitions (HCC) have been working hard in recent months, finalizing their by-laws, completing hazard vulnerability assessments, conducting redundant communications drills, and developing preparedness plans. Over the next several weeks, HCCs will conduct incident management training, continue efforts to plan for identifying and assisting populations at-risk, and preparing for their coalition surge tests.

In December, DPH applied for the CDC's Public Health Emergency Grant. This new funding opportunity will enable states to receive rapid funding support in response to a national-level declared public health emergency. Recipients will be able to quickly access funds critical to launching an effective response to a major disaster, outbreak or event.

A highlight of 2017 was the National Healthcare Coalition Conference, which brought together hundreds of preparedness and response professionals from across the country, including Connecticut. Several dynamic speakers shared their perspectives on how coalitions strengthened the safety and resilience of communities they serve in the face of major disasters. Their words affirm Connecticut's success in building robust coalitions across the state, and underscore the important work we have ahead of us.

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INFLUENZA UPDATE

Alan Siniscalchi

Seasonal Influenza:

The 2017-18 influenza season is notable for its early onset with widespread activity being observed in Connecticut and throughout the country. In Connecticut, rapidly increasing flu-associated hospitalizations were observed starting in mid-December. The number of flu-associated deaths has also increased, with 21 deaths (including a pediatric death) being reported by mid-January. Although influenza A (H3N2) appears to be the predominate subtype, several influenza A (H1N1) isolates have been reported, along with a higher than normal number of flu B viruses for this phase of the season. An increase in media attention to flu vaccine effectiveness has resulted from an article recently published in The New England Journal of Medicine (NEJM) emphasizing the need for a universal influenza vaccine along with a discussion on the active 2017 flu season in Australia. Initial projections revealed a very poor (10%) vaccine effectiveness against influenza A (H3N2) during the Australian season. Although the CDC is still reviewing preliminary data, they do not believe that the reported poor vaccine effectiveness will also be observed in North America. The DPH is still actively promoting use of the flu vaccine, as high levels of flu activity are expected to persist into the spring. View CT DPH's [weekly influenza update](#) page. For national updates and resources visit the [CDC Flu website](#)

Statewide Flu Vaccine Day: On Saturday, January 27th several local health department across the state will offer flu clinics in effort to prevent the spread of flu in Connecticut. The [Press release](#) can be found on the DPH website which included the [clinic schedule on the 27th](#).

WHITE POWDER PROTOCOL

Juanita Estrada

The Suspicious/Unknown Substance Guidance for Local Directors of Health was developed in 2013 to assist Local Directors of Health in addressing "white powder" incidents. The guidance document was a collaborative effort between the Department of Public Health (DPH) and the Federal Bureau of Investigation (FBI). In addition, the document was reviewed by other state agencies and organizations that are involved in the response to suspicious/unknown substance incidents. In November 2017, the DPH updated the guidance document. A draft for comment, with a deadline of December 1, 2017, was emailed to Local Directors of Health. DPH received feedback from six (6) local health departments. Once the Suspicious/Unknown Substance Guidance for Local Directors of Health is finalized, it will be shared with all Local Directors of Health and their staff. Please contact Juanita Estrada in the Office of Local Health Administration at juanita.estrada@ct.gov if you have any questions.

WINTER READINESS/COMMUNICATIONS

Elizabeth Conklin

Winter has already shown to be a cold one this year! DPH proactively started pushing out seasonal messages in early November in preparation via press releases and social media. Topics included [Flu prevention/immunization promotion](#), [home heating safety](#), [carbon monoxide poisoning prevention](#), [cold weather safety/hypothermia](#), [winter illness prevention tips](#), [safe winter travel/car safety kits](#), and always...promotion of general [emergency preparedness](#). We encourage partners to assist our public health promotion and preparedness efforts by sharing our social media posts through their networks. CT DPH can be found on Facebook and Twitter.

The Emergency Preparedness guides continue to be made available to the public and agencies. They can be accessed in [multiple languages online](#) or in bulk upon request. Please help us get them in to the hands of the public.

CT DPH has a new website. We encourage you to checked it out: www.ct.gov/dph

OPIOIDS AND PRESCRIPTION DRUG OVERDOSE PREVENTION PROGRAM

Ramona Anderson, Susan Logan, Amy Mirizzi, and Shobha Thangada

The CT DPH Office of Injury Prevention conducts ongoing statewide surveillance of the opioid crisis. Staff supporting the Opioids and Prescription Drug Overdose Prevention Program provide local-level and statewide data reports to capture fatal and nonfatal drug overdose trends in Connecticut in order to design targeted community prevention strategies and evaluate state-level interventions. CT continues to see a rise in deaths from prescription drug and opioid overdoses. Currently, unintentional poisoning from prescription and illicit drugs is the leading cause of death from injuries in the state and makes up 93% of all non-alcohol drug poisonings. According to data from the Office of the Chief Medical Examiner (OCME), in 2016, 855 individuals died in CT of an overdose caused by either heroin, fentanyl, or the illicit use of prescription opioid painkillers. The use of fentanyl and fentanyl analogues as a substitute for heroin and other opioids has increased exponentially and was a factor in over half of overdose deaths in CT in 2016. Interventions of priority address drivers of the prescription drug overdose epidemic, particularly the misuse and inappropriate prescribing of opioid pain relievers. Strategies for this program include: (1) Enhancing and maximizing the use of the CT Prescription Drug Monitoring Program (PDMP) by opioid prescribers and pharmacists; (2) Identifying high burden communities and implementing evidence based community and health system prevention strategies recommended in the [CT Opioid Response \(CORE\) Plan](#); and (3) Improving the capacity and ability to collect, analyze, and report, in a more timely manner, the number and rate of opioid overdose related EMS calls, emergency department visits, hospitalizations, and deaths. For additional information about statewide resources visits: www.drugfreect.org.

The Ledge Light Health District, in partnership with members of the Opioid Action Team of Southeastern Connecticut, was one of thirteen innovative opioid-intervention programs spread across nine states awarded grants of up to \$135,000 in funding from the University of Baltimore's Center for Drug Policy and Enforcement (CDPE). The purpose of the funding is to undertake research activities, and support and promote law enforcement and public health partnerships aimed at reducing overdose and other harms caused by opioid use and misuse. The Office of National Drug Control Policy (ONDCP) and the Centers for Disease Control and Prevention provided \$2 million to fund this effort. The proposed program will be implementing a system of coordinated access to care and recovery support services in Southeastern Connecticut with the hope of developing a successful model that can be expanded throughout the state.

MEDICAL RESERVE CORPS

Katherine McCormack

The MRC words for this quarter are **recognition** and **Challenge Awards**.

MRC unit leaders continue to identify strategies and activities for retaining volunteers. Recognizing volunteers who generously gave time and energy to local MRC unit activities in Wallingford, Region 4, and the Capitol Region MRC who held activities in October, November, and December.

The CT MRC Program sends congratulations and best wishes to Monica Wheeler the Westport, Weston-Wilton MRC Unit Leader, who retires on December 31, 2017. She will be succeeded by Mike Vincelli.

NACCHO Challenge Award applications were due on December 13, 2017. Several CT MRC units submitted applications to continue current public health initiatives, as well as several new MRC applicants hoping to secure funding for a challenge opportunity. We are expecting notification in early to mid-March.

CONNECTICUT REGION 3- PROJECT PUBLIC HEALTH READINESS

Melissa Marquis, MS, RN

Public Health Emergency Response Specialist West Hartford-Bloomfield Health District

In 2006 and 2012, Region 3 had received national recognition from the National Association of County and City Health Officials (NACCHO) as being designated Public Health Ready. The Project Public Health Readiness (PPHR) program consists of rigorous sets of standards and quality benchmarks where teams of nationally trained reviewers evaluate local health department/district and regional all-hazards preparedness plans against those standards. Successful PPHR applicants receive recognition that last for five years. This designation allows the successful applicant to earn national recognition for meeting these criteria, sets up the jurisdiction for potential grant opportunities, and may assist in preparing them for Public Health Accreditation Board (PHAB) accreditation.

This upcoming summer, Region 3 is due for re-recognition for PPHR. The region has been actively engaging in workgroups to update and revise the regional preparedness plans, to conduct regional training needs assessments, and to develop regional training and exercise plans.

Region 3 will submit their application in August 2018. This application will consist of a beta test of a brand new set of Support Response Agency Criteria that were developed in coordination with NACCHO staff and incorporation the findings of multiple focus groups consisting of regional reviewers and previous applicants. The region should know the recognition status of the application by late fall 2018.

MOBILE INTEGRATED HEALTH CARE

Richard Kamin MD FACEP

Medical Director, Office of Emergency Medical Services

Pursuant to [Public Act 17-146](#), a working group comprised of a diverse set of stakeholders was convened responsible for identifying the following: (A) areas in the state that would benefit from a Mobile Integrated Health (MIH) program due to gaps in health care services, (B) appropriate patient care interventions that a paramedic may provide, (C) any additional education or training that paramedics may need, (D) any potential savings or additional costs associated with the provision of MIH, (E) any potential reimbursement issues related to the provision of MIH, (F) minimum criteria for the implementation of the MIH program, (G) any statute or regulation that may be impacted by the implementation of the MIH program, and (H) any successful models for a MIH program implemented in other areas of the country.

The working group is also charged with making recommendations regarding the ability of an EMS provider to transport a patient to an alternative destination other than a hospital emergency department as indicated, and if an EMS provider requires additional training for purposes of making the determination to transport a patient to an alternative destination.

These recommendations are to be crafted in collaboration with the Emergency Medical Services Advisory Board and the working group shall submit a report on its findings and recommendations to the Public Health, Human Services and Insurance Committees of the Connecticut General Assembly by January 1, 2019.

SOMETHING TO SHARE?

Do you have something to share that could be helpful to partners?
Resources, an upcoming training, conference, or best practice?
Please submit it for the next newsletter (April-June 2018).
Send to: Elizabeth.conklin@ct.gov

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CONNECTICUT HEALTHCARE COALITION DIRECTORY

(See CT ESF-8 Regional Map on below)

Region 1

Co-Chair: John Pelazza (john.pelazza@ynnh.org)

Co-Chair: Andrea Boissevain (ABoissevain@TownOfStratford.com)

Administrative Coordinator: Jim Paturas, Yale Center for Emergency Preparedness and Disaster Response (CEPDR), (james.paturas@ynhh.org)

Region 2

Co-Chair: Jim Paturas (james.paturas@ynhh.org)

Co-Chair: Deepa Joseph (djoseph@ci.milford.ct.us)

Administrative Coordinator: Jim Paturas, Yale Center for Emergency Preparedness and Disaster Response (CEPDR), (james.paturas@ynhh.org)

Region 3

Co-Chair: David Kosciuk (dkosciuk@bristolhospital.org)

Co-Chair: Stephen Huleatt, W. Hartford-Bloomfield Health District Director
(SteveH@WestHartfordCT.gov)

Administrative Coordinator: Carmine Centrella, Capitol Region Council of Governments,
(ccentrella@preparednessplanners.com)

Region 4

Co-Chair: vacant

Co-Chair: Sue Starkey, Northeast District Department of Health Director (SStarkey@nddh.org)

Administrative Coordinator: Stephen Mansfield, LedgeLight Health District, (smansfield@llhd.org)

Region 5

Co-Chair: Lisa Morrissey, Danbury Health Department Director (l.morrissey@danbury-ct.gov)

Co-Chair: Mark Casey, St. Mary's Hospital (MCasey@Stmh.org)

Administrative Coordinator: Jim Paturas, Yale Center for Emergency Preparedness and Disaster Response (CEPDR), (james.paturas@ynhh.org)

