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TABLE OF CONTENTS

From the Director's Desk	1
OPHPR Staff Directory	2
Grants & Contracts	3/4
Environmental Health	4
Infectious Diseases & Emerging Pathogens	5
CT Public Health Laboratory	5
MCM Operational Readiness Review	6
Web EOS Update	7
Communications	7
Trainings and Exercises	8
CT TRAIN	8
CT Goat Farm EColi Case Study	9
Medical Reserve Corps	10
Emergency Medical Services	11
Save the Date!	11

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Readiness Response Report

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

Volume 2, Edition 2: April- June 2017

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

FROM THE DIRECTOR'S DESK: JONATHAN BEST

It is grant season. The challenges are ever-present but our State should be proud of where we came from and where we are now. It is the contributions of everyone from across Connecticut that insure our mutual success. As much as the exercises we conducted lately had specific missions, they clearly demonstrated that if we all work together our chances of success are far greater. The role of preparedness is to encourage teamwork and create circumstances where we can address any challenge presented. The new grant guidance, in its description of what deliverables should be, presents challenges, both in Hospital Preparedness and Public Health Preparedness. As Connecticut's preparedness program matures, the need to work together to accomplish mutual goals is obvious.

When we speak about emergency management and preparedness, it is clear that the greatest threat is casualties. The human and economic costs can be staggering. Health care coalitions need to be developed through the ESF 8 committees to address these issues more effectively; not by a single hospital or a single public health agency but by a process in which we work together to reduce mortality and morbidity. I recently had someone provide the observation that, in reviewing the grant announcement for the next fiscal year, Connecticut seemed to be on the right track. I agree. As I speak to my peers across the country, I realize how far we have come and how successful we have been.

As we approach this new grant cycle, we have challenges, from new CMS requirements for hospitals to continuing to make preparedness activities operational. We recently released the DPH Medical Surge Plan. It was a laborious process through 15 versions but the end result represents the input of our partners who would be involved in its operation. It is also not a static document for the dusty book shelf. It is a dynamic document that will be reviewed and revised regularly to address the ever-changing landscape of public health preparedness. We will embark on revising other plans to continue our progress.

We all recognize that budget restraints and other challenges exist. However, if we work together we can experience great success. Thank you for what you do. We at OPHPR look forward to working with you.

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EMERGENCY MEDICAL SERVICES

Raffaella "Ralf" Coler

The OEMS team continues to make forward strides. In December, we welcomed Dr. Terry DeVito as Education & Training Coordinator. She quickly began to tackle 3 top-priority projects: resolution of the Emergency Medical Service Institute (EMSI) moratorium, next steps for the Advanced EMT provider level, and rollout of the new EMR refresher and EMT refresher exams, which were implemented on February 1st.

Ann Kloter, Epidemiologist II, continues making improvements in our data collection for both EMS and Trauma. The OEMS 2015 Data Report is completed and available on our website. OEMS is in the second month of a three-month assessment of the CT systems and processes for collecting, managing and analyzing traffic records data. This is a continuation of the larger collaboration with CONNDOT to assess EMS and Trauma data systems capabilities.

Director Coler, Dr. DeVito, Dr. Richard Kamin and Peter Canning, UCONN EMS Coordinator, continue their work as part of the CT Opioid Response (CORE) Initiative. The Strategic Plan's goals are to educate EMS about the opiate epidemic, upgrade EMS treatment capabilities, potentially utilize EMS for patient education and prevention initiatives, improve EMS data collection, and encourage EMS linkages within their provider community.

Jonathan Lillpopp and Steve Hotchkiss have been working with municipalities to complete their Local EMS Plans. To date, approximately 60% of municipalities in Years 1 and 2 have submitted an updated, executed plan. In addition, approximately 70% of municipalities are now compliant with PA 16-43 and have updated their Local EMS Plan, which requires the municipality to identify the EMS responder equipped with opioid antagonists.

SAVE THE DATES!

May 23, 2017:	2017 Training and Exercise Planning Workshop (TEPW), Eversource Complex, Berlin 10:00am-12pm
June 29, 2017:	Healthcare Coalition Meeting Eversource Complex, Berlin 9:00am-4:00pm

GOAT FARM ECOLI CASE STUDY (continued)

Restricting young children’s access to ruminants should be considered in the future to minimize risk to this vulnerable population. Education for both the general public who interact with farm animals as well as those who run these settings is essential.

Following this outbreak, on August 24, 2016, DoAg collaborated with DPH, CDC and other federal, academia, and insurance partners to hold a one-day forum for local farmers entitled, “Agritourism: Protecting Public Health, Animal Health, and Your Farm”. A wide range of presenters addressed various issues such as disease transmission risk on farms, outbreak detection, outbreak investigation, insurance and liability, the role of local health directors, and others. A summary of the outbreak was also published in the Morbidity and Mortality Weekly.

Report, *Notes from the Field: Outbreak of Escherichia coli O157 Infections Associated with Goat Dairy Farm Visits — Connecticut, 2016* Mark Laughlin, DVM; Kelly Gambino-Shirley, DVM; Paul Gacek, MPH; et al. *MMWR Morb Mortal Wkly Rep* 2016;65:1453–4.

MEDICAL RESERVE CORPS

Katherine McCormack

On February 23rd, Capt. Robert Tosatto, US Public Health Service and national MRC Director for the past 13 years, announced his departure from the program and his intended retirement. Connecticut MRC has been fortunate to have had such a wonderful leader committed to the MRC mission of *“establishing teams of volunteer medical and public health professionals who contribute their skills and expertise throughout the year as well as during times of community need.”* The new leader will work with the CDC Office of the Assistant Secretary for Preparedness and Response (ASPR), the Office of Emergency Management (OEM), and the Partner Readiness and Emergency Program (PREP) to move the MRC program forward.

The Connecticut MRC program is proud to announce that six MRC units applied for, and recently received, Challenge Awards from the National Association of County & City Health Officials (NACCHO). Congratulations to Wallingford, Quinnipiac Valley, Uncas, Torrington, Pomperaug, and Naugatuck Valley. There are some exciting public health initiatives which will expand MRC unit capacity and capability and hopefully help with future recruitment and retention. We look forward to reporting projects and outcomes as they become available.

Coming soon: Region 4 Uncas Health District Virtual Operations Support Team (VOST) expansion to Region 3.

GRANTS & CONTRACTS

Sandra Ferriera, Diana Lopez Villegas and Corinne Rueb

HHS-HPP Contracts

HHS-HPP contractors are reminded that FY17 is the final year of our five year CDC contract with an end date of June 30th. The significance of this year is that all program deliverables must be completed and fiscal accounts reconciled by that date. As such, it is imperative that contractors review their contracts at this time with special attention to budgets and address any changes in spending prior to the end of FY17. Please note the following:

- Budget Revision Requests (BRR) for FY17 MUST BE SUBMITTED FOR REVIEW AND APPROVAL BY NO LATER THAN MAY 17th.
- Contractors that identify potential refunds due to DPH by close of FY17 are asked to alert OPHPR no later than April 15th to discuss how to proceed.
- For contractors with grant awards of \$26,605, payment 4 and final payments for FY17 are anticipated to go out in April. However, contractors must have met all required program and fiscal reporting requirements and deliverables.
- For most contractors, the second and final Program Report will be due July 15th or July 30th as indicated in individual contracts. Please remember to submit the FY17 program reports electronically to hpp.dph@ct.gov.
- For contractors with grant awards of \$26,605, the Quarter 3 fiscal report will be due no later than April 15th or April 30th. Please submit the UCOA workbooks to DPH-CGMS-FinReports@ct.gov and copy Diana López Villegas at Diana.LopezVillegas@ct.gov.

Do not hesitate to contact us if you have any questions or issues. We are committed to working with our contractors to make this final year of the CDC grant award another successful one.

PHEP Local Health Department Contracts

DPH Grants and Contracts is in the process of sending out for review and signature amendments to local health departments with FY16 Y1 expanded authority/carry-forward funds. Once returned, these signed amended contracts will be processed for full execution. Revised UCOA Workbooks with the executed amendments will follow.

Please note that, as with HHS-HPP, all budget revision requests for FY17 Y2 MUST BE SUBMITTED FOR REVIEW AND APPROVAL BY NO LATER THAN MAY 17th. If refunds are anticipated at the end of FY17 Y2, PLEASE ALERT OPHPR NO LATER THAN APRIL 15th TO DISCUSS HOW TO PROCEED. DPH is requesting PHEP contractors to adhere to this deadline.

(continued on page 4)

GRANTS & CONTRACTS (continued)

Sandra Ferriera, Diana Lopez Villegas and Corinne Rueb

HPP & PHEP BP1 & FOA

The 2017 funding opportunity announcement (FOA) for the HPP-PHEP cooperative agreement has been released. The FOA is accessible via for CDC-RFA-TP17-1701 at <http://www.grants.gov/web/grants/view-opportunity.html?oppld=290860>. The application deadline is **Tuesday, April 4; the OPHPR team is working extensively to ensure that the State of CT is granted full funding under Public Health Preparedness and Response.**

Letters of Concurrence / Support due March 24th

OPHPR is preparing the language that includes deliverables for the 5 year HHS-HPP and PHEP contracts dated July 1, 2017 to June 30, 2022. OPHPR is following specific guidelines and requirements that ASPR and CDC included in the FOA released in February. OPHPR will continue to update our contractors as we proceed.

ENVIRONMENTAL HEALTH

David Kallander

Injured Workers and Opioid Use Symposium

On March 1st, DPH, in partnership with The Travelers Insurance Company, hosted an injured workers and opioid use symposium. The symposium brought together experts in the fields of worker injury, pain management, and addiction treatment and recovery in order to address work-related injury prevention, the prescribing of opioids after injury, the resulting addiction in workers, and alternative strategies. An epidemic of opioid overdoses has hit the country in recent years. DPH's Occupational Health Unit has been working to raise awareness of workplace injury as a pathway to painkiller addiction.

Initial Assessment of School Proximity to Hazardous Sites Completed

The Toxicology Unit of DPH's Environmental and Occupational Health Assessment Program (EOHA) recently completed an initial assessment of the location of Connecticut schools in proximity to facilities with significant amounts of hazardous materials. The US Environmental Protection Agency (EPA) recommends that schools not be located within a half mile of hazardous facilities, although this is not required. A Chemical Safety Board Assessment of the West Texas fertilizer plant explosion identified school siting as a significant issue since two schools were damaged during the incident. EOHA has identified schools within the threat zones of the highest hazard facilities in Connecticut and is working to broaden its analysis of Connecticut facilities.

CT GOAT FARM ECOLI CASE STUDY

Paul Gacek

This case study highlights the value of communication and interdisciplinary teamwork required for effective response to a public health crisis.

On March 24, 2016, DPH identified a cluster of seven culture-confirmed Shiga toxin-producing *Escherichia coli* (STEC) infections. Initially, six of seven interviewed STEC case patients reported having recently visited the same dairy goat farm in Lebanon. A joint investigation involving the DPH, the Centers for Disease Control and Prevention (CDC), CT Department of Agriculture (DoAg), and the local health district (LHD) was initiated. Immediately, three public health interventions were taken. First, the LHD issued a legal order that prevented any visitors to the farm. Second, the DoAg also issued an order that prevented any further movement of animals from the farm. Third, DPH distributed a press release naming the dairy farm and requested both ill and well visitors to the farm to contact them.

A confirmed case was defined as a laboratory-confirmed *E. coli* O157 infection in an individual with the outbreak pulsed-field gel electrophoresis (PFGE) strains, or someone with hemolytic uremic syndrome (HUS) during March - May 2016, with an epidemiologic link to the goat farm. Active case-finding was conducted and all reported case patients of STEC were interviewed by telephone using a standardized questionnaire. Environmental and goat fecal samples were collected and tested at the DPH State Public Health Laboratory. PFGE and whole genome sequencing (WGS) were conducted on isolates recovered from case-patient, animal, and environmental samples.

A total of 51 confirmed *E. coli* O157 cases were linked to the outbreak with onset dates ranging from 3/7/16 to 5/14/16. All 51 case-patients were interviewed. 39 (76%) had visited the farm or had contact with goats originating from the farm, and 6 (12%) had contact with someone who visited the farm. Case patients ranged in age from 10 months to 50 years; 55% were 5 years of age or less. Eleven (22%) of the 51 case patients were hospitalized and 3 (6%) developed HUS. Forty-one (84%) clinical isolates yielded primary outbreak PFGE patterns; the remaining isolates demonstrated closely-related patterns. Among the 61 environmental samples collected, 28 (46%) yielded STEC isolates. Among the 17 goat fecal pellet samples/swabs collected, 16 (94%) yielded STEC isolates.

This outbreak illustrated the risk to public health when recommendations outlined in the national guideline for interacting with animals in public settings for cleaning, disinfection, and facility design are not followed. Greater than half of the case patients were under the age of 5 years. This group is particularly at risk for acquiring infection due to factors such as hand-to-mouth habits and insufficient hand hygiene.

(Continued on page 10)

TRAININGS & EXERCISES

Francesca Provenzano, Alan Boudreau and Mike Mozzer

Training

DPH OPHPR will conduct Inventory Management and Tracking System (IMATS) training for Connecticut's mass dispensing areas (MDAs) on Friday, June 16, 2017, at the CT Department of Developmental Services (DDS) computer lab in Hartford. All attendees must bring their IMATS log-in credentials. If you require IMATS credentials, please contact your MDA Lead to begin the process, and be aware that it can take up to two weeks to process credentialing requests. Please use this link to register for the course: <https://ct.train.org/>, Course Number 1061546.

Exercises

As a component of the grant application for the 2017-2022 HPP-PHEP cooperative agreement, CT DPH will be submitting its Multi-Year Training and Exercise Plan (MYTEP). The MYTEP will serve as a guide for setting and tracking training and exercise priorities for CT DPH and its coalition partners for the next five years. Using the newly revised HPP capabilities and the existing PHEP capabilities as a reference point, the MYTEP will establish a progressive approach to preparing for the biggest challenges facing public health and health delivery agencies and organizations, including medical surge, medical countermeasures, information sharing, resource management and continuity of healthcare delivery. Over the course of the five-year grant cycle, CT DPH and its coalition partners will revise and update the MYTEP on an annual basis by convening Training and Exercise Planning Workshops to track progress and refine the plan according to lessons learned and other emerging priorities.

CT TRAIN

Danny White

CT TRAIN is Connecticut's Learning Management System (LMS) for public health professionals that provides access to numerous courses at the state and national level. CT TRAIN has over 25,000 registered users including many involved in the Incident Command System (ICS). CT Train offers registration for in-person courses as well as online/Web-based learning. **CT Train is in the process of updating the user interface which is scheduled to launch soon.**

To create an account and search for available preparedness-related trainings, or to manage your workshop, go to www.ct.train.org. For more information contact Danny White at 860-509-7557 or danny.white@ct.gov

INFECTIOUS DISEASES & EMERGING PATHOGENS

Alan Siniscalchi

Seasonal Influenza

The 2016-17 influenza season became geographically widespread during the last week of December as increasing numbers of flu cases were being reported in all regions of Connecticut. Overall flu activity has rapidly increased during February. The predominant circulating influenza virus remains type A, although some influenza B viruses are increasingly being identified. The vast majority of the type A isolates that were subtyped have been identified as influenza A (H3N2) viruses, in contrast with the 2015-16 influenza season when influenza A (2009 H1N1) was the predominant isolate in Connecticut. Information from the CDC suggest that the Northern Hemisphere influenza vaccines remain a good match to most regionally circulating viruses identified, to date.

Avian Influenza

The DPH has been closely following WHO and CDC reports of widespread poultry outbreaks of Highly Pathogenic Avian Influenza (HPAI) A (H5N8) and other subtypes in numerous countries in Europe, northern Africa and Asia. Increasing human cases of influenza Low Pathogenic Avian Influenza (LPAI) A (H7N9) are reported in China. Testing of North American wild birds for HPAI isolates is ongoing. Epidemiology program staff have also been following an unusual avian lineage influenza A (H7N2) isolate identified in a NYC cat shelter.

CT PUBLIC HEALTH LABORATORY

Diane Noel

During the month of February, the CT DPH Bio-Response Laboratory participated in a two-day inspection sponsored by the CDC Office of Public Health Preparedness and Response, Division of Select Agents and Toxins (DSAT). As a registered Select Agent entity, the Bio-Response Laboratory undergoes a renewal inspection every two years. This inspection is focused on ensuring entities are complying with the requirements of the select agent regulations.

DSAT Inspectors toured the Bio-Response Laboratory as well as support areas, security, shipping and receiving, and facilities. A thorough review of records, plans and procedures, an audit of inventory, and interviews of staff were conducted during this visit. At the conclusion of the inspection, the inspectors noted that our laboratory performed well, citing only minor concerns and observations. An official report will be forthcoming within 30 business days.

**MEDICAL COUNTERMEASURES
OPERATIONAL READINESS REVIEW (MCM ORR)**
Francesca Provenzano, Anna Sigler, and Katie Young

In the third quarter of BP5, quarterly technical assistance (TA) calls with mass dispensing areas (MDAs) continued, as per CDC requirements. The TA calls encourage open conversation between CT DPH and the MDAs regarding their progress towards opportunities for improvement identified in their medical countermeasures operational readiness reviews that occurred during BP4.

In addition to the assistance provided on TA calls, MDAs have also been provided guidance documents to support planning efforts. The development and distribution of these documents have primarily occurred at the request of the MDA; however, at the completion of BP5, a collection of TA documents will be made available on DPH's Cities Readiness Initiative (CRI) site. Prior to the online publication, if an MDA would like a copy of the following documents, please contact Anna Sigler, CRI Coordinator, or Katie Young, CDC Preparedness Field Assignee.

Technical Assistance Guidance Documents

Just-In-Time Training Materials	Demobilization Plan Template
Guidelines for the Use and Re-Release of Shared Information	Hazard and Vulnerability Analysis Guidelines/Tool
Information Sharing Planning Elements	Joint Information Center Template
Medical Countermeasure (MCM) Operational Readiness Review (ORR) Guidelines for Plans and Supporting Documents	Mass Dispensing Area (MDA) Local Distribution Site (LDS) Survey Tool
Pre-Incident and Real-Time Translation of Emergency Messages	Recovery and Waste Disposal Procedures Template
Respiratory Protection Guidelines	Responder Health and Safety Plan Template
Security Plan Template	Strategies to Increase Throughput at Points-of-Dispensing
Volunteer Management System Plan Template	

WEB EOC UPDATE
Francesca Provenzano and Valerie Maignan

On July 12, 2016, the newly upgraded WebEOC became available for CT users. Prior to the roll out of the new WebEOC, CT DPH conducted in-person trainings. Online trainings were offered once the new version was available. CT DEMHS continues to do in-person trainings throughout the state. If you still need to be trained on WebEOC, please visit the DEMHS website to find out more information about the trainings.

The new WebEOC has some features that make it more user friendly such as self-registration and tabs that are similar to web browsers. Self-registration allows users to create their own accounts based on the position and code provided to them. Additionally, new boards have been developed for users which provide valuable information. The new boards include shelters and centers, road closures, sign in/out, and contacts. With each of the boards, users are able to generate a PDF and filter information out by region as needed. Currently, we are in the process of updating the hospital boards and creating a user guide for them. OPHPR anticipates that the new hospital boards will be available to users in the spring.

COMMUNICATIONS
Elizabeth Conklin

Zika Springtime Awareness Campaign

Governor Malloy and Commissioner Pino held a press conference on March 10th at Bradley Airport announcing a bilingual Public Service Announcement (PSA) focused on preventing Zika transmission during college Spring Break. This is part of DPH's ongoing efforts to provide public awareness and education on how to protect the public against Zika.

Social Media

DPH continues to have an active social media presence providing seasonal messaging on winter storm preparation, carbon monoxide, influenza, and general health issues and observations. Springtime posts will focus on seasonal issues including snow-thaw flooding, ticks and vector borne illness, exercise promotion, and other health topics.

Be sure to follow us on Facebook and Twitter for the latest announcements, press releases, and preparedness and public health information resources.