Office of Public Health Preparedness and Response
410 Capitol Ave. MS #13HP
Hartford, CT 06134
Office: 860.509.8282
After hours: 860.509.8000
www.ct.gov/dph

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Readiness Response Report

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

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

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

Volume 2, Edition 3: July-Sept 2017

FROM THE DIRECTOR'S DESK: JONATHAN BEST

As Public Health Preparedness and Hospital Preparedness approach a new grant cycle, change is in the air. Reduced staff, budget reductions, grant availability and new administrative directions will impact us in the coming year. The use of regional fiduciaries also changes the process. Everyone wants change, however when it upsets the status quo, individuals may not be as enthusiastic. While not our plan, sometimes change is thrust upon us. It is a product of a changing playing field. The local priorities of protecting citizens do not change even as the demands or expectations become greater. We find ourselves in circumstances of doing more with less. It is sometimes necessary to re-tool our processes to meet these demands. Public health preparedness has always faced challenges. The number one challenge is how you maintain enthusiasm about a topic that requires constant vigilance. When nothing happens over a period of time to reinforce the preparedness role, how do you keep people and groups engaged? Making a preparedness mindset part of everyday operations helps. In preparedness we need performance excellence because of what hangs in the balance. As a result, being complacent in a time of change can have poor outcomes for all. Quite often complacency replaces readiness. It is always at those moments we are tested. For the last several years the Connecticut preparedness program has been very successful. Sandy Hook, Ebola, Zika and six presidentially declared disasters have tested us. In every event we have responded and grown. We should all be proud of where we have been and where we are now. Going forward there will be challenges. Hurricane season is just around the corner. Only through working together and communicating can we be successful. This is a time when the strategic partnerships we have developed will assist us in being successful again. The Office of Public Health Preparedness and Response stands ready to continue creating the partnerships required for success. Work with us and help ensure a Connecticut that uniformly provides comprehensive public health preparedness to all. Have a safe and productive summer.

OPHPR STAFF DIRECTORY

Ellen Blaschinski, R.S. MBA Chief Operating Officer.
Ph: *(860) 509-7394* *Email: ellen.blaschinski@ct.gov*

Jonathan Best, LP, DABCHS, CHPP, Director. Ph: *(860) 509-7822* *Email: jonathan.best@ct.gov*

Sandra Ferreira, MSM, MBA Health Program Supervisor.
Ph: *(860) 509-7544* *Email: sandra.ferreira@ct.gov*

Francesca Provenzano, MPH, CHES, RS, Epidemiologist 4.
Ph: *(860) 509-7390* *Email: francesca.provenzano@ct.gov*

Alan Boudreau, Contractor.
Ph: *(860)509-7608* *Email: alan.boudreau@ct.gov*

William Gerrish, MBA, Health Program Associate.
Ph: *(860) 509-7769* *Email: william.gerrish@ct.gov*

Diana Lopez Villegas, Health Program Associate.
Ph: *(860) 509-8154* *Email: diana.lopezvillegas@ct.gov*

Valerie Maignan, **MPH**, Health Program Assistant 2.
Ph: *(860) 509-7506* *Email: valerie.maignan@ct.gov*

Michael Mozzer, PMP, MEP, Contractor.
Ph: *(860) 509-7685* *Email: mike.mozzer@ct.gov*

Charles Mullins, Skilled Maintainer.
Ph: *(860) 706-3226* *Email: charles.mullins@ct.gov*

Corinne Rueb, Health Program Assistant 2.
Ph: *(860) 509-7112* *Email: corinne.rueb@ct.gov*

Anna Sigler, MPH, Health Program Assistant 2.
Ph: *(860) 509-7930* *Email: anna.sigler@ct.gov*

Elen Steelman, Secretary II. Ph: *(860) 509-7969* *Email: elen.steelman@ct.gov*

Katie Young, MPH, Contractor, CDC Preparedness Field Assignee.
Ph: *(860) 509-7836.* *Email: katie.young@ct.gov*

NOTES FROM THE FIELD

Submitted by Paul Rabeauf
EMS and Emergency Management Coordinator,
Charlotte Hungerford Hospital

I recently attended an Ebola simulation training class held at Bellevue Hospital in New York City. The training, taught by the National Ebola Training and Education Center (NETEC) included real life scenarios including critical care and handing off a patient to EMS. The fast pace of the training provided a realistic learning environment and kept students engaged including practice donning and doffing. The real time lessons provided an opportunity to identify and improve on weaknesses. The simulations concluded with a group discussion facilitated by NETEC staff, sharing how we could implement what was learned in a real life clinical setting.

I left the training with a new perspective on managing a potential patient with an emerging infectious diseases. I wanted to apply what I learned to my hospital: Charlotte Hungerford Hospital: a small community hospital, where managing such a patient can be very challenging, and in some cases overwhelming.

Upon my return, I developed a categorized work plan including: planning, supplies, equipment, training and pearls. I shared my "lessons learned" including my work plan with DPH so they could pass it on to acute care hospitals. The training was very beneficial given the hands on simulation, sharing of ideas, policies, plans, and evaluation. More importantly, I was able incorporate these lessons in my hospital's training plans thus improving the care we provide to our community during a potential Ebola or infectious disease case.

This new section is dedicated to hearing from our preparedness partners in the field. If you have something valuable to share with your peers and would like it featured in the next newsletter, please send it to Elizabeth.conklin@ct.gov for consideration.

SAVE THE DATE!

- **September 14, 2017:** Healthcare Coalition Meeting
  9:00am-3:00pm
  Location TBD

MEDICAL RESERVE CORPS

Katherine McCormack

There are 23 officially recognized MRC units in CT. MRC Unit leaders continue to participate in monthly MRC Well Check conference calls. MRC regional meetings are held regularly with participants sharing training, exercise opportunities, and ideas for recruitment and retention. Katherine McCormack continues as an active member of the CT Citizen Corps Council representing Connecticut's MRC program. Many of the MRC activation requests during the last quarter have been in support of public health initiatives: POD events, health fairs, Public Access TV, CT VOST training and deployment.

The 2017 MRC Challenge Award included 6 recipients receiving funding: Torrington, Pomperaug, Naugatuck Valley, Quinnipiac Valley, Uncas, and Wallingford MRC Units. One of the main focus areas is the opioid epidemic.

The Wallingford MRC bid farewell to Bryan Nagel who is now a sanitarian in the North Central Health District. Katherine McCormack, CT MRC Liaison, was a VIP guest of Chris Troyanos, from the Boston Athletic Association, at the Boston Marathon providing support. Allyson Schulz, Uncas Health District Preparedness Coordinator, presented at the May 2017 Region 2 meeting. Allyson continues to promote the CT VOST and has the current team activated to support several large CT events. CT VOST in Regions 4 and 3 is becoming a CT MRC Best Practice program.

Questions and/or comments: Katherine McCormack kmccor4040@aol.com

COMMUNICATIONS

Elizabeth Conklin

Media and Spokesperson Development Training

On April 5th & 6th DPH's Communications staff conducted a training in partnership with McDowell Jewett Communications designed to develop spokesperson skills of DPH and local health department staff. The training included message development using Crisis Emergency Risk Communication, working with the media best practices, followed by mock on-camera interviews. The reviews from the 50 attendees were positive with a request for it to become an annual training.

Social Media

Summer safety health messages include hurricane readiness, prevention of vector-borne/mosquito illnesses: Zika, West Nile, Eastern Equine Encephalitis (EEE) and Lyme disease prevention given the abundance of ticks this year.

GRANTS & CONTRACTS

Diana Lopez Villegas and Corinne Rueb

PHEP – Local Health Departments and HHS-HPP Contracts

As we close out our 5 Year PHEP and HHS-HPP contracts, OPHPR staff wishes to congratulate and thank all of our contract partners for the many collaborative accomplishments they have achieved. June 30, 2017 marked the end of Fiscal Year-2017, Year-5. **We remind all contractors of the following deadlines:**

- For most contractors, the second and Final Program report will be due July 15, or July 30, 2017, as indicated in individual contracts. Please submit these electronically to hpp.dph@ct.gov.
- For **ALL** contractors, **FINAL Fiscal reports should be submitted soon after the close of the fiscal year, preferably by July 30, 2017, but NO LATER THAN August 31, 2017**.
- Please submit the Universal Charts of Accounts (UCOA) workbooks to DPH-CGMS-FinReports@ct.gov and copy Diana López Villegas at Diana.LopezVillegas@ct.gov.
- Please remember to when emailing reports to identify in the subject line the following:
  - Name of contractor: e.g., Hartford Hospital
  - Contract Log number: e.g., # 2013-0000
  - FY-17 Y-5 FINAL: Program or FER Report

HHS-HPP Contracts – ONLY

- In-Kind/Cash Contribution Forms will be emailed to HHS-HPP contractors in June and are due no later than July 15, 2017. Please submit forms as Word.doc or pdf attachments to Diana.LopezVillegas@ct.gov and identify as such in the subject line of the email; no signed original forms are needed.

FY-18 Y-1 HCC and Individual Contracts

The FY-18 Y-1 contracts are being prepared at this time for review and signature. Specific information on Program and Fiscal reporting will be distributed in June 2017. **Do not hesitate to contact our OPHPR staff if you have any questions or issues.**

Ebola Supplemental

July 1, 2017 marks the third year of the Ebola Supplemental grant. Hospitals have put the funds to good use: investing in equipment and facility upgrades that will increase their capacity and capabilities to care for patients with Ebola and other emerging infectious diseases. **(continued on page 4)**

GRANTS & CONTRACTS (continued from page 3)

The CDC site visit May 23-25th provided OPHPR the opportunity to highlight the Ebola-related trainings, development, equipment, and facility renovations undertaken by the acute care hospitals. Investments in equipment included: negative air pressure HVAC units, patient monitoring equipment, large capacity culture incubators, dedicated personal protection equipment (PPE) storage containers, spill containment pool, and rapid patient movers. Regional fiduciaries conducted tabletops, functional, and full-scale exercises with robust representation from diverse Healthcare Coalition partners. Unspent PHEP Ebola funds will be carried forward so this important work continues. The remaining three years of the grant will be administered as a single, three-year funding period. This reporting structure will allow hospitals and regional fiduciaries to spend funds over 3 years without the need to refund unspent money. A single Universal Charts of Accounts (UCOA) will be used to report on expenditures for the entire three year span.

VECTOR BORNE DISEASES

Randy Nelson

In Connecticut, the risk of acquiring infectious diseases from ticks and mosquitoes is seasonal. It is greatest from early spring to fall for tick-borne diseases and from mid-summer to fall for mosquito-borne diseases. **Tick transmitted diseases of highest concern** include Lyme disease, anaplasmosis and babesiosis. These agents are transmitted by the same tick species, *Ixodes scapularis*, commonly called the deer tick. Infections with one or even all three are possible from the bite of a single tick. These infections can be treated with antimicrobial agents so early diagnosis and treatment is important to avoid the more serious manifestations of these diseases.

Mosquito transmitted diseases of most concern include West Nile virus (WNV) and eastern equine encephalitis virus (EEEV) and have very different ecologies. WNV is transmitted by *Culex pipiens* a common peridomestic species found in urban and suburban areas and has been identified in Connecticut every year since first introduced in 1999. EEEV must be reintroduced by migrating birds each year and then transmitted in the bird population by *Culesta melanura*, a species that generally does not bite people. It is not identified each year and becomes a public health threat when EEE reaches high levels in birds and infects various "bridge species" that feed on birds and people. There are no specific antiviral treatments for WNV and EEEV; treatment is supportive.

Prevention of vector-borne diseases requires both environmental and personal measures aimed at minimizing the likelihood of tick and mosquito bites. Recommendations can be found on the DPH website: www.ct.gov/dph.

CT PUBLIC HEALTH LABORATORY

Diane Noel

First Responder Training Seminar - Back to Basics and More

On February 28, 2017, the CT DPH Laboratory hosted a full day training seminar for first responders (Back to Basics and More - CT TRAIN ID: 1068138) geared toward police, fire, EMT, and public health organizations. Experts from the FBI, CT DPH Bio-Response Laboratory, CT Civil Support Team, U.S. Attorney's Office, State Police Bomb Squad, Medical Toxicology, Forensic Science, and EMS spoke on the following topics: Weapons of Mass Destruction Scene Response, Screening and Field Detection Devices, Chain of Custody and Laboratory Response, Civil Support Team Response Capabilities, Evidence Collection and Proper Handling of Evidence, Fentanyl and It's Derivatives and First Responders' Safety, and EMS and the Opiate Overdose Crisis. The seminar ended with a live demonstration of powder dissemination from a mock letter.

Ninety-nine first responders participated in the seminar with positive course feedback from attendees to date. The CT DPH Bio-Response Laboratory is in the process of making plans for another productive first responder training in the coming year.

ENVIRONMENTAL HEALTH

David Kallander

Private Well Testing Media Campaign

This summer DPH's Environmental Public Health Tracking Program (EPHT) and the Private Well Program will be running a media campaign that includes TV, radio, social media, and print advertisements. The campaign will encourage homeowners to test their private well for potential chemical contaminants. There are many natural and man-made pollutants that can contaminate wells and while public water systems are tested by the companies that operate them, private well testing is up to property owners.

Chemical Incidents 2016 Summary Report:

DPH's Environmental and Occupational Health Assessment Program (EOHA), Toxicology Unit, posted a report on DPH's website: www.ct.gov/dph/toxicology. This report summarizes chemical incidents and responses that occurred in Connecticut during 2016; spill incidents responded to by the Department of Energy and Environmental Protection (DEEP) and data on selected poisoning incidents identified by Connecticut Poison Control Center. EOHA monitors chemical incident information on a near real-time basis throughout the day to aid in DPH's chemical response efforts.

HEALTH CARE COALITIONS

Francesca Provenzano and Bill Gerrish

DPH, along with an array of health care, public health and other partners, is working to strengthen health care coalitions across the state. Healthcare coalitions (HCC) are comprised of hospitals, EMS, emergency management organizations, public health agencies, and other organizations from a defined geographic region. They play a critical role in developing health care system and community preparedness and response capabilities.

Connecticut established HCCs a few years ago to serve as multiagency coordination groups that support and integrate public health and medical services (ESF-8) activities. The five ESF-8 regions align with the state's Division of Emergency Management and Homeland Security's five Emergency Preparedness and Planning regions. Previously, federal Hospital Preparedness Program (HPP) and Public Health Preparedness and Response (PHEP) funding was disbursed directly to hospitals and local health departments for enhancing public health/hospital emergency planning and operations activities.

OPHPR submitted its application for the 2017-2022 Cooperative Agreement. Going forward, DPH will fund HCCs directly, and work with them to establish formal governance, conduct hazard vulnerability assessments, develop preparedness plans, and perform other activities that serve to operationalize HCCs for effective response.

Connecticut HCCs are well-positioned to ensure that each member has the necessary equipment and supplies, real time information, communication systems, and trained personnel to respond to an emergency. Collaboration and integration of planning and assets among coalition members will support community and health care system resiliency and save lives during and after emergencies.

VOLUNTEER RECRUITMENT

Francesca Provenzano and Valerie Maignan

OPHPR is actively recruiting and training volunteers for the Radiological Professional Volunteer Program (RPVP) as a partner program of the CT Emergency Credentialing Program. Trained volunteers would assist during a radiological event: in population monitoring at a host community reception center, setting up portal monitors, screening individuals, providing information, as well as other supportive tasks. Volunteers are not required to have an emergency preparedness background but be comfortable working in a crisis environment. Training includes both an online intro and a comprehensive hands-on component. OPHPR worked with a consultant to develop a logo, brochure, and an accompanying poster as part of public recruitment efforts. **For information about OPHPR volunteer opportunities go to our webpage: www.ct./gov/dph/prepare**

MEDICAL COUNTERMEASURES OPERATIONAL READINESS REVIEW (MCM ORR)

Francesca Provenzano, Anna Sigler, and Katie Young

Closing out budget period (BP) 5, the Cities Readiness Initiative (CRI) Program will have completed a total of 164 technical assistance calls and updated a total of 164 technical assistance plans. Thank you for your participation in this process. Looking forward into BP1, guidance from the CDC regarding the newly revamped MCM ORR tool has yet to be released. DPH staff will be attending an informational MCM ORR session in Atlanta this July and will release more information regarding the MCM ORR process after this meeting.

As local jurisdictions begin to prepare for the MCM ORR in BP1, technical assistance documents will be made available online as a planning resource. These documents are intended to be used as a guideline. Components should be tailored to meet the jurisdiction's needs. Technical assistance documents will be published and updated on a quarterly basis. A listing of the documents currently available has been provided below.

Technical Assistance Documents

Demobilization Plan Template	OSHA Respiratory Protection Guidelines
Hazard and Vulnerability Analysis Guidelines/Tool	Responder Health and Safety Plan Template
Information Sharing Planning Elements	Security Plan Template
Joint Information Center Planning Template	Use and Re-Release of Shared Information Template
Medical Countermeasure (MCM) Operational Readiness Review (ORR) Guidelines for Plans and Supporting Documents	Volunteer Management System Plan
MYTEP Template	Pre-Incident and Real-Time Translation of Emergency Messages
Volunteer Recruitment Strategies	

EMERGENCY MEDICAL SERVICES

Raffaella "Ralf" Coler

The team in the Office of Emergency Medical Services (OEMS) continues to make steady forward progress despite the four current vacancies in the office.

May was an extremely productive month. On May 6th, Dr. Terry DeVito was invited to give a presentation for the Connecticut EMS-I Society in Rocky Hill. The presentation focused on the new roll-out of the EMR and EMT Exams and was received with an overwhelming grateful response.

National EMS Week was celebrated from May 21st to May 27th.
National EMS Week, established by President Gerald Ford in 1974, recognizes and celebrates all EMS practitioners (emergency medical responders, EMTs, Paramedics, ED physicians, nurses and all associated allied staff) and the important work they do in our nation's communities.

In 1974, EMS was a new profession and EMS practitioners had only just started to be recognized as a critical component of emergency medicine and the public health safety-net. Today, EMS is now firmly established as an essential public function and a vital component of the medical care continuum.

On May 22, 2017 we recognized six of our Emergency Medical Services professionals and one EMS organization for their involvement in, their impact on, or the influence that they have had on our State's Emergency Medical Services System. The recipients of these awards are representative of the types of individuals and organizations that comprise Connecticut's EMS system: caring, professional, committed and dedicated.

Connecticut has 208 first responder organizations, and 181 ambulance and paramedic services. There are currently 7,737 emergency medical responders, 12,430 emergency medical technicians, and 515 advanced emergency medical technicians certified, and 2,361 paramedics licensed by the Department of Public Health. Our EMS organizations responded to over 723,000 requests for service in the 2016 calendar year.

As our nation and state face the challenges of a rapidly evolving healthcare system, our EMS providers have never been more important. This year's theme totally captures this meaning, EMS STRONG! Always in Service.

TRAININGS & EXERCISES

Francesca Provenzano, Alan Boudreau, and Mike Mozzer

Training
OPHPR developed its Multi-Year Training and Exercise Plan (MYTEP) for the new five-year grant cycle (July 2017-June 2022). The MYTEP detailed six priority areas which OPHPR has identified for its exercise program: Information Sharing, Resource Management and Sharing, Managing Medical Surge, Ensuring the Continuity of Delivering Medical Services, and Coordination of Medical Responses and Medical Countermeasures.

On May 23, 2017, OPHPR hosted a Training and Exercise Planning Workshop (TEPW) that brought together representatives from CT DPH, DEMHS and all five Healthcare Coalitions to review the exercise requirements described in the new grant guidance. The group decided to convene an exercise workgroup to further develop strategies for implementation of the statewide exercise program.

INFECTIOUS DISEASES & EMERGING PATHOGENS

Alan Siniscalchi

Seasonal Influenza (Flu)
The 2016-17 influenza (flu) season was characterized with two distinct waves of flu activity. The first wave began in late December and peaked during the second week of February. The predominant circulating influenza virus during this wave was identified as influenza A (H3N2), in contrast with the 2015-16 influenza season when influenza A (2009 H1N1) was the predominant isolate in Connecticut. As flu activity was decreasing in March, a second wave, consisting of influenza B viruses, became apparent in Connecticut, which peaked in early April. While an increasing percentage of late season influenza B viruses is not unusual, this influenza B activity wave was associated with a distinct increase in laboratory-confirmed flu cases, hospitalizations and outbreaks in long-term care facilities.

Avian Influenza
DPH has continued to follow the World Health Organization (WHO) and CDC reports of the emergence of a new genetic lineage of avian influenza A (H7N9) virus, which has contributed to a fifth epidemic in China and the special administrative regions of Hong Kong and Macau. This epidemic has raised concern for possible imported cases among travelers returning from this region, and the potential for further genetic changes that could result in a strain with pandemic potential.