**Office of Public Health Preparedness and Response**
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# Readiness Response Report

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

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

**Volume 4, Edition 4: Oct- Dec 2017**

## THE YEAR AHEAD

*Francesca Provenzano and William Gerrish*

Much has happened since our last newsletter. Most profound is the passing of our Director, Jonathan Best, which continues to weigh heavily on our hearts. His life's work left a mark on many, and he will be remembered in the public health and healthcare preparedness community for his passion and dedication to protecting the public.

OPHPR also bid farewell to several talented staff who are pursuing new career opportunities. We congratulate and wish Sandra Ferreira, Valerie Maignan, and Anna Sigler the best in their future endeavors.

We continue to forge ahead with our public health preparedness work. Over the past several months, we applied for, and were successfully awarded over $10 M in PHEP and HPP funding. OPHPR worked with the ESF-8 regions to identify Healthcare Coalition (HCC) fiduciaries and coordinators to represent HCCs. OPHPR also collaborated with co-chairs and HCC coordinators on contract and subcontract language, and by-laws development to meet federal grant requirements. We will continue this collaborative approach with our partners.

As we move forward, HCCs will adopt by-laws, conduct hazard vulnerability assessments, update operations plans, and establish PHEP and HPP budgets for years two through five. PHEP sub-awardees will utilize a new Operational Readiness Review process and system (DCIPHER) this year, and HPP sub-awardees will use funding for regional preparedness activities, rather than facility-specific activities.

While this new grant cycle has brought with it extraordinary change, we feel optimistic that Connecticut will continue to lead the way in public health emergency preparedness and response.

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## CONNECTICUT HEALTHCARE COALITION DIRECTORY

(see CT ESF-8 Regional Map on page 10)

**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 Koscuk (dkoscuk@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: Patrick J. Turek, Hartford Healthcare Emergency Preparedness (patrick.turek@hhchealth.org)
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)

## MEDICAL RESERVE CORPS

*Katherine McCormack*

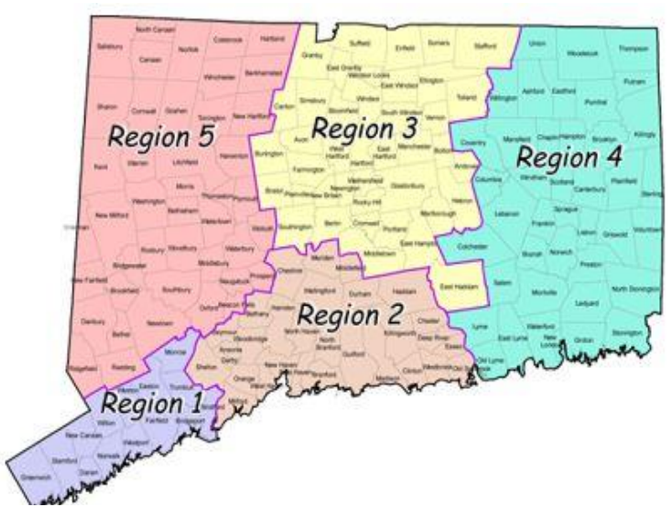
The MRC key words for this quarter are *recruitment, retention,* and *recognition*.

MRC unit leaders continue to identify strategies and activities for increasing volunteer counts, targeting recruitment efforts, and developing strategies to retain volunteers. Maintaining the total number of volunteers by health care profession and other support volunteers is necessary to maintain a robust public health response to incidents of public health significance as well as daily public health activities and operations.

Several Connecticut MRC units have scheduled fall 2017 flu clinics. There will be opportunities for MRC volunteers to support and deliver flu vaccine in a variety of CT community settings and will include several Drive-Thru flu campaigns.

The CT MRC program has partnered with FEMA Region I to offer a Train-the Trainer: "*You are the Help until Help Arrives"* program at the CT Hospital Association this fall season.

Several CT MRC Units have scheduled volunteer recognition events for fall 2017. Region 4 MRC units and the Wallingford MRC will be honoring volunteers. Region 2 will honor the Quinnipiac Valley retiring MRC Unit Leader, Deb Culligan, at the September Region 2 meeting.






## VECTOR-BORNE DISEASES - Zika Update

*Randall Nelson*

From February 1, 2016 to June 30, 2017, the State Public Health Laboratory (SPHL) conducted Zika virus testing for 1,784 patients including 1,336 pregnant women who accounted for 75% of the patients. Testing focused on pregnant women to assist in national efforts to assess risk to exposed fetuses and create guidance for live born infants during their pre- and post-natal care. Over time, potentially exposed women tested in Connecticut were increasingly unlikely to give birth to infants with birth defects consistent with Zika virus infection.

With declining Zika virus illnesses in the Americas, increasing false positive IgM test results due to exposure to other cross-reacting flaviviruses, and analysis of data reported by the U.S. Zika Pregnancy Registry, new national testing guidelines were developed. Testing is recommended for exposed symptomatic pregnant women and women who have a fetus with prenatal findings consistent with Zika virus infection. In addition, asymptomatic women with ongoing exposure (e.g. living in or frequent travel to affected areas) should be tested three times during pregnancy. Infants born to women who tested positive or with birth defects should also be tested. Testing is no longer recommended for pregnant women without symptoms or infants with normal pre/postnatal examinations.

With testing available at commercial laboratories the SPHL now offers testing only for symptomatic pregnant women and infants according to the new national guidelines. Information regarding specimen submissions to the SPHL including the submission form is available at: http://www.ct.gov/dph/cwp/view.asp?a=3122&q=396860

## CRISIS AND EMERGENCY RISK COMMUNICATIONS

*Elizabeth Conklin*

**September was National Preparedness Month**

National Preparedness month ended but hurricane season continues through November. It has been a very active season to date seen by the devastation in Texas, Puerto Rico and throughout the Caribbean. DPH pushes out social media preparedness messaging year-round but even more so during Preparedness Month. These hurricanes have heightened the publics' awareness of the need for general preparedness. Our CT "Guide to Emergency Preparedness" continues to be made available to the public for free. Requests have increased recently. If you would like to request the Preparedness Guide in bulk or know of an agency that could benefit please reach out to Elizabeth.conklin@ct.gov

## ENVIRONMENTAL HEALTH

*David Kallander*

**Highlights of Environmental Health Activities over the Past Year**

This past year has seen challenging environmental health issues reflecting both emerging problems as well as old problems that have re-emerged to trouble us once again.

The Nuclear Regulatory Commission (NRC) has been working with DPH and the Department of Energy and Environmental Protection (DEEP) to investigate 15 sites in Connecticut for the possibility of radium contamination (used in consumer products in the early 1900's) and sites have been identified that will need remediation.

DPH continues to partner with companies to fight the opioid overdose epidemic plaguing the state and country. An injured worker and opioid- use symposium was held in March and another planned for October 4, 2017.

Over the past year, the Toxicology Unit of DPH's Environmental and Occupational Health Assessment Program (EOHA) has been collaborating with DPH's Drinking Water and Private Well programs, DEEP and other northeastern states to investigate the emerging issue of groundwater contamination with per- and polyfluoroalkyl substances (PFASs). The United States Environmental Protection Agency (EPA) has released a drinking water health advisory level of only 70 ppt (parts per trillion) for two PFAS substances, PFOS (perfluorooctane sulfonate) and PFOA (perfluorooctanoic acid). DPH has reviewed this and issued an advisory of 70 ppt for the sum of five PFASs. The DPH group is working to test ground water in the state near sites in New York that have been determined to be contaminated. PFOS and PFOA are known to be present in AFFF foam used to fight fires. Firefighting and military training sites are areas of interest for investigation of PFAS contamination of ground water.

## CT PUBLIC HEALTH LABORATORY

*Diane Noel*

The CT DPH BioResponse Laboratory will be hosting a Sentinel Clinical Laboratory Wet Workshop this fall. This hands-on laboratory training will be a combination of laboratory exercises with discussion, as well as short lecture topics. The workshop will focus on recognizing suspect biological threat agents, rule-out/refer procedures, current information on sentinel clinical laboratory roles and responsibilities, and biosafety topics. Training dates have been posted on CT-TRAIN. Clinical laboratorians and Microbiology supervisors are encouraged to attend.



## THE VALUE OF USING DISPENSE ASSIST

*Kristin Magnussen MSN, RN*

*Communicable Disease Prevention Supervisor, Emergency Preparedness & MRC Coordinator, Ledge Light Health District New London*

Mass dispensing exercises showed that using the printed Head-of-Household forms were increasing the amount of time it took to screen people thereby causing stress with screeners. We did an exercise last year with a large VNA; all RNs, who found the paper form confusing and time consuming which made them concerned about being a closed point of dispensing (CPOD) site. DPH listened and accepted recommendations to use Dispense Assist, an on-line screening tool that provides a voucher showing what medication to give.

We have used Dispense Assist in 3 exercises to date and found that our throughput time (time it takes to complete each person's paper work) went from 5 minutes with paper forms to 1.5 minutes with Dispense Assist vouchers. Using Dispense Assist means we don't need a Screening Station thereby freeing up staff and volunteers to fill other roles. Thankfully, the VNA has signed on to be a closed POD, in addition to taking care of the homeless shelter occupants, staff, volunteers and family members!

We did exercises with seniors and a homeless shelter where they filled out a Dispense Assist printed form that was then entered by volunteers into the Dispense Assist screening program. The average time to enter the information was 1.3 minutes but there were interruptions so the average time is most likely under a minute. Most people find they can fill out the on-screen tool in 30 seconds depending on their computer skills.

An exercise with a long-term care facility found that it took an average of 3 minutes for the nurse to screen a resident/patient on-line. When the long-term care facilities realize that dispensing isn't time consuming, they are offering to assume mass dispensing responsibilities for local senior housing!

Dispense Assist is a great tool that will help get folks through PODs much faster. It is also available in Spanish with more languages in the works.

## INFECTIOUS DISEASES & EMERGING PATHOGENS

*Alan Siniscalchi*

**Seasonal Influenza**

The 2017-18 influenza season has begun with sporadic influenza isolates being reported within Connecticut. The predominant circulating influenza virus is type A, although some influenza B viruses are being identified. All of the type A isolates that were subtyped have been identified as influenza A (H3N2) viruses. Australia and other Southern Hemisphere countries have reported high flu activity during their recent season.

**Avian Influenza**

The DPH has been closely following reports of both highly pathogenic avian influenza (HPAI) outbreaks in poultry and additional human cases of the new genetic lineage of avian influenza A (H7N9) virus in China. The reports of ongoing influenza A (H7N9) activity has raised concern for possible imported cases among travelers returning from this region, and the potential for emergence of a strain with pandemic potential.

**MERS**

Epidemiology staff continue to utilize updated CDC guidance for the monitoring of persons potentially exposed to Middle East Respiratory Syndrome Coronavirus (MERS-CoV). During the summer of 2017, the DPH Public Health Laboratory conducted additional MERS-CoV testing of travelers from countries in or near the Arabian Peninsula who presented to Connecticut hospitals with moderate to severe respiratory symptoms.

**Emerging Diseases**

Epidemiology staff are also closely following reports of newly emerging infectious diseases identified in Connecticut. These include the state's first reported case of the tick-borne Powassan virus, which can cause encephalitis, and the state's first imported case of *Candida auris* infection, which is associated with hospital outbreaks and is frequently resistant to antifungal agents.

## SOMETHING TO SHARE?

Have something to share that could be helpful to your partners in the field? Resources, upcoming training, conference, or best practice? Submit it for the next (Jan-March 2018) newsletter. Email Elizabeth.conklin@ct.gov



## EMERGENCY MEDICAL SERVICES

*Raffaella "Ralf" Coler*

It has been a busy year for the Office of EMS:

**Education & Training**

We had many productive milestones under the tutelage of Dr. Terry Devito. We wish Dr. Devito well wishes with a new career opportunity in another state.
Here are some highlights:

- Worked with support staff to improve and create more efficient processes for EMSI course paperwork processing;
- Rolled out new refresher exams, as well as follow up pass-rate analysis of the new exams, which has resulted in minor revisions of some of the questions;
- Renewed engagement of EMSI population via increased communications through use of Everbridge notifications;
- Lifting of EMSI moratorium; developed & implemented EMSI Instructor Trainer curriculum and courses;
- Reviewed and subsequently revised timelines for AEMT level providers to comply with 2009 National Education Standards.

**CEMSTARS, or EMS Data**

Epidemiologist Ann Kloter has been working with 186 EMS organizations & 12+ software vendors to implement conversion to the NEMSIS version 3 standard. While rarely are there immediate results with collecting and aggregating data on this scale, undertaken by Ann (which includes over 500 data elements to collect), the progress she has made is remarkable:

- Worked with state vendor and State IT BEST, she has trained, gone through massive system testing and implemented a new, vastly improved web-service portal for EMS data submission;
- Communicated with EMS organizations, as well as vendors, during V.3 implementation, providing process documentation and useful information; Collaborating with the CEMSAB Data committee, she has drafted the first-ever Connecticut-specific state data dictionary.

In addition to this work, OEMS continues to license and certify over 25,000 providers, investigate complaints, work with municipalities on Local EMS Plans, provide regional guidance, process hundreds of training course applications, and communicate with all of our stakeholders. All of our staff continues to conduct quality work.

## MEDICAL COUNTERMEASURES OPERATIONAL READINESS REVIEW (MCM ORR)

*Corinne Rueb*

The Medical Countermeasure (MCM) Operational Readiness Review (ORR) will now be administered through the Secure Access Management Services' (SAMS) Data Collation and Integration for Public Health Event Responses (DCIPHER) system, a comprehensive informatics system capable of a continuous cycles of improvement. The online, web-based tool is password protected and provides users with 24 hours access to real-time data. Currently, DCIPHER access is only available to the 29 mass-dispensing areas (MDAs) located in Connecticut's Cities Readiness Initiative (CRI) planning jurisdictions. As a result, the Department of Public Health is exploring options to conduct ORRs with the non-CRI jurisdictions in Connecticut through an alternate means.

In alignment with the Centers for Disease Control and Prevention (CDC) grant requirements, 50% of CRI planning jurisdiction MDAs will be required to conduct an MCM ORR in each budget period. The CDC expects all MDAs to continuously improve as such recent guidance has indicated. Technical assistance action plan development is expected every year. In addition to the MCM ORR or technical assistance, all CRI planning jurisdiction MDAs must submit a preliminary MCM ORR self-assessment utilizing the DCIPHER system by the end of BP1 (June 30, 2018). CDC guidance was released in late September. MDAs will be contacted by the CRI Coordinator to schedule an MCM ORR and technical assistance call.

***The Department of Public Health is always available to assist MDAs.*** If assistance is required, requests can be made to Corinne Rueb at Corinne.Rueb@ct.gov or at 860-509-7112.

## PUBLIC SERVICE ANNOUNCEMENT

*"Protect Your Health Around Animals"*

DPH created an in-house public service announcement (PSA) enforcing the importance of health and safety around live animals prompted by increasing reports of animal-related illnesses including Ecoli and salmonella. The PSA is available on YouTube, and was shared on social media, with local health departments, town officials, and the CT Department of Agriculture for distribution to the public during fall fair season (and beyond).
It can be found on CTDPH's YouTube, key word "*Protect Your Family"* or at **https://binged.it/2wREuBU**



## SYNDROMIC SURVEILLANCE IN EMERGENCY RESPONSE

*Kristen Soto*

Syndromic surveillance is the use of pre-diagnostic data for near real-time public health response and situational awareness. Since 2004, the Connecticut Department of Public Health (DPH) has maintained the Hospital Emergency Department Syndromic Surveillance System (HEDSS), to characterize hospital emergency department (ED) visit chief complaint data into syndromes of public health interest. HEDSS was a voluntary system with 66% EDs and 1 urgent care center providing data. This system has been used for situational awareness during extreme weather events and the 2009 H1N1 influenza pandemic and for monitoring seasonal influenza, gastrointestinal illness, and toxic hazards.

In 2011, the term "emergency illnesses and health conditions" was added to Conn. Gen. Stat. §19a-215 to add clarification for the legal basis for the DPH to collect syndrome information through HEDSS:
https://www.cga.ct.gov/current/pub/chap_368e.htm#sec_19a-215.

Since 2012, DPH has had the legal authority to collect select hospital ED syndrome information. However, the existing HEDSS system was unable to accept data from additional facilities or meet current national standards for syndromic surveillance.

During 2015, DPH was awarded funding from the CDC's National Syndromic Surveillance Program (NSSP) to modernize the HEDSS system. DPH selected EpiCenter, a product of Health Monitoring Systems, Inc., to replace the existing HEDSS system. EpiCenter went live during August 2016, and all 32 acute care hospital EDs are expected to complete onboarding and contribute data by October 2018. This new system provides improved data visualization and analytic tools which allow monitoring of syndromes of public health importance at the state, DEMHS region, and local health department (LHD) level.

During 2017-2018 there are also plans to utilize EpiCenter to monitor opioid-related ED visits and training will be made available during 2018 to LHDs that are interested in directly accessing EpiCenter to view available data for their jurisdiction.