



Readiness

Response

Report

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

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

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STATEWIDE HEPATITIS A CAMPAIGN

Matthew L. Cartter, State Epidemiologist & Director of Infectious Diseases

Lisa Bushnell, Epidemiologist II, Office of Public Health Preparedness and Response

Marianne Buchelli, Health Program Supervisor, TB, HIV, STD, and Viral Hepatitis Program

CDC continues to work with local and state health departments to [investigate outbreaks of hepatitis A virus](#) (HAV) infections among persons who report drug use and/or homelessness. [HAV](#) transmission in these groups is suspected to be person-to-person and no common source has been identified. Since 2016, more than 5000 cases and over 3,000 hospitalizations have occurred as part of these outbreaks in 10 states (AR, CA, IN, KY, MI, MO, OH, TN, UT, WV).

In Connecticut, 10 HAV cases were reported in the first 8 months of 2018, which is about what we usually see by this time of the year. This means that Connecticut is not currently experiencing an active HAV outbreak, similar to what is being seen in other parts of the country. Given the pattern of significant HAV outbreaks seen in other states, there is concern that a similar outbreak could happen here in Connecticut. Effective prevention and response measures include early identification of cases, vaccination, enhanced sanitation processes and education of vulnerable populations.

DPH initiated a Hepatitis A Vaccination campaign that began the second week of August 2018, implemented by various local health departments on an ongoing basis. A total of 15 local health departments are participating and are holding Hepatitis A vaccinations clinics in their jurisdictions. To date over 2,000 doses have been delivered to the 15 participating local health departments.

Clinics are being held at soup kitchen, food pantries, shelters, and locations frequented by the target population. In addition, local health department staff are collaborating with community-based Syringe Service Programs (SSPs) across the state to expand the vaccination program to persons who may also be at risk for Hepatitis A due to injection drug use. Currently, there are 7 SSPs located across Connecticut that provide access to HIV and Hepatitis education and testing.

Information on the 15 participating local health departments' clinic offerings can be obtained by [calling Infoline 211](#).



SEASONAL INFLUENZA

Alan Siniscalchi, Surveillance Coordinator for Influenza, Bioterrorism & Public Health Preparedness, Infectious Diseases Section, Epidemiology & Emerging Infections Program

The 2018-19 [influenza](#) season has begun with sporadic influenza isolates being identified within Connecticut. An increasing number of flu-associated hospitalizations are being reported in Connecticut, along with several outbreaks in long-term care facilities. The predominant circulating influenza viruses are 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 lower flu activity during the end of their current season than that which was observed during the previous season. A variety of influenza A and B viruses have been isolated among these Southern Hemisphere countries, in contrast to that reported during the 2017-18 flu season when influenza A (H3N2) viruses were the predominate flu viruses in circulation.

While it is not possible to accurately predict the level and severity of flu activity expected during the 2018-19 flu season in Connecticut, these Southern Hemisphere reports suggest that this flu season should be milder than the 2017-18 season. Moreover, 2018-19 flu vaccines have been updated with new influenza A (H3N2) and influenza B (Victoria lineage) components, and should be a better match for circulating strains.

DPH's [weekly Flu update](#) can be found on [DPH's main webpage](#)

RISK COMMUNICATIONS

Elizabeth Conklin, Risk Communication Specialist, Office of Communications

DPH is actively promoting fall and winter emergency preparedness for the general public on social media. Preventative health against season illness including [proper handwashing/hygiene](#) and staying home when ill. The CDC and DPH continue their annual effort to encourage the general public get an annual influenza (flu) shot to protect their health.

Local health departments (LHD) have begun conducting flu clinics in their community. DPH supports these preventative efforts by sharing their clinic schedules on social media to maximize attendance/vaccination.

Additionally, DPH is planning with LHDs a "Statewide Flu Vaccination Day", similar to last year. The event will coincide with [National Influenza Vaccination Week](#) which is December 2-8th. Details will be shared on CTDPH's social media, via a press announcement, and on [DPH's website- main page](#).

Partners and the general public are highly encouraged to follow CTDPH on [Twitter](#) or [Facebook](#) to ensure they are aware of ongoing flu clinics around the state as well as other timely health, emergency preparedness messages, and press releases and announcements.

[Various Flu Print Resources from the CDC](#)

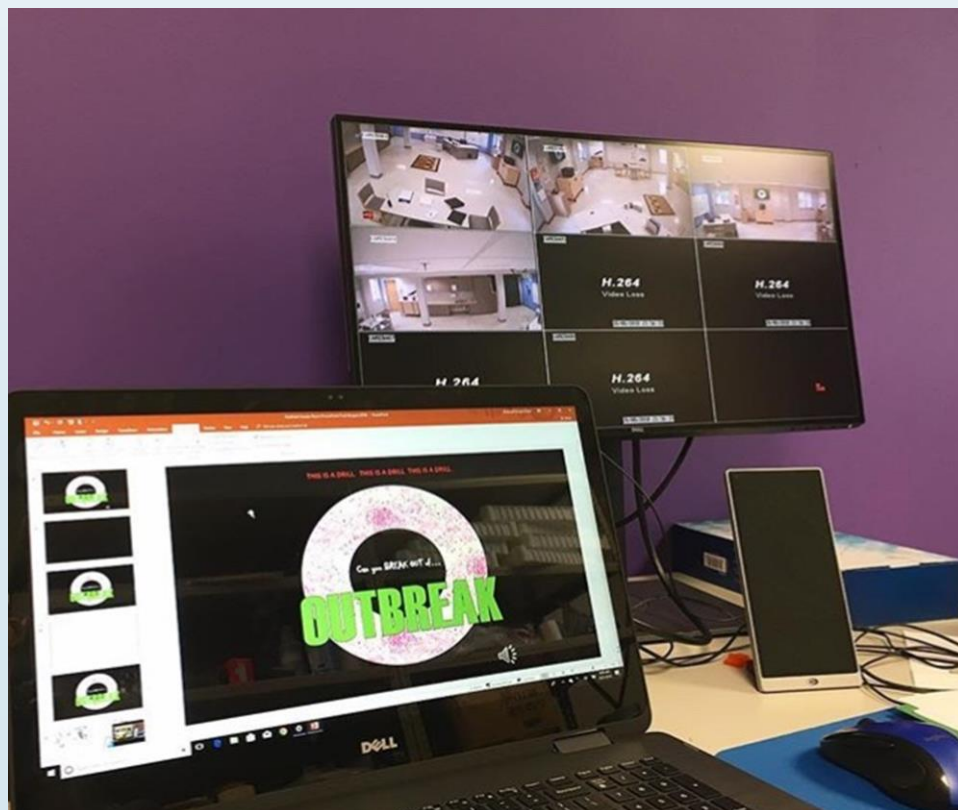
OUTBREAK: ESCAPE ROOM
A New Spin on Emergency Preparedness Training
Andrea L. Boissevain, Director of Health Town of Stratford

In the aftermath of the 2014 Ebola Outbreak, the Region 1 ESF-8 Health Care Coalition approved the proposal of an infectious disease-themed escape room titled *Outbreak*.

Outbreak takes the standard table-top exercise to a new level by placing participants in an escape room setting. An escape room is an activity that challenges players to solve a series of tasks within a room to complete the objective at hand. In *Outbreak*, participants are given an hour to understand and respond to the infectious disease-related scenario they are provided. The room challenges participants to work together and use their unique skill sets and regional and state protocols to reach the main goal.

Outbreak is an innovative and interactive way to engage public health professionals in emergency preparedness protocols. With an hour timeline, participants are put under pressure and challenged to work together as they would in a real-life scenario. This adaptation of an escape-room model was designed and executed by Alivia Coleman and Kelley Meier from the Stratford Health Department and Terron Jones formerly of the Bridgeport Department of Health and Human Services. *Outbreak* provides a comprehensive training that addresses multiple areas of emergency preparedness, while also providing a fun team-building experience. Much appreciation goes to the Bridgeport Military Academy for providing the space and allowing the team to “decorate” and set up the electronics used to monitor the exercises.

If your team is interested in participating in *Outbreak*, please email outbreakescaperoom@gmail.com.



OFFICE OF EMERGENCY MANAGEMENT UPDATE

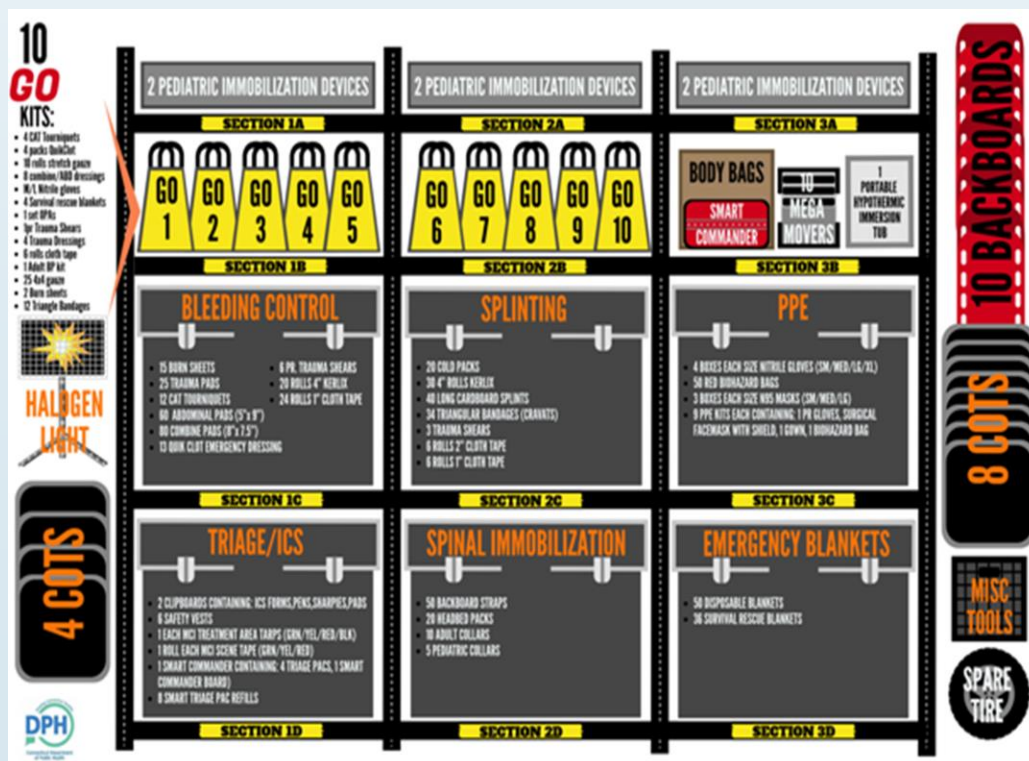
Jean Conlon Speck, Region 5 EMS Coordinator, Office of Emergency Medical Services

Regional MCI Trailers: Through a collaboration between OPHPR and the Office of Emergency Medical Services (OEMS), OEMS has begun re-missioning and updating the five regional MCI trailers. The Regional EMS Coordinators were tasked with reviewing the concept, taking an inventory and coming up with recommendations. After discussion, and feedback from EMS stakeholders, the mission is to focus on utilizing these assets as pre-deployment assets to be deployed to pre-planned, mass gathering special events. The concept is that these events are hotspots for potential mass casualty events, and having this specialized equipment on-site will increase the likelihood of survival of more patients.

For each trailer, expired supplies are removed, an inventory is taken, and containers are re-stocked using a standard layout which is detailed on a map posted in each trailer. All trailers have the same layout and contents (there may be slight variations but each map is specific to each trailer). Below is the map.

As of this printing, 2 trailers have been re-missioned, and the balance will be completed shortly. Recent and upcoming deployments include:

- Sail Fest, New London
- The Travelers Championship
- Five Local fairs: Bridgewater, Brooklyn, Woodstock, Hebron, Durham
- Hartford Marathon (2 trailers), Hartford
- Region 2 REPT Field Day, North Haven



MASS DISPENSING AREAS (MDAs)

Corinne Rueb, Health Program Assistant II, Office of Public Health Preparedness and Response

Each of the 41 Mass Dispensing Areas (MDAs) in Connecticut are assessed using the nationally standardized Medical Countermeasure (MCM) Operational Readiness Review (ORR). The MCM ORR tool assesses MDAs across eight public health emergency preparedness (PHEP) capabilities with a focus on mass dispensing and distribution. In this budget period (July 1, 2018 – June 30, 2019), 30 of the 41 MDAs will be “objectively evaluated” by DPH reviewers using the ORR tool. MDAs should use the results of this evaluative process to inform their future preparedness plans and activities. The goal of the MCM ORR is to assist MDAs in advancing their operational readiness. The MDA preparedness coordinators utilize MCM ORR findings to develop MCM Action Plans that help to prioritize MCM-related goals and activities – these are updated by MDAs on a quarterly basis to document progress towards reaching their goals.

DPH has implemented regional MDA-MCM Action Plan meetings to provide a venue for sharing best practices. ‘Report-outs’ are conducted at these regional MCM Action Plan meetings to foster collaboration. Many MDAs’ preparedness coordinators have reported on their plans to conduct facility set-up drills at designated PODs, engage with security partners and update security plans, develop public information messaging, and to initiate preparedness-related public information campaigns. As we move forward, we hope that the regional MDA-MCM Action Plan meetings become a forum for discussing challenges and opportunities to advance the state’s level of public health readiness.

MEDICAL COUNTER MEASURES (MCM) –OPERATIONAL READINESS REVIEW (ORR)

DPH now has posted the Medical Countermeasure Operational Readiness Review (MCM ORR) Guidance, Action Plan, and required forms on the ct.gov/dph website. The guidance is a tool that gives detailed instructions on how to receive “Concur or Sufficient Evidence” by reviewers and the Centers for Disease Control. As a reminder, the MCM ORR is a measureable tool to ensure proper steps are being taken throughout the Budget Periods concerning Emergency Preparedness. Additionally, this tool is helpful in highlighting areas of strengths and areas that need improvement. Corinne Rueb and Stephanie McGuire are the Health Program Assistants within the Office of Preparedness and Response that are often working directly with local health departments to ensure their clear and transparent understanding of the Guidance and Forms to ensure success.

[Please click here to be directly connected to these documents.](#)

OPHPR WELCOMES NEW STAFF

The Office of Preparedness and Response would like to welcome Stephanie McGuire to the team. Stephanie has completed her Master's in Public Health from the George Washington University and focused her master thesis on Long-term Care Emergency Management Examining Racial Inequities at the New York City Department of Health and Mental Hygiene at the Bureau of Preparedness and Response. Furthermore, Stephanie has a strong professional background in laboratory medicine and envelopes her laboratory inspector experience into her new role at DPH as the new Health Program Assistant 1. Stephanie will be working with local health departments, health care coalitions, and other jurisdictions to promote, engage, evaluate and improve their work plans and emergency preparedness short-term and long-term goals.

FAMILY ASSISTANCE CENTERS

Jessica Stelmaszek, Director of Health, Naugatuck Valley Health District

The Joint Region 2 & Region 5 Family Assistance Center (FAC) Subcommittee continued to meet over the spring and summer. Most notably, the work of the Subcommittee was presented by Jessica Stelmaszek, Director of Health, Naugatuck Valley Health District (NVHD) and Chair of the Joint Subcommittee, and Brianna Weller, formerly of East Shore District Health Department (ESDHD), in April at the Preparedness Summit in Atlanta, Georgia.

The Joint Subcommittee developed a 2-hour volunteer training called FAC-101 which Jessica Stelmaszek presented in June to Region 1 MRC and CERT volunteers at the Fairfield Regional Fire School as part of continued cross-regional collaborative work. Sponsored by Region 1, the event was filmed and edited and can be [viewed online at You Tube](#)

Kathy Dean of the CT Disaster Behavioral Health Response Network (CT-DBHRN) was in attendance to field questions and Mike Vincelli of the Westport Weston Health District filmed a short Family Reunification segment that can also be viewed online. These videos can be used as just-in-time training as well as introduction training for partners and volunteers involved with FAC response. To get a FAC site operation-ready, "FAC Go-Kits" were purchased by Region 2 and Region 5 and strategically placed at hospitals so they are accessible 24/7. They include a hard copy of the regional plan, 26 appendices, signage in English and Spanish, badge ID lanyards, colored wrist-bands, and small stuffed animals for children. A USB with the plan and attachments, training slides, and training videos are also included in the kits. FAC binders were also distributed to the Local Health Departments in both regions and include a hard copy of the plan as well as a USB with the training slides and video files.

The Subcommittee met in August and set priority work plan goals for the upcoming fiscal year. The Subcommittee looks forward to developing more resources for partners and volunteers this fall.

OPIOID GRANT

Ramona Anderson, Program Manager, Opioid & Prescription Drug Overdose Prevention

Susan Logan, Epidemiologist 3, Office of Injury Prevention

Amy Mirizzi, Director, Office of Injury Prevention

Shobha Thangada, Epidemiologist, Office of Injury Prevention

Robin Tousey-Ayers, Health Program Associate, Office of Injury Prevention

The Connecticut Department of Public Health (DPH) has received a \$3.9 million grant from the U.S. Centers for Disease Control and Prevention's, 2018 Opioid Overdose Crisis Cooperative Agreement Supplement. The opioid overdose epidemic is a complex public health issue requiring an interdisciplinary and rapid public health response. The intent of this funding is to accelerate support and enhance current and proposed activities to allow recipients to surge their response to this crisis. DPH's funding will be used for capacity building and structural changes to aid the department's efforts in fighting the opioid epidemic, including to support work by the Office of the Chief Medical Examiner (OCME).

"DPH will be using this one-year grant to build the surveillance systems and increase capacity within the agency and with our partners to be able to more effectively monitor, understand, predict and target services to effectively combat this epidemic well beyond this grant," DPH Commissioner Dr. Raul Pino said. "Addiction is a chronic disease, and the opioid epidemic will not be solved easily, so we need to concentrate our resources on building the systems that will allow us to better understand the breadth and depth of this disease, who is most at risk, and what services, preventative measures and other methods we all can use to turn the tide and save our fellow citizens from this horrible disease."

In total, the State of Connecticut is receiving over \$20 million in federal funding to enhance the state's efforts in fighting the opioid epidemic. The new funding also includes \$22 million – distributed in two \$11 million grants across two years – from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) that will go to the Connecticut Department of Mental Health and Addiction Services (DMHAS) to support a number of activities to prevent addiction and overdoses, as well as treat and support the recovery of those living with opioid use disorders.



Office of Public Health Preparedness and Response

410 Capitol Ave. MS #13PHP
Hartford, CT 06134

Office: 860.509.8282

After hours: 860.509.8000

www.ct.gov/dph/prepare

OPHPR STAFF DIRECTORY

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

Francesca Provenzano, MPH, CHES, RS, Section Chief. Ph.: (860) 509-7390

francesca.provenzano@ct.gov

Lisa Bushnell, RS, BS, Epidemiologist II. Ph.: (860) 509-7397 lisa.bushnell@ct.gov

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

Stephanie McGuire, MPH ASCP, Health Program Assistant 1. Ph. (860).509-7506

stephanie.mcguire@ct.gov

Diana Lopez Villegas, Ed.M., Health Program Associate. Ph.: (860) 509-8154

diana.lopezvillegas@ct.gov

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

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

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

Ellen Steelman, Secretary II. Ph.: (860) 509-8282 elen.steelman@ct.gov

CONNECTICUT HEALTHCARE COALITION DIRECTORY

Region 1

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

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

Administrative Coordinator: Eileen Blake, Yale Center for Emergency Preparedness and Disaster Response (CEPDR), (Eileen.blake@ynhh.org)

Region 2

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

Co-Chair: Maura Esposito (mesposito@chesprocott.org)

Administrative Coordinator: Eileen Blake, Yale Center for Emergency Preparedness and Disaster Response (CEPDR), (Eileen.Blake@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: Eileen Blake, Yale Center for Emergency Preparedness and Disaster Response (CEPDR), (Eileen.Blake@ynhh.org)