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# Readiness Response Report

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

Volume 2, Edition 1: Nov 2016-Jan 2017

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

FROM THE DIRECTOR’S DESK: JONATHAN BEST

The Mass Fatality Management exercise is completed. I wanted to take this opportunity to recognize the staff of the Office of Public Health Preparedness and Response for the exemplary effort they put forward in conducting this event. We also need to recognize the groups that assisted DPH staff from other offices: MRC, Capital Region MRC, Corrections, State Police, FBI, Office of the Chief Medical Examiner, DEMHS, DESPP, the Military Department, DBRNE and the NEDTC. I hope I have not missed anyone. This exercise allowed us to fully test DPH’s incident command capacity and it was a great success. For many of you, it may have seemed seamless but it is important to understand that this was originally supposed to be a joint exercise with the New York City Chief Medical Examiner’s Office. However, 4 weeks prior to the event, New York City dropped out of full participation because of a significant budget cut. Our staff was faced with having to pick up the process and ensure that we could still conduct the exercise. We did. In fact the lack of regional assistance required that we expand our ability to independently function as a state for an event like this. Now that we have successfully completed this, we are better able to complete the written mass fatality management plan. It is always important to say thank you for your participation, volunteering, commitment and support. This was a major undertaking for our office, DPH and the State.

Going forward, the next major challenge is to work on family assistance centers on a regional basis. Following on the success of the Mass Fatality Management Exercise we believe this can be accomplished. We look to our healthcare coalitions/ESF 8 committees to continue their progress on this front.

Our next few projects will be completing medical surge planning, forward movement of patients and scarce medical resources -- all large and challenging projects but we will try to proceed in an orderly fashion in working on them one at a time.

The combined contributions of all in preparedness continue to provide positive results. By working together we can achieve more. The synergistic effect of combined efforts has demonstrated our ability as a state to prevail. ***Each and every one of us adds to our success. Let’s continue the progress. Thanks for all you do.***

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## ZIKA RESPONSE

*Dr. Randy Nelson*

The mosquito season has ended in Connecticut and with it concern for locally transmitted mosquito-borne diseases. However, they should remain a concern for travelers. Transmission of Zika virus through mosquito bites or an infected sexual partner is of particular concern for pregnant women because of the potential for birth defects. It is recommended that pregnant women avoid travel to Zika-affected areas. In addition, if their male sexual partners do travel to affected areas, they should not engage in unprotected sex for 6 months following the last potential exposure or the date of symptom onset if they become ill.

As of November 15th, 1,046 patients have been tested including 775 (74%) pregnant women. Of those tested 134 (13%) were positive for Zika virus or for an undetermined flavivirus of which Zika is one possibility; 30 (22%) were pregnant women. All patients testing positive had travelled to an area outside the continental U.S. with active Zika transmission, or to Miami-Dade County in Florida. CT DPH continues to facilitate diagnosis by offering testing at the State Public Health Laboratory. In addition, testing is now also offered by several commercial laboratories. Updated information is available on the state Zika website at [www.ct.gov/zika](http://www.ct.gov/zika)

## CT PUBLIC HEALTH LABORATORY

*Diane Noel*

During the month of September, Connecticut sentinel laboratories participated in the College of American Pathologists (CAP) Laboratory Preparedness Exercise (LPX) survey. The LPX survey challenges clinical laboratories with live organisms that either exhibit characteristics of bioterrorism agents or demonstrate epidemiologic importance. Participants are expected to respond following the Laboratory Response Network Sentinel Laboratory Guidelines if a bioterrorism agent is suspected. Overall, the survey went well, with a 96% participation rate.

In conjunction with this survey, Virginia Kristie, Laboratory Program Advisor, facilitated a packaging and shipping drill. Participants that reported a suspect bioterrorism agent on the LPX survey were asked to package and ship the agent to the State Lab. Of those laboratories that participated in the LPX survey, we had a 96% participation rate for the Packaging and Shipping drill. At the conclusion of the drill, each participant received a summation of their performance for packaging and shipping, detailing any issues.

## EMERGENCY MEDICAL SERVICES

*Raffaella "Ralf" Coler*

The OEMS team has had a busy few months. On October 7<sup>th</sup>, two of our regional coordinators assumed controller and evaluator roles at a full-scale exercise for the Town of Vernon. Local EMS organizations 'played' in the exercise, testing their response capabilities in an active shooter/active assailant scenario at Rockville High School. Our evaluation focused on EMS ability to manage operational coordination and communication of a mass casualty incident from initial response through triage and patient transportation.

In September, I attended the fall meeting of the National Association of State EMS Officials (NASEMSO) in Albuquerque, NM. This week-long meeting afforded me the opportunity to meet fellow state directors, hear updates from federal EMS partners, and learn about the various councils of NASEMSO.

On October 17-19, a GO Team from the National Highway Traffic Safety Administration (NHTSA) was at CONNDOT to work with Ann Kloter of our staff on assessing the capabilities of our EMS and trauma data systems.

On October 27<sup>th</sup>, I was a panel speaker at the DPH Overdose Prevention Conference to discuss current trends as well as summarize the newly developed CT Opioid Response (CORE) Initiative.

On October 25-27, OEMS regional coordinators participated in the Regional Mass Fatality Management Response System exercise at Camp Hartell, Windsor Locks.

## STAY INFORMED!

### Looking for the latest DPH news or press release?

All DPH press releases can be found on our main webpage: [www.ct.gov/dph](http://www.ct.gov/dph) under "Latest News" or in the archives under "Newsroom". **Better yet, make it easy on yourself:** follow CTDPH on social media (Twitter and Facebook) and you will automatically receive the press release the day it is announced.

## ENVIRONMENTAL HEALTH

*David Kallander*

### Nuclear Regulatory Commission Investigating Potentially Contaminated Sites

The Nuclear Regulatory Commission (NRC) is working with DPH and DEEP to investigate 15 sites in Connecticut for the possibility of radium contamination. Radium is a radioactive element with a half-life of 1600 years that was seen as a cure-all in the early 1900s. It was used in many consumer products (notably watch dials) as well as for medical purposes. The NRC received expanded authority in 2005 over sources of radium and began identifying sites across the country with the potential for residual radium contamination. The NRC is in the process of contacting owners in Connecticut to get access to sites and in the coming months will conduct radiological surveys to look for areas of significant contamination. Response to identified contamination will be handled on a case-by-case basis.

### Environmental Public Health Tracking Data Portal

In the next two months, the online interface to DPH's Environmental Public Health Tracking (EPHT) system will be up and running after a new interface is put in place. EPHT is a system of integrated health, exposure, hazard information and data that can be used for a variety of preparedness and response activities. Connecticut's system is part of a national CDC EPHT network. For the past several months the CT EPHT Portal has been undergoing a migration to a new hardware platform.

## COMMUNICATIONS

*Elizabeth Conklin*

### Zika

The Connecticut mosquito season may have come to an end; however, DPH continues the Zika awareness efforts at Bradley Airport and via public messaging. The focus continues to be on the risk of traveling to Zika-affected areas as well as the potential for sexual transmission.

### Winter Health and Safety

We have begun our seasonal health and safety promotion efforts via press releases and social media. Topics include proper handwashing to avoid colds, flu shot promotion, snow storm safety, home heating safety, carbon monoxide poisoning, extreme cold resources, and general preparedness readiness. Educational resources (publications and websites) can be found in our social media posts and our DPH webpages. Key word "cold weather" or "preparedness publications".

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## GRANTS & CONTRACTS

*Sandra Ferriera, Diana Lopez Villegas and Corinne Rueb*

### HHS-HPP Contracts

July 1<sup>st</sup> was the start of the FY17 fiscal year, marking the beginning of the end of our five-year CDC contract with an end date of June 30, 2017. The significance of this year is that all program deliverables must be completed and fiscal accounts reconciled by next June 30th. As such, DPH is requiring all contractors to adhere to all reporting deadlines. We understand the challenges ahead as our contractors juggle many responsibilities within their institutions. We are committed to working diligently with our contractors to make this final year a successful one.

Please review contract language that includes deliverable, fiscal and program report due dates and requirements. The following are reminders:

- For most contractors, the first Program report is due January 15 or January 30, 2017, depending on individual contracts. The FY17 program TEMPLATES will be emailed to all contractors by the end of this month. Program reports are submitted electronically to [hpp.dph@ct.gov](mailto:hpp.dph@ct.gov).
- For those contractors with grant awards of \$26,605, the first Fiscal report was due by October 15th; Quarter 2 is due on January 15, 2017. Please submit the Uniform Chart of Accounts (UCOA) workbooks to [DPH-CGMS-FinReports@ct.gov](mailto:DPH-CGMS-FinReports@ct.gov) and copy Diana López Villegas at [Diana.LopezVillegas@ct.gov](mailto:Diana.LopezVillegas@ct.gov).

### Local Health Department Contracts

Local Health Departments with FY16 Y-1 carry-forward funds will receive an amended contract for review and signature this month. Once returned, these signed, amended contracts will be processed for full execution.

Please note that, as with HHS-HPP, the end of our five-year PHEP funding is June 30, 2017. DPH is requesting PHEP contractors to adhere to fiscal and reporting due dates.

### BP1

OPHPR set a planning calendar and has begun preliminary work for the 5 year HHS-HPP contracts dated July 1, 2017 to June 30, 2022. OPHPR will continue to update our contractors as we proceed.

**Continued on page 5.....**

## INFECTIOUS DISEASES & EMERGING PATHOGENS

*Alan Siniscalchi*

### Seasonal Influenza

The 2016-17 influenza season is underway with sporadic influenza isolates being reported in 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, in contrast with the 2015-16 influenza season when influenza A (2009 H1N1) was the predominant isolate in Connecticut. Information from the WHO and CDC suggest that the Northern Hemisphere influenza vaccines are a good match for most globally circulating viruses identified to date.

### Highly Pathogenic Avian Influenza (HPAI)

DPH has been closely following WHO and CDC reports of poultry outbreaks and human cases of HPAI in various countries. Testing of North American wild birds for HPAI isolates is ongoing. Fortunately, no US HPAI poultry outbreaks have occurred during 2016.

### MERS

Epidemiology staff continue to utilize updated CDC guidance for the monitoring and movement of persons potentially exposed to Middle East Respiratory Syndrome Coronavirus (MERS-CoV). This fall, 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.

## SHARING RESOURCES

We encourage you to send us preparedness information that could be included in the next newsletter: including resources, trainings, and key updates that may be beneficial to our partners around the state.

Please send to [Elizabeth.conklin@ct.gov](mailto:Elizabeth.conklin@ct.gov) by January 31<sup>st</sup> to be included in the next edition.

## TRAININGS & EXERCISES

*Francesca Provenzano, Alan Boudreau and Mike Mozzer*

### Mass Fatality Training

CT DPH hosted a four-day mass fatality management training and exercise on October 24-27, 2016 at the Connecticut National Guard Camp Hartell/New England Disaster Training Center and the Windsor Locks Readiness Center.

The event was attended by more than 400 federal, state, tribal, local, NGO and private sector partners, representing public health, law enforcement, forensics, emergency medical services, emergency management and the military. The first two days were focused on crime scene investigation and remain recovery; day three focused on disaster morgue operations; and the final day addressed the establishment and operation of family assistance centers. The event was planned by a coalition of Federal, regional and state partners. The Coalition included the CT DPH, the CT Office of the Chief Medical Examiner, The CT Department of Emergency Management and Homeland Security, The CT National Guard, the CT State Police, the FBI and the New York City Office of the Chief Medical Examiner. Lessons learned from this event will be used to develop an After Action Report and will inform the development of a comprehensive statewide mass fatality management plan.

### Flu Shot Exercise 2016

The US Naval Submarine Base New London - Naval Base Health Clinic (NBHC) ran an exercise on September 29<sup>th</sup>. The OPHPR was there to support the effort. The NBHC has an annual requirement to provide influenza vaccine to their service members. The Clinic uses this requirement to test their emergency mass vaccination plans. The NBHC wanted to expand this year's exercise by including DPH as an active participant; specifically, to test their ability to request medical countermeasures (MCMs) from the state, as well as to test the base's security protocols and the Clinic's ability to receive and store MCM shipments. OPHPR received the MCM request and shipped 15,000 courses of training prophylaxis (72 boxes of Doxycycline, 72 boxes of Ciprofloxacin, and 9 boxes of Amoxicillin). This shipment represented the amount the US Navy would receive if it had been an actual event requiring antibiotics. DPH delivered the MCM shipment at 4:00 AM on the 29th. The NBHC vaccination clinic began at 6:00 AM and ended at 10:00 AM. During this time, the NBHC vaccinated approximately 2,000 service members, base employees, and dependents. According to the US Navy, Shot Exercise 2016 was a success, and they expressed gratitude for DPH's active participation.

## GRANTS & CONTRACTS -continued

*Sandra Ferreira, Diana Lopez Villegas and Corinne Rueb*

### Acute Care Hospital (ACH) and Ebola Grants

The DPH Contracts and Management Unit is currently completing the 2017 amendments for the ACH and Regional Ebola Supplemental monies. Upon receipt of the amendment, we request that it be reviewed and signed as quickly as possible so that the contract may be executed. The amended contract's face sheet will reflect allocated funds that were not disbursed in 2016. Thank you for your continued prompt financial and programmatic reporting. Reporting intervals may differ between hospitals based on funding amounts so kindly pay close attention to the reporting requirements stipulated in the amendment.

## MEDICAL RESERVE CORPS

*Katherine McCormack*

The MRC word for this quarter is **collaboration** -- at the local, regional, and state levels.

The Connecticut MRC units have scheduled and delivered many training and volunteer opportunities to unit members, to region members and to MRC units throughout the state. Unit leaders hope that by offering MRC volunteers a variety of training and volunteer options, volunteers will become familiar with their MRC neighbors and will make themselves available during times of community need.

Bryan Nagel, the Wallingford Health Department's Emergency Preparedness Coordinator, has had several new programs which he has shared with Region 2 partners. These programs were further distributed by Region 2's Bri Weller.

Region 4 extended drive-thru flu clinic opportunities to all MRC units in order to fully staff their annual clinics in three locations. It was a pleasure to see nursing students from Three Rivers Community College vaccinating in Norwich in September.

### ***All Hands on Deck***

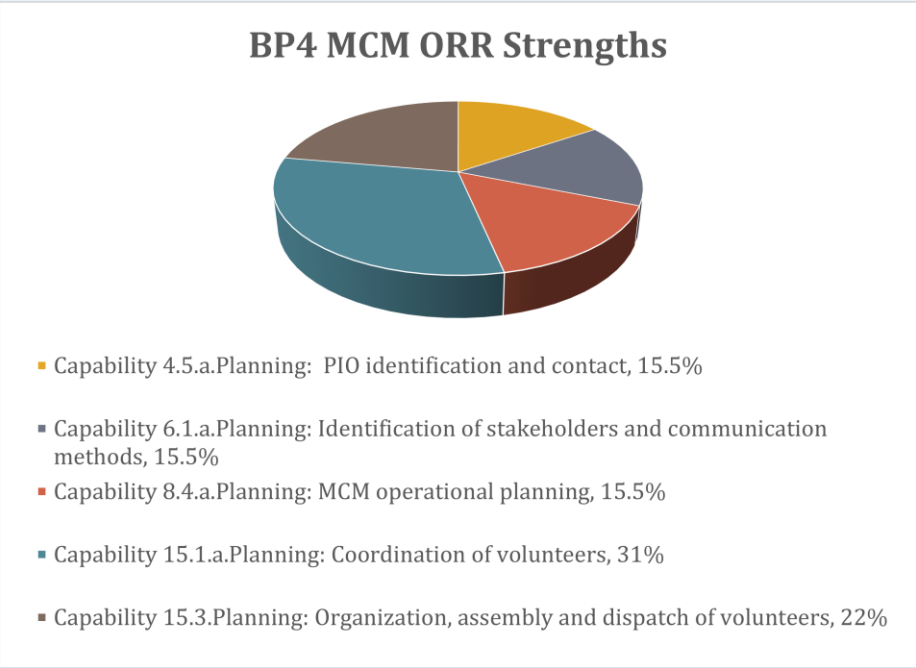
CT MRC supported the Mass Fatality Management Response System Training October 25-27 at Camp Hartell, Windsor Locks.

**MEDICAL COUNTERMEASURES  
OPERATIONAL READINESS REVIEW (MCM ORR)**

*Francesca Provenzano, Anna Sigler, and Katie Young*

During the past year, two staff within DPH OPHPR, Anna Sigler and Katie Young, conducted 39 Medical Countermeasures (MCM) Operational Readiness Reviews (ORRs) - one ORR for each of the mass dispensing areas (MDAs) in Connecticut. The ORR tool was developed by the CDC as a means to objectively evaluate the level of public health readiness for cities and regions across the country. The 39 ORRs were the highest number of ORRs conducted anywhere in the country, based on current available data.

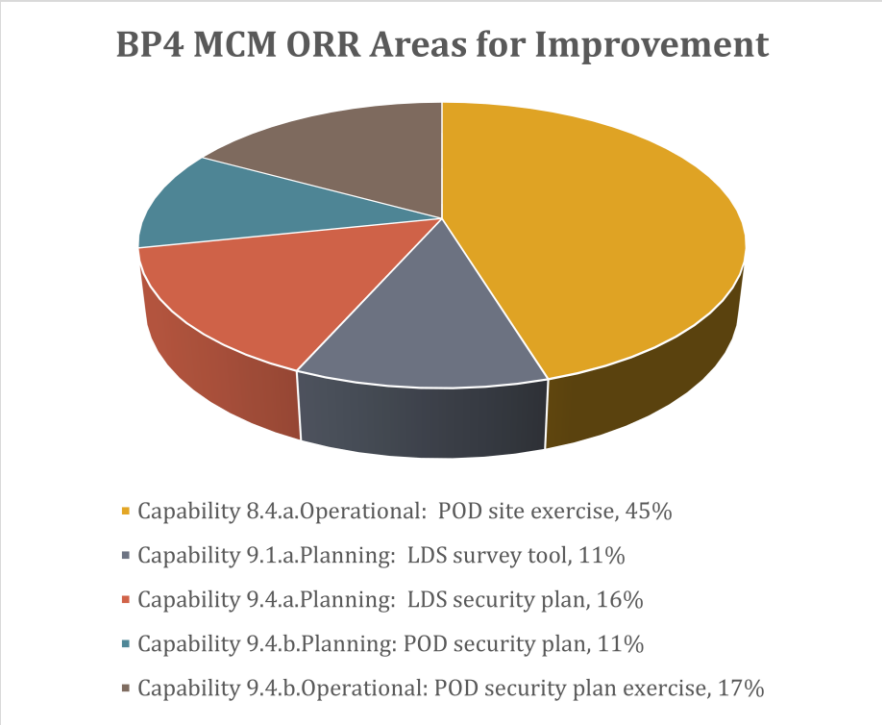
Upon completion of an ORR, the program also produced a Summary Final Report for each MDA. Final reports provided to MDAs not only indicated strengths and areas for improvement, but also recommendations and possible technical assistance (TA). The final reports are being used by program staff as the basis for discussions during quarterly TA calls and to aid communities in the development of targeted improvement plans. These TA calls serve to provide our local partners with planning and exercise support to fulfill CDC’s overall goal of achieving an “established” level of preparedness by 2022. The pie charts displayed below represent the program’s summary findings for all 39 ORRs completed across the state over the past year.



**MEDICAL COUNTERMEASURES  
OPERATIONAL READINESS REVIEW (MCM ORR)**

*Francesca Provenzano, Anna Sigler, and Katie Young*

**BP4 MCM ORR Areas for Improvement**



**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](http://www.ct.train/org) . For more information contact Danny White at 860-509-7557 or [danny.white@ct.gov](mailto:danny.white@ct.gov)