

COMMUNICATIONS & RESOURCES

Elizabeth Conklin

The DPH Communications Office provides ongoing crisis and emergency risk related information and resources to our preparedness partners, and the public. We routinely update resources and encourage you to share with us any new ones. Follow us on social media (@CTDPH) and help us disseminate key preparedness messages and other helpful public health information.

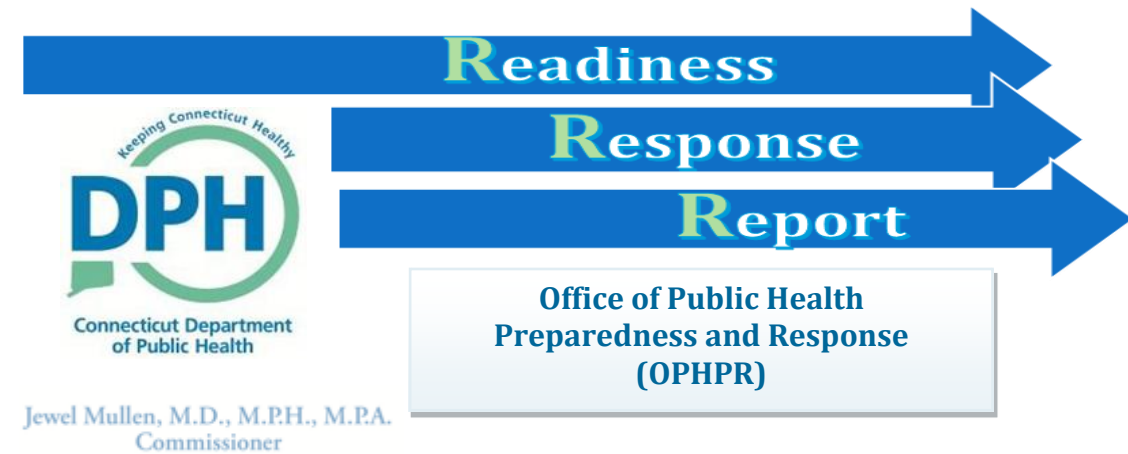
We are developing Crisis Emergency & Risk Communication (CERC) training, featuring components of social media and spokesperson development. This training will be posted on CT Train and shared with our partners. Please log on to the CT Train website at www.ct.train.org for a list of other helpful trainings.

NEW Resources:

- **Social Media Templates for 23 Different Disasters: Drexel School of Public Health & CDC:**
http://drexel.edu/dornsife/research/research-centers/center-for-public-health-readiness-communication/social-media-library/?utm_source=newsletter_459&utm_medium=email&utm_campaign=np-hic-news-highlights
- **NEW CDC page: Caring for Children in a Disaster:**
www.cdc.gov/childrenindisasters/index.html?utm_source=newsletter_456&utm_medium=email&utm_campaign=np-hic-news-highlights
- **CT Ebola Response: CT Science and Engineering Bulletin, Fall Edition:**
http://ctcase.org/bulletin/30_3/30_3.pdf 2015

To receive a copy of this newsletter or to be added to the distribution list please contact:

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A MESSAGE FROM DPH COMMISSIONER DR. JEWEL MULLEN

As public health practitioners, we continually strive to be ready for any public health crisis. That work requires strong collaboration between federal, state, local, and community partners. Through ongoing planning, drills and exercises, and real world events, we strengthen our readiness.

Last year, the Ebola crisis tested that readiness. DPH, working closely with the Office of the Governor and the Department of Emergency Services and Public Protection, lead the state's unified command, coordinating the flow of information and resources, and keeping the public informed. Hospitals and health care providers conducted drills and put in place safeguards to protect their patients. Local health departments, the CDC, DPH, and other partners monitored the health of travelers arriving to Connecticut from the affected countries.

This coordinated response benefited from policies, protocols, and relationships that had been developed and practiced in previous years. In fact, a recent [article](#) by the Connecticut Academy of Science and Engineering (CASE) noted that "Because of Connecticut's 2006 Pandemic Influenza Response Plan, the state was better equipped than others to form a response to the Ebola crisis."

Threats like Ebola remind us that our work in preparedness is never done. Thank you to the many hardworking and dedicated professionals who protect the residents of our state. Working together, we continually strive to make Connecticut as prepared as possible for any threat which may come our way.

FROM THE DIRECTOR’S DESK: JONATHAN BEST

Welcome to the inaugural issue of the *Readiness Response Report*, the Office of Public Health Preparedness and Response newsletter.

Over the last year, events have demonstrated to communities the importance of communications on public health issues. This newsletter provides information regarding the diverse functions of our office which may be of interest to our partners. It will complement our ESF 8 meetings and conversations that occur on a monthly basis.

Together we can achieve a safe and healthy environment for our fellow residents in Connecticut. This newsletter will be available electronically and via hard copy. We hope the Readiness Response Report assists all readers with information that allows them to “Learn to Live Prepared”. We welcome your comments and suggestions, and stand as your strategic partner in public health preparedness and response. Thanks!

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STATE LABORATORY

Diane Noel

The State Public Health Bio-response Laboratory held its 13th Annual First Responder Training with the 14th Civil Support Team (CST) at the Lab on September 9th and 10th. The event consisted of a two-day Medical/Analytical Training Symposium featuring speakers from the U.S. Army Dugway Proving Ground, Naval Surface Warfare Division, U.S. Food and Drug Administration (FDA), Federal Bureau of Investigation (FBI) Headquarters, Connecticut Poison Control Center and the Yale-New Haven Health System. Topics included Toxic Chemical Response Considerations, Zoonotic Diseases, Decontamination Strategies and Responding to a Radiological Event. The training was filled to capacity with 80 attendees. We received positive feedback on the training as evidenced by the attendee evaluations. The 14th CST mobile lab was on site and available for tours including the Decontamination line.

The State Public Health Laboratory also hosted an FBI-sponsored Biosecurity Workshop on September 15th made possible by Special Agent Dan Coleman, Weapons of Mass Destruction (WMD) Coordinator. This training was geared towards sentinel laboratory personnel and academic laboratory staff. Attended by 50 employees, the workshop was interactive and informative. As with all trainings involving multiple agencies and disciplines, they provide a wealth of information to all parties, including the added benefit of networking for optimal emergency response.

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INFECTIOUS DISEASES & EMERGING PATHOGENS

Alan Siniscalchi

Seasonal Influenza: Typically, the November through January period is when seasonal influenza cases rapidly increase in Connecticut. Early laboratory test results reveal that both influenza A and B viruses are circulating throughout our state. Both H3N2 and 2009 H1N1 flu A subtypes are being detected this season. This year's influenza vaccine is a good match to circulating flu viruses and we encourage everyone six months or older to be vaccinated.

Highly Pathogenic Avian Influenza (HPAI): DPH has been actively involved in a state-wide task force to help prepare Connecticut for possible HPAI outbreaks in poultry that had impacted central and western parts of the United States in early 2015. No human cases have been identified in association with North American HPAI strains.

Middle East Respiratory Syndrome (MERS): This severe respiratory syndrome is caused by a newly emerging pathogen (MERS-CoV) that first appeared in Saudi Arabia. DPH has been evaluating an increasing number of symptomatic travelers returning from this region for possible MERS cases.

Ebola: DPH staff and local health department partners continue to conduct active monitoring of asymptomatic travelers returning from those West African countries that experience ongoing Ebola cases.

MEDICAL COUNTERMEASURES OPERATIONAL READINESS REVIEW (MCM ORR)

Anna Sigler

DPH is working with the 41 Mass Dispensing Areas (MDAs) in Connecticut to implement the Center for Disease Control's (CDC) Medical Countermeasures Operational Readiness Review (MCM ORR), the new assessment tool replacing the Technical Assistance Review (TAR). The MCM ORR differs from the TAR in that it examines both planning and operational components, as opposed to the TAR's more narrow focus on planning. The CDC aims to use data produced from reviews conducted during this budget period as a baseline assessment, with a goal of all operational/planning elements at an "established" status by the year 2022.

As of October, 2015, the State of Connecticut has completed its MCM ORR and is working to incorporate lessons learned into training materials and guidance to be provided to local health departments (LHDs) and MDAs to facilitate a smoother review process. DPH will be conducting the MCM ORR with LHDs from November, 2015 through May, 2016. Please direct any questions regarding the MCM ORR tool or review process to Anna Sigler at Anna.Sigler@ct.gov.

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ESF8 NEWS - Health Care Coalition Network

Scott Szalkiewicz

Each of the five Department of Emergency Management and Homeland Security (DEMHS) Regions in Connecticut have reached a greater depth and scope in the development of a cohesive Health Care Coalition Network under Emergency Support Function (ESF)8, Public Health and Medical Services. Considerable work was done by each region to increase partnerships that represent many traditional, and some untraditional, organizations that have a role in providing response, resource support and/or recovery for medical, public health, behavioral, or human service emergencies.

These developed networks now have increased association with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. ESF 8 networks also have increased capabilities to cover the medical needs of members of the “at risk” or “functional needs” population. Planning at the regional and local level includes this population whose members may have medical and other functional needs before, during, and after an incident. Of course, there is always more work to be done to further increase partnerships as well as maintain the level of engagement that has already been developed.

GRANTS & CONTRACTS

Sandra Ferreira and Diana Lopez Villegas

On March 30, 2015, the OPHPR **Public Health Emergency Preparedness (PHEP) grant** received \$2,352,390 in **Ebola Supplemental Funding** intended to support accelerated Ebola public health preparedness planning and response. Bolstering existing partnerships with healthcare, emergency management, epidemiology, and laboratory colleagues, this funding will enhance Ebola public health preparedness planning within the state, local, territorial, and tribal health systems.

On May 19, 2015, the **Hospital Preparedness Program (HPP)** grant received \$2,689,862.00 for **Ebola Preparedness and Response Activities** to ensure Connecticut’s health care system can safely and successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, as well as be prepared for any potential Ebola outbreak in the future. This funding also supports the activities of designated Ebola treatment centers, assessment hospitals, and health care coalitions for overall health care system preparedness.

GRANTS & CONTRACTS -continued

Sandra Ferreira and Diana Lopez Villegas

OPHPR staff is working diligently to ensure that all contracts for PHEP & HPP ‘basic’ grants, as well as the Ebola Supplemental grants, are fully executed and deliverables are achieved. **Please check amended contracts for reporting dates that may have changed.**

In addition, please be aware that Anthony Nwankwo is the contact person in the Contracts Unit for the Uniform Chart of Accounts (UCOA) Workbook. His contact information is as follows: Telephone number: (860) 509-7428

Email: anthony.nwankwo@ct.gov

TRAINING & EXERCISES

Alan Boudreau

On October 14th, OPHPR hosted CDC Inventory Management and Tracking System (IMATS) Training. The IMATS system is used to track and manage medical supplies and equipment during an emergency or during normal day-to-day operations. The training was attended by 30 local health representatives and 4 OPHPR staff, in preparation for the 2016 Medical Countermeasures (MCM) Full Scale Exercise. The training was recorded and will be posted to the Connecticut Train website: www.ct.train.org

Along with Ledge Light Health District and others, OPHPR participated in the US Navy closed point of dispensing (CPOD) influenza vaccination exercise in Groton on October 20th. The exercise, intended to test the Navy’s ability to administer a mass vaccination within a tight time frame, was successful: 24 Navy corpsmen (medics) vaccinated 1491 sailors in 2 1/2 hours. OPHPR encourages local health departments to establish CPODs within their communities to enhance the timeliness of dispensing prophylaxis to their populations.

DPH, along with 148 towns and two tribal nations, participated in the Governor’s 2015 Emergency Planning and Preparedness Initiative (EPPI) on October 21st. This year’s scenario involved an F1 tornado inflicting damage across the state.

OPHPR will be conducting Receive, Stage and Store (RSS) training in preparation for the 2016 state-wide full-scale exercise.