STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ANNUAL REPORT
ON PUBLIC HEALTH PREPAREDNESS

SUBMITTED TO
GOVERNOR M. JODI RELL
AND THE CONNECTICUT GENERAL ASSEMBLY

BY THE
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

DECEMBER 31, 2009

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

In accordance with Connecticut General Statutes, Section 19a-131g, the Connecticut Department of Public Health (DPH) and the Public Health Preparedness Advisory Committee do hereby submit a status report on public health emergency preparedness planning in Connecticut.

STATUS OF PUBLIC HEALTH PREPAREDNESS FUNDING FOR CONNECTICUT

DPH oversees public health preparedness funding from the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness Response (ASPR). For the 2009-10 grant year, Connecticut received $8.7 million in CDC funding, an 8% decrease from the previous year. However, performance measures and requirements to enhance operational plans either remained the same or were increased. Funding received under the ASPR program was $4.3 million, a decrease of about $400,000 from the previous year.

Connecticut also applied for and received $14.5 million in additional CDC/ASPR funds specific to the H1N1 pandemic response. Although the CDC grant period is for three years, it is unlikely that Connecticut will be able to carryover unspent funds beyond July 2010.

Connecticut is required to contribute 5% in matching funds during the 2009-10 grant year and 10% in subsequent years. Federal legislation also requires states to institute maintenance of effort to sustain preparedness activities. Failure to do so will impact the level of future federal funding.

LEADERSHIP AND PARTNERSHIPS

DPH is the lead administrative and planning agency for public health initiatives, including public health emergency preparedness and response. Public health emergency planning is an integral part of overall emergency preparedness and response in Connecticut. Over the past ten years, DPH has collaborated with federal, state, regional, and local partners to improve the state's ability to respond to a wide range of emergencies, including biological, chemical, radiological, and natural disasters that impact the public's health.

DPH Commissioner J. Robert Galvin continues to meet regularly with Governor Rell and the Connecticut Department of Emergency Management and Homeland Security (DEMHS) Commissioner Boynton to coordinate public health and overall emergency preparedness and response activities in Connecticut. In addition, DPH is represented on the DEMHS Coordinating Council and Homeland Security Grant Workgroup.

DPH has assumed leadership of various state initiatives. A significant role that DPH played in 2009 was as lead agency in the response to the Novel H1N1 Influenza pandemic. A summary of DPH activities as part of the response is provided later in this report.

In addition, DPH is actively working with the Judicial Branch, Probate Courts and Office of Attorney General to develop consensus as to court operations in the event of a public health emergency requiring quarantine and isolation measures. DPH has convened

periodic meetings with significant progress made on the coordinated legal/public health response in the event isolation and quarantine orders require enforcement or are appealed. Probate has developed a planning document that is currently under review. Judicial and Probate representatives are developing an agreement to enable Probate to access and use judicial courtrooms with videoconferencing capability when necessary. The Attorney General's Office is developing an enforcement template. Training for judges from both Judicial and Probate is being scheduled.

Commissioner Galvin established a workgroup on proposed revisions to the Standards of Care during a public health emergency. The workgroup is comprised of ethicists, clinicians, local and state public health professionals, and attorneys. They are charged with identifying key ethical, legal and practical principles to guide decision making during an influenza pandemic or other public health emergency. The workgroup has met throughout 2009 and prepared a Draft Whitepaper for publication in 2010. An initial event to formally introduce the Draft Whitepaper is planned for February 2010; and regional presentations are being planned for March 2010. Based on comments received throughout this process, the Whitepaper will then be revised.

DPH also convened an Interagency Workgroup to develop a standardized, regional approach for providing emergency shelter to at-risk populations. While universal access shelters are intended to accommodate people with special needs (physical, sensory, developmental, cognitive or psychiatric needs), certain individuals are more vulnerable during an emergency because they lack caregivers or encounter disruption in essential services. Such individuals may require basic nursing or “supportive” care, such as assistance with walking or dressing, and taking medications, and is beyond the capacity of universal access shelters. Due to limited resources, it is envisioned Supportive Care Shelters (SCS) will need to pool assets of state agencies, health care providers, and volunteers at a regional level. Guidance for providing “supportive care” in a shelter setting has been developed and is undergoing review.

DPH was awarded a competitive grant from CDC to support identification of and outreach to vulnerable populations during an emergency. The program is multi-faceted and will serve as a model for other states. A key component of the program is the development of a database compiled from multiple sources that will provide aggregate data on the number of people with limitations in each municipality and statewide.

NOVEL H1N1 INFLUENZA PANDEMIC SURVEILLANCE AND RESPONSE

On April 26, 2009, DPH Commissioner J. Robert Galvin, MD, gathered a team of policy, epidemiologic, and planning advisors to review implications of the novel H1N1 influenza virus detected in the U.S. Internal and external resources were mobilized to plan and respond to the emerging situation. The first wave of the pandemic, from April 26 through August 29, 2009, resulted in 10 deaths and 144 hospitalizations in Connecticut.

Activities undertaken during the initial wave included:

- Convened periodic informational conference calls with local health departments/districts, hospitals, medical personnel, school administrators, legislators, police/fire/EMS and Connecticut state agencies;

- Received antiviral medication through the Strategic National Stockpile system and distributed to hospitals;
- Developed H1N1-specific public messaging, including placement of public service announcements, conduct of media interviews, updates to the CT Flu Watch website as well as the social media sites Facebook and Twitter;
- Prepared twice-daily situation reports for Governor Rell from April 27 through May 19;
- Developed policies and procedures related to school closures, mask usage and distribution, H1N1 laboratory testing, patient privacy and confidentiality, and antiviral distribution and use; and
- Monitored the spread of the H1N1 virus and reported laboratory tests, and antiviral, mask, and vaccine distribution through electronic surveillance systems at the Department.

August 30, 2009 marked the start of the second wave of the H1N1 virus in the United States. With no significant increase in reported H1N1 cases at that juncture, Connecticut continued planning and implementation efforts in advance of the second wave that spiked in Connecticut in early October. Between June and October, the DPH:

- Successfully applied for and received $14.5 million in H1N1 grants from the federal government;
- Developed and implemented the Connecticut H1N1 vaccine distribution plan, using pre-registered private physicians and local health Mass Vaccination Areas (MVAs) to administer the vaccine;
- Held three (3) one-half day conferences for specific audiences (K-12 administrators, higher education administrators, municipal CEOs and other officials, and EMS personnel);
- Executed memoranda of understanding (MOU) with state agency partners, including the State Departments of Education, Corrections, Children and Family Services, Developmental Services, Public Safety, Administrative Services, and Emergency Management & Homeland Security for H1N1 vaccination of personnel and clients; and
- Conducted communications strategies, which included the purchase of paid media, expanded use of 2-1-1, and the development of a hotline specific to H1N1. On October 5th, DPH opened its H1N1 Hotline to answer questions from the public about H1N1-related issues. Through December 29, 2009, the hotline received 9,324 incoming calls.

During both waves of the pandemic, the DPH Virology Laboratory received over 4,000 specimens for testing, a fourfold increase from the prior year. Staff processed up to 80 specimens per day within a window of 24 to 36 hours. At the height of the first pandemic wave, the laboratory was operational for extended hours and weekends to receive, test, and report on specimens. As part of pandemic preparedness, two (2) staff were sent to the CDC for training and the Department acquired new instrumentation to process more than 250 specimens per day. New instrumentation also allowed the lab

to monitor for drug resistance in the pandemic influenza strain. Along with increased equipment, the laboratory increased testing personnel by cross-training three (3) employees in other DPH Laboratory Sections. Connecticut was one of the first laboratories in the country to be validated and report results for the 2009 pandemic influenza A type H1N1 assay.

H1N1 vaccine allocations from the federal government have been slow, and continue to be less than expected. This has forced all states, including Connecticut, to prioritize those who receive the vaccine based upon CDC recommendations. Recommendations were based on the potential increase of morbidity and mortality of targeted populations, with pregnant woman and children being of most concern. As of December 29, 2009, Connecticut successfully allocated H1N1 vaccine, as well a number of assets from the Strategic National Stockpile, including:

- 1,124,500 doses of H1N1 vaccine to physicians and local public health clinics across the state;
- Approximately 1.1 million N95 respirators and surgical masks to hospitals, police & fire departments, EMS personnel, schools, federally qualified health centers, local public health, municipalities and tribal nations; and
- 85,126 courses of adult and pediatric antiviral medication across the state.

Although H1N1 pandemic influenza activity is decreasing nationally, it remains high in some regions including the northeast with Maine and New Jersey reporting "widespread" activity, and Connecticut, New Hampshire, New York, Rhode Island, and Vermont all reporting "regional" activity. The 2009 influenza A (H1N1) subtype remains the primary flu virus circulating within Connecticut, although an additional number of seasonal influenza type B isolates are being identified. As of December 29, 2009 there have been 3,164 laboratory confirmed cases of H1N1 in Connecticut resulting in 575 hospitalizations and 19 deaths.

CRISIS AND EMERGENCY RISK COMMUNICATION

Since 2007, the DPH had been working to educate the public about pandemic influenza with the development of brochures, posters, and even conducting a multi-media campaign. With materials already prepared and available, the DPH was able to distribute tens of thousands of multi-language brochures and posters to local health departments, hospitals, schools and other organizations to help educate the people of Connecticut about pandemic flu and how they can protect themselves. Email list serves for local authorities, hospitals, and schools were established to ensure the public had the most up-to-date information. In addition, DPH utilized the CT Flu Watch website as the primary source of public information about the H1N1 influenza and vaccine.

DPH, in conjunction with the Governor's office, released dozens of press releases updating the public about the pandemic including new cases, actions taken by the state, and the vaccine. DPH also responded to dozens of media requests for interviews and information, and coordinated with local partners on messaging to ensure consistency and redundancy. DPH partnered with United Way and utilized 211 as a key resource

for responding to the public's questions about the pandemic. As vaccine distribution began in the state, public inquiries increased and DPH managed the public hotline.

DPH remains dedicated to reaching all populations and had informational materials translated into various languages including Spanish, Brazilian Portuguese, Polish, Russian, traditional Chinese, Vietnamese, and Haitian Creole. DPH also created separate web pages in each language. The translated web pages, especially Spanish, Polish, and Vietnamese, were consistently among the top twenty pages visited on the CT Flu Watch website very week.

DPH conducted a radio and television campaign (in English and Spanish) encouraging Connecticut residents to practice proper coughing etiquette, wash their hands frequently, and stay home if they are sick to protect themselves, and others, from the flu. The 30-second spots began to run at the end of August (to coincide with the beginning of the school year) through the first week of October. The campaign also included facts sheets for schools and businesses on pandemic preparedness. A follow-up campaign is under development that will include online, print, television and radio advertising, educational pamphlets, and bus boards to encourage residents to get vaccinated against H1N1. Information will target priority vaccination groups, WIC recipients and ethnic populations. DPH also provided multi-lingual signage to local health departments/districts for identifying clinic locations and guiding the flow of people through clinic operations.

OTHER SURVEILLANCE

During this past year the Hazardous Substances Emergency Events Surveillance (HSEES) System was fully implemented with a network link to the Department of Environmental Protection's spill reporting database to allow real-time monitoring of spill reports to DEP. The HSEES system was established by the Agency for Toxic Substances and Disease Registry's (ATSDR) to collect and analyze information about acute releases of hazardous substances. Surveillance data are collected following chemical releases that qualify for inclusion in the database. DPH is currently working with the Connecticut Poison Control Center to establish a network link to their data collection system to have real-time access to certain poisoning data. This will be useful for not only the HSEES project, but for other DPH programs such as Occupational Health.

STATE LABORATORY

Bioterrorism Response Laboratory

In 2009, in coordination with the FBI, state and local law enforcement agencies the DPH Bioterrorism Response Laboratory (BT Lab) tested 72 unknown white powders and subsequently reported them as negative for bioterrorism agents within 48 hours of their submission. The BT Lab also continued to participate in CDC's Laboratory Response Network's proficiency testing program. During the past year, the Laboratory successfully completed all proficiency tests, which included testing for the following select agents: *Bacillus anthrasis, Yersinia pestis, Francisella tularensis, Burkholderia and Brucella species, orthopoxvirus, Ricin, and Staph. Enterotoxin B*.

Environmental Chemistry

During the past year, the Environmental Chemistry Section continued development of resources to respond to a radiological event. There is a nationwide lack in capacity for a radiological response, and Connecticut was one of the first three states that received an Environmental Protection Agency award to address this gap in preparedness. The Environmental Chemistry Section serves as the primacy laboratory for analyzing radionuclides in drinking water in Connecticut and is a reference laboratory for other New England states.

A Principal Chemist was hired in August 2009 to lead the activities in developing and implementing rapid analytical methods for water and other sample types (e.g. soil, concrete, asphalt, etc). The Principal Chemist will also add analytical techniques that are not currently performed by the laboratory. DPH is developing procedures and practices to enable the laboratory to receive samples with more than background levels of activity.

The Chemical Terrorism Response Laboratory (CTRL) provides a focus for the proper and secure collection, packaging and transport of clinical specimens (blood and urine) from persons potentially exposed to chemical terror events. CTRL serves as the primary connection between the acute care hospitals and the Centers for Disease Control and Prevention. In addition, CTRL has continued to develop and implement analytical capacity in support of a chemical terror event since federal funding for this component began in 2004. To date, the CTRL has conducted validation of methods for cyanide in blood; organophosphate nerve agent metabolites (OPNA) in urine; Ricinine and Abrine in urine;12 trace metals in urine; arsenic and selenium in urine; mercury, lead, and cadmium in blood; and 10 volatile organic chemicals (VOCs) in blood using the standard protocols and procedures mandated by CDC.

DPH also provides funding and support to laboratory partners, including the Connecticut Agricultural Experiment Station (CAES) for chemical testing in food, the UCONN Pathobiology Lab for testing in animals, and the Yale Radiation Biodosimetry Laboratory for analysis on effects of radiation.

Laboratory Information Management System

The DPH Laboratory is implementing a new Laboratory Information Management System (LIMS). Through a competitive procurement process, a contract award was made, and DPH has been working with the vendor to install and configure the system. The first area of implementation was influenza, and testing is now live in the new LIMS. Related activities have included: procurement and installation of computers for laboratory personnel who will use the new LIMS; implementation of barcode labeling and scanning for specimen accessioning and tracking; and training of system administrative staff and laboratory end users. The new LIMS will support preparedness efforts by facilitating the secure, real-time access to and reporting of laboratory data to improve surveillance and public health event management.

PLANNING, TRAINING, AND EXERCISES

DPH has designed a planning, training, and exercise model to maximize preparedness and emergency response efforts. Planning documents the policies and procedures for responding to public health emergencies, training assures a competent workforce that understands the policies and protocols, and exercises evaluate the completeness and effectiveness of the planning and training.

Planning

One of the major accomplishments in 2009 was the development of a response to the Novel H1N1 Influenza pandemic. The DPH Pandemic Influenza Operational Plan served as the base, with slight modifications made to address the specific nature of the H1N1 virus. The Immunization Program was charged with drafting the H1N1 Vaccine Distribution Plan, which followed CDC guidance and addressed Connecticut-specific issues as needed. The plan utilized the existing system for vaccine distribution under the Immunization Program to the full extent possible.

The planning structure for vaccination included an internal DPH workgroup that included representation by immunizations, day care licensing, local health administration, epidemiology, information technology, laboratory, government relations, communications, hospital preparedness, fiscal sections, and the Commissioner's Office. An external advisory work group was also created, with representatives from the CT Medical Society, American Academy of Pediatrics, CT Hospital Association, community health centers, Visiting Nurse Association, school based health centers, CT Association of Directors of Health, CT Business and Industry Association, Governor's Office, and the State Departments of Education, Emergency Management and Homeland Security, and Consumer Protection. Both groups met on a weekly basis either in person or by conference call until the plan was completed. The Vaccine Distribution Plan was approved by Governor Rell and submitted to the CDC in September 2009.

Prior to the second wave, each of the 41 local health mass dispensing areas submitted revised mass vaccination plans to DPH for review of consistency, appropriateness, and completeness. General comments and best practice examples were included in documents developed by DPH, which was distributed to all local health departments/districts. DPH also produced, under contract with the Connecticut Association of Directors of Health, guidance for conducting public vaccination clinics in schools that was distributed to all local health departments/districts.

DPH updated and submitted the Connecticut Antiviral Distribution Plan to the CDC. The Antiviral Plan aimed to expend the supply to achieve maximum benefit before antiviral drug resistance develops. The Connecticut plan also has built-in flexibility to alter priority groups for antivirals on the basis of the severity of the pandemic, and for the evolution of the pandemic from early to later stages of the outbreak.

Regional planning continued in 2009, with Regional Emergency Support Plans for Public Health and Medical Services submitted to DEMHS for review and approval in December. DPH continues to meet monthly with the Regional Public Health Liaisons to share best practices and develop overall regional planning goals.

A risk assessment of hazardous materials shipped through Connecticut by rail transportation was initiated this year. Rail HAZMAT data was obtained for analysis from the US Surface Transportation Board as well as the rail companies operating in Connecticut. The assessment seeks to determine the probability of a major rail accident occurring in Connecticut and identifies towns along rail corridors that are at risk should a chemical release occur.

A list of DPH staff that support public health preparedness planning is provided in Attachment A.

Training and Education

DPH continued to build 5 key activities with respect to supporting the workforce with public health preparedness and response training: 1) maintaining a Learning Management System to support users in identifying training opportunities; 2) building an infrastructure to support distance learning; 3) delivering training through collaborative efforts with academic and practice partners; 4) providing data and ongoing evaluation of learning for planning purposes, and 5) building future workforce preparedness through student internships and rotations.

The TRAINConnecticut learning management system, purchased in 2005, now has 17,000 user accounts and 200 course providers posting courses. Marketing to and training of local health partners and Medical Reserve Corps units continue to advance the number of course providers utilizing the system. This year enhancements have been made to track drills and exercises as they relate to target capabilities and universal task lists. The system provides the only preparedness and response training data for the public health workforce, and a smaller portion of training data for health care and first responders.

A comprehensive report on training data from 2004 to 2008 was prepared in collaboration with the Yale Center for Public Health Preparedness. The data was presented to the Legislature's Public Health Subcommittee and other relevant groups. A key finding was that the systems level data analysis was highly valuable with great potential for planning, and the model, that includes comprehensive electronic data collection, should be expanded to other response sectors.

DPH advanced the training infrastructure with the purchase of Mediasite technology that allows the Department to produce sustainable, online learning through webcasting and web-based archiving for important presentations on preparedness topics. DPH utilized this technology to provide an online overview of the Mass Dispensing Toolkit for those who could not attend the in-person training. Mediasite makes the training available over time as the workforce turns over and can be utilized for refresher training or an archived resource. The system was also used on several occasions to capture and disseminate just-in-time H1N1 pandemic influenza training to local health departments/districts as well as higher education and K-12 administrators.

During 2009, the following public health preparedness education and training was provided by DPH in collaboration with several partners (i.e., Yale Center for Public Health Preparedness, Yale New Haven Health System Center for Emergency Preparedness, DEMHS, UCONN School of Medicine, New Haven Health Department,

Southern Connecticut State University, the Public Health Foundation, and the CT Partnership for Public Health Workforce Development).

- Addressing Needs of Diverse Populations;
- Alternative Standards of Care;
- Crisis Decision Making Seminars;
- Disaster Field Manual for Local Environmental Health Professionals;
- Emergency Command Center Training for DPH Staff
- Emergency Preparedness Training for Day Care Providers;
- H1N1 for Municipal Officials (Live session and web archive);
- Homeland Security Exercise and Evaluation Training;
- Illness in the Residential Campus Setting;
- Illness and Outbreaks in the School Setting (multiple sessions and web archive);
- Incident Command System Training for DPH staff;
- First Responder Training (Lab);
- Linking Behavioral Health and Public Health Systems;
- Local POD Trainers: Roles, Resources, and Strategies;
- Media Training;
- Mobile Field Hospital Training;
- Packaging and Shipping Infectious Substances Category A and B;
- Pediatric Vaccinations;
- Principles of Frontline Response to Agroterrorism and Food Systems' Disasters;
- Principles of Planning & Implementing Recovery (Agroterrorism);
- Project Public Health Ready Seminars
- Public Health Safety Officer Training
- Public Health Emergency Response Plan: An Overview;
- Receive Storage and Staging (RSS) Warehouse Operations course;
- Respiratory Fit Testing and Training;
- Surge Epidemiology Training;
- Technical Assessment Review Orientation for Mass Dispensing Operations; and
- TRAIN Basic and Course Provider Training.

The DPH Food Protection Program sponsored two agro-terrorism training courses presented in Connecticut by the Western Institute for Food Safety and Security at the University of California, Davis. The two courses, *Principles of Response,* and *Planning and Implementing Recovery,* were attended by 80 participants from local health departments/districts, academia, and the Departments of Public Health, Agriculture, Consumer Protection, Corrections, and Juvenile Detention. The course was co-sponsored by Southern Connecticut State University and held at their new Student Center in New Haven. The Food Program also purchased 400 additional Disaster Field Manuals for distribution to all certified food inspectors that did not attend in-person training.

The Chemical Terrorism Response Laboratory (CTRL) and Bioterrorism Response Laboratory provide training to all acute care hospitals for the proper and secure collection, packaging and transport of clinical specimens (blood and urine) from persons potentially exposed to chemical and biological terror events. CTRL serves as the primary connection between the acute care hospitals and the CDC.

Exercises/Drills

Over the last year, DPH increased the capacity for a drill and exercise program that meets CDC and ASPR requirements for internal agency operations, and operations to support our state and local partners. A Multiyear Training and Exercise Plan was developed to identify DPH program priorities for its exercise and drill program and to better link these priorities with other response agencies. This will provide a collaborative roadmap for drill and exercise priorities over the next several years.

DPH continues to support regional and statewide drills and exercises as part of the planning, training, and evaluation process. Each local health department/district, acute care hospital, and federally qualified community health center in Connecticut participated in at least one drill, exercise or real event in 2009. In total, these health partners participated in roughly 100 drills, exercises, real events, and associated training sessions in addition to each organization's response to H1N1. The total number of exercises included twenty-seven hospital exercises, thirty-five local health exercises, and seven conducted by community health centers. Fourteen exercises were regional events with multiple participants. DPH conducted a statewide exercise for all local health departments/districts that serve as mass dispensing area leads. Eight events were real world occurrences, in addition to the H1N1 response.

Health departments/districts and community health centers conducted nine pandemic related tabletop exercises including two for school dismissal. Hospitals and local health departments have also conducted numerous H1N1 and seasonal influenza vaccination clinics in the Fall of 2009.

Connecticut responded to real world emergencies that provided practice and experience with the Strategic National Stockpile (SNS). This included multiple deliveries of antivirals and N95 respirators to hospitals and community health centers, and deliveries of N95 respirators and surgical masks to the mass dispensing area lead health departments/districts. In May 2009, DEMHS Region 2 hospitals and local health

departments/districts participated in a two-day exercise that included delivery of simulated Strategic National Stockpile assets that were further distributed to local first responders. This exercise met the full-scale SNS exercise requirements for 2009.

DPH conducted two internal communications call-down drills during off-hours to test a CDC performance measure of the time needed for DPH staff to assemble and develop an incident action plan. An after action report (AAR) was developed for each of these exercises. The Department's Executive Leadership have reviewed the recommendations and implemented many improvements to the internal communications protocols. Additionally, crisis decision-making training and discussion-based drills were held with DPH Health Care System staff that manage and regulate health care facilities during a public health event or emergency. An AAR was prepared and will be utilized for improvements to DPH Emergency Command Center operations.

In April 2009, DPH, in conjunction with the Connecticut State Police, Connecticut Department of Emergency Management and Homeland Security, 14th Civil Support Team (Weapons of Mass Destruction) Connecticut, U.S. Department of Homeland Security, and Federal Bureau of Investigations presented a training seminar to first responders regarding the safe and effective response to a chemical terrorism event. The seminar was geared towards first responders in police, fire, ambulance, and health care organizations. The training included chemical risk assessment in Connecticut, improvised explosive devices used in a chemical attack, physiological effects of chemical terrorism, scene management, and safety of first responders. A hands-on exercise was completed in which the attendees worked through a realistic scenario of a terrorist attack using chlorine. This was the sixth year DPH has offered this type of training and 165 students attended. Course evaluations indicated the training was necessary and well received by attendees.

The Laboratory's Environmental Chemistry Section and Chemical Terrorism Laboratory participated in a multi-regional full-scale exercise. The weeklong joint Environmental Protection Agency and CDC exercise was designed to simulate what would happen in the event the laboratory was expected to analyze both clinical and environmental samples for chemical terrorism agents.

The DPH Food Protection Program sponsored a 1-day food defense tabletop exercise in New Haven on May 28, 2009. Seventy-one attendees from federal, state, and local agencies and the food industry participated in the training. The exercise involved a large foodborne outbreak resulting from an intentional contamination incident. Representatives from schools, hospitals, prisons, long-term care facilities, and food stores responded to each incident in the exercise as did investigators from the Food and Drug Administration, DPH Epidemiology, Laboratory, and Food Protection Programs, and the Departments of Consumer Protection and Agriculture. All players identified communication as needing improvement.

MOBILE FIELD HOSPITAL

Vehicle and equipment maintenance is ongoing at the five locations housing field hospital components, and has included reconfigurations of some of the trailers. The temporary housing at Camp Hartell was dismantled and the trailers were relocated to another area on post to allow for construction of the New England Disaster Training Center. Assessments for preplanned deployment sites at acute care hospitals were updated as a result of renovations or landscape changes to acute care facilities as well as in preparation for potential H1N1 support. Staff met with acute care facility engineers, who were provided a summary of field hospital set up. An operations manual was also provided for their reference in the event the hospital is set up on their facility grounds.

Previously established staffing mechanisms by means of the State sponsored Disaster Medical Assistance Team (DMAT), the Emergency Credentialing Program (ECP) and local level Medical Reserve Corp (MRC) remain in place. There is a continuous recruitment effort for credentialed medical and logistical personnel.

Operational functions included:

- Incident Command Center support during week-long Civil Support Team event at Camp Rell, Niantic;
- Set up and support of State's Fire Academy;
- Set up for support to 3500 participant Boy Scout of America gathering in Milford;
- Set up for support to Bradley Airport credentialing exercise;
- Set up display for CST conference, Camp Hartell;
- Aid station support at Department of Veterans Affairs Operation Stand Down in Rocky Hill; and
- Set up for support of community emergency responder orientation, Fairfield

PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

The DPH Public Health Preparedness Advisory Committee met three times during 2009 and provided review and comment to the public health and health care system cooperative agreement applications. Starting in 2009, the Advisory Committee became the Public Health Subcommittee to the Connecticut Emergency Management and Homeland Security Coordinating Council, established under Connecticut General Statute Section 28-1b. The Subcommittee submits monthly reports to the Coordinating Council through the DPH member representative. This change allows for better integration of public health in overall emergency management.

The Subcommittee will retain its functions and membership as defined in Connecticut General Statute 19a-131g, including the submission of this annual report to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and public safety. Attachment B includes enabling legislation for the committee. Attachment C is the updated Committee Charter approved by consensus.

Attachment A – DPH Preparedness Support Team

	Contact	Telephone	E-Mail
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Attachment B – Public Health Preparedness and Advisory Committee Mandates

Connecticut General Statutes

Sec. 19a-131g. **Public Health Preparedness Advisory Committee**. Report. The Commissioner of Public Health shall establish a Public Health Preparedness Advisory Committee. The advisory committee shall consist of the Commissioner of Public Health, the Commissioner of Emergency Management and Homeland Security, the president pro tempore of the Senate, the speaker of the House of Representatives, the majority and minority leaders of both houses of the General Assembly and the chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, public safety and the judiciary, and representatives of town, city, borough and district directors of health, as appointed by the commissioner, and any other organization or persons that the commissioner deems relevant to the issues of public health preparedness. The Public Health Preparedness Advisory Committee shall develop the plan for emergency responses to a public health emergency. Such plan may include an emergency notification service. Not later than January 1, 2004, and annually thereafter, the committee shall submit a report, in accordance with section 11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and public safety, on the status of a public health emergency plan and the resources needed for implementation of such plan.

Sec. 28-1b. **State-wide Emergency Management and Homeland Security Coordinating Council**: Duties; members; chairpersons; meetings; vacancies; annual report. (a) There is established a state-wide Emergency Management and Homeland Security Coordinating Council to advise the Department of Public Safety, the Office of Emergency Management and, on and after January 1, 2005, the Department of Emergency Management and Homeland Security with respect to: (1) Application and distribution of federal or state funds for emergency management and homeland security; (2) planning, design, implementation and coordination of state-wide emergency response systems; (3) assessing the state's overall emergency management and homeland security preparedness, policies and communications; (4) the recommendation of strategies to improve emergency response and incident management including, but not limited to, training and exercises, volunteer management, communications and use of technology, intelligence gathering, compilation and dissemination, the development, coordination and implementation of state and federally required emergency response plans, and the assessment of the state's use of regional management structures; and (5) strengthening consultation, planning, cooperation and communication among federal, state and local governments, the Connecticut National Guard, police, fire, emergency medical and other first responders, emergency managers, public health officials, private industry and community organizations. The council shall advise the Governor and the General Assembly on its findings and efforts to secure the state from all disasters and emergencies and to enhance the protection of the citizens of the state.

(b) The council shall consist of: (1) The Commissioner of Emergency Management and Homeland Security; the Secretary of the Office of Policy and Management; the Commissioner of Public Safety; the Commissioner of Public Health; the Commissioner of Mental Health and Addiction Services; the Commissioner of Environmental Protection; the Commissioner of Public Works; the Commissioner of Transportation; the Adjutant General of the Military Department; the chairperson of the Department of Public Utility Control; the Chief Information Officer, as defined in section 4d-1; the State Fire Administrator; or their designees; and (2) the following members appointed as follows not later than July 1, 2004: Two municipal police chiefs, one appointed by the speaker of the House of Representatives and one appointed by the Governor; two municipal fire chiefs, one appointed by the president pro tempore of the Senate and one appointed by the Governor; one volunteer fire chief appointed by the minority leader of the Senate; one representative of the Connecticut Conference of Municipalities appointed by the majority leader of the Senate; one representative of the Council of Small Towns appointed by the minority leader of the House of Representatives; one local or regional civil preparedness director appointed by the speaker of the House of Representatives; one local or regional health director appointed by the president pro tempore of the Senate; one emergency medical services professional appointed by the Governor; one nonprofit hospital administrator appointed by the majority leader of the House of Representatives; and one manager or coordinator of 9-1-1 public safety answering points appointed by the Governor. Each member appointed under this subdivision shall serve for a term of three years from July 1, 2004, or until a qualified successor has been appointed to replace such member. No member appointed under this subdivision shall receive any compensation for such member's service on the council.

(c) The Secretary of the Office of Policy and Management, or the secretary's designee who shall be an employee of said office, shall serve as chairperson of the council until January 1, 2005. On and after January 1, 2005, the Commissioner of Emergency Management and Homeland Security shall serve as chairperson.

(d) The council shall hold its first meeting not later than August 1, 2004, and shall meet at least monthly thereafter.

(e) The chairperson of the council may request the participation of other representatives of federal, state, regional and local agencies as nonvoting members for purposes of consultation, planning and communication.

(f) Any vacancy on the council shall be filled for the unexpired portion of the term by the appointing authority having the power to make the original appointment. Any vacancy occurring on the council shall be filled within thirty days.

(g) The council shall submit a report to the General Assembly not later than January 1, 2005, and annually thereafter.

Attachment C –Connecticut Department of Public Health Public Health Preparedness Advisory Committee Charter

ARTICLE I – NAME

The name of the Committee shall be the Connecticut Department of Public Health Public Health Preparedness Advisory Committee, as named in Connecticut General Statutes Sec. 19a-131g. The Committee will serve as the Public Health Subcommittee to the State of Connecticut Emergency Management and Homeland Security Coordinating Council.

ARTICLE II – MISSION

To establish a coordinated and efficient planning process to ensure state and local emergency readiness, intra-agency collaboration and preparedness for public health threats and emergencies.

ARTICLE III – COMMITTEE RESPONSIBILITIES

To share and review information on public health and health care systems emergency preparedness and response activities. The Committee shall meet quarterly and submit monthly reports to the Coordinating Council through the CT Department of Public Health. The Committee will submit an annual report to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and public safety, on the status of a public health emergency plan and the resources needed for implementation of such plan.

ARTICLE IV – MEMBERSHIP

Section 1. Membership. The Committee shall consist of the Commissioner of Public Health (Commissioner), the president pro tempore of the Senate, the speaker of the House of Representatives, the majority and minority leaders of both houses of the General Assembly and the chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, public safety and the judiciary, and representatives of town, city, borough and district directors of health, as appointed by the Commissioner, and any other organization or persons that the Commissioner deems relevant to the issues of public health preparedness.

Section 2. Eligibility. Any qualified person interested in membership in the Committee may request to be added to the membership list. The Commissioner shall determine the eligibility and classification of any applicant for membership.

Section 3. Alternates. Each Member may designate one alternate to act on their behalf in their absence.

Section 4. List of Member Agencies.

American Association of Retired Persons of Connecticut
American Academy of Pediatrics, CT Chapter
American Red Cross
Association of Connecticut Ambulance Providers
Association of Health Plans
Board of Trustees for Connecticut State Universities
Capitol Region Metropolitan Medical Response System
Connecticut Association for Home Care & Hospice, Inc.
Connecticut Association of Directors of Health
Connecticut Association of Public Health Nurses
Connecticut Association of School Based Health Centers
Connecticut Conference of Municipalities
Connecticut Council of Small Towns
Connecticut Department of Children and Families
Connecticut Department of Environmental Protection
Connecticut Dept of Mental Health & Addiction Services
Connecticut Department of Public Health
Connecticut Department of Public Safety
Connecticut Department of Veterans' Affairs
Connecticut Emergency Nurses Association
Connecticut EMS Advisory Board
Connecticut EMS Medical Advisory Committee
Connecticut General Assembly
President Pro Tempore of the Senate
Senate Majority & Minority leaders
Speaker of the House of Representatives
House Majority & Minority leaders
Public Health Committee co-chairs & ranking members
Public Safety Committee co-chairs & ranking members
Judiciary Committee co-chairs and ranking members
Connecticut Hospital Association
Connecticut Infectious Disease Society
Connecticut Nurses Association
Connecticut Partnership for Workforce Development
Connecticut Poison Control Center
Connecticut Primary Care Association
Connecticut State Medical Society
Disaster Medical Assistance Team (DMAT)
Emergency Department Directors Group
Governor's Office
Hartford Hospital Center of Excellence
Infoline
Mashantucket Pequot Health Department
Mohegan Tribal Health
Office of the Chief Medical Examiner
State Office of Rural Health
U.S. Public Health Service, Office of Emergency Preparedness, Region 1
University of Connecticut Health Center
Yale-New Haven Health System CoE

ARTICLE V – MEMBERSHIP RESPONSIBILITIES

To serve as a public health and healthcare system representative in reviewing and advising local and state emergency preparedness and response activities and have full authority to represent and make commitments on behalf of his or her respective agency or organization.

ARTICLE VI – OFFICERS

Section 1. Officers. The Officers of Committee will consist of a Chair, a Vice-Chair, and a Secretary.

Section 2. Chair. The Commissioner of the Department of Public Health shall appoint the Chair of the Committee.

Section 3. Appointments. The Chair will appoint a Vice-Chair and Secretary.

Section 4. Duties. The duties of the Officers of the Committee shall generally be those that are customarily assumed by such officers.

Section 5. Vacancy. If a vacancy occurs in the position of Chair, the Vice-Chair shall become Chair. If a vacancy occurs in the position of Vice-Chair, the Secretary shall become the Vice-Chair.

ARTICLE VII – MEETINGS

Section 1. The Committee will meet quarterly at the CT Hospital Association in Wallingford, CT. The Officers of the Public Health Subcommittee will determine meeting dates in discussion with the membership.

Section 2. Chair to Preside. The Chair of the Committee shall preside at all meetings. In his or her absence, the Vice-Chair shall preside.

ARTICLE VIII – ADMINISTRATIVE SUPPORT

The DPH Office of Public Health Preparedness shall provide administrative support to the Committee to include: meeting arrangements; recording, publishing, maintaining, and distributing minutes, agendas, and notices of meetings; maintaining the membership list; distributing reports, issue briefs, and other materials for review; and, any other duties as requested.

ARTICLE IX – ROBERT'S RULES (REVISED)

Absent other rules, Robert's Rules (as revised) shall be used as the guidelines for Council procedures.

Adopted July 25, 2002
Revised July 24, 2003
Revised October 14, 2008
Adopted April 30, 2009