

MRC Region II Round-Up: February 2009



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For subscription information contact Kristen.lepore@hhs.gov.

I. Unit Buzz

January was a *BUSY* month for MRC units in Region II. Over thirty activities were recorded on the MRC website. Here is a sample of some recent activities:

1. Nassau County MRC (NY) Hosts a Training on Pediatric Preparedness in a Mass Casualty Incident
2. Burlington County MRC (NJ) Volunteers Participate in a Western Shelter Tent Training
3. Monroe County MRC (NY) Presents 2009 MCMRC Programming Outlook to Local Leaders
4. Sussex County MRC (NJ) Holds a Communicable Disease Investigator Training
5. Chemung County MRC (NY) Helps Develop Age Appropriate Health Promotion Booklets for County Residents
6. Atlantic County Public Health MRC (NJ) Quarterly Meeting Showcases FBI Presentation on Bombs & WMDs
7. Tioga (NY), Niagara (NY), Monmouth (NJ) & Monroe (NY) Train Volunteers in Psychological First Aid

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I. Unit Buzz

1. *Nassau County MRC (NY) Hosts Training on Pediatric Preparedness in a Mass Casualty Incident:* On January 7, 2009 the Nassau County MRC, as part of their quarterly MRC meeting, hosted a training on pediatric preparedness in a mass casualty incident for 45 MRC participants.
2. *Burlington County MRC (NJ) Volunteers Participate in a Western Shelter Tent Training:* On January 17, 2009 32 Burlington County MRC and CERT volunteers participated in an 8 hour train-the-trainer tent raising session, conducted by the Burlington County Office of Emergency Management. The tents are to be used as a temporary acute care facility for surge, an additional POD site, or temporary shelter.
3. *Monroe County MRC (NY) Presents 2009 MCMRC Programming Outlook to Local Leaders:* Monroe County presented its 2009 programming plans for the Monroe County MRC to the County Communicable Disease/Bioterrorism Task Force on January 15, 2009. This group is comprised of around 50 key stakeholders.
4. *Sussex County MRC (NJ) Holds a Communicable Disease Investigator Training:* Sussex County provided a communicable disease investigator training to interested MRC volunteers. Additional trainings on the NJ Communicable Disease Reporting System are in the works.
5. *Chemung County MRC (NY) Helps Develop Age Appropriate Health Promotion Booklets for County Residents:* Chemung County MRC personnel worked with a community group to develop age appropriate health education and health promotion booklets for children, teens, adults and seniors. The booklets contain information on emergency preparedness and local resources. These booklets will be distributed through the County's Medicaid Managed Care program, WIC, and regional health centers.
6. *Atlantic County Public Health MRC (NJ) Quarterly Meeting Showcases FBI Presentation on Bombs & WMDs:* Atlantic County's Quarterly meeting drew 60 MRC participants. As part of the agenda, the FBI presented on Bombs & WMDs. Additional presentation topics included the new county ID-card system and the current salmonella outbreak.
7. *Tioga (NY), Niagara (NY), Monmouth (NJ) & Monroe (NY) Train Volunteers in Psychological First Aid:* A number of counties provided PFA training for MRC members, including Tioga County MRC (1/21), Niagara County MRC (1/10), Monmouth County MRC (1/24), and Monroe County MRC (1/8).

II. Spotlight: Highlights from the 2009 Public Health Preparedness Summit – Amanda Ripley Keynote

Amanda Ripley, an award-winning writer on preparedness issues and current TIME journalist, gave a moving and provoking opening talk at the 2009 Public Health Preparedness Summit, held in San Diego, CA on February 18th. Her keynote, "The Unthinkable: Who Survives When Disaster Strikes--and Why" - which mirrors the title of her latest book, looks at the psychology of disaster response through critical research and survivor accounts. More pressingly, Ripley seeks to debunk the "panic" myth and highlight the power and resiliency of regular people in the wake of disasters.

For more information on Ripley, check out her latest TIME Magazine article:

<http://www.time.com/time/magazine/article/0,9171,1873133,00.html>

Amanda Ripley's website: <http://www.amandaripley.com/>

III. News & Notes

1. Office of the Civilian Volunteer Medical Reserve Corps Awards - Call for Nominations (Due March 6, 2009)

The Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) strives to recognize members of the growing MRC network on a regular basis, both formally and informally. It is the MRC volunteers, leaders, housing and partner organizations, and other key stakeholders who have helped build and sustain the MRC program as we know it – and for that, they are most worthy of being recognized.

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The OCVMRC intends to present several awards during the MRC Recognition and Networking Reception at the 2009 Integrated Medical, Public Health, Preparedness and Response Training Summit. The event will be held on Sunday, April 5th from 6-8 pm.

At this time, OCVMRC is accepting nominations for the following awards:

*Community Resiliency
Ambassador
Outstanding MRC Responder
Outstanding MRC Public Health Volunteer
Outstanding MRC Housing
Outstanding MRC Partner Organization (or Partnership)*

For more information on these awards please see the attached document.

Please complete and e-mail the attached recognition form, along with your nominee's story of service to MRCContact@hhs.gov by Friday, March 6, 2009. Feel free to contact Samuel Schaffzin at Samuel.Schaffzin@hhs.gov or 301-443-2134 if you have questions or need assistance.

2. DHHS Releases Assessment of State Plans for Pandemic Influenza

U.S. states and territories have made progress toward planning for an influenza pandemic, but major gaps remain, according to a federal assessment released on January 15, 2009.

The HHS science advisor to the secretary led 12 federal departments and two White House offices in developing reviewing state and territory operating plans, called for by the National Strategy for Pandemic Influenza: Implementation Plan.

The results of this assessment process provide a broad-brush picture of comparative strengths and weaknesses across the various facets of pandemic preparedness.

To review the full report visit: http://www.pandemicflu.gov/plan/states/state_assessment.html.

3. CDC Releases Report on Public Health Preparedness and TPER Funded Activities

CDC's Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER) has released its inaugural report on CDC activities in public health emergency preparedness. The report, Public Health Preparedness: Strengthening CDC's Emergency Response, explains the key role CDC plays in preparing the public health infrastructure to respond effectively to all types of hazards, and provides an overview of the broad range of preparedness activities receiving Terrorism Preparedness and Emergency Response (TPER) funding.

The CDC report outlines the impact of FY2007 TPER activities among the five key public health preparedness objectives derived from the CDC's core preparedness responsibilities. These objectives include health monitoring & surveillance, epidemiology & other assessment sciences, public health laboratory science & service, response & recovery operations, and public health system support.

Additionally, the CDC report provides an outline of future priority areas. Key areas for future investment include biosurveillance reporting and systems development, public health workforce surge capacity (with a focus on laboratory surge and specialized responders), the development of a research agenda/evidence base concerning effective public health interventions, increased CDC capacity around special needs populations and planning, and expanded exercise and drill activities for a broader number of threats. Reduced funding for state and county preparedness planning and development is recognized as a significant challenge. In light of this, the CDC is encouraging partners to leverage enhanced collaborations to sustain program activities.

A copy of the report is available at <http://emergency.cdc.gov/publications/jan09phprep/>.

4. February is American Heart Month

Heart disease is the leading cause of death in the United States for both men and women, with women accounting for nearly half of those deaths.

For additional resources/information on heart disease please visit:

American Heart Association: <http://www.americanheart.org>

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American Heart Association Heart Disease & Stroke Annual Update:
<http://circ.ahajournals.org/cgi/content/full/117/4/e25>

NIH Publication – The Healthy Heart Handbook for Women '07:
<http://www.nhlbi.nih.gov/health/public/heart/other/hhw/index.htm>

CDC Heart Disease & Stroke Prevention: <http://www.cdc.gov/dhdsp/>

5. CDC and National Expert Panel Promote Revised Field Triage Guidelines of Trauma Patients

Guidelines published in the January 23, 2009 edition of MMWR Reports and Recommendations seek to ensure that trauma patients with more severe injuries are taken to trauma centers designed to handle such injuries. The recommendations, designed to standardize decision-making at the injury scene, also offer guidance on new technologies such as vehicle crash notification systems, which alert emergency services that a crash has occurred and automatically summon assistance.

The guidelines in the publication of the Centers for Disease Control and Prevention were developed by CDC and key experts in trauma care.

The guidelines can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5801a1.htm>.

6. 2009 National Conference on Community Preparedness: The Power of Citizen Corps – Call for Presenters

The 2009 National Conference on Community Preparedness: The Power of Citizen Corps is being hosted jointly by FEMA's Community Preparedness Division and the International Association of Emergency Managers (IAEM) on Aug. 9-12, 2009, at the Hyatt Crystal City Hotel in Arlington, VA. The conference is open to all who are interested in making their communities safer, stronger, and better prepared for all types of hazards.

The conference planning team is currently soliciting proposals for presenters. Citizen Corps members, partners and others who are interested in sharing their experiences with increasing community preparedness are encouraged to submit their proposals. *Call for Presenters submissions are due by Mar. 2, 2009.*

For more information on the conference or presentation submissions visit: <http://www.iaem.com/NCCP2009.htm>.

IV. Tools You Can Use

1. ASPR-ASTHO Webcast: Mental Health in Emergency Planning, Response and Recovery (March 4, 2009)

ASPR-ASTHO is holding a webcast on Wednesday, March 4, at 1:45 PM EST, to discuss mental health during an emergency and throughout recovery, meeting community and responders' needs, and incorporating mental health into emergency planning.

Special guests will include:

- Susan Hamilton, Ph.D., practicing psychologist and the former National Director of Disaster Mental Health for the American Red Cross
- Karen Remley, M.D., MBA, FAAP, Commissioner of the Virginia Department of Health
- David Schonfeld, M.D., developmental-behavioral pediatrician, professor, and director of the Division of Developmental and Behavioral Pediatrics and the National Center for School Crisis and Bereavement at Cincinnati Children's Hospital Medical Center

For more information on this webcast visit: <http://videocast.nih.gov/summary.asp?live=7515>.

V. Research in Brief

1. Scientists Identify Lab-Made Proteins That Neutralize Multiple Strains of Seasonal and Pandemic Flu Viruses

http://www3.niaid.nih.gov/news/newsreleases/2009/flu_mab.htm

Scientists have identified a small family of lab-made proteins that neutralize a broad range of influenza A viruses, including the H5N1 avian virus, the 1918 pandemic influenza virus and seasonal H1N1 flu viruses. These human

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monoclonal antibodies, identical infection-fighting proteins derived from the same cell lineage, also were found to protect mice from illness caused by H5N1 and other influenza A viruses. Because large quantities of monoclonal antibodies can be made relatively quickly, after more testing, these influenza-specific monoclonal antibodies potentially could be used in combination with antiviral drugs to prevent or treat the flu during an influenza outbreak or pandemic.

A report describing the research, supported by the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health as well as the Centers for Disease Control and Prevention, appears online in *Nature Structural & Molecular Biology*.

For more information on this breakthrough please use the link above.

2. Perceptions of Heatwave Risks to Health: Interview-based Study of Older People in London and Norwich, UK

Abrahamson V, Wolf J, Lorenzoni I, Fenn B, Kovats S, Wilkinson P, Adger WN, Raine R. *Perceptions of Heatwave Risks to Health: Interview-based Study of Older People in London and Norwich, UK*; *J Public Health (Oxf)*. 2009 Mar;31(1):119-26. Epub 2008 Dec 3.

Abstract –

BACKGROUND: Most projections of climate change suggest an increased frequency of heatwaves in England over coming decades; older people are at particular risk. This could result in substantial mortality and morbidity. **OBJECTIVE:** To determine elderly people's knowledge and perceptions of heat-related risks to health, and of protective behaviors. **METHODS:** Semi-structured interviews: 73 men and women, 72-94 years, living in their own homes in London and Norwich, UK. **RESULTS:** Few respondents considered themselves either old or at risk from the effects of heat, even though many had some form of relevant chronic illness; they did recognize that some medical conditions might increase risks in others. Most reported that they had taken appropriate steps to reduce the effects of heat. Some respondents considered it appropriate for the government to take responsibility for protecting vulnerable people, but many thought state intervention was unnecessary, intrusive and unlikely to be effective. Respondents were more positive about the value of appropriately disseminated advice and solutions by communities themselves. **CONCLUSION:** The Heatwave Plan should consider giving greater emphasis to a population-based information strategy, using innovative information dissemination methods to increase awareness of vulnerability to heat among the elderly and to ensure clarity about behavior modification measures.

3. PREPARE: A National Initiative to Train Long-term Care Staff for Disaster Response and Recovery

O'Brien C, Selod S, Lamb KV. *A National Initiative to Train Long-term Care Staff for Disaster Response and Recovery*; *J Public Health Manag Pract*. 2009 Mar;15(2 Suppl):S20-4

Abstract –

A 3-year national initiative entitled "PREPARE: Disaster and Emergency Preparedness Training for the Long-Term Care Workforce" had the purpose of training long-term care (LTC) healthcare providers with the core competencies necessary to respond to and recover from large-scale disasters and public health emergencies. Older adults in LTC settings comprise a vulnerable population requiring special attention in preparedness efforts. The PREPARE program delivers geriatric-specific training to LTC providers through 2-day train-the-trainer sessions, conference seminars, and distance learning opportunities. Outcomes are measured through content posttests, course evaluations, exercise evaluation tools, and pre and post surveys measuring the impact of the PREPARE training on organizational disaster plans. Lessons learned resulted in the revisions to the PREPARE program that increased participation and program completion rates. Participating organizations demonstrated improvement within the three areas of preparedness measured: disaster planning, community linkages and collaborations, and emergency response exercises.

4. Lessons Learned From Chicago's Emergency Response to Mass Evacuations Caused by Hurricane Katrina

Broz D, Levin EC, Mucha AP, Pelzel D, Wong W, Persky VW, Hershow RC. *Lessons Learned From Chicago's Emergency Response to Mass Evacuations Caused by Hurricane Katrina*; *Am J Public Health*. 2009 Feb 5. [Epub ahead of print]

Abstract –

OBJECTIVES: We analyzed the response of the Chicago Department of Public Health with respect to its effectiveness in providing health care to Hurricane Katrina evacuees arriving in the city. **METHODS:** Between September 12 and

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October 21, 2005, we conducted a real-time qualitative assessment of a medical unit in Chicago's Hurricane Victim Welcome and Relief Center. A semi-structured guide was used to interview 33 emergency responders in an effort to identify key operational successes and failures. **RESULTS:** The medical unit functioned at a relatively high level, primarily as a result of the flexibility, creativity, and dedication of its staff and the presence of strong leadership. Chronic health care services and prescription refills were the most commonly mentioned services provided, and collaboration with a national pharmacy proved instrumental in reconstructing medication histories. The lack of a comprehensive and well-communicated emergency response plan resulted in several preventable inefficiencies. **CONCLUSIONS:** Our findings highlight the need for improved planning for care of evacuee populations after a major emergency event and the importance of ensuring continuity of care for the most vulnerable. We provide an emergency response preparedness checklist for local public health departments.

VI. Dates to Watch Out For

3/2/09	2009 National Conference on Community Preparedness Call for Presenters Due
3/4/09	ASPR-ASTHO Webcast on Mental Health in Emergency Planning
3/6/09	Nominations Due for OCVMRC Awards
3/15/09	Early Registration Deadline for NJ Emergency Preparedness Conference
4/4/09 – 4/8/09	2009 Integrated (MRC) Summit (Dallas, TX)
5/4/09 – 5/8/09	2009 New Jersey Emergency Preparedness Conference (Atlantic City, NJ)

Questions? Comments?

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