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**Readiness**  
**Response**  
**Report**



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

Office of Public Health  
 Preparedness and Response  
 (OPHPR)

Volume 1, Edition 3: May-July 2016

**FROM THE COMMISSIONER'S DESK: DR. RAUL PINO**

As the new DPH Commissioner, I've gained a greater understanding and appreciation for the depth and commitment of the cross-disciplines that comprise our statewide Emergency Preparedness and Response system. It is a 24-7 responsibility protecting the people of Connecticut, as many of you know: a public health role that requires ongoing vigilance, competency and teamwork.

This effective teamwork was demonstrated during DPH's successful statewide Medical Countermeasures exercise in April where many federal, state, and local partners participated. Drills and exercises like this one strengthen our plans, increase our response competency, and build rapport among partners, which enhances effective communication and teamwork.

While we are always preparing for an emergency, currently we are focused on responding to Zika. In April, I attended the Centers for Disease Control and Prevention (CDC) Zika Summit in Atlanta, where I worked with and learned from national experts on implementing a statewide Zika Virus Surveillance and Response Plan for Connecticut, which we have already begun to implement. Our plans are evolving as we learn more about the disease itself and the mosquitoes that are the primary transmitters. Recently, the CDC approved our State Laboratory for Zika virus testing, which will greatly improve our ability to give patients and physicians timely test results. Our local partners will be a crucial resource in helping us educate the public about Zika and the steps we all must take together to control our mosquito population to prevent the spread of Zika and other mosquito-borne diseases. Learn more about our Zika resources within this newsletter and on our website: [www.ct.gov/dph/zika](http://www.ct.gov/dph/zika).

Thank you for your dedication to keeping Connecticut's citizens safe from public health emergencies. Our collective role in protecting our fellow residents is essential and a responsibility that I, along with everyone at DPH, take very seriously.

**TABLE OF CONTENTS**

From the Commissioner's Desk	1
From the Director's Desk	2
OPHPR Staff Directory	3
Grants & Contracts	4
Trainings & Exercises	5
Infectious Diseases & Emerging Pathogens	6
Medical Countermeasures Operational Readiness	6
Emergency Medical Services	7
CT Public Health Laboratory	7
Medical Reserve Corps	8
Communications	9
Environmental Health	10
CT TRAIN	10
Kudos!	11
Save the Dates!	11
Table of Contents	12



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## FROM THE DIRECTOR'S DESK: JONATHAN BEST

Recently we completed our Medical Countermeasures (MCM) Statewide Exercise. OPHPR wishes to thank all of those both inside and outside CT DPH that made this operation a success. We demonstrated that our state has the ability to address the issue of MCM distribution. While there is always room for improvement, we proved that we have ample capacity to carry out the mission. Everyone should be proud of a job well done!

No one can dispute that, over the past year, we have been tested. Ebola, Avian Flu, E-Coli and Zika are just a few of the issues we have faced. The current environment of shrinking budgets and increased demands will not deter us from working to prepare the State of Connecticut in the event of public health threats, and to respond accordingly. It is now more important than ever that we work together to insure the most positive outcomes possible. A large portion of this involves looking at how we presently operate and what we can do differently to achieve economies of scale. Review of continuity of operations plans (COOPs) to identify priorities can help to evaluate what steps to take to achieve our goals. Communication and participation in regional ESF-8 meetings will assist all in meeting the challenge. I am frequently impressed by the scope and breadth of what health care coalition partners do. We need to transmit that to others so they also might appreciate our activities.

Recently, we received a 7.0 rating from the National Health Preparedness Index, funded by the Robert Wood Johnson Foundation. This is an improvement over last year's rating of 6.8 and higher than the 6.7 national average. The Office of Public Health Preparedness and Response stands ready to work with our strategic partners to continue to build a more prepared environment.

Thank you all for your efforts.

## KUDOS!

Congratulations to our preparedness partners on the following achievements:

- **Katherine McCormack**, leader of the Capitol Region Medical Reserve Corps(MRC), on her **Mentor Award** in April from the National Association of County and City Health Officials (NACCHO) for her efforts in collaborating with other members of the MRC network in Connecticut and nationally to strengthen the MRC system.
- **To Ledge Light, Pomperaug, Uncas and Torrington Health Districts and the Bridgeport, Milford and Stratford Health Departments** for receiving the **NACCHO Challenge Awards** given to MRCs. Each will receive \$15,000 to implement innovative practices in their local jurisdictions that can be replicated throughout the state and beyond.
- **To CT presenters at the Annual Preparedness Summit** in April in Atlanta.
  - **Melissa Marquis**, Farmington Valley Health District, on *"Ebola Monitoring: Tools and Best Practices for States and Local Jurisdictions"*
  - **Richard Smith**, Yale New Haven Health System Center for Emergency Preparedness and Disaster Response, on *"Plans Are Great, but Does Anyone Read Them?"*

## SAVE THE DATES!

### Key upcoming statewide preparedness events

- **September 8, 2016**                      **HHS Region 1 Medical Countermeasures Summit**
- **October 13-19, 2016**                      **Governor's Statewide Emergency Preparedness Planning Exercise (EPPI)**
- **October 24-28, 2016**                      **Mass Fatality Regional Exercise**

*More information and specific details will be shared when confirmed.*

## ENVIRONMENTAL HEALTH

*David Kallander*

### Chemical Incidents 2015 Summary Report

DPH has finished an annual report that summarizes chemical incidents that occurred in Connecticut during 2015. The report provides statistics, graphs and figures on incidents responded to by the Department of Energy and Environmental Protection as well as summary information on selected poisoning incidents identified by the Connecticut Poison Control Center. Syndromic surveillance data collected by DPH during 2015 related to chemical exposures from Connecticut hospitals was also included. Electronic copies of the report can be obtained by contacting Dr. David Kallander at 860-509-7816 or email: [david.kallander@ct.gov](mailto:david.kallander@ct.gov).

### Intentional Food Contamination

DPH's Food Protection Program worked with the Stratford Health Department regarding a police department investigation of a complaint made after a high school student reportedly intentionally contaminated another student's food with saliva and soap. The victim, who was pregnant, ate the food, and then learned of the contamination. The Food Protection Program was consulted by the local health department concerning a similar past incident and what charges the police department might bring against the student alleged to have caused the incident.

## CT TRAIN

**CT TRAIN** is Connecticut's Learning Management System (LMS) for public health professionals. CT TRAIN has over 25,000 registered users who access local and national trainings including those in the Incident Command System (ICS). Trainings include in-person and web-based offerings, both within Connecticut and nationally.

To create an account and search for available preparedness -related trainings, go to [www.ct.train/org](http://www.ct.train/org). The CT TRAIN icon "button" is also easily found on the left side of the DPH homepage.



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

## OPHPR STAFF DIRECTORY

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## GRANTS & CONTRACTS

*Sandra Ferreira and Diana Lopez Villegas*

As we approach June 30, 2016 and the end of FY16, our hospital contractors are reminded of the following:

- Please review budgets with remaining balances in order to anticipate spending prior to the end of the fiscal year. **Important: HPP Base funds cannot be carried forward.** That said, please note that budget revision requests (BRRs) must be submitted no later than 45 days prior to the end of the fiscal year; i.e., by May 17, 2016. The BRR is located in each contractor's Uniform Chart of Accounts (UCOA); the tab is identified accordingly.
- All final program reports will be due in July. Please check contracts for exact due dates.
- Most fiscal reports will be due in August, with a few due in September. Please check contracts for exact due dates.

HPP contractors should expect UCOA FY17 budget requests shortly. Please return budgets no later than May 25, 2016. At that time, budgets will be inserted into the UCOA workbooks and sent to contractors by June 30, 2016. Please contact Diana López Villegas if you have questions. For questions specific to the UCOA Workbook, Anthony Nwankwo is the contact person in our Contracts Unit. He can be reached at:

- Telephone: (860) 509-7428 Email: [anthony.nwankwo@ct.gov](mailto:anthony.nwankwo@ct.gov)

In June, the focus will be on the following:

- Confirming that all reporting requirements have been met and payments have been sent to contractors for the fiscal year; and
- Confirming that contractors have received the FY17 UCOA workbooks to avoid any delays in fiscal reporting.

### **PHEP and HPP Ebola Contractors**

Any Ebola funding not received or used by contractors in FY16 will be carried forward into FY17. This funding can also be used for Zika-related activities. Please contact Corinne Rueb if you have any questions.

Mid-June is the optimal time for hospitals and regional Ebola contractors to review their respective budgets and submit, if necessary, budget revision requests via the UCOA. Completed UCOAs should be submitted to: [DPH-CGMS-FinReports@ct.gov](mailto:DPH-CGMS-FinReports@ct.gov)

## COMMUNICATIONS

*Elizabeth Conklin*

### **New Communications Director and Public Information Officer (PIO)**

Maura Downes, MPA, began her role as DPH Communications Director in February. Before joining DPH, she was the Deputy State Director for Senator Richard Blumenthal. Maura can be reached at [maura.downes@ct.gov](mailto:maura.downes@ct.gov) or at 860-509-7270.

### **Zika Risk Communications**

Bilingual public awareness and prevention efforts continue with the following messaging:

- Postpone unnecessary travel to areas affected by Zika.
- If you must travel to these areas, avoid mosquito bites by using bug repellent and wear clothing that covers arms and legs. Sleep in air conditioning.
- If your partner travels to Zika-affected areas, urge him/her to take steps to prevent mosquito bites AND to use abstinence or condoms consistently to prevent sexual transmission.
- If you are pregnant, use of abstinence or condoms for your entire pregnancy is crucial. Everyone should follow precautions, especially women who are or plan to become pregnant, because of the serious birth defects associated with Zika.

Two radio public service announcements (PSAs) will be airing: one in English featuring Lieutenant Governor Nancy Wyman, and one in Spanish featuring DPH Commissioner Dr. Raul Pino.

Efforts to reduce mosquito growth through environmental control efforts such as emptying standing water in backyards and in common/public areas are highly encouraged.

**Instructional environmental control fact sheets and various updated Zika resources can be found on the DPH website at: [www.ct.gov/dph/zika](http://www.ct.gov/dph/zika)**

### **CERC: New Training Dates Available**

CDC's Crisis and Emergency Risk Communication is a free, one-day training featuring components of public messages, use of social media during a crisis, and spokesperson development. A strong foundation for new staff, community partners, or those who simply want a refresher. **Register at CT Train: [www.ct.train.org](http://www.ct.train.org). Course #1061289**

- **June 7-** Southeastern Mental Health Authority, Norwich
- **June 16-** Charlotte Hungerford Hospital, Torrington

## MEDICAL RESERVE CORPS

*Katherine McCormack*

Volunteerism has a long history in America, and in today's uncertain times, citizen volunteers play a big role in ensuring a more secure and safe homeland. Medical Reserve Corps is a partner program with Citizen Corps, a national network of volunteers dedicated to ensuring hometown security.

Connecticut launched its first MRC, Yale New Haven Health Services, in 2002 followed by the Capitol Region and Middletown in 2003. Since then, the number of MRC units in the state has grown to twenty-three, the majority in local public health departments and districts. MRC units function as part of local emergency preparedness teams supplementing existing public safety and public health resources.

Recruiting, training, and organizing medical and public health professionals to strengthen their communities through volunteerism are at the core of the MRC initiative. MRC training is structured to provide or verify individual knowledge and/or competencies above and beyond any current medical training to allow safe operation in a volunteer-based medical response operating environment. CT MRCs adhere to the core competency training as defined by the Medical Reserve Corps Program.

CT MRC units need medical and non-medical volunteers who are trained and ready to respond when activated according to the Regional Emergency Support Plan and the Activation Protocols of the State of CT. MRC volunteers receive CT liability protection under Title 28.

The CT MRC Program participated in the 2016 Preparedness Summit, April 19-22, 2016 in Dallas, Texas. The CT MRC Liaison and several of the CT MRC unit leaders attended in order to bring back some preparedness best practices for volunteer programming.

For more information regarding the MRC Program: [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov)

## SHARING RESOURCES

We encourage you to share best practices, resources, and other beneficial information through this newsletter for your fellow preparedness partners. All entries are subject to editing. For consideration, please send your brief write-up (under 200 words) to [Elizabeth.conklin@ct.gov](mailto:Elizabeth.conklin@ct.gov). Next edition write-ups are due July 20<sup>th</sup>.

## TRAININGS & EXERCISES

*Alan Boudreau and Mike Mozzer*

### Exercises

DPH conducted a statewide medical countermeasures (MCM) full-scale exercise from April 11-16, 2016. The six-day event involved participation from multiple federal, state, municipal and private-sector partners to test the receipt and management of MCM assets from the federal government, the ability of DPH to distribute those assets to healthcare coalition partners and the ability of municipalities and partner organizations to dispense medication to the general public. During the first two days of the exercise, state and federal planners notionally coordinated the transfer of MCM assets from the Strategic National Stockpile to DPH, who activated its receipt, storage and staging warehouse facility. On day three, the state simulated the receipt of these assets and prepared them for delivery to the 41 mass dispensing areas and the 33 acute care hospitals across the state. On day four, MCM assets were delivered and numerous sites across the state conducted point-of-dispensing (POD) exercises. DPH provided evaluators to eight POD sites across the state to collect information on POD set-up, management and throughput. Demobilization for most participants occurred on days 4 and 5, and 2 additional POD exercises were conducted on day 6. DPH will now develop an After Action Report and Improvement Plan (AAR/IP) detailing planning and operational strengths and opportunities for improvement. This AAR/IP will be submitted to the CDC by June 30, 2016.

### Trainings

In the weeks prior to the above, DPH conducted several training sessions for local participants in the use of IMATS, the inventory management and tracking system developed by the CDC that was employed during the exercise.

As part of the application submission for BP5 funding, DPH developed a statewide Multi-Year Training and Exercise Plan (MYTEP). DPH solicited feedback from ESF 8 partners and compiled a comprehensive list of trainings and exercises planned for the next fiscal year. On May 9, 2016, DPH will host a training and exercise planning workshop to review and finalize the MYTEP and discuss methods and platforms for sharing its contents with partners statewide.

## INFECTIOUS DISEASES & EMERGING PATHOGENS

*Alan Siniscalchi*

### Seasonal Influenza

Unlike the previous two influenza seasons when influenza activity peaked in January, 2015-16 seasonal influenza activity peaked during March in Connecticut and throughout the nation. While influenza A (2009 H1N1) was the predominant isolate during most of this season, an increasing number of influenza B viruses are being identified in Connecticut. Fortunately, this year's influenza vaccine remains a good match to circulating flu viruses.

### Ebola

On March 29, 2016, the WHO Director General terminated the Public Health Emergency of International Concern (PHEIC) for the West African Ebola virus disease outbreak. In response to these actions, Governor Dannel Malloy terminated the Public Health Emergency for Connecticut on April 1, 2016, which had been in force since October 7, 2014. The DPH continues to work with Connecticut hospitals and other providers to ensure that statewide readiness is maintained in the event of future outbreaks.

### Zika virus

The DPH has been actively involved in responding to the newly emerging mosquito-borne Zika virus disease outbreaks in many South and Central American and Caribbean countries: screening returning pregnant women and certain other travelers from these regions along with conducting education and outreach to health professional and the public.

## MEDICAL COUNTERMEASURES OPERATIONAL READINESS REVIEW (MCM ORR)

*Anna Sigler*

DPH continues to conduct local Medical Countermeasure Operational Readiness Reviews. As of April 19<sup>th</sup>, 2016, 27 of the 41 reviews have been conducted. Reviews were completed during February for the Waterbury, Middletown and Milford health departments. During March, reviews were completed for the Quinnipiac Valley, East Shore, and Westport-Weston regional health districts as well as for the Hartford, Greenwich, Stamford, Norwalk, and Meriden health departments. In April, Wallingford completed its review while the reviews for the Chesprocott and Pomperaug health districts were pending as of this writing. All reviews are anticipated to be completed by May 31, 2016 for submission to the CDC by the June 30, 2016 deadline. When all reviews and final reports are complete, Office of Public Health Preparedness and Response staff will be compiling data to determine common areas for improvement and producing guidance/examples of local best practices. Please contact Anna Sigler with any questions regarding the MCM ORR at [anna.sigler@ct.gov](mailto:anna.sigler@ct.gov) or (860) 509-7930.

## EMERGENCY MEDICAL SERVICES

*Wendy Furniss and Renee Holota*

### New EMS Director

We are pleased to announce that Raffaella Coler is the new Director for the Office of Emergency Medical Services effective April 15, 2016. Ms. Coler is a Registered Nurse, Paramedic and EMS Instructor and has over twenty-five years' experience in Emergency Departments and in EMS. Welcome Ralf!

### EMS for Children

On June 1, 2016 DPH and the EMS for Children program will be conducting a CT EMS Pediatric Symposium at the CT EMS Expo. This one-day symposium will cover the following topics:

1. **Topsy-Turvy Tots** - upside-down inside out world of pediatric falls
2. **Upside/Down Kids** - children with special needs
3. **Sideline Survey** - responding to pediatric sports trauma
4. **Munchkinland** - pediatric assessment based on developmental age
5. **Beating the Boogeyman** - helping children deal with violence
6. **Pediatric Behavioral Emergencies**

The speakers for this symposium are Jules K. Scadden and Sarah House. Registration is still open at <http://www.ctemsexpo.org/>

## CT PUBLIC HEALTH LABORATORY

*Diane Noel*

The State Public Health Laboratory (PHL) is pleased to announce the appointment of Susan Isch as the new Division Director for Environmental Chemistry. Sue has over 30 years of experience working at PHL. She has completed graduate coursework at UCONN including a class on the public health response to biothreats, as well as coursework at the CDC in the preparation and preliminary identification of smallpox and other viruses using electron microscopy. Sue oversees all areas of chemistry including Organic and Inorganic Chemistry, Radiochemistry/Asbestos and Chemical Emergency Response. She can be reached by email at [Susan.Isch@ct.gov](mailto:Susan.Isch@ct.gov) or by phone at 860-920-6570 for any chemistry-related questions.

On December 28, 2015, Bobbie Macierowski began working at the Lab as Biosafety Officer. Bobbie worked at the Windham Hospital laboratory for 17 years as a clinical microbiologist and also served as chemical hygiene and safety officer. Bobbie has been working on reviewing and updating PHL biosafety policies as well as assisting in laboratory risk assessments. She also will be facilitating sentinel clinical laboratory outreach.