



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



2010
ANNUAL REPORT
ON PUBLIC HEALTH PREPAREDNESS

SUBMITTED TO
GOVERNOR DANIEL MALLOY
AND THE CONNECTICUT GENERAL ASSEMBLY

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

JANUARY 4, 2011

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.

PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

The DPH Public Health Preparedness Advisory Committee met three times during 2010 and provided comment on a number of public health and health care system preparedness topics. The Advisory Committee continues to serve as the Public Health Subcommittee to the Connecticut Emergency Management and Homeland Security Coordinating Council, and reports monthly to the Coordinating Council through the DPH member representative.

Effective October 2010, Maryann Cherniak-Lexius, Director of Health for the Manchester Health Department became Chair of the Committee and Jim Paturas, System Manager with the Yale-New Haven Center for Emergency Preparedness and Disaster Response became Vice-Chair.

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). The CDC Public Health Preparedness and Response for Bioterrorism Cooperative Agreement was extended for one year, with Connecticut receiving \$8.6 million in funding for 2010-11. Connecticut is required to contribute 10% in matching funds. 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.

Funding received under the ASPR Hospital Preparedness Program for 2010-11 was \$4.3 million. A new funding cycle for the hospital program will begin in August 2011.

Connecticut also applied for and received a one-year, no-cost extension of the CDC Public Health Emergency Response Grant that supported the response to the H1N1 Influenza Pandemic. Connecticut received \$16.8 million in funding under this grant and will be utilizing \$7.1 million in unobligated funds to provide additional support to state and local public health and medical partners to implement improvements in pandemic planning. Funding under this grant will end July 30, 2011.

In 2008, DPH was awarded a competitive grant in the amount of \$370,000 from CDC to support identification of and outreach to vulnerable populations during an emergency. A key component of the program was the development of a database compiled from multiple sources, providing aggregate data on the number of people with limitations in each municipality and statewide. The project concluded in 2010, although maintenance of the database will be ongoing. No additional funding under this grant will be provided.

LEADERSHIP AND PARTNERSHIPS

DPH is the lead administrative and planning agency for public health initiatives, including public health emergency preparedness and response. 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 continued 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 in a number of state initiatives. For example, DPH continues its work 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. The workgroup has made significant progress on the coordinated legal/public health response in the event isolation and quarantine orders require enforcement or are appealed. 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 has developed an enforcement template. Training for judges from both Judicial and Probate continues to be discussed.

A workgroup on Crisis Standards of Care during prolonged public health emergencies was established by Commissioner Galvin in 2008, and has continued its work during 2010. The workgroup is comprised of ethicists, clinicians, local and state public health professionals, and attorneys who are charged with identifying key ethical, legal and practical principles to guide decision making during an influenza pandemic or other public health emergency. In January of 2010, the workgroup published a Draft Whitepaper; and, in February 2010, an initial event was held to introduce the Whitepaper. This event targeted hospital administrators and clinical decision makers, and nationally recognized experts presented. This event was followed by five forums, one in each of the five DEMHS regions, with the assistance of the Yale Center for Public Health Preparedness. The Whitepaper was also posted on the Department's webpage for public comments. At the conclusion of the forums and comment period, the Department reviewed all comments received, and revised the Whitepaper. Next steps include further follow up with the hospital community regarding the development of a single triage tool to be used by all hospital facilities throughout the state; the development of a fully packaged training tool for facilities that will include a power point presentation; updates to and maintenance of the webpage to include the latest literature; widespread dissemination of the Whitepaper to administrators; and, ongoing presentations to stakeholder organizations.

Due to expanded home health services and advanced technology, many individuals affected by functional challenges, chronic and progressive health conditions, and disabilities reside in communities relatively independently with limited support. However, during a public health emergency or natural disaster, these individuals may be more

vulnerable to the incident. These populations face unique challenges with maintaining their health and well-being during a large scale emergency, especially if they are dislocated from their home environment, separated from personal care providers and social networks, or there is a disruption in access to services (e.g., home health, visiting nursing care, day programs, etc.). DPH has lead efforts in collaboration with the Department of Emergency Management and Homeland Security (DEMHS) and an interagency, multi-disciplinary workgroup to develop guidance materials for developing supportive care shelters and coordinate emergency provisions for this population. The In addition, DPH has developed a database of Medicare recipients receiving home care services that is updated regularly through the Medicare reporting process. This latter project was undertaken through the CDC Vulnerable Populations competitive grant.

DPH is an active partner and contributor the completed construction of the New England Disaster Training Center (NEDTC). This a Center of Excellence for training personnel in disaster/emergency response. It is the result of collaborative efforts between multiple federal and state agencies and focuses its training efforts on integrating civilian and military responders into a coordinated emergency response to natural, and man-made disasters.

NOVEL H1N1 INFLUENZA PANDEMIC SURVEILLANCE AND RESPONSE

To monitor the impact of the pandemic, DPH conducted enhanced influenza surveillance from April 2009 through May 2010. Laboratory-confirmed influenza was found in persons ranging in age from less than 1 year to 100 years. Nearly half (49%) were aged 5-18 years, with a median age of 14. Persons over 65 years of age accounted for only 2% of positive laboratory reports. Of cases with laboratory-confirmed influenza, 976 (8%) required hospitalization and 36 (0.3%) died including two children. Of those hospitalized, 755 (77%) were confirmed with 2009 H1N1 infections and 35 died (4.6%).

Some urban areas reported higher hospitalization rates when compared to the entire state. These included New Haven (101.1/100,000), Hartford (60.5/100,000), Waterbury (44.8/100,000), Stamford (22.6/100,000) and Bridgeport (19.1/100,000). During the pandemic, residents of these cities (populations over 100,000) were 3 times more likely to be hospitalized with influenza than residents in the rest of Connecticut.

Blacks had a higher hospitalization rate (44/100,000) than whites (17/100,000) or Asians (17/100,000), and Hispanic/Latinos had a higher rate (66/100,000) than non-Hispanic/Latinos (9/100,000). The majority of hospitalized patients reported at least one significant underlying medical condition including asthma (23.9%), diabetes (14.1%), and obesity (11.8%).

All surveillance systems showed two distinct waves of the 2009 H1N1 influenza; one peak in the spring and another larger peak in the fall. There were 1,969 laboratory confirmed cases during the first pandemic wave from April 19-August 29, 2009 and 3,520 during the second wave from August 30, 2009-May 29, 2010. High levels of flu activity were seen through December, returning to low levels in January 2010. A sharp but brief increase in the proportion of outpatient visits attributed to influenza like illness

was seen in February 2010 and indicated a third smaller peak within the second wave. Influenza in Connecticut gradually returned to sporadic activity by the last week of March.

2009 H1N1 Influenza Vaccination

Based on two telephone surveys, estimated Connecticut vaccination coverage rates were 43.2% in children aged 6 months–17 years, 15.2% in persons 18 years of age or older, and 33.4% were persons in high-risk groups. Connecticut and New England vaccination rates were above the U.S. median. A combined private and public vaccine administration system was effective in reaching high-risk populations. Based on billing receipts from local health departments/districts and aggregate age reports submitted by private providers, 454,945 doses of vaccine were administered. The largest proportion of vaccine from both public and private providers was administered to children between 5–18 years of age. Public provider data revealed that 69% of persons vaccinated were in a high risk group for 2009 H1N1 infection or complications from the virus. While it appears that most administered vaccine was given to children, public and private providers complemented each other. Private providers vaccinated a larger percentage of younger children while public providers vaccinated a higher percentage of school-aged children. Both types of providers will need to continue to work together to improve vaccination rates for all persons for seasonal influenza and future influenza pandemics.

Although the hospital survey data show Connecticut vaccination rates for healthcare workers to be higher than the national estimate (37.1%), only 60% of hospital healthcare personnel were vaccinated despite being a priority vaccination group. For future vaccination coverage, it is essential that hospitals and state and local health departments work together to develop strategies for improving influenza vaccination rates among healthcare workers.

At end of 2010, DPH holds a portion of the antiviral medications and personnel protective equipment that the CDC shipped during the H1N1 response. DPH continues to work with State Drug Control and the CDC to determine the best method to retain the medications for possible future use in the event of another influenza pandemic.

ENVIRONMENTAL SURVEILLANCE

Environmental and Occupational Health, Drinking Water

DPH has been collecting surveillance information following non-petroleum chemical spills as a part of the federal National Toxic Substances Incidents Program (NTSIP). NTSIP was created to collect and analyze information about chemical releases to find ways to reduce injuries and deaths caused by spill events. Over the past year DPH has collected surveillance information on a total of 213 chemical releases. Thirty-eight of the events resulted in evacuations and 39 people needing medical evaluation or treatment. Six of the events were significant enough to require involvement of DPH's toxicology staff. Significant spills of any substance were also investigated for potential impacts to public drinking water systems. The Drinking Water Program at DPH was alerted about 8 chemical spills out of the 97 investigated.

During this past year DPH and the Connecticut Poison Control Center have established a data sharing agreement, whereby DPH is allowed to view past poison center calls for epidemiological analysis, spill surveillance data collection and occupational health follow-up. Since August, 121 occupational poisoning cases have been examined with 8 cases needing follow-up with employers to ensure steps were taken to prevent future injuries.

Food Protection

During 2010, the DPH Food Protection Program received and analyzed 156 Foodborne Alert Complaint reports, and investigated 19 foodborne disease outbreaks and 11 long-term care facility outbreaks. It also assisted in the preparation and distribution of 23 food product recall circular letters to local health departments and other emergency partners. In conjunction with the DPH Drinking Water Section, program staff developed guidance to assist local health departments in responding to water emergencies in food establishments. The program coordinated a meeting among the DPH Epidemiology Program and Laboratory with the Department of Agriculture Bureau of Aquaculture to review roles and responsibilities in responding to cases and outbreaks caused by *Vibrio* bacteria. To strengthen the relationship between USDA's Food Safety and Inspection Service and food protection agencies in the state, program staff participated in a multi-agency meeting.

CRISIS AND EMERGENCY RISK COMMUNICATION

Since 2007, DPH has developed campaigns to better inform the public about pandemic influenza through brochures, posters, and multi-media campaigns. During the H1N1 influenza pandemic, DPH distributed tens of thousands of multi-language brochures and posters to local health departments, hospitals, schools and other organizations. DPH also collaborated with the Connecticut Lung Association and United Way InfoLine to ensure the public had accurate information on prevention and vaccination. In addition, DPH utilized the CT Flu Watch website as a primary source of public information about the pandemic.

In a continuing effort to educate people about influenza and pandemics, DPH launched its "Up Your Flu IQ" multi-media campaign. The award-winning campaign featured information pamphlets in several languages, radio and television advertising, bus boards, online advertising, print advertising and outreach to faith-based communities. The diversity in advertising allowed DPH to reach a broad audience with targeted messages.

DPH continued its efforts to educate residents about other public health emergencies as well. In partnership with the Department of Emergency Management and Homeland Security (DEMHS), DPH conducted an educational campaign on hurricane preparedness. The campaign, which ran from late August through September, included television and radio advertising and interviews, and materials on how to prepare for and protect against threats after a hurricane. It also featured a hurricane website www.ct.gov/hurricane, which provided information and resources on hurricane preparedness. The materials developed are timeless and could be reproduced and re-broadcasted during future hurricane seasons.

The DPH Emergency Medical Services (EMS) Program developed a uniform communications standard for EMS response vehicles with radios that will allow for interoperability and modernization of communications systems.

STATE LABORATORY

Bioterrorism Response Laboratory

Bioterrorism staff processed 73 samples for biological agents between January and December 2010, including samples from New Hampshire in which *Bacillus anthracis* (anthrax) was discovered on a university campus. Laboratory personnel assisted New Hampshire authorities in the investigation. 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 select agents including *Ricin* and *Coxiella* (Q Fever).

Bioterrorism staff, along with the Federal Bureau of Investigation, designed and produced evidence collection kits for the State's Explosive Ordnance Disposal (EOD) technicians for the collection of specimens in cases of suspected biological or chemical exposure. Each kit includes sample screening equipment, complete directions for specimen collection, individual collection packets for specimens, evidence chain of custody documentation, and decontamination materials. Kits have been issued to personnel at the FBI, Connecticut State Police, and the Stamford, Hartford and New Haven/Yale University Police Departments.

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. In addition, it completed an extensive validation of several rapid methods for potential threat radionuclides and brought a new analytical technique (alpha particle spectroscopy) online.

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 has continued to develop and implement analytical capacity in support of a chemical terror event since federal funding for this component began in 2004. In addition to maintaining proficiency in the methods already validated (for example, cyanide in blood and 12 trace metals in urine), the laboratory has validated the method for tetramine in urine using the standard protocols and procedures mandated by CDC.

DPH 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 continues to implement the new Laboratory Information Management System (LIMS), ChemWare's HORIZON. The system has been installed and DPH has been working with the vendor to configure the system for testing programs throughout the Laboratory. Over 375 test codes have been moved into production, and the development and validation of the remaining test codes is in process. Related activities have included interfacing of analytic instruments for automated uploading of test results and associated data files into HORIZON; development of electronic data deliverables for timely access by DPH epidemiologists to laboratory data; configuration of secure faxing of results to test submitters; and automation of reports of public health significance to local directors of health. 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

Public health and medical preparedness planning activities during 2010 focused on development of After Action Reports (AAR) regarding the response to the H1N1 influenza pandemic. DPH conducted five events to gather information for its report: a hot wash with DPH personnel and after action conferences with state and federal officials, local health departments/districts, hospitals, and community-based and private practitioners. In addition, surveys of vaccine administrators and DPH staff were conducted, and data were collected for performance metrics. A draft of the DPH AAR was distributed internally, and to the CDC Project Officer and external partners for review and comment. Updates were made based on comments received and a revised draft was submitted to the CDC and uploaded to LLIS the end of July. The state's Pandemic Influenza and Strategic National Stockpile (SNS) plans have been revised and other improvements are being implemented based on recommendations included in the report.

Similar after action activities took place at the local level by health departments and districts, hospitals, and community health centers. After Action Reports submitted to DPH by local health were reviewed and analyzed to determine priorities for second-year funding under the CDC Public Health Emergency Response Grant.

A number of additional planning activities were also undertaken in 2010. The Laboratory is expanding the radiological response plan to broader range of radiological incidents in addition to a release from the nuclear power plant. The Connecticut Poison Control Center has entered discussions with DPH to provide an online system to list

chemical antidotes that hospitals hold in their pharmacies. DPH will work with State Drug Control and the Poison Control Center to determine if this is feasible and how best to accomplish the task. DPH is also updating the ChemPack plan for federal caches of nerve agent/chemical antidotes located throughout the state. In November, DPH and State Drug Control staff accompanied two teams from the CDC to be sure that all products in the caches are well within their manufacturers' expiration dates.

Regional planning continued in 2010, with Public Health and Medical meetings conducted on a regular basis. DPH is working with local health to expand certain mass dispensing concepts of the Cities Readiness Initiative statewide and to prepare regional applications for Project Public Health Ready designation by the National Association of County and City Health Officials.

A list of DPH staff that support public health preparedness planning is provided at the end of this report.

Training and Education

DPH continues to build and maintain five 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 training data analysis 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 over 18,000 user accounts and 230 course providers posting courses. In 2010, more than 8,800 course registrations were processed through TRAINConnecticut. Marketing of training to public health partners continues to advance the number of course providers and workers utilizing the system. The system provides a centralized source of available public health training in Connecticut as well as courses offered by national providers.

Mediasite technology continues to be implemented. It allows the Department to produce sustainable, online learning through webcasting and web-based archiving for important presentations on public health preparedness and response topics. The system is in its third year of use. DPH utilized the technology to provide the following on-demand webinars to individuals unable to attend the live events: (1) Overview of the Standards of Care During Prolonged Health Emergencies, (2) Disaster Field Manual Training for Local Environmental Health Professionals, (3) Homeland Security Exercise and Evaluation Program, (4) American Water Works Association G300 Standard for Source Water Protection, and (5) Overview of Notification and Emergency Preparedness. DPH also utilizes Webex, a distance meeting and training capability that saves on travel and out of office time. This year DPH provided 13 Webex events to public health partners including demonstrations of the Electronic Death Registry System to hospitals and funeral homes, curriculum development meetings of Emergency Medical Services Instructors, and training/demonstrations on how to use the online nursing home mutual aid database.

During 2010, workers attended 192 sessions of public health preparedness training online or in person. The following in-person education and training was provided by DPH in collaboration with public health preparedness partners based on assessment of need:

- Disaster Field Manual for Local Environmental Health Professionals;
- Emergency Command Center Training for DPH Staff;
- Emergency Preparedness and Vulnerable Populations;
- Emergency Preparedness Training for Day Care Providers;
- First Responder Training (Lab);
- HAZMAT Awareness Training;
- Homeland Security Exercise and Evaluation Program Seminars;
- Incident Command System Training for DPH staff;
- IT Systems Training including MAVEN surveillance system, WebEOC, Social Media, Everbridge Communication system, and REAL OPT for the Cities Readiness Initiative;
- Mobile Field Hospital Training;
- N-95 Respirator Fit Testing and Training;
- Pediatric Vaccinations;
- Psychological First Aid Skill-Building Workshop; and
- Standards of Care During a Prolonged Public Health Emergency.

An analysis of training data from 2004 to 2010 was prepared in collaboration with the Yale Center for Public Health Preparedness and presented to the Public Health Preparedness Advisory Committee. The number of trainings for public health professionals in the target capabilities of Community Recovery and Risk Management may be limited or insufficient compared to other capabilities. Further follow-up in these areas will be conducted to determine need for training.

The DPH and Yale Center for Public Health Preparedness sponsored a third session of “Disaster Field Manual Training for Local Environmental Health Professionals.” The training included mass sheltering operations, disaster food sanitation and mass feeding operations. Emergency manuals were provided to all attendees.

The DPH Food Protection Program sponsored the FDA “Foodborne Illness Investigation Course”, which covered environmental aspects of an investigation and the roles of laboratory personnel and epidemiologists. Methods of instruction included videos, lectures, discussions, and problem solving exercises.

The Laboratory conducted training seminars in, “Packaging and Shipping Infectious Substances.” The target audience included laboratorians from the thirty-one acute care hospitals and private laboratories. The training provided updates on new regulations issued by the Federal Department of Transportation and the International Air Transport

Association governing the shipping of infectious substances. The seminars were held at six locations throughout the state. A total of 77 laboratorians attended the sessions. The Association of Public Health Laboratories (APHL) granted six hours of continuing education credit to the attendees.

The CDC Centers for Public Health Preparedness program ended this year. However, a new program, Preparedness and Emergency Response Learning Centers (PERLC) was established and provided funding for 15 Centers across the nation. The Region I service area is covered by Harvard University. Columbia University will also service a portion of Connecticut. The PERLC program will provide competency-based education and training in support of national health security.

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 full-time drill/exercise coordinator was hired to coordinate and implement the Multiyear Training and Exercise Plan. The plan identifies DPH program priorities for its exercise and drill program and enables us to link these priorities with other response agencies.

DPH conducted three internal communications call-down drills during off-hours to test the CDC performance measures of notification, staff assembly, development of an incident action plan, and after action reporting. An improvement planning process was established with the Department's Executive Leadership Team that includes the review, discussion and implementation of improvements to communication protocols that we continue to test and refine.

DPH has been involved with DEMHS Region 2 to plan another full-scale exercise for all hospitals and local health departments/districts in the region. The exercise will test components of the jurisdictional mass dispensing plans and will include distribution of simulated SNS assets from DPH.

The Food Protection Program, in collaboration with the Department of Education, provided a food defense tabletop exercise for school-based food service and nursing personnel, and local health officials using a foodborne outbreak scenario. The training provided an opportunity for school personnel to meet and interact with state and local investigators. Communications and school emergency planning were identified as areas needing improvement.

The Laboratory, in conjunction with the Federal Bureau of Investigations and the Connecticut State Police, presented the seventh annual training seminar to first responders regarding the safe and effective response to terrorist events. The target audience included police, fire and emergency medical services. The training incorporated traditional lecture along with a tabletop exercise. The exercise involved attendees working through a realistic scenario of a chemical terrorism attack at large drug manufacturing companies. The training was conducted in April 2010 and 128 first responders attended. The feedback from the course was extremely positive and requests were received for additional classes.

In February, bioterrorism staff at the Laboratory also developed, delivered, and evaluated the bioterrorism proficiency drill for all of the Advanced Sentinel Hospital Laboratories in the state. All hospital laboratories successfully identified the organism and completed the proper notifications in the suggested turn-around time. No deficiencies or corrective actions were identified.

Staff from several areas of DPH participated in a federally-evaluated ingestion pathway drill involving a release from the Millstone Nuclear Power Plant. A rehearsal for the drill occurred in September, followed by the actual drill in October.

MOBILE FIELD HOSPITAL

Vehicle and equipment maintenance continues to be ongoing at the five locations housing field hospital components. The 25 bed trailer unit at Camp Hartell has been moved from the temporary site to a new vehicle storage building at the New England Disaster Training Center. Training on the medical equipment was offered and provided to medical providers at the Brainard site.

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 during the year included:

- Incident Command Post during the initial response to the plant explosion in Middletown;
- Standby set up for Norwich emergency management groups during flooding event;
- Set up and support for the state's Fire Academy school;
- Set up and support for a 2-week federal National Disaster Medical System exercise at the Air National Guard Base in Windsor Locks;
- Set up for support to Boy Scouts of America gathering at Hubbard Park in Meriden;
- Set up for New England Disaster Training Center ribbon cutting ceremony; and
- Aid station support at Department of Veterans Affairs Operation Stand Down in Rocky Hill.

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