

Region 3 ESF 8 Public Health Meeting
January 8, 2010
Minutes
Hartford Health Department

Attendees: Marge Seiferheld, Jeremy Plossay, Juanita Estrada, Mary Laiuppa, Wes Bell, Janet Leonardi, Jeff Lim, Tung Nguyen, Paul Hutcheon, Judy Torpey, Bruce Lockwood, Maryann Lexius, Rob Miller, Bill Kramer, Steve Huleatt, Tom Gavaghan, John Shaw, Charles Petrillo, Carmine Centrella, Jennifer Kertanis, and Melissa Marquis

Meeting was called to order at 9:37. Melissa Marquis welcomed everyone, thanked Hartford HD for hosting and reminded everyone to sign in and update contact lists for the New Year.

Mary Laiuppa moved and Maryann Lexius seconded a motion to approve the minutes. All in favor.

Regional Planning Updates:

No report from ESF-8 workgroup activity.

Drill and Exercise Updates:

Melissa acknowledged the local activities regarding flu clinics. Melissa also acknowledged that there will be a regional communication drill in January. WHBHD will serve as RCC and conduct call down exercise. The drill will also be used to address one of the CRI deliverables. There may be a component part that requires local health departments to conduct call down with their staff and partners also.

Updated contact list will be shared with all LHDs once final updates are made.

Not sure if regional communication drill will be no notice or not. More information to follow.

Updates from Locals on H1N1 response:

Maryann asked how nasal spray is moving in clinics. Janet Leonardi indicated that Middletown is just pushing that population to use that vaccine. Others are not providing folks with an option. CCHD has seasonal flu program. Each year they send out registration to that group. This year they included clinic dates and registration form for H1N1. This is working extremely well and they are pushing a lot of vaccine out to elderly.

BBHD is also working on big vaccine event. CCHD is working on the "home bound" population and they vaccinate their families also. Manchester asked about exit strategy for vaccination clinics. Many said exit would depend on when vaccine is gone and the phones stop ringing. Hartford will begin to slow down on vaccine clinics but continue to take appointments. EHHD still has lots of vaccine and anticipates going well into January or early February. Smaller scale clinics are occurring in senior centers and schools.

Relying more on VNAs for small scale clinics. Health department staff still ensure paperwork is being done but it is taking a load of local health workforce. CCHD is relying on volunteer vaccination support and increasingly they are taking on additional roles.

Middletown asked what DPH is suggesting? CDC guidelines suggest vaccinating through April. Maryann indicated that DPH is putting back on MDAs to determine when local population needs and demands are met. Maryann indicated that there are increasingly other venues for folks to get vaccinated including Walgreens, etc. There will be a point in which it may not make sense for LHDs to continue from a resource and demand perspective. Judy Torpey suggested that we ask DPH for information on MDA administered doses to get a sense of penetrance to assist in this determination. There was some confusion about what information is available. Private providers only needed to report aggregate numbers and not by town of residence. Rob Miller asked about herd immunity and what percentage of the population needs to be vaccinated to reduce spread of disease.

John Shaw asked about the impact of private sector (Walgreen's) on demand from LHDs. Group agreed this was hard to know recognizing that there are many factors that have contributed to decline in demand. John also asked about relationship between LTCF and LHDs. Some LTCF are ordering on their own some are reaching out to LHDs for assistance. Impact of Walgreen's is also a function of socioeconomic status of the community.

Local PHP Contract:

Reminder—last year's progress reports.

State Preparedness Planning Updates:

DEMHS: Tom Gavaghan reported that Region 5 coordinator decision has still not been made. It has been some time since there was a coordinator in that area. Moving Southbury office to Waterbury. DEMHS is conducted some Web EOC training also. DEMHS has had some meeting on shelter operations. DCF, 211 and others were involved. Everbridge is like a reverse 911 system that has been in the works for some time. DEMHS is conducting trainings for 911 call centers and emergency managers. It has the capability to isolate specific geographic areas and also multiple contact numbers (cell, landline etc.) Emergency use is no charge to towns, other use would be charged. Paul asked how many times opted in—that information is not available at this time. Juanita Estrada encouraged LHDs to contact their emergency managers to find out if specific towns have opted in or out. John asked how contact information gets entered into the system. Tom said there would have to be a public education campaign. Carmine Centrella reported that households can register online or you could submit it via town websites and forms. CRCOG is also pursuing a system for the Capitol region.

DPH: Juanita reported that WebEOC is in production, still making some changes for hospital board. They are encouraging local health departments to use if for drills and exercises—play with it. Trainings on MAVEN, CEDSS and HAN are part of this

system. Juanita will send out a summary describing the system. Trainings will occur in the next few months. Reportable disease data will be available to LHDs through this system. The Everbridge alerting system is moving forward. DPH will be testing it. All CT towns were provided the option of using this system.

Only Public Safety Answering Points (PSAPs) and DPH will be able to use the geographic notifications. Do LHDs work through PSAPs or Emergency Managers?? Not clear at this point—more to come regarding LHD interface with Everbridge.

CRI:

Steve Huleatt reported that we are in final year of this funding cycle for CRI. The contract just came this week and we need to align those CRI deliverables with the local contracts. That will be done soon. We have had two years of TAR experience. We used first year as benchmark, second year some criteria changed. Melissa has looked at aggregate and individual scores and then we will discuss next steps and where we think we can get our biggest bang for our buck in terms of enhancing scores moving forward.

Melissa provided a presentation on the overview of TAR scores from last year and the gaps that were identified against this year's scores to further identify gaps and training opportunities. We want to maximize our efforts to ultimately improve overall scores. Some regional gaps have been fixed, some are still a work in progress, and some require DPH clarification and focus. (Handout provides summary)

John asked how all this CRI planning was effected by the December Presidential Directive to use the US Postal Service as an option to deliver medications to the general public in a short order. To some extent it is not clear—many questions still to be answered.

Steve received the CRI contract on Jan 5th. He is still trying to synthesize all the information. Everything needs to be completed by Aug 9th including DPH efforts. You need to SHOW the work. The TAR is all about documentation.

This contract year there are some specific differences in deliverables. One missing component—there is NO USPS planning as a deliverable in this contract. They make a clear distinction between dispensing and distribution sites. This is occurring because of greater focus on PUSH models and we will be required to evaluate ourselves relative to the distribution site measures. Security has taken on big changes. This is all local now where historically state police provided this assessment. Alternative sites have to be developed and a feasibility study is required. We are still trying to get clarification on what exactly that means. There is an expectation for specific mathematical modeling this year. “Real-opt” is one option. Regionally we have to come up with throughput. One disappointment is the redefinition of CRI Region. Originally it was MSAs, we fought it and were able to define it as our DEMHS regions. Now it has been redefined as counties and we have to gather data by counties. We do not know exactly what that means or how that will work. Timeline- everything due to DPH by Aug 9th which means July 30th which means TARs have to be done by June 30th, which means TARs need to

be scheduled beginning by the April. Melissa will begin sending out scheduling information as Corinne directs.

Jan. 22 will be initial planning conference for the Autumn Storm full scale exercise in region and we will be tying in for CRI Exercise deliverable. We are trying to facilitate meetings between local contract and CRI DPH leads to ensure that there is clear crosswalk and clarity with respect to deliverables. Once we have the crosswalk we will put it into the MOUs so that locals know what they can use the money for. Steve will be asking for expenditure reports from each MDA by June 30th.

Two additional items: Funding cycle is ending which means that contract award will end. DPH will plan on bundling the CRI and regional contract into one. We as a region need to decide how to handle this. We have to decide where this needs to reside as a collective. A lot has changed since this was originally initiated.

Update: Tom Vannini just appointed to Region 5 as the DEMHS Coordinator.

Meeting adjourned at 11:49.

Next Meeting February 5th, hosted by *Windsor Health Department*