



July 19, 2023
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Understanding Our Recent Rainy Day Trend

Why emergency managers should monitor broader climate changes



Have you recently asked yourself, "Are we really getting more rain today than previously?" If so, you are not the only one noticing the trend.

Read HAP's new blog post by CJ Sabo, Manager, Emergency Management.

[Read HAP's New Blog Post](#)

HAP Emergency Management

HAP's EM team helps Pennsylvania's hospitals and health systems prepare for public health emergencies and serves as a national model for best practices.



Emergency Preparedness Hot Topics

Pandemic All-Hazards Preparedness Act (PAHPA) reauthorization (*STAT*) Time is running out for the U.S. Congress to reauthorize the Pandemic All-Hazards Preparedness Act (PAHPA), set to expire on September 30, but there are signals that negotiations are ramping up. First signed into law during 2006, PAHPA is considered a “must pass” bill that bolsters the nation's medical and public health preparedness and response capabilities for nuclear and biological weapons, naturally occurring threats, and natural disasters. [Article](#)

Strategic Masking to Protect Patients from All Respiratory Infections (*New England Journal of Medicine*) During the height of the pandemic, the SARS-CoV-2 virus killed millions of people worldwide, upended lives, and radically altered health care. One of the most visible changes in health care was the introduction of universal masking, a measure designed to reduce SARS-CoV-2 transmission in health care facilities by applying source control and exposure protection to everyone in the facility. With the end of the public health emergency, however, many health care centers in the United States are now stopping universal masking and reverting to requiring masking in only limited circumstances (e.g., when health care workers are caring for patients with potentially contagious respiratory infections).

Discontinuing masking outside of health care contexts is understandable. Immunity acquired by means of vaccination and infections, combined with the widespread availability of rapid diagnostics and effective treatments, has dramatically reduced the morbidity and mortality associated with SARS-CoV-2. Most SARS-CoV-2 infections are now no more burdensome than the infections caused by influenza and other respiratory viruses that most people have long tolerated without feeling compelled to mask.

However, masking in health care facilities continues to make sense. Masks reduce respiratory viral spread from people with both recognized and unrecognized infections.

SARS-CoV-2, influenza, RSV, and other respiratory viruses can cause mild and asymptomatic infections, so staff or visitors might not realize they are infected, yet asymptomatic and presymptomatic people can still be contagious and spread infections to patients. Furthermore, despite repeated requests by health care system leaders for symptomatic staff to stay home, “presenteeism” (coming to work despite feeling sick) remains common. Even during the height of the pandemic, some health care systems reported that 50 percent of staff diagnosed with SARS-CoV-2 worked while symptomatic. Studies from both before and during the pandemic suggest that masking among health care workers can reduce nosocomial respiratory viral infections by approximately 60 percent. [Article](#)

HHS emPOWER Program Platform (*U.S. Department of Health & Human Services*) The HHS emPOWER Program is a mission-critical partnership between ASPR and the Centers for Medicare & Medicaid Services. The HHS emPOWER Program provides federal data, mapping, and artificial intelligence tools, as well as training and resources, to help communities nationwide protect the health of at-risk Medicare beneficiaries, including 4.4 million individuals who live independently and rely on electricity-dependent durable medical and assistive equipment and devices, and or essential health care services. Public health authorities and their partners in all 50 states, 5 territories, and the District of Columbia use HHS emPOWER Program data and tools to strengthen emergency preparedness, response, recovery, and mitigation and take action to protect at-risk populations prior to, during, and after incidents, emergencies, and disasters. Use the tool and learn more. [Web page](#)

ASPR TRACIE EMS Infectious Disease Playbook, Version 2.0 (Updated) This playbook (updated during 2023) synthesizes multiple sources of information in a single planning document addressing the full spectrum of infectious agents to create a concise reference resource for emergency medical services (EMS) agencies developing their service policies. The information can be incorporated into agency standard operating procedures and reviewed by the EMS medical director. [Updated playbook](#)

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National Preparedness News and Updates

COVID-19

Global COVID markers show few hot spots as XBB.1.16 overtakes

XBB.1.5 (*CIDRAP News*) Some countries continue to report high COVID-19 burdens, reflected mainly in hospitalization and death data, the World Health Organization (WHO) said in its latest weekly update. As countries decrease testing and timely reporting, however, cases don't accurately show infection rates, and like other health groups, the WHO said it is leaning more on hospitalization and deaths to track global trends. In its update on variant activity, the WHO said the proportion of the Omicron XBB.1.5 subvariant continues to decline steadily, dropping from 32.1 percent to 19.8 percent during the past month. In a risk assessment update last week for XBB.1.5, the WHO said the virus doesn't pose an additional public health risk compared to other subvariants. Meanwhile, the XBB.1.16 subvariant for the first time topped the XBB.1.5 proportion, now accounting for 20.5 percent sequences globally. [Article](#)

New COVID-19 Variants Giving 'Arcturus' a Run for its Money (*US News & World Report*) The so-called "arcturus" coronavirus strain is the most prominent variant circulating in the U.S., but several other omicron subvariants are increasing across the country. [Article](#)

Rapid screening of SARS-CoV-2 variants, a key tool for pandemic

surveillance (*Scientific Reports*) Numerous SARS-CoV-2 variants are circulating globally, but only a few are classified as variants of concern or variants of interest. [Article](#)

Increased vaccine sensitivity of an emerging SARS-CoV-2 variant (*Nature Communications*) Cases in our study infected with the XBB/XBB.1.5 lineage had received fewer COVID-19 vaccine doses and had higher likelihood of prior documented SARS-CoV-2 infection, in comparison to contemporaneous cases infected with other circulating SARS-CoV-2 lineages. These findings suggest that although the XBB/XBB.1.5 lineage has greater capacity than co-circulating lineages (predominantly descending from BA.5) to evade immune responses triggered by prior infection, including with pre-Omicron variants, XBB/XBB.1.5 is more sensitive to immune responses triggered by COVID-19 vaccination. In further support of this hypothesis, COVID-19 vaccination was associated with greater point estimates of protection against hospital admission among cases with XBB/XBB.1.5 than among non-XBB/XBB.1.5 cases, although our sample size was insufficient to test for statistically significant differences in effect size estimates for this rare outcome. [Article](#)

New COVID jabs are coming—who should get them? (*Nature*) Confronted once again with waning immunity against SARS-CoV-2, health officials around the world are planning to roll out booster jabs in the next few months. But these booster campaigns might not have the come-one, come-all approach of previous years. Now that the COVID-19 global emergency is over and infections have dwindled, officials have been rethinking who should receive the jab and when. Some countries have already restricted access to current boosters so they are available only to people at high risk of severe disease or death, and several nations have hinted that updated boosters rolled out in the coming months will be reserved for vulnerable individuals. [Article](#)

This Blood Type Could Make You More Vulnerable to COVID-19 (*Time*) Soon after SARS-CoV-2 began its assault on the world, scientists began searching for clues about what, if any, factors made people more or less likely to get infected with the virus, and more or less likely to get severely sick if they did. In studies, type A blood was linked to anywhere from a 25 percent to 50 percent increased risk of infection, depending on the particular variant involved. Type A blood group cells were particularly vulnerable to getting infected with Omicron variant viruses. The reason has to do with SARS-CoV-2's affinity for type A blood proteins. The virus has receptors that help it to bind to cells with antigens from blood type A, so they're "stickier" for the virus. [Article](#)

**Centers for Disease Control and Prevention COVID-19
Data Tracking and Resources**

- **Trends** in COVID-19 Cases and Deaths in the U.S. Reported to the CDC by State or Territory; Maps, charts, and data provided by CDC, updates Weekly
- **Current Guidance:** Searchable by Audience and Topic
- **What's New and Updated?** Searchable by Date, Audience. and Topic

New! CDC COVID-19 Resources—COVID-19 Forecasting and Mathematical Modeling

Forecasts of disease burden help inform public health decision making by projecting the likely impact of COVID-19 in the next few weeks. These forecasts are generated using mathematical models by CDC partners in the **COVID-19 Forecast Hub**. Forecasts are used to inform public health decisions about pandemic planning, resource allocation, implementation of social distancing measures, and other interventions. CDC is working closely with state, tribal, local, and territorial health departments, and other public health partners, to **respond** to the COVID-19 pandemic.

INFECTIOUS DISEASES

Mpox

Vaccine Effectiveness of JYNNEOS against Mpox Disease in the United States

(New England Journal of Medicine) In the United States, more than 30,000 cases of mpox had occurred as of March 1, 2023, in an outbreak disproportionately affecting transgender persons and gay, bisexual, and other men who have sex with men. In 2019, the JYNNEOS vaccine was approved for subcutaneous administration (0.5 ml per dose) to prevent mpox infection. On August 9, 2022, an emergency use authorization was issued for intradermal administration (0.1 ml per dose); however, real-world effectiveness data are limited for either route. In this study using nationwide EHR data, patients with mpox were less likely to have received one or two doses of JYNNEOS vaccine than control patients. The findings suggest that JYNNEOS vaccine was effective in preventing mpox disease, and a two-dose series appeared to provide better protection. **Article**

Europe on Alert After 22 Mpox Cases Recorded in May

(Health Policy Watch) Europe reported 22 cases of mpox during May, prompting the World Health Organization (WHO) to urge people in high-risk communities to get vaccinated if possible. WHO Europe director Dr Hans Kluge said that the virus is still in circulation,

particularly affecting men who have sex with men. He added that people in high-risk groups can also protect themselves from getting infected by following preventative measures. [Article](#)

Emerging Disease

Trove of new coronaviruses uncovered in bats—but threat is

unclear (*Nature*) Coronavirus hunters looking for the next pandemic threats have focused on China and southeast Asia, where wild bats carry SARS-CoV-2's closest known relatives. But a survey of UK bat species suggests that researchers might want to cast a wider net. The trawl turned up new coronaviruses, and some from the same group as SARS-CoV-2. Laboratory studies with safe versions of these viruses suggest that some share key adaptations with SARS-CoV-2—but are unlikely to spread in humans without further evolution. SARS-CoV-2 belongs to a group of coronaviruses called sarbecoviruses, which circulate in bats. But before the pandemic, efforts to find and characterize these viruses focused on Asia. "Europe and the UK had been totally overlooked," says Vincent Savolainen, an evolutionary geneticist at Imperial College London who led the study, published on June 27 in *Nature Communications*. [Article](#)

Human gene identified that prevents most bird flu viruses moving to

people (*The Guardian*) Scientists have discovered that a gene present in humans is preventing most avian flu viruses moving from birds to people. The gene is present in all humans and can be found in the lungs and upper respiratory tract, where flu viruses replicate. It was already known to scientists, but the gene's antiviral abilities are a new discovery. A six-year investigative study led by the MRC-University of Glasgow Centre for Virus Research found that the BTN3A3 gene is a powerful barrier against most avian flu viruses. [Article](#)

State, local health officials investigate plague in southwest Colorado

(*Denver Gazette*) State and local health officials are investigating and monitoring plague activity in southwest Colorado after a person was infected in Montezuma County this month. Officials said the exposure to plague likely occurred on private property. Plague is caused by a bacteria called *Yersinia pestis*, which can be transmitted to people if bitten by infected fleas or by direct contact with infected animals. Animals susceptible to the plague includes squirrels, woodrats, and prairie dogs. [Article](#)

Malaria confirmed in Florida mosquitos after several human cases

(*CBS News*) Multiple mosquitoes gathered by authorities in Florida's Sarasota County have tested positive for malaria at a Centers for Disease Control and Prevention lab, as the response has ramped up to stamp out further spread of the illness. Four locally acquired

cases of malaria were recently reported in Florida, along with one in Texas—the first known instances of the mosquito-borne illness being transmitted within the U.S. since 2003. Three mosquitoes carrying the parasite that causes malaria were collected from the same woodlot, Sarasota County Mosquito Management Services told CBS News in a statement. They were among more than a hundred samples that have been shipped to the CDC for testing. [Article](#)

Texas Reports First Local Malaria Case Since 1994 (*CIDRAP*) The Texas Department of Health and Human Services (TDHHS) recently reported a locally acquired malaria infection, its first since 1994, which follows two [similar cases](#) reported in Florida. The patient is a Texas resident from Cameron County who spent time working outdoors and has no history of travel outside Texas or the United States, the TDHHS said in a statement. State and local health officials are following up and working to determine if others were exposed. Cameron County is on the southern tip of Texas on the Gulf of Mexico coast. It also borders Mexico. Health officials urged clinicians to routinely obtain a travel history and ask about time spent outdoors in people with flulike symptoms, body ache, headache, nausea, or vomiting. They also urged the public to take steps to avoid mosquito bites and to prevent mosquito-breeding sites, such as dumping standing water. [Statement](#)

FDA Fast-Tracks Experimental Drug for Preventing Flu (*CIDRAP*) Cidara Therapeutics, of San Diego, [announced](#) that the U.S. Food and Drug Administration (FDA) has granted fast-track designation for CD388, the company's novel drug for preventing influenza A and B in adults at high risk for severe influenza, including those for whom vaccines are either ineffective or not indicated. Fast-track designation aims to facilitate the development and expedite the review of drugs to treat serious conditions with unmet medical needs. The purpose is to get key new drugs to patients earlier. Companies that are granted this designation are given the opportunity for more frequent interactions with the FDA, and, if relevant criteria are met, eligibility for Priority Review. Cidara is developing CD388, a drug-Fc conjugate candidate, in collaboration with Janssen Pharmaceuticals. Cidara recently announced promising interim efficacy and safety data from an ongoing phase 2a study being conducted in cooperation with Janssen. [Article](#)

Marburg Virus Disease (*New England Journal of Medicine*) MARV (Marburg virus) disease is a highly infectious disease that results in a viral hemorrhagic fever and is caused by MARV, a virus in the same family of filoviruses as the Ebola virus. This outbreak in Ghana is the second time that the zoonotic disease has been detected in West Africa. An outbreak in Guinea was declared to be over on September 16, 2021, only five weeks after the initial case was detected. Access to testing for viruses that

cause hemorrhagic fever, such as that established by the Noguchi Memorial Institute for Medical Research (NMIMR), is central to the detection of emerging pathogens of public health importance and to providing information for public health response in real time. In total, three cases of MARV disease were confirmed in Ghana. [Article](#)

CWD Detected for First Time in Florida Which Becomes the 31st Affected State

(CIDRAP) The first case of chronic wasting disease (CWD) in Florida has been detected in a road-killed deer in Holmes County, boosting the number of affected states to **31** and prompting nearby states to take action. Caused by infectious prions (misfolded proteins), CWD is a fatal neurodegenerative disease affecting cervids such as deer and elk. While CWD is not known to infect humans, some experts fear it could jump species. On June 15, the Florida Fish and Wildlife Conservation Commission (FWC) and the Florida Department of Agriculture and Consumer Services (FDACS) announced an **emergency order** and actions to protect against CWD spread in north Florida. As part of the plan, the FWC will collect samples from specific established zones to further assess the spread of the disease. The CWD management zone covers parts of Holmes, Jackson, and Washington counties. The FWC prohibits the export of whole-deer carcasses and high-risk parts, baiting or feeding deer, and the rehabilitation of injured or orphaned white-tailed deer. Holmes County is on the border with Alabama and lies close to Georgia, as well. [Article](#)

TB vaccine candidate to enter final trial, raising hopes of saving millions

(Washington Post) Efforts to end the tuberculosis pandemic may get a long-awaited boost after a promising vaccine candidate secured funding for its final phase of clinical trials. The Bill and Melinda Gates Foundation and Wellcome announced Wednesday they would put about \$550 million into Phase III trials for a tuberculosis vaccine originally developed by the drug company GSK. The shot, called M72, has been on hold since 2019, when GSK abandoned it because it lacked commercial potential. If the next phase of trials is successful and regulators approve, M72 would be the first new vaccine in a century to target a disease that killed 1.6 million people in 2021. Tuberculosis infected more than 10 million people in 2021, the vast majority of them in low- and middle-income countries, the World Health Organization says. Among infectious diseases, only COVID-19 was deadlier. [Article](#)

SUPPLY CHAIN

Meat and Poultry Worker Safety: OSHA Should Determine How to Address Persistent Hazards Exacerbated by COVID-19

(GAO) During the COVID-19 pandemic, there was a sharp increase in reports of illness among meat and poultry

workers. These jobs require working in crowded plants, putting workers at greater risk of disease. In response to these concerns, the Occupational Safety and Health Administration increased plant inspections. But OSHA's safety standards didn't include COVID-19 related hazards—like requiring workers to be in close proximity. As a result, OSHA had few enforcement options. OSHA is developing an infectious disease standard for health care workers, but not for meat and poultry workers. We recommended that OSHA assess actions needed to protect them. [Article](#)

CYBERSECURITY AND PHYSICAL SECURITY

Cybersecurity

Health Industry Cybersecurity Coordinated Healthcare Incident

Response (*HIC-CHIRP*) Health Industry Cybersecurity-Coordinated Healthcare Incident Response HIC- CHIRP addresses the rippling operational impact on patient care unique to a health care cybersecurity incident that expands the potential impact from not only loss of data or revenue but loss of patient safety. This resource is a template that guides the coordination of various incident response functions, such as Emergency Management planning that is focused on kinetic rather than digital events and Business Continuity Planning and Downtime Procedures which address continuity of care in the absence of critical technology but tend to be built around general IT outages and cannot fully address the nuanced challenges of a cybersecurity incident outage. [Article](#)

2023 CWE Top 25 Most Dangerous Software Weaknesses The Homeland Security Systems Engineering and Development Institute, sponsored by the Department of Homeland Security and operated by MITRE, has released the **2023 Common Weakness Enumeration (CWE) Top 25 Most Dangerous Software Weaknesses**. The CWE Top 25 is calculated by analyzing public vulnerability data in the **National Vulnerability Data** (NVD) for root cause mappings to CWE weaknesses for the previous two calendar years. These weaknesses lead to serious vulnerabilities in software. An attacker can exploit these vulnerabilities to take control of an affected system, steal data, or prevent applications from working. The 2023 CWE Top 25 also incorporates updated weakness data for recent CVE records in the dataset that are part of CISA's **Known Exploited Vulnerabilities Catalog** (KEV). The Department of Cybersecurity and Infrastructure Security Agency (CISA) encourages developers and product security response teams to review the **CWE Top 25** and evaluate recommended mitigations to determine those most suitable to adopt. During the coming weeks, the CWE program will be publishing a series of further articles on the CWE Top 25 methodology, vulnerability mapping trends, and other useful information that help

illustrate how vulnerability management plays an important role in **Shifting the Balance of Cybersecurity Risk**.

CISA and NSA Releases Joint Guidance on CISA and NSA Releases Joint Guidance on Defending Continuous Integration/Continuous Delivery (CI/CD) Environments

CISA, together with the National Security Agency (NSA), released a Cybersecurity Information Sheet (CSI) to provide recommendations and best practices for organizations to strengthen the security of their CI/CD pipelines against the threat of malicious cyber actors (MCA). Recognizing the various types of security threats that could affect CI/CD operations and taking steps to defend against each one is critical in securing a CI/CD environment. Organizations will find in this guide a list of common risks found in CI/CD pipelines and attack surfaces that could be exploited and threaten network security. CISA and NSA encourage all organizations to review this CSI and apply the recommended actions. [*Information sheet*](#)

CISA and Partners Release Joint Guide to Securing Remote Access

Software CISA, Federal Bureau of Investigation (FBI), the National Security Agency (NSA), Multi-State Information Sharing and Analysis Center (MS-ISAC), and the Israel National Cyber Directorate (INCD) released the Guide to Securing Remote Access Software on June 6, 2023. This new joint guide is the result of a collaborative effort to provide an overview of legitimate uses of remote access software, as well as common exploitations and associated tactics, techniques, and procedures (TTP), and how to detect and defend against malicious actors abusing this software. Remote access software provides organizations with a broad array of capabilities to maintain and improve information technology (IT), operational technology (OT), and industrial control system (ICS) services; however, malicious actors often exploit this software for easy and broad access to victim systems. CISA encourages organizations to review this joint guide for recommendations and best practices to implement in alignment with their specific cybersecurity requirements to better detect and defend against exploitation. Additionally, please refer to the additional information below on [**guidance for MSPs and small- and mid-sized businesses**](#) and on [**malicious use of remote monitoring and management software**](#) in using remote software and implementing mitigations. [*Guide to Securing Remote Access Software*](#)

The latest CISA Vulnerability Bulletin provides a summary of new vulnerabilities that have been recorded by the NIST National Vulnerability Database (NVD) in the past week. In some cases, the vulnerabilities in the bulletin may not yet have assigned CVSS scores. Please visit NVD for updated vulnerability entries, which include CVSS scores once they are available. [*Bulletin*](#)

Free Cybersecurity Services and Tools (*CISA*) As part of Department of Homeland Security's Cybersecurity and Infrastructure Security Agency's (CISA) continuing mission to reduce cybersecurity risk across U.S. critical infrastructure partners and state, local, tribal, and territorial governments, CISA has compiled a list of free cybersecurity tools and services to help organizations further advance their security capabilities. This living repository includes cybersecurity services provided by CISA, widely used open source tools, and free tools and services offered by private and public sector organizations across the cybersecurity community. CISA will implement a process for organizations to submit additional free tools and services for inclusion on this list in the future. The list is not comprehensive and is subject to change pending future additions. CISA applies neutral principles and criteria to add items and maintains sole and unreviewable discretion over the determination of items included. CISA does not attest to the suitability or effectiveness of these services and tools for any particular use case. CISA does not endorse any commercial product or service. Any reference to specific commercial products, processes, or services by service mark, trademark, manufacturer, or otherwise, does not constitute or imply their endorsement, recommendation, or favoring by CISA. **Article**

Latest CISA Vulnerability Summary The latest **CISA Vulnerability Bulletin** provides a summary of new vulnerabilities that have been recorded by the NIST National Vulnerability Database (NVD) in the past week. In some cases, the vulnerabilities in the bulletin may not yet have assigned CVSS scores. Please visit NVD for updated vulnerability entries, which include CVSS scores once they are available.

CISA strongly urges all organizations to reduce their exposure to cyberattacks by prioritizing timely remediation of **Catalog vulnerabilities** as part of their vulnerability management practice. CISA will continue to add vulnerabilities to the catalog that meet the **specified criteria**.

Cybersecurity updates: Subscribe to the weekly **Healthcare and Public Health Sector Cybersecurity Bulletin**.

HEALTH SYSTEM PREPAREDNESS

American Health Care Faces a Staffing Crisis and It's Affecting

Care (*Time*) Hospitals, urgent care facilities, clinics, and imaging centers throughout the United States are experiencing staffing issues. Since the COVID-19 pandemic, costs have reached new highs as institutions are forced to staff their facilities with temporary health professionals due to rising turnover, fluctuations in demand, and evolving appreciations for work-life balance. These temporary, or "locums," physicians, mid-level

administrators, travel nurses, therapists, and technicians are paid many multiples more than regular staff. Frequently, existing long-term employees feel undervalued in relation to these temporary workers and some resign to join the rapidly expanding pool of locums health care workers while others seek out early retirement. We have watched as health care consultants try to encourage facilities to answer staffing needs with colorful posters, virtual nursing tools, gig economy processes, and other ideas. These may work in other industries, but health care requires special considerations as facilities lack the same profitability and providers face risks from direct patient contact. So how can the healthcare leaders address staffing issues and provide excellent care? We propose several simple ideas that require no consultants and are based on common sense. [**Article**](#)

[**Millions of People Booted From Medicaid After Pandemic**](#) (*Wall Street Journal*) Millions of people are losing Medicaid coverage in the wake of the COVID-19 pandemic. [**Article**](#)

[**Air monitor can detect COVID-19 virus variants in about 5 minutes**](#) (*Washington University in St. Louis*) Now that the emergency phase of the COVID-19 pandemic has ended, scientists are looking at ways to surveil indoor environments in real time for viruses. By combining recent advances in aerosol sampling technology and an ultrasensitive biosensing technique, researchers at Washington University in St. Louis have created a real-time monitor that can detect any of the SARS-CoV-2 virus variants in a room in about 5 minutes. [**Article**](#)

[**The Essential Role of Primary Health Care for Health Security and Securing Health Conference**](#) (*PAHO*) This conference takes place nearly five years after the Declaration of Astana. It will focus on advancing Primary Health Care in developed and developing countries as a priority for national health security and securing the health of people around the world. This two-day meeting will facilitate this essential and timely exchange of ideas to align with the launch of the U.S. Secretary's Primary Health Care Action Plan and NASEM's primary care advisory committee. The conference will also focus on Low- and Middle-income countries and how the United States can partner with other developed countries in improving primary health care worldwide—and what they can learn from the innovations in these nations. [**Article**](#)

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Education

Rural Center Community Care Coordination: How to effectively identify, engage and sustain community partners

Wednesday, July 19 at 2:00 pm ET

Connection information

This webinar will introduce tools for identifying partners and creating allies within your community by recognizing all of the social drivers of health (SDOH) being experienced. This webinar will ground you in Community Care Coordination and its role in population health, provide best practices, and teach you how to engage and sustain these partnerships. Applying these principles will strengthen the capacity of your health care delivery system to create buy-in, establish accountability and better manage the health of your population.

Cybersecurity for the Clinician Video Training Series “Cybersecurity for the Clinician” is a free, public service resource developed by the Health Sector Coordinating Council Cybersecurity Working Group, a coalition of health care providers, medical technology, pharmaceutical, payors, and health IT companies working with the government to identify and mitigate cyber threats to the health care system. The “Cybersecurity for the Clinician” video training series totaling 47 minutes among eight videos explains in easy, non-technical language what clinicians and students in the medical profession need to understand about how cyberattacks can affect clinical operations and patient safety, and how to do your part to help keep health care data, systems, and patients safe from cyber threats. The series is good for one CME/CEU credit hour. Using these training videos also may satisfy documentation requirements of the CMS Emergency Preparedness Rule, the National Fire Protection Association, and The Joint Commission for facility Hazard Vulnerability Analysis and Risk Analysis and Training. *[Learn more about the video series](#)*

Hurricane and Related Resources

Healthcare and Public Health Preparedness Resource Information

The following was produced by the **Office of Critical Infrastructure Protection** (CIP) within the U.S. Department of Health and Human Services’

Administration for Strategic Preparedness and Response (ASPR). For more information, email CIP@hhs.gov, subscribe to newsletters, or visit the [website](#).

ASPR's Technical Resources, Assistance Center, and Information Exchange (TRACIE) maintains its [Hurricanes Resources page](#) which includes numerous hurricane/flooding related resources:

- [After the Flood: Mold-Specific Resources](#)
- [Healthcare Facility Evacuation/Sheltering Topic Collection](#)
- [Hurricane Resources at Your Fingertips](#)
- [Major Hurricanes: Potential Health and Medical Implications](#)
- [Natural Disasters Topic Collection](#)
 - Including the [Lessons Learned: Hurricanes](#) and [Plans, Tools, and Templates: Hurricanes](#) sections
- [Risk Communications/Emergency Public Information and Warning Topic Collection](#)
- [Social Media in Emergency Response Topic Collection](#)
- [Utility Failures Topic Collection](#)

The **U.S. Food and Drug Administration's Hurricanes: Health and Safety web page** covers multiple topics to help consumers, industry stakeholders and medical providers prepare for hurricanes, including food and drug safety, medical devices, and the following:

- [Safety of Food and Animal Food Crops Affected by Hurricanes, Flooding, and Power Outages](#)
- [Reporting Prescription Drug Sample Losses, Known Thefts, and Possible Diversion in the Aftermath of a Natural Disaster](#)
- [Reopening Dialysis Clinics after Restoration of Power and Water](#)
- [Impact of Severe Weather Conditions on Biological Products](#)

The **U.S. Centers for Disease Control and Prevention's (CDC) Natural Disasters, Severe Weather, and COVID-19 web page** contains a number of resources to help public health and emergency response professionals prepare, evacuate, and shelter for severe storms during a COVID-19 environment. Additional resources include:

- [Hurricanes and COVID-19](#)
- [Going to a Public Disaster Shelter During the COVID-19 Pandemic](#)

- **Natural Disasters and COVID-19: Resources for Professionals and Emergency Workers**

CDC published its **Resources for Emergency Health Professionals**, offering a variety of resources for clinicians, communicators, laboratorians, emergency planners and responders, and disaster relief volunteers to prepare them to respond to a public health emergency.

Additionally, CDC's National Institute for Occupational Safety and Health created its **Hurricane Key Messages for Employers, Workers, and Volunteers** document. The document is intended to provide guidance in the protection of the health and safety of emergency response and recovery workers during an emergency.

The **Ready Business** program and its **Hurricane Ready Business Toolkit** helps business leaders make a preparedness plan to get ready for a variety of threats they could face during the 2023 Hurricane Season.

New/Updated Resources from ASPR TRACIE

NEW: ASPR TRACIE Mass Casualty Hospital Expansion Toolkit Mass casualty incidents (MCI) generally occur without warning. A concise, scalable surge response template can be a helpful quick reference for the hospital personnel tasked with expanding care capacity in the first hours of an MCI and can minimize ad hoc and potentially conflicting decisions about prioritization of space and strategies. This new toolkit includes four sections to guide emergency department, general inpatient, and critical care space expansion and basic additional staffing needs in the event of patient surge.

Updated: ASPR TRACIE Risk Communications/Emergency Public Information and Warning Topic Collection Resources in the updated ASPR TRACIE Topic Collection include lessons learned, education and training modules, results from studies conducted on the effectiveness of risk communications and plans, tools, and templates that can be tailored to meet the specific threats and needs of health care and medical professionals.

Updated: ASPR TRACIE Social Media in Emergency Response Topic Collection The updated ASPR TRACIE Topic Collection includes social media specific materials containing lessons learned and promising practices from incidents within the past decade and actionable resources specific the health care audience.

The Centers for Disease Control and Prevention (CDC) Learning Connection Highlights Free CE Credit Opportunities [CDC Learning Connection](#) helps public health and health care professionals stay informed about quality trainings from the CDC, other federal agencies, and federally funded partners. This month, CDC Learning Connection is offering the following CE credit opportunities:

- [Molecular Approaches for Clinical and Public Health Applications to Detect Influenza and SARS-CoV-2 Viruses](#)
- [Clean Hands and Spaces Web-Based Training](#)
- [Succession Planning and Workforce Development for Public Health Agencies](#)
- [Assessing Deployment Related Environmental Exposures](#)

[Register online](#) for the CDC Learning Connection newsletter.

Training Opportunities—Ongoing

ASPR's Division of Critical Infrastructure Protection (CIP) offers a variety of newsletters to keep stakeholders informed during emergency response and steady state. The newsletters inform stakeholders of the most significant issues facing the Healthcare and Public Health Sector including cybersecurity, healthcare supply chains, COVID-19, and more. If you are interested in receiving CIP newsletters, visit the [CIP newsletter subscription web page](#).

The National Center for Disaster Medicine and Public Health (NCDMPH) is offering a [Core Curriculum for Disaster Medicine and Public Health](#). This is a modular, online course covering the 11 core competencies in disaster medicine and public health. [Online course](#)

Suspicious Activity Reporting (SAR) Training for Health Care Workers: The Nationwide SAR Initiative's (NSI) online training module, [Public Health and Health Care Partners](#), was developed to teach workers to recognize suspicious behavior associated with pre-incident terrorist activities. The training also discusses civil rights, privacy, and how and when to report suspicious activity. NSI also offers a two-page resource: [Suspicious Activity Reporting \(SAR\) for Public Health and Healthcare Partners](#). This training module could easily be added to any in-house training for new employees or yearly refresher training for established personnel.

The **Centers for Disease Control and Prevention** Clinical Outreach and Community Activity [training information](#).

FEMA Emergency Management Institute **Training Opportunities Independent Study Courses**

Psychological First Aid for Leaders (PFA-L) Training: This interactive, online training has broad utility for response and health care partners as well as those in existing leadership roles. The training takes about 90 minutes to complete.

TRAIN PA: The Department of Health and the Pennsylvania Emergency Management Agency have established TRAIN PA, the Pennsylvania affiliate for the Public Health Foundation's learning management system and network. TRAIN PA is a free, collaborative resource for public health organizations and academic institutions across the state to assist in their educational and workforce development efforts.

Signing up for TRAIN PA allows access to thousands of trainings provided by public health agencies at all levels of government, schools of public health and other academic institutions, and other related organizations. If you already have a TRAIN account through TRAIN National, MRC TRAIN, or CDC TRAIN, you can log in to TRAIN PA using the username and password you use at these other sites.

Resources

Complimentary & Portable COVID-19 Resource Tool. HAPevolve's Portable Response Emergency Plan (PREP) is a web-based, mobile app created to house health care facilities' emergency plans. HAPevolve, a subsidiary of HAP, is offering a temporarily modified COVID-19 version of PREP at no-cost to health care facilities for the global pandemic. COVID-19 PREP has a single-point access to up-to-date pandemic information and resources. [*Learn more*](#)

2017–2022 ASPR HPP Health Care Coalition Capabilities Document

Items of Interest

Partnering with the Healthcare Supply Chain to Improve Disaster Response and Healthcare Coalition Supply Chain Integrity Self-Assessment Checklist:

The health care supply chain is complex, supporting patient care on a daily basis by producing and delivering medications as well as products ranging from gloves and gowns, to diagnostics, to pharmaceuticals and biomedical equipment, to surgical

supplies. During disasters or catastrophic events, the health care supply chain can experience distinct strains depending on the nature of the event and the impact on surrounding infrastructure. These resources provide an overview of the emergency planning and response considerations of health care supply chain owners, operators, and end users, as well as insights for health care coalitions working with health care supply chain partners on preparedness, response, and recovery. [Checklist](#)

EMTALA and Disasters: This fact sheet addresses several frequently asked questions regarding the Emergency Medical Treatment and Labor Act (EMTALA) and disasters, and provides links to more resources. Note: This document is not intended to be used as regulatory guidance or in place of communications with or guidance from the Centers for Medicare & Medicaid Services (CMS) who oversees EMTALA compliance. [Fact sheet](#)

Webinar: Dialysis During Disasters: The Kidney Community Emergency Response Program webinar recording, [Dialysis During Disasters: The Kidney Community Emergency Response Program](#). [Kidney Community Emergency Response website](#)

The Centers for Disease Control and Prevention's [Health Matters blog](#) covers topics to take into consideration when preparing for a public health emergency:

- [Breathe Easy, Part 1: How to Pick the Right Respirator for Your Emergency Kit](#)
- [Breathe Easy, Part 2: How to Properly Use a Respirator in an Emergency](#)

Illnesses on the Rise from Mosquito, Tick, and Flea Bites (*Centers for Disease Control and Prevention*) Provides information about bites from mosquitoes, ticks, and fleas, which can spread pathogens and vector-borne disease, discusses what state and local public health agencies can do, and provides a video and sections about Overview, Problem, Infographic, What Can Be Done, and Issue Details. [Web page](#)

The Centers for Disease Control and Prevention's (CDC) [Bioterrorism Field Facts app](#) provides crucial information to use during the first few moments and hours of a response to a potential bioterrorism incident. Designed for first responders, FBI agents who work with weapons of mass destruction, and any other person who might encounter biological agents, the app describes how to recognize signs and symptoms of disease associated with eight biological agents. The app also provides information to obtain expert help quickly with the contact details for the CDC's Emergency Operations Center, FBI field offices, and state public health laboratories.

Reinforcing the Front Lines of Disaster Response: ASPR Provides Critical Resources, Stronger Systems, and Lifesaving Training for EMS Professionals, *ASPR blog*

Fifth Edition of the Hospital Incident Command System, *The California Emergency Medical Services Authority*

The Pennsylvania Department of Health Bureau of Public Health Preparedness' **Health Care Coalitions web page**.

HHS emPOWER Map NEW GIS REST Service Link—Partners must connect to the newly named REST service to consume the layer in their GIS System: Connect to the **new link and GIS end points**. In doing so, partners will be able to continue to gain population-level situational awareness of electricity-dependent populations in their own GIS applications. Please send any questions you may have to **emPOWER@HHS.gov** and **GeoHEALTH@HHS.gov**.

Active Shooter Resources

From the Department of Homeland Security's **active shooter website**: Action guides that align with the dynamic threat environment and include resources that provide the critical infrastructure community with information regarding attack vectors used by terrorists and other extremist actors as well as corresponding suggested protective measures.

- **Active Shooter Attacks: Security Awareness for Soft Targets and Crowded Places**
- **Chemical Attacks: Security Awareness for Soft Targets and Crowded Places**
- **Vehicle Ramming: Security Awareness for Soft Targets and Crowded Places**
- **Mass Gatherings: Security Awareness for Soft Targets and Crowded Places**

The action guide, **Mass Gatherings: Take Charge of Your Personal Safety**, supports the general public's understanding of the immediate actions that can be taken to increase the probability of survival and also can serve as a poster for the critical infrastructure community to use during events.

Standard for an Active Shooter/Hostile Event Response (ASHER)

Program: This standard for active shooter and/or hostile events addresses all aspects of the preparedness, response and recovery process, from identifying hazards and assessing vulnerability, to planning, resource management, incident management at a command level, competencies for first responders, and recovery. It was developed in concert by experts from a wide range of specialties and sets forth requirements for communities to establish a unified planning response and recovery program, long before an active shooter/hostile event occurs. *[Document](#)*

Active Shooter Planning and Response in Healthcare Setting: Produced by the Healthcare and Public Health Sector Coordinating Council, this may be a helpful teaching adjunct to the guidance document. OSHA resources include guidelines, successful case studies, and a road map to building a culture of safety in health care.

More from the Centers for Disease Control and Prevention

Ebola

- [Algorithm for Management of Possible Ebola](#)

Middle East Respiratory Syndrome (MERS)

- [Interim Guidance for Healthcare Professionals](#)
- [Interim Infection Prevention and Control Recommendations for Hospitalized Patients with Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)
- [Healthcare Provider Preparedness Checklist for MERS-CoV](#)
- [Healthcare Facility Preparedness Checklist](#)



HAPevolve

30 North Third Street, Suite 600

Harrisburg, PA 17101-1703

Phone (717) 561-5337

HAPevolve.com

