Dear Colleagues – Happy New Year!

The American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council (DPAC) is pleased to provide you with information on its high priority activities. Additional information can be found in previous Contact Network Newsletters. For more information on the DPAC, refer to AAP Disaster Preparedness Advisory Council.

AAP DISASTER PREPAREDNESS ADVISORY COUNCIL MEETING
The AAP Disaster Preparedness Advisory Council met in conjunction with the AAP National Conference & Exhibition (NCE) in Boston, MA. Highlights of the DPAC meeting included a discussion of priority objectives for a new strategic plan, AAP priorities for reauthorization of the Pandemic and All-Hazards Preparedness Act (PAHPA), ways to increase pediatric resident exposure to and knowledge of disaster medicine, disaster preparedness-related options for helping AAP members receive Maintenance of Certification credit, follow-up from the Enhancing Pediatric Partnerships to Promote Pandemic Preparedness meeting, outreach to AAP Chapters, and important considerations for pediatric countermeasures. Nicole Lurie, MD, MSPH, Assistant Secretary for Preparedness and Response, joined the meeting to discuss collaboration between the AAP and the US Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR). For more details, see the DPAC Meeting Minutes.
DISASTER OUTREACH AND COLLABORATION FOR KIDS PROJECT

The National Institutes of Health, National Library of Medicine (NLM) funded 7 Disaster Health Information Outreach and Collaboration Projects in a new program that began September 2011. The program supports efforts of libraries and other groups to work together to improve disaster medicine and public health information dissemination. The AAP was awarded funds to coordinate a Disaster Outreach and Collaboration for Kids Project. Through implementation of this project, the AAP and the University of Illinois at Chicago Library of the Health Sciences propose to improve preparedness and response efforts for children by supporting pediatricians and librarians to work collaboratively and improve use of and access to disaster medicine and public health information. Objectives include identifying and disseminating collaborative strategies for pediatricians and librarians to use in improving awareness of children’s unique needs in disaster preparedness and response, promoting cross-training and mutual awareness of disaster roles and health information needs, and enhancing availability of and access to disaster health-related documents. Activities include conducting a survey of pediatrician/librarian involvement in disaster preparedness, maintaining the new project Web page, and disseminating collaborative strategies and stories of pediatrician and librarian partnerships.

The AAP is seeking the names and contact information of pediatricians who are involved in previous or existing projects with librarians. These efforts do not need to be related to disaster preparedness. Information can be submitted to DisasterReady@aap.org.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS REAUTHORIZATION ACT

The DPAC spent much of 2011 focused on ensuring that the reauthorization of the PAHPA addresses the unique needs of children before, during, and after a disaster. First enacted in 2006, the PAHPA aims to improve the nation’s public health and medical preparedness and response capabilities for emergencies. The original bill contained no provisions specific to children, but thanks to advocacy from DPAC members, the bills moving through the House and Senate reflect the need to protect children.

On December 6, 2011, the US House of Representatives passed H.R. 2405, the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), under suspension of the rules, meaning that at least two-thirds of the members supported this noncontroversial legislation. The legislation extends several programs that impact children and pediatricians, including the Biomedical Advanced Research and Development Authority (BARDA) and funding for hospitals and other public health preparedness entities. It also expands the authorities of the US Food and Drug Administration (FDA), including Emergency Use Authorization of unapproved products and unapproved uses of approved products. The legislation contains pediatric-focused provisions for hospital preparedness and a plan for pediatric medical countermeasures. The AAP wrote a letter to House leaders thanking them for including pediatric provisions and highlighting the continued critical gaps in pediatric disaster preparedness.

On the Senate side, bipartisan PAHPRA legislation, S. 1855, represents a vast improvement over current law for children. It requires the National Biodefense Science Board (NBSB) to have pediatric subject matter expertise. Additionally, the bill contains a new emphasis on increasing the development and labeling of pediatric medical countermeasures at the FDA and BARDA. These provisions will significantly impact the nation’s preparedness capacity for children. At the US Senate Committee on Health, Education, Labor & Pensions (HELP) markup of S. 1855, Senator Barbara Mikulski (D-MD) offered an amendment to establish a National Advisory Committee on Children and Disasters at HHS, a top priority of the AAP. With AAP support, Senator Mikulski’s amendment was adopted and the overall bill passed out of Committee. The bill likely will go the Senate floor for a vote sometime this year. The AAP is working to engage members in support of the senate bill. If it passes, the House and Senate will need to work out the differences between their 2 bills. The AAP will continue to be involved in this process to ensure that the needs of children are addressed.
ANTHRAX

Pre-positioning Antibiotics for Anthrax: Consensus Report
If terrorists released Bacillus anthracis over a large city, hundreds of thousands of people could be at risk of the deadly disease anthrax caused by the B anthracis spores unless they had rapid access to antibiotic medical countermeasures (MCM). The HHS ASPR commissioned the Institute of Medicine (IOM) to examine the potential uses, benefits, and disadvantages of strategies for prepositioning antibiotics. This involves storing antibiotics close to or in the possession of the people who would need rapid access to them should an attack occur. The IOM committee developed a decision-aiding framework to help state, local, and tribal health officials determine which prepositioning strategies—if any—would benefit their communities. The full report can be found online, along with an interactive graphic to help viewers explore the appropriateness factors, consequences, and trade-offs associated with the different prepositioning strategies.

Challenges in the Use of Anthrax Vaccine Adsorbed (AVA) in the Pediatric Population as a Component of Post-Exposure Prophylaxis (PEP): Report of the National Biodefense Science Board
The NBSB convened an Anthrax Vaccine Working Group that met in October 2011 and developed a report that concluded it would be in the best interests of children, their parents, and the United States Government to attempt to gather the safety and immunogenicity data about AVA PEP in children prior to an anthrax event, rather than waiting for a future crisis to attempt to gather that information.

Unique Needs of Children
The AAP is engaged in initiatives to highlight the unique needs of children in the event of an anthrax exposure due to bioterrorism. The AAP approved formation of an Anthrax Work Group in July 2011 to help inform AAP leaders about treatment concerns in children and in response to requests from federal partners for subject matter expertise. The AAP is collaborating with the Centers for Disease Control and Prevention (CDC) to develop guidelines to address the unique needs of children in the event of an anthrax exposure due to bioterrorism. For additional information, see the AAP News article “AAP Calls Attention to Unique Needs of Children in Anthrax Attack” and the Biological Terrorism/Agents Web page. Please send any inquiries to DisasterReady@aap.org.

INFLUENZA

Prevention and Control of Influenza: Special Considerations for Newborns and Very Young Infants
The AAP, in collaboration with the CDC, has developed a question-and-answer document to address 5 common questions regarding prevention and control of influenza in newborns and very young infants. The questions were posed by the CDC Work Group on Intrapartum and Newborn Issues. Specific topics addressed include the dosing of antiviral medication for term and preterm infants; efficacy, effectiveness, and adverse effects data on antiviral medication use in term and preterm infants; rapid influenza diagnostic testing; data on newborns whose mothers receive influenza vaccines prior to delivery; and care of infants exposed to influenza in the neonatal intensive care unit.

Changes in Nomenclature for the Swine-origin Influenza A (H3N2) and Pandemic Influenza A (H1N1) 2009 Viruses
After discussions among the World Health Organization (WHO), the World Organization for Animal Health, the Food and Agriculture Organization, CDC, and other US federal agencies, swine-origin influenza viruses identified in humans will now be referred to as “variant” viruses and denoted with a “v”. Influenza viruses identified in swine populations will continue to be referred to as “swine influenza” viruses. This change in nomenclature follows the announcement by the WHO of a decision to standardize nomenclature for the pandemic influenza A (H1N1) 2009 virus (which has had diverse names). Since August 2011, the CDC
has identified 12 human infections in 5 states with swine-origin influenza A (H3N2) viruses. Per the new naming convention, these H3N2 viruses will now be referred to as “influenza A (H3N2) variant viruses with genes from avian, swine and human viruses”, and will be abbreviated as “A(H3N2)v” for scientific use and “H3N2v” for general public use. These 12 A(H3N2)v viruses also have the M gene from the A(H1N1)pdm09 virus.

**Hot Topics Courses: Influenza Series**
The AAP Hot Topic influenza series, available through the AAP PediaLink system, provides health professionals with a powerful weapon to fight influenza: knowledge. Compiled by a panel of leading professionals, the courses bring professionals up-to-date on the latest information about influenza. Module titles are: Egg Allergy and Influenza Vaccination, Effective Use of Rapid Influenza Diagnostic Tests, Influenza Immunization for all Healthcare Personnel, and Prevention and Control of Influenza 2011-2012. To register or learn more, visit the [AAP PediaLink Website](http://www.aap.org/disasters).

**Inpatient Capacity at Children’s Hospitals During Pandemic (H1N1) 2009 Outbreak, United States**
Quantifying how close hospitals came to exhausting capacity during the 2009 outbreak of pandemic influenza A (H1N1) can help the health care system plan for more virulent pandemics. This analysis published in *Emergency Infectious Disease* used emergency department (ED) and inpatient data from 34 US children's hospitals. For the 11-week pandemic (H1N1) period during fall 2009, inpatient occupancy reached 95%, which was lower than the 101% occupancy during the 2008-09 seasonal influenza period. Using parameters based on historical precedent, study authors built 5 models projecting inpatient occupancy, varying the ED visit numbers and admission rate for influenza-related ED visits. The 5 scenarios projected median occupancy as high as 132% of capacity. The pandemic did not exhaust inpatient bed capacity, but a more virulent pandemic has the potential to push children's hospitals past their maximum inpatient capacity.

**Letter Encouraging Vaccination for Seasonal Influenza**
A key strategy to prevent influenza in newborns and very young infants is to encourage pregnant women and caregivers of infants to get vaccinated for seasonal influenza. The AAP and 10 other organizations signed on to a [CDC Letter](http://www.aap.org/disasters) recommending that healthcare providers encourage their pregnant and post-partum patients to get vaccinated.

**MMWR: Severe Influenza Among Children and Young Adults with Neurologic and Neurodevelopmental Conditions – Ohio 2011**
Children with neurologic and neurodevelopmental conditions are at increased risk for severe outcomes from influenza, including death. This report documents severe influenza-related illness resulting in hospitalizations and deaths among persons in a residential facility. Of note is that, for some residents, underlying medical conditions might have hindered diagnosis and treatment and contributed to the severity of illness. Clinicians should be alert to possible influenza among children and young adults with neurologic and neurodevelopmental conditions, especially during influenza season. Prompt testing and early empiric antiviral treatment in residents with respiratory symptoms in residential or long-term care facilities is important. Influenza prevention efforts should include vaccination of residents, health-care personnel, and others who might transmit influenza to residents, as well as use of infection control precautions, and appropriate use of antiviral medications.

**ANNOUNCEMENTS**

**Social Media and Preparedness**
The following organizations use social media applications such as Facebook to share information, provide status on current emergencies or disasters, describe preparedness strategies, offer details on special news and events, as well as announce new resources:
Discontinuation of AHRQ Public Health Emergency Preparedness Research Program
On June 30, 2011, the Agency for Healthcare Research and Quality (AHRQ) Public Health Emergency Preparedness Research Program was discontinued. The AHRQ is working with its federal partners such as the ASPR and CDC to ensure that the emergency preparedness materials the agency developed remain publicly available to emergency planners and responders in the field. Meanwhile, the original content of work done under this program has been moved to the AHRQ Archive Web site and will remain available for reference purposes.

APPLAUSE, PLEASE
The DPAC applauds the following agencies and individuals for their efforts to address pediatric disaster preparedness and the needs of children:

- Dr Irwin Redlener, director of the National Center for Disaster Preparedness at Columbia University, for his interview with USA Today about the deep and dangerous cuts to federal agencies that have principal responsibility for disaster readiness and disaster response.
- Dr Marion Burton’s letter-to-the-editor, which appeared in The New York Times, calling on Congress to prioritize the needs of children in the reauthorization of PAHPA.
- Dr Marion Burton’s op-ed in The Hill, calling attention to the unique needs of children before, during, and after disasters and highlighting the AAP priorities for PAHPA reauthorization.
- The American Medical Association appointment of Michael Anderson, MD, FAAP as member of the National Disaster Life Support Education Consortium Executive Committee.

EDUCATION/TRAINING
Small Victims: Big Challenges: Pediatric Triage, Treatment and Recovery in Disasters
Emergency Preparedness Webinar on January 26, 2012
Mark X. Cicero, MD, FAAP and the Center for Emergency Preparedness and Disaster Response will present an emergency preparedness webinar on January 26, 2012, from 2:00-3:00pm EDT. The cost for this webinar is $99, and participation is limited to 50 individuals. Computer and telephone access is required. For more information, e-mail mark.schneider@ynhh.org or call 203/688-2577.

Public Workshop on Pediatric Development of Medical Countermeasures: Ethical and Regulatory Considerations
February 15-16, 2012
There is a critical need for pediatric research on medical countermeasures to ensure that these products are safe and effective in the pediatric population. The challenges to developing and evaluating drugs, biologics, and devices for children are complex and need to be better understood by scientists, policymakers, and the general public. Through stimulating plenaries and breakout sessions, this workshop will provide a forum for careful consideration of scientific, ethical, and regulatory issues confronting the FDA and other stakeholders in the area of medical countermeasures and public health preparedness. Coordinated by the FDA Office of Pediatric Therapeutics in collaboration with the Center for Drug Evaluation and Research, Center for Biologics Evaluation and Research, and Center for Devices and Radiological Health, this meeting will take place at the Rockville Hilton in Rockville, MD.
KEY RESOURCES

2011 National Emergency Medical Services Assessment
The Federal Interagency Committee for Emergency Medical Services (FICEMS) is pleased to announce the release of the final draft of the 2011 National EMS Assessment. Sponsored by FICEMS and funded by the National Highway Traffic Safety Administration (NHTSA), the report provides the first ever comprehensive description of emergency medical services, EMS emergency preparedness, and 911 systems at state and national levels using existing data sources. The National EMS Assessment, which was completed over a 24-month period from September 2009 to August 2011, provides a detailed description of the nation’s EMS systems, which comprise an estimated 19,971 local EMS agencies, their 81,295 vehicles, and 826,111 licensed and credentialed personnel. A final, published version will be released later this month. For questions about the Assessment, please contact Drew Dawson at the NHTSA Office of EMS at Drew.Dawson@dot.gov or 202/366-9966.

Health Care Entities’ Liability for Emergency Preparedness
Since the terrorist attacks of September 11, 2001, hospital emergency planning and preparedness have become national priorities. With this emphasis, there is an increased potential for hospitals to incur liability for deficiencies in emergency preparedness. James G. Hodge, Jr, director of the Public Health Law Network—Western Region, and Erin Fuse Brown, deputy director of the Western Region, address this topic in “Assessing Liability for Health Care Entities that Insufficiently Prepare for Catastrophic Emergencies”, a recently published commentary in The Journal of the American Medical Association. The commentary analyzes this theory of entity liability as illustrated by health care giant Tenet Healthcare Corporation’s $25 million settlement of a post-Hurricane Katrina lawsuit alleging that Tenet’s preparedness failures led to patients’ injuries and deaths. The commentary also examines hospitals’ obligations and calls for legal clarification of a standard for health care entity liability for emergency preparedness.

National Preparedness Goal
On March 30, 2011, President Obama released Presidential Policy Directive 8: National Preparedness (PPD-8), which focuses on strengthening the security and resilience of the Nation. In August 2011, the US Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA) posted a first draft of the first deliverable required by PPD-8. This deliverable, the National Preparedness Goal (NPG), aims to define the core capabilities that must be established by the Nation (consistent with the directive’s “all-of-Nation” approach) to prevent, protect against, mitigate the effects of, respond to, and recover from the specific types of incidents that pose the greatest threat to the security of the Nation, including acts of terrorism and emergencies, regardless of cause. The AAP was able to secure some modest but important changes to the NPG so that the core capabilities and targets in the document recognize that children require a unique set of considerations. The AAP was successful in its efforts to encourage FEMA to include family reunification and health (including behavioral health) as part of the response and recovery requirements.

National Disaster Recovery Framework
FEMA released this guide to promote effective recovery, particularly for incidents that are large-scale or catastrophic. The National Disaster Recovery Framework provides guidance that enables effective recovery support to disaster-impacted states, Tribes, and local jurisdictions. It provides a flexible structure that enables disaster recovery managers to operate in a unified and collaborative manner and focuses on how best to restore, redevelop, and revitalize the health, social, economic, natural, and environmental fabric of the community and build a more resilient nation. FEMA is hosting stakeholder meetings across the country on NDRF implementation. More information about these meetings is available online.
**National Strategic Plan for Public Health Preparedness and Response**

Led by Dr Ali S. Khan and the CDC Office of Public Health Preparedness and Response, preparedness leaders internal and external to the CDC have collaboratively developed *The National Strategic Plan for Public Health Preparedness and Response*. The plan is a guide for the CDC, the entire public health system, and its stakeholders to secure the health of the nation and attain the plan’s collective 2020 vision of “people’s health protected – public health secured”. It is anticipated that this plan will stimulate scientific and technological innovations, increase the visibility of public health security, and promote the training of the next generation of public health leaders through initiatives such as the CDC Public Health Associates Program. The strategic planning process solicited input from a wide range of partners, including the AAP.

**Strategies for Talking to Kids About 9/11**

This article in *Consumer Reports* features input from Dr Steven Krug, DPAC Chairperson, on ways that parents can talk to kids about disasters.

**WMD Center Bioresponse Report Card: 21st Century Biological Threats**

This report includes an overview of current and emerging bioterrorism threats, fundamental expectations and evaluations for each of 7 bio-response categories, an overview of challenges that affect the entire bio-response enterprise, and recommended priorities that will strengthen the nation’s bio-preparedness and response capabilities.

**OPPORTUNITIES**

**HRSA Pre-Notice Funding Announcement for EMSC State Partnership Grantees**

The Health Resources and Services Administration (HRSA) has released a new funding opportunity for the EMSC State Partnership Regionalization of Care Demonstration Grant Program. This opportunity seeks grant proposals for the development of model programs to improve the transfer of pediatric patients to specialty medical centers through the process of a regionalized system of care. The lead applicant must be an EMSC state partnership grantee and must partner with at least one of the populations of focus (government or non-government organizations and institutions in tribal, territorial, insular, or rural geographical areas). Applications that fail to demonstrate partnerships with the populations of focus will not be considered. Applications must include an innovative partnership-building plan that ensures collaboration between US jurisdictions and tribal, territorial, insular, or rural communities and residents and must be in compliance with Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency). It is expected that State Partnership applicants will be a conduit for access to pediatric resources and that the populations of focus will be an expert on the type of innovations that will address the needs in their local jurisdiction. To apply for this funding opportunity, please visit the [Grants.gov Website](http://www.grants.gov). Applications are due into Grants.gov by February 3, 2012, 8:00 pm ET. For additional information, please contact Theresa Morrison-Quinata.

We appreciate your efforts to care and advocate for the needs of children! Please e-mail any comments to DisasterReady@aap.org.