

Children & Disasters

AAP Updates

Ebola

Influenza

Measles

Smallpox Guidance

Applause, Please

Education/Training

Key Resources

Opportunities

April 2015

TO: AAP Disaster Preparedness Contact Network

FROM: Daniel B Fagbuyi, MD, FAAP, Member, Disaster Preparedness Advisory Council
Laura Aird, MS, Manager, Disaster Preparedness and Response

RE: AAP DISASTER PREPAREDNESS AND RESPONSE UPDATES

Dear Colleagues:

The American Academy of Pediatrics (AAP) Disaster Preparedness Advisory Council (DPAC) is pleased to provide you with information on its priority activities. Additional information can be found in previous [Contact Network Newsletters](#). For more information on the DPAC, including a list of members and liaisons, refer to the [DPAC Meeting Minutes](#) or [AAP Disaster Preparedness Advisory Council](#).

AAP UPDATES

New AAP Executive Director/Chief Executive Officer

Karen Remley, MD, MBA, MPH, FAAP, has been named the new [Executive Director/Chief Executive Officer \(CEO\)](#) of the AAP, replacing Errol R Alden, MD, FAAP, who will be retiring in July 2015. Dr Remley earned her medical degree at the University of Missouri in Kansas City and completed her pediatrics residency at St Louis Children's Hospital-Washington University School of Medicine in St Louis. Dr Remley will be the first female CEO of the AAP.

AAP Expands National Affiliate Membership to Nurse Practitioners

Certified, licensed, nurse practitioners who work on a pediatric care team are now able to [join](#) the Academy as National Affiliate members. Eligible nurse practitioners will be non-voting non-FAAP members of the Academy and will be awarded national member benefits and services for \$150 annually. Nurse practitioners can join the AAP as Affiliate Members if they meet the following criteria:

- Have completed an accredited training program and are licensed and certified as a nurse practitioner.
- Have the signed endorsement of a current Fellow of the American Academy of Pediatrics (FAAP) in good standing indicating that the applicant works as a member of a pediatric care team.

Interested applicants can contact the AAP Customer Service Center at 866-843-2271 or csc@aap.org.

EBOLA

The AAP continues to monitor the situation regarding the Ebola epidemic. The Web page for clinicians on the [Ebola Outbreak](#) along with an [Ebola and Children FAQ](#) page include key information. The pages for [parents](#) and [child care program/schools](#) also include up-to-date information.

The Centers for Disease Control and Prevention (CDC) released guidance on the transportation of pediatric patients under investigation or with confirmed Ebola titled "[Q&A's about the Transport of Pediatric Patients \(< 18 years of age\) Under Investigation or with Confirmed Ebola](#)". This guidance aims

to keep workers, children, and family members safe while responding to calls and handling inquiries related to pediatric patients under investigation for Ebola. This is a companion piece to the "[Interim Guidance for Emergency Medical Services \(EMS\) Systems and 9-1-1 Public Safety Answering Points \(PSAPs\) for Management of Patients Under Investigation \(PUIs\) for Ebola Virus Disease \(EVD\) in the United States](#)".

The CDC also provided key information through the Morbidity and Mortality Weekly Report (MMWR):

- February 13, 2015: [Addressing Needs of Contacts of Ebola Patients During an Investigation of an Ebola Cluster in the United States - Dallas, Texas, 2014](#).
- February 27, 2015: [Update: Ebola Virus Disease Epidemic — West Africa, February 2015](#).

The AAP participates in the monthly CDC Children's Hospital Collaboration conference call. The goal of each call is to provide an opportunity for facilitated discussion among hospitals preparing to care for pediatric Ebola patients. Updates on AAP response efforts are also provided.

The US Department of Health and Human Services (HHS) released a new Ebola funding opportunity on February 20, 2015, that will provide states and other awardees with \$194,500,000, through the Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). The funding will be used to ensure the nation's health care system is ready to safely and successfully identify, isolate, assess, transport and treat patient with Ebola or persons under investigation for Ebola, and that it is well prepared for a future Ebola outbreak. Through this funding, HHS seeks to establish a nationwide, regional treatment network for Ebola and other infectious diseases. A complementary effort to provide resources to the US public health system to better prepare and respond to Ebola was released separately through the CDC Public Health Emergency Preparedness (PHEP) program. Hospital representatives are encouraged to connect with their states' HPP and/or PHEP grantees to potentially benefit from these funding opportunities. For more information, see the [HHS press release](#).

INFLUENZA

The AAP continues to implement the "Improving the Pediatric Community's Readiness and Response to Seasonal and Pandemic Influenza" project in collaboration with the CDC to employ influenza prevention and control strategies during the 2014-2015 influenza season.

The AAP has released six "[What's the Latest with the Flu](#)" messages for clinicians this flu season. Each message offers a snapshot for AAP members in regard to the current flu season that links back to AAP and/or CDC resources. Also see the "What's the Latest with the Flu" message for [child care providers](#).

The AAP endorsed a [CDC letter](#) to clinicians recommending prompt antiviral treatment when flu is suspected. Antiviral medications are a valuable second line of defense for children, but should not be a substitute for influenza immunization.

The AAP collaborated with the CDC to conduct a 1-hour Clinician Outreach and Communication Activity (COCA) call/webinar titled "[Protecting Children: Influenza Updates for Clinicians](#)" in February 2015. During this webinar, clinicians learned about the current state of flu activity, the importance of continued vaccination despite the mismatch and low vaccine effectiveness, and strategies for using antiviral therapy early to treat influenza. More than 340 audio lines and 200 webinar links were accessed. Henry (Hank) Bernstein, DO, MHCM, FAAP; John S Bradley, MD, FAAP; and Alicia Fry, MD, MPH, presented. An archived version of the webinar, a transcript, and presentation materials are available online.

Planning for next flu season is underway. The influenza strains to be incorporated into the 2015-16 influenza vaccine were recently [announced](#). The H3N2 strain and one of the two B strains for the 2015-16 influenza vaccine will differ from those strains in the current [influenza vaccine](#). In particular, a review of surveillance data showed substantial genetic change and antigenic drift among circulating H3N2 viruses. Hence, the recommended H3N2 virus for the US 2015-2016 vaccine is A/Switzerland/9715293/2013, which is anticipated to protect people against most circulating H3N2 viruses. Also see "[Recommendations for Prevention and Control of Influenza in Children, 2014–2015](#)".

After reviewing data from recent flu seasons indicating that the live attenuated influenza vaccine (LAIV) did not provide cross protection against circulating influenza strains that are not in the vaccine, the CDC Advisory Committee on Immunization Practices removed its preference for LAIV. In the 2015-16 season, either inactivated influenza vaccines (IIV) or LAIV is recommended. The AAP continues to express no preference for one product over the other and encourages pediatric practices to preorder vaccine that best suits the needs of their patient population. For more details, see the [AAP News article](#).

[National Infant Immunization Week](#) is slated for April 18-25, 2015. This special week provides an opportunity for clinicians to double-check that all children (especially those at high risk of complications)

were immunized for influenza this year and to discuss the timing and importance of flu vaccination during the 2015-2016 influenza season. Conversations now will help clarify any questions from parents about the strain mismatch this year. For detailed influenza information, see the [AAP Red Book Online Influenza Resource page](#) or the [CDC FluView](#).

MEASLES

The AAP issued a [press statement](#) in February 2015, urging parents to vaccinate their children for measles. The AAP President Sandra G Hassink, MD, FAAP, noted that "while it is best to get the vaccine as soon as your child reaches the recommended age, it is never too late to get your children caught up so they can receive the vaccine and be fully protected". The AAP has also early released an online chapter on measles that will be included in the 2015 AAP Red Book: Report of the Committee on Infectious Diseases. See the chapter [here](#).

Up-to-date [information from CDC](#) is available. Two webinars were conducted on February 19, 2015. The CDC held a COCA webinar titled "[Measles 2015: Situational Update, Clinical Guidance, and Vaccination Recommendations](#)". The Network of Public Health Law convened a webinar titled "[The 2015 Measles Outbreak: Exploring the Role of Public Health Law](#)". Archived versions of each webinar, along with the PowerPoint slides, are available online.

SMALLPOX GUIDANCE

The AAP, CDC, and the National Association of County and City Health Officials (NACCHO) collaborated to release new recommendations for persons at risk for smallpox infection after an intentional or accidental release of the virus titled "[Clinical Guidance for Smallpox Vaccine Use in a Postevent Vaccination Program](#)". This document provides guidance for post-exposure prophylaxis and treatment of the general population and at-risk populations (including children) following a smallpox outbreak or public health emergency requiring administration of smallpox vaccine. The guidance was circulated for review by select AAP committees, councils, and sections, as well as key federal agencies and external associations. The guidelines are not pediatric-specific, but are intended for all populations. For more information, including a list of steering committee members and expert panelists, see the [AAP Smallpox Clinical Guidance Web page](#).

APPLAUSE, PLEASE

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

- Scott Needle, MD, FAAP, for serving as the AAP representative at a recent Physician Roundtable on an initiative titled, "Bystanders our Nation's Immediate Responders" convened by the White House National Security Council. Dr Needle reported that the meeting highlighted plans to launch a national campaign to educate the public on how individuals can make a difference and take action before responders arrive when there has been a traumatic hemorrhage. The campaign consists of creating appropriate announcements and messaging and producing first aid kits for personal and public use.
- The HHS ASPR for releasing the [2012-2013 Report and Recommendations of the Children's HHS Interagency Leadership in Disasters \(CHILD\) working group](#). This report summarizes HHS activities focused on addressing the needs of children in disasters, and includes select accomplishments of the AAP, the DPAC, and individual members.

EDUCATION/TRAINING

[Management of Humanitarian Emergencies](#)

June 8-12, 2015

This interactive course coordinated by Case Western Reserve University, taking place in Cleveland, Ohio, examines the key problems and priorities in disaster situations as they relate to the most vulnerable victims of disasters. The course aims to address the complex medical, psychological and public health challenges facing children, women, and families affected by humanitarian emergencies. This course is designed for pediatricians, primary care providers, Non-governmental organization (NGO) relief professionals and mental health professionals. Continuing Education credits are available. Register online at <http://casemed.case.edu/cme>.

[American Academy of Pediatrics 2015 National Conference](#)

October 24-27, 2015

This year, the AAP National Conference will be held in Washington, DC. Registration for the 2015 National Conference will open on June 1, 2015. Below are details about sessions and events that focus on disaster medicine. Also see additional sessions on the [Upcoming Events Web page](#).

- **Saturday, October 24, 2015**
F1137 - Preparing for Infectious Diseases Outbreaks: Who Ya Gonna Call?
Presenter: Margaret C Fisher, MD, FAAP
Time: 2:00pm to 2:45pm
Pediatricians and others who care for children often face overwhelming challenges during infectious disease outbreaks and public health emergencies. This session will provide an update on lessons learned during recent outbreaks and will highlight steps that pediatricians can take to advocate for children and improve hospital and office practice preparedness. Strategies and resources will be shared to improve preparation and treatment of children in a public health emergency. This session is also presented on Sunday, October 25, 2015. See below.
- **Saturday, October 24, 2015**
I1152 - Key Topics in Disaster Medicine
Presenters: Sarita Chung, MD, FAAP; Daniel Fagbuyi, MD, FAAP
Time: 4:00pm to 5:30pm
This session provides information on key preparedness and response strategies as applied to various types of disasters and disaster medicine topics. Updates on AAP activities will also be provided. The session will specifically focus on: improving pediatric disaster preparedness in radiation emergencies, psychosocial impacts of disasters on children and mental health recovery, tracking and reunification of children in disasters, infectious disease threats, and pediatric surge. Members will learn how to apply strategies by moving through table-top discussions in a speed-dating type format.
- **Sunday, October 25, 2015 (Repeat of F1137)**
F2018 - Preparing for Infectious Diseases Outbreaks: Who Ya Gonna Call?
Presenter: Margaret C Fisher, MD FAAP
Time: 7:30am to 8:15am

National Pediatric Disaster Coalition Conference **November 2-4, 2015**

This national conference, taking place in Scottsdale, Arizona, is focused on providing tools, training, resources, and information to facilitate continuous improvement in pediatric disaster preparedness. The conference is for medical practitioners, clinical staff, hospital emergency managers, other hospital representatives, local, state, and federal government, emergency medical system/technicians, community leaders, school nurses and other school representatives, behavioral health providers, and faith-based organization representatives. Discounted registration is available until June 30, 2015.

Addressing Preparedness Challenges for Children in Public Health Emergencies

In March 2015, the CDC produced a 1-hour Public Health Grand Rounds titled, "[Addressing Preparedness Challenges for Children in Public Health Emergencies](#)". Speakers included Georgina Peacock, MD, MPH, FAAP; Michael Anderson, MD, MBA, FAAP; Esther Chernak, MD, MPH; and RADM Nicole Lurie, MD, MSPH. This session discussed strategies to address the unique vulnerabilities of children in every stage of emergency planning. Progress that has been made in pediatric disaster readiness as well as the collaboration that is still needed between public health professionals and pediatric care providers to improve the outcomes for children during emergencies was highlighted. The target audience for this presentation was physicians, nurses, epidemiologists, pharmacists, veterinarians, certified health education specialists, laboratorians, and others. Continuing education credits are available. For questions about obtaining continuing education credits, please email ce@cdc.gov.

Essential Pediatric Domains and Considerations for Hospital Disaster Preparedness: Where Do We Begin?

The Emergency Medical Services for Children (EMSC) National Resource Center (NRC) hosted a webinar titled, "Essential Pediatric Domains and Considerations for Hospital Disaster Preparedness: Where Do We Begin?". This webinar discussed the [Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies](#) and how hospital leadership can use this tool to incorporate pediatric considerations into existing hospital disaster policies. The target audience for this webinar is hospital administrators; clinical managers; physicians; nurses; disaster management specialist; community disaster planners; state and local policy makers; and EMSC grantees, partners, and stakeholders. An [archived](#) version of the webinar will be available.

Free Online Pediatrics in Disaster Course

The Colorado School of Public Health, Center for Global Health offers a Pediatrics in Disaster course. This [free online training program](#) aims to increase the awareness and competence in pediatric disaster planning and response. The course will assist pediatricians and other health professionals to ensure that local, regional, and national disaster preparedness planning meets the specific needs of children and adolescents. The course is available in English and Spanish.

To access the online Pediatrics in Disasters (PEDs) training materials, please follow these directions:

1. Create a user name and password by following this link:
<https://cgh.mycrowdwisdom.com/diweb/signup>.
2. Click the "Catalog" button at the top of the screen.
3. Click "Launch" next to the course of your choice.
4. Click one of the links on the left hand side to view the material.

Also see information on the [Global Health & Disasters Course](#) 2-week course offered once a year as part of the University of Colorado School of Medicine Global Health Track. The first four days of the second week of the course are based on the PEDs Course online and print materials. For more information, visit the [AAP Pediatric Education in Disasters Web page](#).

Additional information on [upcoming events](#) or [education and training](#) opportunities can be found online.

KEY RESOURCES

[Emergency Medical Services Domestic Preparedness Improvement Strategy](#)

The US Department of Homeland Security (DHS) Office of Health Affairs (OHA) tasked the National Association of State EMS Officials to analyze and summarize specific published EMS preparedness reports to develop a document that outlines solutions to identified gaps. The EMS Domestic Preparedness Improvement Strategy also identifies barriers to improve EMS system preparedness and response. Goal number six in this document is "To evolve EMS systems, organizations, and personnel to provide optimal care to pediatric patients during medical disaster situations". This goal will be achieved by convening a workgroup to review current pediatric medical disaster documents and developing best practice EMS systems guidelines for the care of pediatric patients during medical disasters.

[FEMA Children & Disasters Newsletter](#)

This newsletter, created by the Federal Emergency Management Agency (FEMA), showcases work being done across the country on youth preparedness by FEMA and others. The newsletter also provides details on relevant research (such as research about the impact of traumatic events on youth or the unique needs of children with access and functional needs during disasters), as well as resources for those implementing youth preparedness programs. The newsletter features specific programs that seek to prepare youth for and help them respond to disasters. Sign up to receive this newsletter [here](#).

[Medical and Public Health Preparedness and Response: Are We Ready for Future Threats?](#)

In February 2015, the Senate Committee on Health, Education, Labor and Pensions (HELP) held a hearing on medical and public health preparedness at which children's issues were featured. At about 1 hour and 7 minutes into the session, Pennsylvania Senator Bob Casey asks the governmental witnesses about how their agency is preparing to meet the needs of children.

[Readiness and Emergency Management for Schools Technical Assistance Center](#)

Administered by the US Department of Education's Office of Safe and Healthy Students, the Readiness and Emergency Management for Schools Technical Assistance Center supports schools, school districts, and institutions of higher education in developing high-quality emergency operations plans. The Web page offers a number of helpful resources, publications, and archived and future training opportunities.

[Using Mixed Methods to Assess Pediatric Disaster Preparedness in the Hospital Setting](#)

This study published in *Prehospital and Disaster Medicine* assessed the disaster response of three hospitals in Los Angeles, CA, focusing on pediatric disaster victims. A disaster exercise was conducted simulating a 7.8 magnitude earthquake. Participants provided feedback regarding their perceptions of pediatric disaster response during the exercise. Trained observers also provided feedback and recommendations regarding aspects of emergency response during the exercise. The study identified opportunities to improve hospital pediatric disaster preparedness through increased training on pediatric disaster triage methods and additional training about how to ensure the safety and security of children.

OPPORTUNITIES

2015 AAP Pediatrics for the 21st Century (Peds-21) Program Call for Abstracts

Abstract (poster) submissions are requested for presentations at the 2015 AAP Peds-21 Program "The Trauma-Informed Pediatrician: Identifying Toxic Stress and Promoting Resilience", which will be held in conjunction with the 2015 AAP National Conference. Abstracts should address aspects of identifying and minimizing the harmful effects of adverse childhood experiences and toxic stress, with particular focus on topics relevant to primary care clinicians. Two types of abstracts are encouraged:

1. Research abstracts presenting original research findings.

2. Program abstracts describing ongoing or completed projects.

Submissions are open to anyone whose work or research relates to the program topics. Abstracts will be accepted for poster presentations only and will be selected at the discretion of the Abstract Review Committee. Approved presentations will occur during the AAP Peds-21 Program on October 23, 2015, in Washington, DC. Submitters would be expected to stand next to their posters. Accepted submitters would receive a discounted AAP National Conference registration fee.

Abstracts may be submitted online only at <http://www.aapexperience.org/abstracts/>. The abstract deadline is **April 10, 2015, 11:59 PM CDT**. Questions may be directed to Peds-21 Abstract Chairperson Christopher Greeley, MD, MS, FAAP, at christopher.s.greeley@uth.tmc.edu.

AAP Seeking Pediatric Subject Matter Experts

The HHS ASPR and the DHS OHA released the first evidence-based guidance for mass decontamination titled "[Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities](#)". The guidance informs planning and response actions for a wide variety of situations, and covers mass casualties, chemical release, external contamination, and decontamination of people. Because of AAP member review of draft materials, certain details related to children are included.

The ASPR and DHS are partnering with the AAP to develop a separate pediatric specific appendix to the "Patient Decontamination in a Mass Chemical Exposure Incident: National Planning Guidance for Communities" document, and they have asked for assistance in establishing pediatric subject matter experts who can review and submit feedback on draft materials. For additional details or to identify a pediatric expert, please e-mail DisasterReady@aap.org.

We appreciate your efforts to care and advocate for the needs of children!