

Children & Disasters

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April 2016

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, see [AAP Disaster Preparedness Advisory Council](#) or e-mail DisasterReady@aap.org to receive a copy of the most recent DPAC meeting minutes. Also see the AAP DPAC [Strategic Plan for Disaster Preparedness 2016-2020](#).

AAP UPDATES

The [National Resident Matching Program](#) places applicants for postgraduate medical training positions into residency programs at teaching hospitals throughout the US. Pediatrics matched 99.3% of all offered positions the 2016 Match. See the [AAP News Breaking News](#) article.

ZIKA VIRUS

The AAP has been working in collaboration with the Centers for Disease Control and Prevention (CDC) since January 2016 to monitor the spread of [Zika virus disease](#) and develop guidance specific to children. The World Health Organization declared a [Public Health Emergency of International Concern](#) on February 1, 2016. Of note is that 61 countries and territories have reported transmission of Zika virus since 2007. The CDC has currently confirmed more than [100 cases](#) of Zika virus in the US.

The AAP is collaborating with the American College of Obstetrics and Gynecologists on potential partnership activities, including encouraging use of the [US Zika Pregnancy Registry](#). The AAP has released *AAP News Breaking News* articles titled "[WHO Declares Public Health Emergency; Zika-microcephaly Relationship 'Strongly Suspected'](#)", "[CDC, AAP Release Algorithms on Testing Infants for Zika Virus](#)", "[CDC Issues Travel Alert for Pregnant Women due to Zika Virus](#)", and "[NIH Accelerating Research on Zika Vaccines](#)". The AAP designated representatives to attend the February 2016 National

Academies of Sciences Engineering Medicine (NASEM) workshop on [Potential Research Priorities to Inform Public Health and Medical Practice for Domestic Zika Virus](#) and the April 2016 CDC [Zika Action Plan \(ZAP\) meeting](#). Pediatricians can learn more by reviewing the article published in *Pediatrics* titled "[Zika Virus Disease: A CDC Update for Pediatric Health Care Providers](#)" and visiting the [AAP](#), [CDC](#), and [WHO](#) Zika Web sites.

LEAD EXPOSURE AND LEAD POISONING

In 2014, the city of Flint, Michigan, switched its water supply from the city of Detroit to water from the Flint River through an old system without corrosion control. As a result, around 8,000 to 9,000 children are believed to have been exposed to the lead in Flint's water, which can cause behavior problems, reading disabilities, and impairments to developing cardiovascular, immune, and endocrine systems.

See the [letter](#) AAP President Benard Dreyer, MD, FAAP, wrote to President Barack Obama. Also see the [AAP News article](#) "True grit: Pediatrician proves Michigan Community's Water was Poisoning Children" and the AAP [Letter to parents in Flint, Michigan](#). The AAP offers information on [lead exposure](#) for clinicians, and parent tips on protecting children from [lead in tap water and household plumbing](#). In a letter from AAP Executive Director/CEO Karen Remley, MD, MBA, MPH, FAAP, the AAP asks members to consider [donating](#) to help support the [AAP Michigan Chapter](#) follow-up projects. [Donate today](#).

The [AAP Council on Environmental Health](#) and the DPAC are working with the CDC Children's Preparedness Unit to compile existing resources within a toolkit for educators, caregiver, health care providers, and community workers to ensure that children affected by lead receive timely and appropriate interventions.

TERRORISM AND VIOLENCE

In response to the tragic events that took place in Paris, France, the AAP disseminated resources and reached out to relevant colleagues and medical societies. The resources on the AAP [Promoting Adjustment and Helping Children Cope After Disaster and Crisis](#) Web page were circulated, and DPAC members developed materials and messages within the AAP HealthyChildren.org Web site for parents on "[How to Talk to Your Children after an Act of Terrorism](#)". See the [Press Statement](#) from Dr Remley. Several articles were released after the tragedy, including "[The Medical Response to Multisite Terrorist Attacks in Paris](#)" and "[Hybrid Targeted Violence vs. Active Shooter Incidents](#)". The AAP disaster preparedness and response initiatives staff monitors [US Department of Homeland Security](#) (DHS) and [White House](#) updates on all terrorist attacks, including the recent tragedy in Brussels, Belgium.

The [If You See Something, Say Something](#) national campaign aims to raise public awareness of the indicators of terrorism and terrorism-related crime, as well as the importance of reporting suspicious activity to state and local law enforcement. Learn how to [Join the Campaign](#). Also see the [Sandy Hook Promise prevention programs](#), including "Say Something", which offers training for children and teens on how to recognize signs, especially in social media, of an individual who may be a threat to themselves or others and say something to a trusted adult to get them help.

EBOLA

As of February 19, 2016, the United States is no longer conducting enhanced [entry screening](#) for screening for persons under suspicion of being exposed to Ebola. The CDC Emergency Operations Center completed its activation for the Ebola response on March 31, 2016. Select AAP and CDC experts collaborated to produce an article titled, "[Parental Presence at the Bedside of a Child with Suspected Ebola: An Expert Discussion](#)".

INFLUENZA

The AAP aims to assist health care providers and others who care for children to employ influenza prevention and control strategies. During the 2015-2016 influenza season, the DPAC, Committee on Infectious Diseases, and AAP staff have:

- Disseminated AAP "What's the Latest with the Flu" messages for [clinicians](#) and [child care providers](#).
- Released targeted messaging during [National Influenza Vaccination Week](#).
- Conducted a [needs assessment](#) of licensed child care centers regarding preparedness for a severe seasonal or pandemic influenza. This is a follow-up to the survey conducted in 2008. The purpose of these efforts is to learn more about how to improve preparedness planning within child care facilities, including identifying resources and activities that resulted from the 2009 H1N1 Influenza Pandemic.
- Conducted a webinar in February 2016 for Head Start and other child care programs titled, "Head Start and Child Care Programs: An Important Part of Community Readiness and Response to Seasonal Influenza". E-mail DisasterReady@aap.org to receive presentation materials or an archived version of this webinar.
- Created a [new infographic](#) for families on influenza prevention and control.
- Translated the [Influenza Prevention and Control: Strategies for Early Education and Child Care](#)

[Programs](#) handout into [Spanish](#). Print copies of both the English and Spanish handouts can be obtained; e-mail DisasterReady@aap.org.

- Partnered with the AAP [National Center on Early Childhood Health and Wellness](#) to develop a new Health Services Newsletter titled [Preventing and Managing the Flu](#).

What's the Latest with the Flu – March 2016

2015-2016 Flu Activity

[Flu activity](#) is still high but is starting to decrease slightly across the US. In recent weeks, Influenza A (H1N1) viruses have been predominant. The viruses circulating in communities appear to be well matched with the strains included in this season's trivalent and quadrivalent influenza vaccines. The CDC has reported preliminary overall influenza vaccine effectiveness of [59% percent this season](#), which is comparable to previous seasons where most circulating flu viruses have been similar to the strains in the flu vaccine. It is important to continue to recommend influenza vaccination to our patients and ensure complete vaccination of young children. **33** deaths in children from influenza have been reported so far, this flu season.

CDC Webinar: 2015-2016 Influenza Activity and Clinical Recommendations

In February 2016, the CDC Clinician Outreach and Communication Activity (COCA) hosted a webinar titled "[2015-2016 Influenza Activity and Clinical Recommendations](#)." During this webinar, clinicians learned about 2015-2016 influenza activity, heard an overview of current recommendations for vaccination and antiviral medications, and gained insight into data supporting the recommendations. An archived version of the webinar, a transcript, and presentation materials are available [online](#).

National Infant Immunization Week

[National Infant Immunization Week](#) (NIIW) is slated for April 16-23, 2016. This special week provides an opportunity for clinicians to double-check that all children (especially those at high risk of complications) are immunized for influenza this year. It is not too late for a child to receive the flu vaccine this season. Remember, if a child received two or more doses of trivalent or quadrivalent vaccine prior to July 1, 2015, he or she only needs one dose of influenza vaccine this year. If the child did not receive two or more doses prior to July 1, 2015, or if the child's influenza vaccine history is not clear, two doses should be given at a four-week interval. See the AAP guidance, "[Recommendations for Prevention and Control of Influenza in Children, 2015-2016](#)".

National Infant Immunization Week also provides an opportunity to review patient records to identify babies who were previously too young to get flu vaccine, but who are now at least 6 months of age. To protect children still younger than 6 months of age (who are too young to get the vaccine), immunize siblings, adults who are caregivers, and other close contacts to reduce their risk of contagion. This strategy is called cocooning. If you do not vaccinate adults in your office, direct them to their medical home or to a nearby immunization site. This week also offers a chance to discuss the timing and importance of flu vaccination in the future. Conversations now will help clarify any questions parents may have about the influenza vaccine later. Consider sharing the new infographic "[Prevent the Spread of Influenza in Children](#)" with families.

Planning for the 2016-17 Season

The recommended composition of the 2016-2017 influenza vaccine has been [announced](#), and this will differ slightly from the 2015-2016 vaccine. The WHO recommended that the trivalent vaccine contain:

- A/California/7/2009 (**H1N1**)pdm09-like virus
- A/Hong Kong/4801/2014 (**H3N2**)-like virus **NEW**, and
- B/Brisbane/60/2008-like virus

The quadrivalent vaccine recommendation includes an additional B virus (B/Phuket/3073/2013-like virus). [For the 2015-2016 season](#), the B/Phuket/3073/2013-like virus was included in the trivalent vaccine, with the B/Brisbane/60/2008-like virus only appearing in the quadrivalent vaccine.

The CDC Advisory Committee on Immunization Practices (ACIP) has no preferential recommendation for trivalent or quadrivalent vaccine. The ACIP indicates that any age-appropriate vaccine can be given to people with an egg allergy of any severity. See the AAP article "[CDC Committee: LAIV Safe for Those with Egg Allergy](#)".

Resources

See the [AAP Red Book Online Influenza Resources](#) and [CDC FluView](#). The [Protect Children from Influenza](#) infographic identifies actions pediatricians can take to protect children, especially those at highest risk. All "What's the Latest with the Flu" messages are [archived](#). Members have access to [Flu Vaccine Recommendations Speaking Points](#) and updates about the [2015-16 Influenza Vaccine Supply](#). The "What's the Latest with the Flu" messages for child care providers are provided in [English](#) and [Spanish](#).

IMPROVING PEDIATRIC PREPAREDNESS

With support from the CDC, the AAP offered a small amount of funding through an application process to increase the number of disaster-related coalitions or collaborative networks that address pediatric needs as well as to support pediatric disaster preparedness planning. Project work is ongoing. A brief description of some of the projects is provided below:

California Chapter 4, AAP

The goal of this project is to increase the capacity of the Orange County, CA, pediatric workforce to respond to a pediatric surge event through educational activities, guided by previous needs assessments. To achieve this goal, the workgroup will:

1. Increase awareness and personal and professional disaster preparedness of pediatricians by offering educational activities to promote preparedness of provider and practice settings.
2. Increase awareness of disaster preparedness measures for Orange County pediatric health care facilities (hospitals, clinics, emergency departments).
3. Improve capability of the Orange County to respond to a pediatric surge event by expanding the capacity of the local pediatric workforce.

Contra Costa County Emergency Medical Services Medical Health Preparedness Forum Pediatric Behavioral and Mental Health Response Team Coalition

The goals of the project are to:

1. Incorporate pediatric mental health representatives into the existing medical health coalition.
2. Develop a pediatric mental health provider team able to deploy to a disaster area as requested.
3. Provide basic disaster preparedness and psychological first aid training to licensed mental health professional in Contra Costa County.

Mountain States Pediatric Disaster Coalition Situational Awareness and Communication Project

This project includes the implementation of a web-based solution designed to address the resource management needs for pediatric health care facilities in the Mountain states region, providing near real-time situational awareness of regional pediatric surge capacity and capability during disasters or public health emergencies affecting children.

Pacific Northwest Pediatric Emergency Disaster Coalition

The goal of the Pacific Northwest Pediatric Emergency Disaster Coalition is to broaden and strengthen partnerships for more rapid and effective pediatric emergency care throughout the Pacific/Pacific Northwest in the event of a disaster or public health emergency. The project will develop a basic framework for pediatric emergency department coordination between the children's hospitals in the Pacific/Pacific Northwest region for improved preparedness and effective movement of patients to or between facilities. The project also hopes to encourage more rapid integration to augment pediatric patient care surge staffing through Federal, state, local and interstate collaboration.

Pediatric Disaster Preparedness – Protecting our Most Precious Assets

The Western Region Healthcare Emergency Preparedness Coalition will provide educational opportunities for regional partners by offering Pediatric Emergency Assessment and Respiratory Stabilization classes as well as providing scholarships for the online course modules of the Pediatric Fundamentals of Critical Care Course. The coalition has developed an informational brochure about the coalition and its preparedness activities. The coalition will continue to involve regional stakeholders in the quest to develop a regional pediatric surge plan.

Peds-TECH: Pediatric Services – Technology & Energy Challenged Healthcare

The Pediatric Disaster Resource and Training Center at Children's Hospital Los Angeles, a branch of the Trauma Program, is working in collaboration with the Los Angeles Children in Disasters Committee to identify and assess disaster preparedness needs for the vulnerable population of Children with Access and Functional Needs (CAFN) in Los Angeles County. Despite the significant proportion of CAFN in the population, medical conditions dependent upon medical and technological interventions are not always considered in the development and execution of disaster response plans. The project will engage a coalition of stakeholders to conduct a needs assessment of preparedness for this at-risk population and will generate a report that informs on the topic and presents the coalition's assessment.

Southeastern Pediatric Disaster Surge Network

The Southeastern Pediatric Disaster Surge Network will expand its efforts and will hold the next meeting of its Executive Committee in June 2016. The focus of the meeting will be:

1. To include representatives from the Federal Emergency Management Agency Region IV that are not included in the Executive Committee (Kentucky, North Carolina, and South Carolina); and

2. To draft federal legislation to empower the Secretary of Health and Human Services to declare "small disasters" and therefore, allow provision of federal funds to support response and recovery. This will provide aid to areas with limited pediatric response capabilities by facilitating interstate responses.

MEDICAL COUNTERMEASURES FOR CHILDREN

Meaningful strides have been made toward providing appropriate life-saving medical countermeasures for children. Unfortunately, many of the vaccines and pharmaceuticals stockpiled for distribution in the event of a disaster currently are only approved for use in adults. The AAP policy statement, "[Medical Countermeasures for Children in Public Health Emergencies, Disasters, or Terrorism](#)", includes recommendations to guide pediatricians; federal, state, and local government agencies; and others in addressing the needs of children related to medical countermeasures. The policy statement was developed by AAP DPAC members Daniel Fagbuyi, MD, FAAP, and Dr Schonfeld. An AAP [press release](#) and an [AAP News article](#) highlight key details in the policy statement. The DPAC continues to work with federal agencies to address these issues.

NATIONAL ADVISORY COMMITTEE ON CHILDREN AND DISASTERS

The National Advisory Committee on Children and Disasters (NACCD) provides advice and consultation to the US Department of Health and Human Services (HHS) Secretary on issues related to the medical and public health needs of children during or after disasters. Several AAP members serve on the [committee](#). The NACCD Healthcare Preparedness Work Group completed a [final report](#) with several recommendations in the area of medical countermeasures, workforce development and coalition building. The report was voted on and approved at a November 2015 NACCD public meeting. It was transmitted to the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the HHS Secretary. Find the report and recommendations on the [Public Health Emergency Web site](#). The NACCD Strategic Planning Work Group meets monthly to explore issues related to human services in and after disasters, funding streams, and mental and behavioral health issues of children affected by disasters.

PEDIATRIC AND PUBLIC HEALTH TABLETOP EXERCISE

The AAP and the CDC conducted an inaugural Pediatric and Public Health Tabletop Exercise in January 2016 that paired a select group of public health professionals with AAP Chapter leaders and subject matter experts in five states within federal region VI (AR, LA, NM, OK, and TX) to discuss and drill children's preparedness strategies. This exercise aimed to enhance pediatric preparedness through strategic collaboration and discussion. The exercise revealed around 200 ideas, strategies, and recommendations. The CDC released a [Public Health Matters Blog](#) titled "[Planning for Kids: Preparedness and Pediatrics](#)" in March 2016 based on the exercise. Meeting proceedings are completed, and an executive summary for these proceedings and lessons learned are being developed.

APPLAUSE, PLEASE

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

- The CDC and its Children's Preparedness Unit for reaching out to the AAP to ensure that children's needs are addressed in the response to the [Zika virus outbreak](#).
- Elliot Rubin MD, FAAP, for developing disaster preparedness materials that were shared with members of the New Jersey Chapter of the AAP through the publication, "*New Jersey Pediatrics*". See "[Disaster Preparedness as Part of the Pediatric Medical Home](#)" and "[Disaster Planning for Dummies: Three Steps for Preparing Your Office and Patients](#)".
- Henry Bernstein, DO, MHCM, FAAP; Flor de Maria Munoz-Rivas, MD FAAP; and Timothy Shope, MD, MPH, FAAP; for their contributions to AAP influenza prevention and control activities.

EDUCATION/TRAINING

[19th Management of Humanitarian Emergencies - Focus on Children, Women and Families](#) May 16-20, 2016

This interactive 5-day course examines key problems and priorities in disaster situations as they relate to the most vulnerable victims of disasters. This course aims to address the complex medical, psychological and public health challenges facing children, women and families affected by humanitarian emergencies. This activity has been approved for AMA PRA Category 1 Credits™. [Register here](#).

[Disaster Preparedness and Response Chapter](#)

To assist pediatricians to prepare themselves, their patients, and their community for disasters, the AAP has released a chapter within the [AAP Textbook of Pediatric Care](#) titled, [Disaster Preparedness and Response](#). This chapter, authored by Hilary Hewes, MD FAAP, highlights the unique needs of children; strategies to enhance home, community, and office preparedness; long-term planning and regional preparedness; basic supportive services and psychological first aid; and much more.

KEY RESOURCES

[Comparing the Accuracy of Three Pediatric Disaster Triage Strategies: A Simulation-Based Investigation](#)

During disasters and mass casualty incidents, patients are triaged based on the severity of their illness or injury. This study, published by Mark Cicero, MD, FAAP, compared the accuracy of three pediatric disaster triage strategies: JumpSTART, Smart, and clinical decision-making (CDM). It was determined that JumpSTART triage outperformed both Smart and CDM.

Lou Romig MD, FAAP, FACEP, developed [JumpSTART](#) to help meet the needs of children and responders at disaster and mass casualty incidents. Free JumpSTART materials are available [online](#).

[National Critical Infrastructure Security and Resilience Research and Development Plan](#)

The DHS recently released the National Critical Infrastructure Security and Resilience Research and Development Plan. The purpose of the plan is to identify national critical infrastructure security and resilience priority areas that inform research and development investments, promote innovation, and guide research activities across the critical infrastructure community including within the Federal government.

[National Pediatric Disaster Coalition](#)

In November 2015, AAP members and staff attended the National Pediatric Disaster Coalition Conference. This conference led to the formation of the National Pediatric Disaster Coalition and an Executive Committee that will serve as an advocacy and guidance entity on pediatrics and disasters for pediatric and other health care coalitions across the nation. The Coalition will also function as a clearinghouse for sharing linkages and information from coalition members. The National Pediatric Disaster Coalition invited the AAP to appoint representatives to its Executive Committee. The AAP Executive Committee approved the appointments of Steve Krug, MD, FAAP, and Dr Schonfeld to the National Pediatric Disaster Coalition Executive Committee.

The AAP created a Web page to highlight presentations from the [National Pediatric Disaster Coalition Conference](#). These include regional approaches to pediatric disaster coalitions, ethical issues in response, pediatric disaster triage, and supporting children in the aftermath of crisis.

[Outbreaks 2015: Protecting Americans from Infectious Diseases](#)

[Trust for America's Health](#) and the [Robert Wood Johnson Foundation](#) released the *Outbreaks 2015: Protecting Americans from Infectious Diseases* report. The report found that more than half of states scored a five or lower out of 10 key indicators related to preventing, detecting, diagnosing and responding to outbreaks. Select AAP members offered input during the development of this report.

[Pediatric Education Handouts](#)

The AAP has developed two new handouts, available to Pediatric Patient Education subscribers. These handouts can be shared with patients and parents by pediatricians. The [When Your Child Needs Emergency Medical Services](#) handout identifies emergency signs that parents can look for and steps to respond to these signs. The [Four Steps to Prepare Your Family for Disasters](#) handout provides families with tips on how to be informed, make a plan, build a kit, and get involved.

OPPORTUNITIES

Children's Hospitals and Preparedness

The AAP and the CDC are working together to facilitate discussions among pediatric stakeholders in children's hospitals about preparing for pediatric surge related to an infectious disease threat. A webinar series has been launched. The first webinar, held in February 2016, highlighted the AAP DPAC, the impact of public health emergencies on children's hospitals, and the details of the AAP/CDC Pediatric and Public Health Tabletop Exercise. The second webinar, held in March 2016, focused on the activation of the Texas Children's Hospital West Campus Special Isolation Unit for an Ebola person under investigation. Parental presence was also discussed. To receive information or be added to the AAP/CDC database/electronic mailing list for children's hospital representatives, e-mail DisasterReady@aap.org.

We appreciate your efforts to care and advocate for the needs of children! This newsletter may be reproduced with attribution: E-mail DisasterReady@aap.org with questions.

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