

Children & Disasters

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June 2016

TO: AAP Disaster Preparedness Contact Network

FROM: Daniel B Fagbuyi, MD, FAAP, Member, Disaster Preparedness Advisory Council
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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 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 email DisasterReady@aap.org to receive a copy of the DPAC meeting minutes. Also see the AAP DPAC [Strategic Plan for Disaster Preparedness 2016-2020](#).

ZIKA VIRUS

The AAP collaborates with the Centers for Disease Control and Prevention (CDC) and other agencies and organizations to support pediatricians and others who care for children during public health emergencies such as the Zika virus outbreak. The AAP has released *AAP News* articles titled "[Zika Update: CDC issues New Directives for Pediatricians](#)", "[CDC offers new Zika resource for pediatricians in Pediatrics](#)", and "[CDC confirms Zika causes microcephaly](#)". Pediatricians can learn more by visiting the [AAP](#), [CDC](#), and [World Health Organization](#) Zika Web sites. Recent updates follow:

US Zika Pregnancy Registry

The AAP strongly encourages all members to support the [US Zika Pregnancy Registry](#). The CDC is collaborating with state, tribal, local, and territorial health departments to collect information about pregnancy and infant outcomes following laboratory evidence of Zika virus infection during pregnancy. The data collected through this registry will be used to update recommendations for clinical care, plan for services for pregnant women and families affected by Zika virus, and improve prevention of Zika virus infection during pregnancy. People who are eligible for inclusion in the Registry include:

- Pregnant women in the United States with laboratory evidence of Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and periconceptionally, prenatally or perinatally exposed infants born to these women.
- Infants with laboratory evidence of congenital Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and their mothers.

Pediatric health care providers can:

- Identify and report suspected congenital Zika virus exposure to their state, tribal, local, or territorial health department for possible testing.
- Collect pertinent clinical information about infants born to women with laboratory evidence of Zika virus infection or infants with congenital Zika virus infection.

- Provide the information to state, tribal, local or territorial health departments or directly to CDC registry staff if asked to do so by local health officials. Pediatricians or their office staff can find state-specific contact information [here](#) (AAP member log-in required).
- Notify state, tribal, local, or territorial health department staff or CDC registry staff of adverse events (eg, perinatal or infant deaths).

If you are a health care provider or represent a health department and you have questions about the registry, please [email](#) or call 770-488-7100 and ask for the Zika Pregnancy Hotline. In addition, the CDC has developed a new [tool](#) on assessing and caring for infants who may be infected.

Clinical Management and Follow-up of Infants with Congenital Virus Infection

The AAP and the CDC are collaborating to discuss the clinical management of infants with congenital Zika virus infection.

Testing

As of June 2016, testing for Zika virus infection using rRT-PCR molecular assays is now commercially available. See the [CDC Health Alert Network](#) for more information.

In May 2016, the CDC issued [interim guidance](#) that recommends Zika virus rRT-PCR testing of urine collected less than 14 days after symptom onset, along with testing of patient-matched serum samples, for the diagnosis of suspected Zika infection. If the PCR result is negative, serologic (IgM) testing should be performed. The CDC recommendations for Zika virus testing of serum and other clinical specimens remain unchanged at this time.

In April 2016, the [US Food and Drug Administration](#) (FDA) issued an [Emergency Use Authorization](#) (EUA) to enable the emergency use of [Focus Diagnostics, Inc's](#), Zika Virus [RNA Qualitative Real-Time RT-PCR](#) test to detect Zika virus in the blood of patients who have symptoms of Zika virus infection and live in or have traveled to an area with ongoing Zika virus transmission.

Funding

Additional emergency funding is still being discussed. The AAP joined with other organizations to send [letters](#) to the House and Senate conferees requesting the highest possible emergency supplemental spending package to help pay for a coordinated federal and state response to the Zika virus.

The HHS announced more than [\\$742,000 in funding](#) to three health centers in American Samoa and the US Virgin Islands to help combat the Zika virus. The CDC announced that \$85 million in supplemental funding will be available to state and local health departments for preparedness activities related to Zika virus. Funds in the amount of \$25 million will be allotted to states in the [potential range](#) of mosquitos known to spread Zika for preparedness and incident management, coordination and information sharing, and community recovery and resilience. An additional \$60 million is available to states and cities currently participating in the Epidemiology and Lab Capacity (ELC) program. Outreach by AAP chapters to [state health departments](#) can boost application efforts, support timely receipt of funds, and ensure that Zika preparedness and response plans reflect the unique health needs of children and adolescents. The US Department of Health and Human Services (HHS) also awarded [5 million in funding](#) to 20 health centers in Puerto Rico to combat Zika virus. This funding will allow health centers to strengthen their ongoing efforts to detect and prevent the spread of the Zika virus in Puerto Rico.

Congenital Zika Virus Program

The Children's National Health System in Washington, DC, announced the launch of a new [Congenital Zika Virus Program](#) that will advise pregnant women infected with the virus, as well as treat babies affected by Zika. Earlier this month, the AAP participated on a conference call with Children's National representatives to learn more about this program.

Additional CDC Guidance/Tools

- June 2016: [Interim Guidance for Interpretation of Zika Virus Antibody Test Results](#)
- May 2016: [Diagnostic Testing of Urine Specimens for Suspected Zika Virus Infection](#)
- May 2016: [Zika Virus Disease Resources at Your Fingertips](#)
- April 2016: [Interim Guidance for Protecting Workers from Occupational Exposure to Zika Virus](#)
- April 2016: [Update: Interim Guidance for Health Care Providers Caring for Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016](#)

Questions

The CDC maintains a 24/7 Zika consultation service for health officials and health care providers. To contact the service with questions related to children's and adolescents' health, call 770-488-7100 and ask for Zika Clinical Inquires or email ZikaMCH@cdc.gov.

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 was launched in February 2016. The May 2016 webinar covered Family Reunification and Hospital Planning. The objectives for the webinar were to:

- Identify challenges and known protocols for planning related to family reunification.
- Describe critical steps for children's hospitals to take in advance of an emergency or disaster.
- Demonstrate how to access or connect with key resources.

Several key resources were shared during the webinar, including those from the [National Center for Missing & Exploited Children](#). One of those key resources is the [Unaccompanied Minors Registry](#). This national data collection tool assists with the tracking and reunification of unaccompanied minors as a result of a disaster. To receive a copy of the PowerPoint presentation, an archive of the webinar, or be added to the AAP/CDC database/electronic mailing list for children's hospital representatives, email DisasterReady@aap.org.

INFLUENZA

The AAP disaster preparedness and response staff are finishing up the Year Three activities for the "Improving the Pediatric Community's Readiness and Response to Seasonal and Pandemic Influenza" project in collaboration with the CDC. As a result of this project, more than 64,000 AAP members, 31 other health professional associations, and 21,900 Head Start or other early education and child care providers were provided with new tools and resources. A summary of some of the key activities is below:

- An "[Influenza Prevention and Control: Strategies for Early Education and Child Care Programs](#)" handout was created to assist early education and child care programs to lessen the impacts of influenza. The handout is provided in [English](#) and in [Spanish](#). To request complimentary print copies of the handout, email DisasterReady@aap.org.
- An influenza [infographic](#) for clinicians was released and shared with all AAP committees, councils, and sections as well as more than 20 medical associations. An influenza [infographic](#) for families was also developed.
- A webinar was conducted in February 2016 titled "[Head Start and Child Care Programs: An Important Part of Community Readiness and Response to Seasonal Influenza](#)".
- A CDC Clinician Outreach and Communication Activity webinar titled "[How To Prevent and Control Pediatric Influenza](#)" was held in October 2015.
- An assessment of US licensed child care centers preparedness for a severe seasonal or pandemic influenza was completed in May 2016. The AAP is working with the University of Pittsburgh and the Social Sciences Research Center at Mississippi State University to review the findings.
- The AAP released seven "What's the Latest with the Flu" messages for [clinicians](#) and [child care providers](#). See the most recent clinician message below. Each message offers a snapshot in regard to the current flu season that links back to AAP and/or CDC resources.

What's the Latest with the Flu

2015-16 Flu Activity is Decreasing but Remains Elevated

Flu activity is decreasing in the United States, but remains widespread in some states. As of June 11, 2016, seventy-seven flu-associated deaths in children were reported.

Influenza A (H1N1) virus is still the predominant strain, with a good match to the influenza vaccine. It is important to continue to recommend influenza vaccination to all patients and young children, especially those at a greater risk of serious flu complications if they get the flu. The CDC also recommends that patients suspected of having the flu should receive prompt treatment with flu antiviral drugs.

Late Season Vaccination

Providers should continue to encourage vaccination, as influenza viruses are still circulating. This includes infants who were previously too young to get flu vaccine, but now are at least 6 months of age. As you are aware, some children 6 months through 8 years of age require two doses of flu vaccine, given 4 weeks apart and no later than June 30th. The appointment for a second dose is sometimes missed, so attention and follow-up is needed for this group of children.

It is also important to encourage vaccination for pregnant women. A May 2016 article in *Pediatrics*, "[Influenza in Infants Born to Women Vaccinated During Pregnancy](#)", noted that infants ages 6 months and younger were 70% less likely to get the flu if their moms got the flu vaccine during pregnancy. It also showed an 80% decrease in flu-related hospitalizations among infants whose mothers were vaccinated during pregnancy.

Reasons Why People Do Not Receive Influenza Vaccine

In 2015, the CDC analyzed 14 years of influenza-related communication research highlighting the public's knowledge, attitudes, and beliefs about influenza. Some common reasons people do not get the influenza vaccine each year are:

- Belief that they (or their child) are not susceptible to this serious illness.
- Belief that they are healthy, have a strong immune system, and/or have never contracted influenza and therefore, "flu vaccine recommendations do not apply to me (or my child)".
- Question the effectiveness and importance of the vaccine.
- Fears about vaccine side effects, including attributing symptoms of other concurrent illnesses to the vaccine.
- Belief that other preventive measures can be used instead because these are as effective as or more effective than vaccination.
- Have personal experience with influenza and believe that it is a "manageable" illness.

Health care provider recommendations play a central role when it comes to influenza vaccine acceptance. Many parents rely on physicians, pediatricians, and specialists for information and guidance. During office visits, when parents are *hesitant* to have their child vaccinated, consider asking questions and offering guidance to address some of these beliefs and *misconceptions*. Parents can be directed to AAP and CDC resources: [If you Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities](#); [Debunking 5 Myths about the Flu](#); and [Preventing the Flu: Resources for Parents & Child Care Providers](#).

Preparing for Next Year's Flu Season

To begin to prepare for NEXT flu season, practitioners should meet with office staff to share what worked or didn't work in the office this past season and what improvements might be made to increase influenza vaccine coverage. Review the recommendations and guidance from the Advisory Committee on Immunization Practices (ACIP) for the 2016-17 influenza season. An [AAP News Breaking News](#) article shared that health care providers should not use live attenuated influenza vaccine (LAIV) in the upcoming 2016-2017 season due to poor effectiveness. Discuss the importance of implementing infection control measures on a daily basis, and work together to determine office protocols to minimize transmission of influenza and other infectious diseases. Staff should be trained annually on standard precautions, infection control, seasonal and pandemic influenza, and the importance of immunization. For more information, see section 9 in the AAP [Preparedness Checklist for Pediatric Practices](#).

In addition, now is a good time to lay the groundwork for requiring health care personnel get vaccinated for the flu next season. Take steps to implement a mandatory influenza immunization policy for your clinic staff. The following are strategies that can be used to maximize the success of implementing a mandatory policy:

- Make influenza vaccine free to all health care personnel.
- Publicize the program to health care personnel at all levels by communicating expectations and incentives.
- Offer convenient times and locations for education and immunization administration, preferably onsite.
- Create a clear policy for management of the small number of employees who qualify for exemption.
- Gather the full support of health care leadership.

See the AAP policy statement "[Influenza Immunization for All Health Care Personnel: Keep It Mandatory](#)" for more information.

Resources

For more information, see the [AAP Red Book Online Influenza Resource page](#) and the [CDC FluView](#). The [Protect Children from Influenza](#) infographic identifies actions pediatricians can take to help protect children, especially those at high risk. All "What's the Latest with the Flu" messages are archived [here](#). Members of the AAP also have access to [Flu Vaccine Recommendations Speaking Points](#) and updates related to the [2015-16 Influenza Vaccine Supply](#).

Also see "What's the Latest with the Flu" messages for child care providers in [English](#) and [Spanish](#).

This will be the last "What's the Latest with the Flu" message for the 2015-2016 influenza season. The AAP Disaster Preparedness Advisory Council and the AAP Committee on Infectious Diseases would like to thank everyone for their influenza prevention and control efforts. Please keep an eye out for the return of the messages prior to the 2016-2017 influenza season. For more information, email DisasterReady@aap.org.

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.

Lessons learned from the Pediatric and Public Health Tabletop Exercise have highlighted strategies to address the needs of children in emergency planning, response, and recovery. A 1-month follow-up with the exercise participants revealed that:

- State teams are facilitating opportunities for their public health colleagues to attend and present at AAP Chapter annual meetings.
- Participants were collaborating to respond to recent weather events and the Zika virus outbreak.
- One state was developing a state disaster plan, based on a template shared at a recent meeting.
- Efforts are proceeding to replicate the Tabletop Exercise at state and regional levels.
- Some participants are working together to add pediatric injects into existing exercises or to initiate planning for new exercises/drills.
- Individuals were connecting with those they met at the exercise to follow-up on related activities.

Efforts are ongoing to continue to follow-up with each of these state teams. Of special note, the Louisiana Chapter of the AAP is planning a Pediatric Disaster Preparedness Roundtable and Planning meeting for August 2016. Email DisasterReady@aap.org for more information.

A Web page was created within the AAP Children & Disasters Web site titled, "[Pediatric and Public Health Tabletop Exercise](#)". This page includes links to the [exercise schedule](#), [meeting proceedings](#), an [Executive Summary](#), and a [list of strategies](#) that can be considered to improve preparedness and pediatric exercise in the future were developed.

SUMMER WEATHER

Hurricane season began on June 1, 2016, and extends through November 30, 2016, with the peak season occurring from mid-August to late October. The AAP [Hurricanes, Tornadoes, and Storms](#) Web page includes up to date information and resources. Use hurricane season as a chance to start a [preparedness conversation](#) and encourage families to prepare for disasters. Families can start by creating a [Disaster Supply Kit](#), developing a written disaster plan, and discussing this plan with their children. See www.healthychildren.org (search for "disaster") for resources to share with families.

It is important to stay up to date on tornado preparedness. The AAP offers a [Tornado Fact Sheet](#) for families. The [Federal Emergency Management Agency](#) (FEMA) and the [CDC](#) both offer resources to help citizens prepare for natural disasters.

In the warm weather months, [extreme temperatures](#) and [wildfires](#) in the US can expose children to a number of environmental hazards. For more information, visit the AAP [Children & Disasters Web site](#).

APPLAUSE, PLEASE

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

- Sarita Chung, MD, FAAP, DPAC member, for sharing some tips for families with children to prepare for the event of a lost child. These tips are summarized in the CDC [Public Health Matters Blog](#) titled, "[Reuniting With Your Child](#)".
- Meg Fisher, MD, FAAP, DPAC member, for contributing to an article on the need for greater public health funding. See "[Zika Virus Exposes Need for Greater Public Health Funding, Experts Say](#)".

EDUCATION/TRAINING

[Disaster Health Education Symposium: Innovations for Tomorrow](#) September 8, 2016

The Disaster Health Education Symposium: Innovations for Tomorrow will be held on September 8, 2016, at the [Uniformed Services University of the Health Sciences](#) in Bethesda, Maryland. Hosted by the National Center for Disaster Medicine and Public Health, this symposium will provide a forum with a specific focus on education and training in disaster medicine and public health. The symposium will also include a [poster competition](#). The deadline for poster abstracts is June 27, 2016. Register for the symposium [online](#). If you have any questions, contact Elinore Tibbetts at elinore.tibbetts.ctr@usuhs.edu.

[American Academy of Pediatrics 2016 National Conference](#)

October 22-25, 2016

This year, the AAP National Conference will be held in San Francisco, CA. It is time to register for the conference and to book hotel reservations. To register, visit www.aapexperience.org/register. To make your hotel reservation, please call 800-468-6322 or visit www.aapexperience.org/hotels. For more information, email aapsupport@cmrus.com. All hotel reservations are first come, first serve and many of the closer hotels are already sold out, so DO NOT DELAY! Members can ask that their name be put on a waiting list for a sold-out hotel. For details about the sessions and events that focus on disaster medicine, see the [Upcoming Events](#) Web page.

[National Healthcare Coalitions Preparedness Conference](#)

December 12-14, 2016

The National Healthcare Coalitions Preparedness Conference (NHCCP) is intended for health care, public health, emergency medical services, emergency management, health care coalitions, and other professionals to share best practices, training models, plans, tools, and other resources that promote and advance development of health care coalitions and describe effective coalition work in preparedness and response. Register for the conference [here](#).

KEY RESOURCES

[2016 National Preparedness Report](#)

The FEMA and its partners released the 2016 National Preparedness Report (NPR). The NPR is an annual status report summarizing the Nation's progress toward reaching the National Preparedness Goal of a secure and resilient nation. The report evaluates and measures gains that have been made in preparedness across the nation and identifies where challenges remain. The NPR highlights six core capabilities as national areas for improvement: cybersecurity; economic recovery; housing; infrastructure systems; natural and cultural resources; and supply chain integrity and security.

[Disaster Lit: The Resource Guide for Disaster Medicine and Public Health](#)

As part of the [Disaster Information Management Research Center](#), the Disaster Lit database includes expert guidelines, research reports, conference proceedings, information on training classes, factsheets, Web sites, and other documents that are not commercially published. In times of a disaster or infectious disease outbreak, Disaster Lit collects and shares the earliest available credible medical guidance, often long before the same guidance can be published in peer-reviewed medical journals. Disaster Lit supports other federal disaster information programs by providing the:

- [National Institutes of Health Disaster Research Response Web site](#) and its set of [data collection tools](#).
- PedPrepared database of the Health Resources and Services Administration (HRSA) [Emergency Medical Services for Children program](#).
- ASPR [TRACIE Technical Resource Library](#).

Disaster Lit complements the journal literature in [PubMed](#) and the resources for the public in [MedlinePlus](#). Questions or comments about the database may be sent to dimrc@nlm.nih.gov.

EMSC Innovation & Improvement Center

The Baylor College of Medicine and Texas Children's Hospital has been awarded a new Emergency Medical Services for Children Program (EMSC) Innovation and Improvement Center (EIIC). The AAP is a collaborator in this initiative.

The EMSC works to improve emergency systems of care to ensure that every child has access to optimal pediatric emergency care. To accomplish this, project work is organized into six domains (systems integration, innovation, evidence generation, quality improvement, infrastructure development, and accountability) to build, sustain, and improve pediatric emergency care. The new EIIC was established to support efforts to address each of these domains with the goal of improving outcomes of care.

The EIIC will support EMSC program stakeholders to develop and implement quality improvement strategies to improve pediatric emergency medical services throughout care in both prehospital and hospital care settings, and reduce childhood death and disability due to severe illness or injury.

Questions or comments about the center should be directed to Krisanne Graves (kxgraves@texaschildrens.org) or Dr Charles Macias (cgmacias@texaschildrens.org).

[Ethics of Administering Anthrax Vaccine to Children](#)

Included in [Public Health Ethics Analysis, Volume 3, Chapter 4.14](#), this case describes a terrorist attack involving the release of anthrax aerosol over a major city in the US in a county with a weak public health infrastructure. After a brief overview of anthrax vaccine and the unique considerations when administering anthrax vaccine to children, the case description provides potential downfalls in administering the vaccine to children. Several discussion questions are listed at the end of the case study. This case was developed by Georgina Peacock, MD, MPH, FAAP; Michael Bartenfeld, MA; Cynthia Cassell, PhD; and Daniel Sosin, MD, MPH, FACP.

[Federal Emergency Management Agency Children and Disasters Web Page](#)

The new FEMA Children and Disasters Web page highlights important disaster preparedness resources for children. The page aims to support the integration and implementation of children's disaster related needs into preparedness, planning, response, and recovery efforts initiated by state, local and tribal governments, as well as stakeholders responsible for the temporary care of children.

Survey Evaluation Tools

The Office of the Assistant Secretary for Preparedness and Response released two new surge evaluation tools. The [Health Care Coalition Surge Evaluation Tool](#) is designed to help health care coalitions identify gaps in their surge planning through a no- or low-notice drill. The [Hospital Surge Evaluation Tool](#) is a peer assessment tool that was designed to identify gaps in a hospital's preparedness and help assess its ability to respond to a mass casualty event. Both tools are free and available online.

OPPORTUNITIES

Would you Like to Present on a Future Children's Hospitals and Preparedness Webinar?

The AAP and the CDC are interested in stories about how you and your children's hospital responded in an emergency, so other children's hospitals can learn from your experiences. If you want your story to be included in a future webinar presentation, please let us know by emailing DisasterReady@aap.org.

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

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