

Children & Disasters

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

The AAP [National Conference](#) took place on October 24-27, 2015, in Washington, DC. The AAP DPAC met in conjunction with the AAP National Conference. Highlights of the DPAC meeting included discussions on how to further collaborate to respond to infectious disease threats, dialogue around partnering to develop disaster preparedness education, considerations for mobilizing the AAP Disaster Preparedness Chapter Contacts, and an update from Richard Hunt, MD, FACEP, on the White House [Stop the Bleed campaign](#). The Stop the Bleed campaign offers simple steps a bystander can take to keep an injured person alive until appropriate medical care is available. The AAP is a partner in the implementation of these efforts.

TERRORIST ATTACKS

The AAP extends condolences to families who are suffering after the events that took place in Paris, France. Resources are available to help support [clinicians](#) as well as [families](#). The AAP urges everyone to take care with the images that children see and hear about. Visit the [AAP Web site](#) to see the AAP's [full statement](#) on the tragedy. Also see the posting below regarding the release of the AAP clinical report, "[Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises](#)".

EBOLA

The US Department of Health and Human Services (HHS) released a five minute [video](#) that captures the work that HHS has done in the year since Ebola spread through West Africa and into the US. The video features remarks by HHS Secretary Sylvia Burwell; Centers for Disease Control and Prevention (CDC) Director Tom Frieden, MD, MPH; National Institute of Allergy and Infectious Diseases Director Anthony Fauci, MD; and the HHS Assistant Secretary of Preparedness and Response Nicole Lurie, MD, MSPH.

A [Morbidity and Mortality Weekly Report](#) article was released in September 2015 highlighting the clinical inquiries received by the CDC regarding suspected cases of Ebola Virus Disease in children. From July 2014 through January 2015, the CDC responded to clinical inquiries regarding 89 children in 27 states and the District of Columbia. Overall, 64% of the children about whom an Ebola-related inquiry was made did not meet person under investigation criteria. The most common misperception about risk involved confusion about which countries were affected by Ebola:

- 54% children had traveled from an unaffected country,
- 12% had contact with a traveler from an unaffected country, and
- 27% were perceived mistakenly to have been exposed to Ebola within the US.

The other 36% of these children met criteria for a person under investigation. Fifteen of the 32 children under investigation were tested for Ebola, and all tested negative. Diagnoses included malaria (five), influenza (five), other viral illness (three), and other nonviral illness (six).

The HHS has advanced the [development of a new monoclonal antibody](#) drug for Ebola. The Office of the Assistant Secretary for Preparedness and Response (ASPR) Biomedical Advanced Research and Development Authority will provide \$38 million over the next two years to support the development as well as the manufacturing of the experimental monoclonal antibody therapeutic drug for use in studies.

As part of the response to the 2014-2015 Ebola epidemic, the CDC provided a 3-day in-person training course for more than 600 health care workers intending to work in an Ebola Treatment Unit in Africa. The course is no longer offered. The CDC has developed an [Ebola training toolkit](#) designed to help organizations replicate the CDC 3-day in-person training course to help prepare health care workers to work in these treatment units in Africa.

ENSURING THE HEALTH OF CHILDREN IN DISASTERS

Pediatricians, including primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists, have key roles to play in preparing and treating families in cases of disasters. The recently released AAP policy statement, "[Ensuring the Health of Children in Disasters](#)", stresses the importance of collaboration between pediatricians, institutions, and agencies that serve children to ensure the health and well-being of children in disasters. This policy statement was developed by AAP DPAC member Scott Needle, MD, FAAP, and AAP Committee on Pediatric Emergency Medicine member Joseph Wright, MD, MPH, FAAP. An AAP [press release](#) and an [AAP News article](#) highlight key details in the policy statement. The policy statement also includes the following recommendations and key considerations:

1. National, state, tribal, local, and regional disaster planning must address the unique physical, mental, behavioral, developmental, communication, therapeutic, and social needs of all children.
2. Pediatricians should participate in disaster planning, response, and recovery efforts as subject matter experts, agents of public health surveillance, health care providers, and representatives of practices or institutions.
3. Inpatient, outpatient, and emergency services facilities should develop operational preparedness and resiliency planning, both individually and collaboratively, to continue providing care for children during and after disasters.
4. Pediatricians should work collaboratively with local hospitals, public health agencies, emergency management teams, volunteer emergency responders, educators and school personnel, child care programs, foster care agencies and the juvenile justice system, medical societies, and behavioral health providers, as well as nongovernmental organizations and other agencies that serve children, to effectively meet children's needs in the context of disaster.
5. Equipment, medications, and supplies for children should be available to meet children's needs during a disaster in parity with similar adult needs. Where parity does not exist, research, development, and procurement must be undertaken in a timely manner.
6. Federal, state, academic, and private institutions should conduct more research on identifying gaps in knowledge of treatment of children in disasters and identifying best practices in addressing these deficiencies. Federal grants and funding support for such research need to increase accordingly. The federal government is encouraged to continue developing the infrastructure to facilitate ethical and timely research and data collection in a disaster environment.
7. Disaster exercises and drills need to include children as both victims and responders as appropriate to their age, development, and capability.
8. Mass casualty triage (and related educational efforts) should effectively address children's unique physiology and development.
9. Pediatricians are encouraged to educate children and families in emergency and disaster preparedness and to promote resiliency at individual, family, and community levels.
10. Pediatricians are encouraged to pursue ongoing postgraduate education on disaster issues. Pediatric trainees, nonpediatric health professionals, and first responders should be educated on children's physical and mental health needs in a disaster.

11. Pediatricians are encouraged to sign up for or engage with existing public health disaster response systems, such as Health Alert Network communications, CDC Clinician Outreach and Communication Activity (COCA) announcements, Emergency System for Advance Registration of Volunteer Health Professionals registries, Medical Reserve Corps teams, state medical assistance teams, and disaster medical assistance teams.
12. Pediatricians are encouraged to recognize and attend to their own needs in disasters and take steps to avoid burnout and compassion fatigue. The AAP, AAP chapters, medical societies, and state and federal government should also help pediatricians and pediatric practices survive and be resilient.

INFLUENZA

The AAP continues its efforts to implement the project titled "Improving the Pediatric Community's Readiness and Response to Seasonal and Pandemic Influenza", which is funded through a cooperative agreement with the CDC. The AAP assists health care providers and others who care for children to employ influenza prevention and control strategies during the 2015-2016 influenza season. Activities include:

- A webinar for clinicians held on October 1, 2015, through the CDC COCA system titled "[How To Prevent and Control Pediatric Influenza](#)". Members can view the archived version of the webinar, a transcript, and presentation materials/resources online.
- Developing and disseminating the AAP "What's the Latest with the Flu" messaging series for [clinicians](#) and [child care providers](#).
- Promoting seasonal influenza vaccination during [National Infant Immunization Week](#), [National Immunization Awareness Month](#), and [National Influenza Vaccination Week](#).
- Conducting a follow-up [needs assessment](#) of licensed child care centers regarding preparedness for a severe seasonal or pandemic influenza.
- Developing, updating, and disseminating educational materials and promoting strategies for child care providers. This includes a new [handout](#) for early education and child care programs, and an updated [letter](#) that child care programs can customize to share planning strategies with parents.
- Promoting the new content and resources in the [2015 Edition of the Head Start Emergency Preparedness Manual](#). This includes a chapter on public health emergencies and an appendix on influenza prevention and control.
- Working with key medical associations and partner organizations to disseminate messages, strategies, and resources.
- Disseminating the free online *PediaLink* course [Influenza Prevention and Control: Strategies for Early Education and Child Care](#). The course educates staff who work in Head Start and other early education and child care programs about influenza policies and strategies that help keep children healthy. The course is approved for 1.0 contact hour. The course was updated to reflect the AAP recommendations for the 2015-2016 flu season.

What's the Latest with the Flu – November 2015

[Flu activity](#) is low in the United States at this time. It is not possible to say when influenza activity will increase, which virus(es) will predominate, or who will be most severely impacted by influenza infection. Vaccination is still the most important step in protecting children against influenza. The CDC advises clinicians to expect sporadic vaccine delays, but no shortages. An [AAP News Breaking News](#) article shares additional information regarding potential influenza vaccine delays.

Everyone 6 months of age and older needs an influenza vaccine each year. It takes about two weeks after vaccination to develop antibodies for protection against influenza. Vaccination of people at higher risk of developing serious influenza-related complications is especially important to decrease their chance of severe illness. This includes children with chronic medical conditions, such as asthma, diabetes mellitus, hemodynamically significant cardiac disease, immunosuppression, or neurologic and neurodevelopmental disorders. Everyone should be vaccinated as soon as the vaccine is available in their area, especially anyone who plans to visit or travel during this holiday season.

Last year, H3N2 viruses predominated. The composition of this season's vaccine has been updated to better match those virus strains anticipated to circulate. Two of the four strains in the vaccine have changed from last influenza season. This year, the trivalent vaccine includes an A/California/7/2009 (H1N1) pdm09-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like virus (B/Yamagata lineage). The quadrivalent vaccine contains an additional B virus (B/Brisbane/60/2008-like virus [B/Victoria lineage]). There is no preference for trivalent or quadrivalent vaccine.

The AAP policy on "[Recommendations for Prevention and Control of Influenza in Children, 2015-2016](#)" emphasizes that special effort be made to vaccinate specific groups, such as all child care providers and staff and all women who are pregnant, are considering pregnancy, are in the postpartum period, or are breastfeeding during the influenza season.

Child Care Providers and Staff

In the US, more than two-thirds of children younger than 6 years and almost all children 6 years and older spend significant time in child care or school settings outside the home. Exposure to groups of children increases the risk of contracting infectious diseases. Partnerships between health professionals and child care providers to encourage vaccination of all children, staff, and caregivers are beneficial. Consider sharing some strategies with child care centers to increase influenza vaccination, including offering free flu immunizations to employees (onsite, via gift cards) or having a nurse from an office or a health center come to offer flu vaccinations on site. The AAP has several influenza prevention and control [resources](#) available for child care providers.

Pregnant Women

Flu is more likely to cause severe illness in pregnant women than in those women not pregnant. Studies show that a confident and routine vaccine recommendation from a health care provider is influential. Pediatricians play a crucial role in promoting vaccination to help keep women and their newborns healthy. The AAP recommends annual seasonal influenza immunization of all women who are pregnant, are considering pregnancy, are in the postpartum period, or are breastfeeding during the influenza season. Pediatric offices can serve as an alternate venue for providing influenza immunization for parents and other care providers of children. Medical liability issues and medical record documentation requirements need to be considered before a pediatrician begins immunizing adults in the office.

Be sure to check out the free [Influenza 2015-2016 Course](#). These online courses deliver valuable information for clinicians to help keep children healthy during flu season. For more information, see the [AAP Red Book Online Influenza Resource page](#) or the [CDC FluView](#). The AAP [Protect Children from Influenza](#) infographic identifies actions pediatricians can take to help protect children, especially those at highest risk. All What's the Latest with the Flu messages will be [archived](#). Members of the AAP also have access to [Flu Vaccine Recommendations Speaking Points](#) and updates relating to the [2015-16 Influenza Vaccine Supply](#).

NATIONAL ADVISORY COMMITTEE ON CHILDREN AND DISASTERS

The National Advisory Committee on Children and Disasters (NACCD) was established to provide advice and consultation to the HHS Secretary on issues related to the medical and public health needs of children during or after disasters. Several AAP members were appointed to this [committee](#).

The NACCD is finalizing its second report, which will review the current state of health care preparedness for children in disasters. The report will focus on coalition formation, workforce development, and medical countermeasures. The committee looks forward to its continued collaboration with the [National Preparedness and Response Science Board](#) and is grateful to the ASPR and Secretary for the guidance and support.

NATIONAL PREPAREDNESS MONTH

Each year in September, the AAP supports efforts related to National Preparedness Month. This year, the AAP participated in the following activities:

- Collaboration with the [CDC](#) and the [Federal Emergency Management Agency](#) (FEMA) in support of planned messaging and weekly themes.
- The AAP Children and Disasters [National Preparedness Month](#) Web page was disseminated broadly.
- Multiple National Preparedness Month messages were distributed through various AAP communication mechanisms. The AAP messages focused on family preparedness, improving preparedness in pediatric practice, and influenza prevention and control.
- Recognition of the 10 Year Anniversary of Hurricane Katrina and progress in pediatric preparedness made since 2005, including development of a [Web page](#), [press release](#), and an [AAP News article](#).
- Release of an AAP preparedness [infographic](#) for families that covers the importance of developing a plan, talking to children in advance of disasters, and helping children cope during a disaster.

PEDIATRIC PREPAREDNESS TABLETOP EXERCISE

The AAP and the CDC are collaborating to conduct a state team-based tabletop exercise that pairs 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. The tabletop exercise is planned to be conducted early in 2016, and the AAP will compile and disseminate strategies and lessons learned once these have been identified.

PROVIDING PSYCHOSOCIAL SUPPORT TO CHILDREN AND FAMILIES IN THE AFTERMATH OF DISASTERS AND CRISES

Disasters can take a unique toll on children, with the potential to have short- and long-term impact on their physical and emotional health and development. The AAP clinical report, "[Providing Psychosocial Support to Children and Families in the Aftermath of Disasters and Crises](#)", stresses the importance of ensuring basic support services, psychological first aid, and professional self-care while working with patients and families in the wake of disaster. This clinical report was developed by Thomas Demaria, PhD, and AAP DPAC member David Schonfeld, MD, FAAP. An AAP [press release](#) and an [AAP News article](#) highlight key details in the clinical report. Information from the clinical report was also included on the AAP [Promoting Adjustment and Helping Children Cope After Disaster and Crisis](#) Web page.

WINTER WEATHER

During winter months, the likelihood of carbon monoxide poisoning increases when gasoline or diesel powered generators may be more frequently used to supply power. The AAP urges clinicians, families and communities to work together to protect children against carbon monoxide poisoning. See the AAP [Protecting Children from Carbon Monoxide Poisoning](#) Web page for more information. Also see the Pediatric Environmental Health Specialty Units [fact sheet](#) aimed at parents and families. This fact sheet describes the symptoms of carbon monoxide poisoning, concerns of carbon monoxide poisoning in pregnancy, as well as discusses sources of carbon monoxide in a disaster setting. In the event of a power outage, pediatricians can encourage families to become educated about the risks and to have [flashlights](#) or battery-powered lanterns ready and available. For other ways to protect children, visit the AAP [Extreme Temperatures](#) 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:

- Sarita Chung, MD, FAAP, for being [reappointed](#) to the FEMA [National Advisory Council](#), which was established to ensure effective and ongoing coordination of federal preparedness, protection, response, recovery, and mitigation for natural disasters, acts of terrorism, and other disasters.
- Eric Dziuban, MD, DTM, FAAP, for being appointed as the new lead for the CDC [Children's Preparedness Unit](#).
- Meg Fisher, MD, FAAP, for receiving the [Clifford G. Grulee award](#). This prestigious AAP award recognizes outstanding service to the Academy.
- Georgina Peacock, MD, MPH, FAAP, for her mentorship and strategic support of the CDC Children's Preparedness Unit as the Director of the Division of Human Development and Disability at the CDC National Center on Birth Defects and Developmental Disabilities (NCBDDD).
- Lisa Kaplowitz, MD, MSHA, for her service to children during her time as the Deputy Assistant Secretary leading the Policy and Planning Division for ASPR. The DPAC would also like to congratulate Sally Phillips, RN, PhD, for being appointed as the new Deputy Assistant Secretary leading the Policy and Planning Division at ASPR.
- Wendy Ruben, MS, CHES, for her contributions to children's preparedness as she transitions to serve as a Public Health Analyst for the CDC NCBDDD Office of Policy and Partnership.
- The [National Pediatric Disaster Coalition Conference](#) organizers for conducting an inspirational conference earlier this month that focused on providing tools, training, resources, and information to facilitate continuous improvement in pediatric disaster preparedness.

EDUCATION/TRAINING

[2016 AAP Legislative Conference](#)

April 3-5, 2016

The AAP Legislative Conference will be held April 3-5, 2016, in Washington, DC. Participants will have the opportunity to develop their federal advocacy skills through interactive workshops, learn about timely child health policy topics, hear from several guest speakers from Congress and the Administration, and visit with their legislators on Capitol Hill. Visit www.aap.org/legcon for a [brochure](#) and information on how to [register](#). Please address any questions to LegislativeConference@aap.org.

KEY RESOURCES

[Addressing Preparedness Challenges for Children in Public Health Emergencies](#)

The CDC released a [Morbidity and Mortality Weekly Report](#) article based on the "Addressing Preparedness Challenges for Children in Public Health Emergencies" grand rounds presentation. The article discusses the opportunity for community pediatricians and local and state health departments to strengthen their communications and coordinate efforts to address children's needs in a public health emergency.

[Emergencies at Preschool & Child Care: Do Parents Know the Plan?](#)

Many families have young children in child care centers and preschools, and these facilities must respond appropriately in emergency situations. In May 2015, the CS Mott Children's Hospital National Poll on Children's Health asked parents with children 0 to 5 years old in preschool or in a child care center for their opinions on how prepared their children's centers and schools are in handling emergency situations and evacuations. Only 37% of parents said that their children's centers or preschools had an emergency plan available online and 39% indicated a method of identifying children if an evacuation became necessary.

[Emergency Medical Services for Children](#)

The mission of the Emergency Medical Services for Children (EMSC) program is to reduce child and youth mortality and morbidity caused by severe illness or trauma. The program aims to ensure that:

- State of the art emergency medical care is available for the ill and injured child or adolescent;
- Pediatric service is well integrated into an emergency medical service system backed by optimal resources; and
- The entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, is provided to children and adolescents as well as adults, no matter where they live, attend school or travel.

The EMSC [National Resource Center](#) works to promote emergency medical services and trauma system development at local, state, regional, and national levels to adequately prepare for the care of children. The EMSC projects at the state level offer opportunities for pediatricians and others to partner to implement important pediatric emergency readiness activities. To find the point person in your state, see the EMSC [State Partnership, State Partnership Regionalization of Care, and Targeted Issue Grantees](#).

[Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients, 4th Edition](#)

Developed by the AAP Section on Transport Medicine, the *4th Edition of the Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients* was recently released. The goal of this manual is to serve as a guide to bring quality of care to pediatric patients who are not near a tertiary care facility. The guide also aims to ensure safe transfer of pediatric patients to the hospital that will provide their care.

[Monster Guard: Prepare for Emergencies App](#)

Developed by the American Red Cross, *Monster Guard: Prepare for Emergencies*, is a free app that can educate children about disasters through gaming. Children between the ages of 7 and 11 role play as different monster characters and earn points while learning how to be safe in home fires, hurricanes, floods and other disasters. If a player completes all the episodes, he or she will graduate and become a member of the Monster Guard. The app is available for tablets and other mobile devices.

[National Library of Medicine](#)

The National Library of Medicine (NLM) is the world's largest biomedical library. The NLM maintains and makes available a wide variety of print material and produces electronic information and resources on a broad range of topics. It also supports and conducts research, development, and training in biomedical informatics and health information technology. Disaster specific resources can be found in the [Disaster Information Management Research Center](#). To join announcement and discussion lists on disaster preparedness and response hosted by the NLM, see the [NLM Email Lists](#) Web page.

[National Pediatric Readiness Project](#)

The National Pediatric Readiness Project is a multi-phase quality improvement initiative to ensure that all US hospitals with emergency departments have the essential guidelines and resources in place to provide effective emergency care to children. In 2013, more than 4,100 emergency departments across the US participated in an assessment to determine their readiness to care for a sick or injured child. The survey was reopened on November 1, 2015, to encourage hospitals/institutions to enter updated data.

In response to the Pediatric Readiness Assessment, a multidisciplinary workgroup was convened to create the Checklist of Essential Domains and Considerations for Every Hospital's Disaster Preparedness Policies. Two versions of the checklist are available, see an [electronic interactive pdf](#) and a [printable pdf](#).

[National Preparedness Goal](#)

The FEMA and its partners released the second edition of the *National Preparedness Goal*. The first edition of the *National Preparedness Goal* was made available in September 2011. It described a vision for preparedness nationwide and identified the core capabilities necessary to achieve that vision across five mission areas: prevention, protection, mitigation, response, and recovery. The second edition of the *National Preparedness Goal* incorporates critical edits identified through real world events, lessons learned, and implementation of the [National Preparedness System](#).

[Radiation Emergency Medical Management Web Site](#)

The Radiation Emergency Medical Management (REMM) Web site was recently updated. The purpose of the REMM Web site is to give health care personnel key information about the diagnosis and treatment of radiation injuries and access to interactive clinical tools and data. The Web site is a collaborative effort of the ASPR and the NLM. The site provides just-in-time, evidence-based, usable information with sufficient background and context to make complex issues understandable to health care providers without formal training or expertise in radiation medicine.

[Ready Wrigley Disaster Preparedness Activity Books for Children](#)

The AAP and the CDC have collaborated to produce Ready Wrigley disaster preparedness activity books for children 7 to 10 years of age on [earthquakes](#), [hurricanes](#), [tornadoes](#), and [winter weather](#). A new booklet on [extreme heat](#) was recently released. The AAP has a select amount of complimentary print copies available. If you would like print copies, please e-mail DisasterReady@aap.org.

[School Safety during Emergencies: What Parents Need to Know](#)

The AAP collaborated with the [National Center for School Crisis and Bereavement](#) to develop a new Web page on school safety during emergencies. The information on this Web page will help parents learn about actions schools across the country are taking to make themselves safer and better prepared for an emergency as well as ways for parents to get more involved.

[Traumatic Stress and Suicide After Disasters](#)

This article from the Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center highlights recent research on disasters and their relationship to traumatic stress, suicide rates, and suicide attempts. The article examines how rates of suicide, and suicidal thinking and behaviors, have changed following disasters. In addition, the article reviews evidence on populations that may be most at risk for traumatic stress and suicide after disasters.

[The Medical Home and Care Coordination in Disaster Recovery: Hypothesis for Interventions and Research](#)

After disaster-related medical emergencies resolve, health care providers typically encounter a secondary surge of unmet primary care and mental health needs. Little evidence has been reported and no consensus is available to guide health care professionals during the recovery phase after major community disruptions. This article, published in the journal *Disaster Medicine and Public Health Preparedness*, proposes that existing practice, policy, and research frameworks in primary care for the underserved may serve as models for improving and evaluating health care in disrupted communities.

OPPORTUNITIES

[Children's Hospital Calls](#)

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. Activities include a series of conference calls/webinars and a small amount of funding, through an application process, to support regional or collaborative network activities. If you are interested in receiving more information, please e-mail DisasterReady@aap.org.

[FEMA External Affairs Bulletin](#)

The FEMA Office of External Affairs (OEA) provides this electronic bulletin to highlight recent and upcoming program and policy activities and announcements. The mission of the OEA is to engage, inform, and educate all of FEMA's stakeholders in support of programs and initiatives to achieve its mission. Subscribe to the bulletin [here](#). Previous editions of the bulletin are available [online](#).

[Technical Resources Assistance Center and Information Exchange](#)

The ASPR [Technical Resources Assistance Center and Information Exchange](#) (TRACIE) launched in June 2015. The ASPR TRACIE is a health care emergency preparedness information gateway that provides access to information and promising practices, identifies and addresses knowledge gaps, and offers responses to requests for technical assistance. The goal is to fill the gaps in health care preparedness capabilities by providing a way to share best practices and resources in the event of a health care emergency. This is designed for anyone looking to learn more about disaster, medical, health care, and public health preparedness. The AAP encourages members to review this Web site to determine if any additional pediatric resources should be added. E-mail askasprtracie@hhs.gov for details.

For more information, e-mail DisasterReady@aap.org. We appreciate your efforts to care and advocate for the needs of children!