



ESF 15 Business / Nonprofit Update

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ITEMS OF INTEREST FOR ESF 15

Incorporating Social Media into Disaster Communications

Emergency management organizations must get ahead of the rising tide of social media and incorporate it into their risk communications strategies advised a roundtable of experts in a recent report. Communications methods that involve user interaction – such as Twitter, blogs, social networking sites, Really Simple Syndication (RSS) feeds and others – provide emergency communications an unparalleled opportunity to reach wide audiences in times of catastrophe, observed the report, titled “Expert Round Table on Social Media and Risk Communication During Times of Crisis: Strategic Challenges and Opportunities.” “The use of social media during emergencies – from the 2007 shootings at Virginia Polytechnic Institute and State University (Virginia Tech), to the 2008 terror attacks on Mumbai, to the 2009 salmonella-related peanut recall – is leading to a roadmap to help public health and emergency management craft a unified strategy on applying social media to crisis communications,” the report stated. The report offered tips for how organizations might best use social media during emergencies. Those tips included, among others:

- Make social media efforts message driven, not channel driven.
- Keep messages brief and pertinent. People are not really reading, they are scanning.
- Make sure you can receive public input. Remember that social media is not just about you talking to the public; it also is about them talking to you and to each other.
- Use social media to support a unified message. Instead of creating a new message for social media, use social media to support your existing message in a larger communications model.
- Avoid “shiny new object syndrome” (being quick to adopt every new social media that emerges, as soon as it emerges).

<http://www.hstoday.us/content/view/9638/128/>

Corporations Control Damage via Twitter

A few unflattering words from a disgruntled employee or dissatisfied customer didn't always amount to a crisis. While businesses have always been affected by word-of-mouth, word-of-web travels exponentially faster and can make or break a brand's reputation overnight. In an article on the Wall Street Journal Web site, Sarah E. Needleman says businesses are increasingly tracking Facebook, Twitter and other social media “to gauge consumer sentiment and avert potential public-relations problems.” Needleman says that besides deploying software and assigning employees to monitor online postings and blogs, “they're also assigning senior leaders to craft corporate strategies for social media.”

<http://online.wsj.com/article/SB124925830240300343.html>

Hurricane Preparedness TV Show

The television program “Hurricane Preparedness” will air on Fairfax County Government Channel 16 during the month of September on Tuesdays at 3:30 p.m.; Wednesdays at 7:30 p.m.; and Saturdays at 5:30 p.m. The program features personnel from the Fairfax County Office of Emergency Management, National Weather Service and the American Red Cross offering tips and information about hurricanes and how residents of Fairfax County can better prepare. Hurricane Camille in 1969 and Hurricane Isabel in 2003 showed that Virginia and Fairfax County are susceptible to all levels of tropical systems, from tropical depressions to severe Category 5 hurricanes, and the damage and destruction they can cause. Hurricane season began June 1 and continues through Nov. 30. Tune in to “Hurricane Preparedness” to find out how to prepare yourself, your family and your home this hurricane season. For additional information about hurricane and emergency preparedness, contact the Fairfax County Office of Emergency Management at 571-350-1000 or visit <http://www.fairfaxcounty.gov/emergency>.

“Hurricane Preparedness” online: http://www.fairfaxcounty.gov/cable/channel16/asx/hurricane_preparedness.asx.

2009 Hurricane Season Forecast Updated / Brochures Available

Colorado State University has further reduced its 2009 Atlantic Seasonal Hurricane Forecast due to the continuing development of El Niño. In the August update, CSU is calling for 10 named storms for the season, four hurricanes and two major hurricanes (Category 3, 4 or 5). The tropical meteorology research group from CSU's Department of Atmospheric Science will update its forecast in September and October. Read the full text of CSU's forecast: <http://hurricane.atmos.colostate.edu/Forecasts>. Meanwhile, the Hampton Roads Emergency Management Committee and the Virginia Department of Emergency Management (VDEM) have redesigned the Virginia Hurricane Guide. For the 2009 hurricane season, 250,000 copies of the guide were printed; most will be distributed by state and local agencies, private businesses and nonprofit organizations. Any organization interested in distributing the guides should contact the VDEM Public Affairs Office at 866-782-3470. An interactive, Web-based version is also available at www.ReadyVirginia.gov. A federal homeland security grant paid for the printing costs.

Reprinted from the Aug. 12, 2009, EM Update e-mail newsletter from the Virginia Department of Emergency Management.

Know the difference between a Hurricane Watch and Warning.

- If you are under a **Hurricane Watch**, hurricane conditions are a threat within 36 hours. Review your hurricane plans, keep informed and be ready to act if a warning is issued.
- A **Hurricane Warning** means hurricane conditions are expected within 24 hours. Complete your storm preparations and leave the area if directed to do so by authorities.

NCR Selects Homeland Security Projects to Fund

The National Capital Region has chosen projects to fund with the \$58 million Urban Areas Security Initiative award to the NCR through the Homeland Security Grant Program. The goal is to strengthen the NCR's ability to manage large, regional events. Funds will help to increase security at Metro stations, assist law enforcement agencies to share information, expand traffic monitoring, provide shelter to people with special needs and treat mass casualties.

Some of the funded projects include:

- **Bridge, Tunnel and Metro Station Security** (\$4.7 million): Additional video cameras will be installed to monitor critical bridges and tunnels; more cameras for Metro stations across the region. These cameras will help officials to monitor crowds or traffic during events, as well as more closely look for suspicious activity.
- **Law Enforcement Information Sharing** (\$9.03 million): Law enforcement information sharing system will be expanded, allowing officers to look up criminal records or other data from their cell phones or wireless devices. This system can only be used from police cars now, but mobile access will help officers during large events.
- **Traffic Monitoring** (\$5.4 million): Traffic sensors will be installed along potential evacuation routes in Washington D.C., Maryland and Virginia, allowing officials to monitor traffic volume and speed. State and local traffic information systems also will be integrated, allowing the region to better manage traffic during a large event or evacuation.
- **Shelter Supplies** (\$1.04 million): The region will improve its ability to shelter and care for people with special needs, pets and children. Additional staff will be trained to operate shelters for people with special needs, and the region will buy additional shelter supplies and equipment.
- **Patient Tracking System** (\$1.5 million): The region will implement an initiative that allows emergency rooms to track the real-time location of ambulances from every hospital in the region. ERs also will be able to monitor the treatment capacities at every hospital. This program will help the 34 hospitals in the region to treat a surge of injuries or casualties following a disaster.

Reprinted from the Aug. 12, 2009, EM Update e-mail newsletter from the Virginia Department of Emergency Management.

Department of Defense Launches New Web Portal

The Department of Defense (DoD) this month launched a new home page (www.Defense.gov) designed to invite participation from the public and make military news and information more accessible. The new Web site will provide quick access to those sites that are most sought by Web site visitors, including DoD social media sites, the Pentagon Channel and DoD news stories. Prominent on the new home page is a new "We Want to Hear From You" feature that will give users the opportunity to ask questions of Defense Department leaders, vote on policy issues they

want explained, and explore frequently asked questions and answers. The new site replaces www.DefenseLink.mil as the department's main Internet entry portal. DefenseLink will remain a news Web site and may be accessed from Defense.gov.

<http://www.defense.gov>

Governor Kaine Announces Expanded H1N1 Call Center Support

Governor Timothy M. Kaine has announced that the Virginia Department of Health (VDH) is expanding its call center to handle questions that Virginians may have about the novel influenza A (H1N1) virus. The toll-free number is 1-877-275-8343 and will be answered during state business hours. The department will adjust hours as necessary to accommodate call volume. Virginians also are able to ask questions via e-mail through the VDH home page at www.vdh.virginia.gov. State Health Commissioner Karen Remley, M.D. said the call center's increased operations coincide with the opening of public schools across the state this month. The call center is part of a federally-funded program developed by the health department to prepare for and respond to the novel H1N1 virus.

<http://www.governor.virginia.gov/MediaRelations/NewsReleases/viewRelease.cfm?id=1032>

PLANNING / PREPAREDNESS

Current Threat Level

- The United States government's national threat level is Elevated, or Yellow.
- The U.S. threat level is High, or Orange, for all domestic and international flights. Only small amounts of liquids, aerosols and gels are allowed in carry-on baggage. See the Transportation Security Administration (TSA) Web site (<http://www.tsa.gov>) for up-to-date information on items permitted and prohibited on airlines.
- Virginia Threat Level: 



Under an elevated threat level, businesses should:

- Continue all precautions from lower Threat Conditions.
- Announce Threat Condition ELEVATED to employees.
- Review vulnerability and threat assessments and revise as needed.
- Identify and monitor governmental information sharing sources for warnings and alerts.
- Update and test call down list for emergency response teams and key employees.
- Review and coordinate and update mutual aid agreements with other critical facilities and government agencies.
- Establish and monitor active and passive security measures.
- Review employee training on security precautions (bomb threat procedures, reporting suspicious packages, activities and people).
- Conduct communications checks to ensure radio contact can be established.

At this time there is no credible information warning of an imminent, specific threat to the homeland. All Americans should continue to be vigilant, take notice of their surroundings, and report suspicious items or activities to local authorities immediately. Everyone should establish an emergency preparedness kit and an emergency plan for themselves and their family, and stay informed about what to do during an emergency.

http://www.dhs.gov/xinfoshare/programs/Copy_of_press_release_0046.shtm

<http://vaemergency.com/>

FEMA Administrator Releases Preparedness Video

The Department of Homeland Security's Federal Emergency Management Agency (FEMA) Administrator Craig Fugate earlier this month released a Web video message highlighting the need for the public to be prepared for any emergency. "Our entire emergency management team has a role to play when it comes to preparing for and responding to the next disaster," said Fugate. "One of the most important parts of that team is the public. The more prepared the public is now, by getting an emergency response kit, making an emergency action plan, and getting a skill, like CPR, the stronger our emergency response team will be." Tips on how to be prepared, including how to make an emergency plan, and what should be in an emergency response kit, can be found at www.ready.gov.
<http://www.youtube.com/fema>



Business Preparation for H1N1

So what can businesses do to prepare for the H1N1 Influenza A virus? In addition to reviewing and updating Continuity of Operations (COOP) plans, below are suggestions from the CDC.

What can businesses can do to anticipate and respond to the impact of novel H1N1 flu on operations?

What can businesses do to help protect their employees?

- Implement policies that encourage employees to stay home when they're sick.
- Encourage infection control practices in the workplace.
 - Display educational [posters](#).
 - Provide alcohol-based hand sanitizer and sufficient facilities for hand washing.
 - Provide disinfectant and disposable towels for employees to clean their work surfaces.
- Share flu-related policies and plans with employees and clearly communicate expectations.

- Identify a workplace coordinator who will be responsible for dealing with novel H1N1 flu issues and impact at the workplace, including contacting local health department and health care providers in advance and developing and implementing protocols for response to ill individuals.
- Determine who will be responsible for responding to ill individuals in the workplace, either through an established health clinic or as a first aid duty.
- Make sure you have up-to-date continuity of operations and emergency communications plans in place.
- Develop platforms (e.g., hotlines, dedicated websites) for communicating novel H1N1 flu status and actions to employees, vendors, suppliers and customers.

Are you Ready? Are you REALLY Ready?

There is a disconnect in Virginia. People believe they are ready for emergencies, but they are not. Consider this: although half of Virginians think they are prepared, 71 percent do not have these four essentials:

- Three days' food that won't spoil, such as canned goods and packaged foods.
- Three days' water (one gallon per person per day).
- Working battery-powered radio with Weather Band and extra batteries.
- Written family emergency plan.

Do you have these items? This is a minimum list for being ready for emergencies. This list is about survival ... not about comfort. Of course, you can add other things such as a flashlight and first-aid kit – and you should – but this

list is the starting point for being prepared. September is National Preparedness Month. The goal for the month is to help Americans understand what it truly means to be Ready. If you don't have three days' food and water, a battery-powered radio and a family plan, then you are not ready. National Preparedness Month is a great time for you to begin. Start with a family plan. You may not be together when an emergency happens. Sit down as a family and plan in advance what you will do in an emergency and how you will get in touch with each other. Write it down. Go to www.ReadyVirginia.gov for a family plan worksheet. Making a plan is free and simple and will make a difference. During National Preparedness Month in September, you may hear and see new Ready Virginia public service announcements on radio and TV stations that remind us to take steps to prepare for emergencies in our homes, businesses and communities. September is also prime hurricane and flood season in Virginia. There is no better time for you to get ready. For more go to www.ReadyVirginia.gov, www.ListoVirginia.gov and www.Ready.gov. Emergency preparedness is everyone's responsibility. Are you really ready?

Prepared by the Virginia Department of Emergency Management, August 2009. 804-897-6510.

FEMA Research Provides New Insights on Personal Preparedness

During the 2009 National Conference on Community Preparedness, the Federal Emergency Management Agency (FEMA) released a new report, "Personal Preparedness in America: Findings from the 2009 Citizen Corps National Survey," that offers comprehensive data on the public's thoughts, perceptions, and behaviors related to preparedness and community safety for multiple types of hazards. Findings from these surveys provide valuable insights for increasing personal preparedness, civic engagement and community resilience. These findings are particularly relevant as we prepare for a possible pandemic flu outbreak, hurricane season and other hazards. Results from this study have important implications for the development of more effective communication and outreach strategies to achieve greater levels of preparedness and participation. Suggested strategies based on this data include:

- **Stress that preparedness is a shared responsibility.** Results from the national survey indicate that 30 percent of Americans have not prepared because they think that emergency responders will help them and that over 60 percent expect to rely on emergency responders in the first 72 hours following a disaster. While government will execute its functions, communications to the public should convey a more realistic understanding of emergency response capacity and emphasize the importance of self-reliance. Messaging should speak to a shared responsibility and stress that everyone has a role to play in preparedness and response.
- **Provide more specificity on preparedness actions.** This research also found that many people who report being prepared have not completed important preparedness activities or do not have a sound understanding of community plans. Of those who perceived themselves to be prepared, 36 percent did not have a household plan, 78 percent had not conducted a home evacuation drill, and 58 percent did not know their community's evacuation routes.
- **Highlight additional preparedness needs for people with disabilities.** Fourteen percent of respondents reported having a physical or other disability that would affect their capacity to respond to an emergency situation. Alarming, however, few individuals with disabilities had taken specific actions to help them respond safely in the event of an emergency. Only 27 percent had taken a CPR or first aid training and less than half (47 percent) had a household plan. Another 14 percent of survey participants indicated they lived with and/or cared for someone with a physical or other disability. Of these individuals less than 40 percent reported taking a CPR or first aid training (36 percent and 39 percent respectively) and 53 percent had supplies set aside in their home.
- **Emphasize the importance of drills and exercises.** Practicing response protocols is critical for effective execution; this is true for emergency responders and true for the public. Fewer than half the surveyed individuals (41 percent) had practiced a workplace evacuation drill, only 14 percent had participated in a home evacuation drill, and of those in school and/or with children in school, only 23 percent had participated in a school evacuation drill. And the numbers are much lower for shelter in place drills (27 percent, 10 percent and 13 percent respectively). Drills and exercises for multiple hazards and multiple locations need to be conducted through social networks. In addition, community members need to be included more effectively in government-sponsored community exercises.
- **Offer specialized information on the survivability of manmade disasters.** These results indicate that individuals' perceived utility of preparing and their confidence in their ability to respond varies significantly

by disaster type. Only 7 percent of individuals felt that nothing they did would help them handle a natural disaster, whereas 35 percent felt nothing they did would help them in an act of terrorism, such as a biological, chemical, radiological, or explosive attack. All-hazards terminology may mask important nuances relative to conveying personal preparedness guidance for specific hazards. It is important to emphasize the survivability of manmade disasters and the relevant protective measures for these hazards.

- **Couple a national voice with local specificity.** National leaders must be strong advocates for personal preparedness, but it is clear that messages specific to individual preparedness must include critical local information, such as information on local hazards, local alerts and warnings, and local community response protocols. Local social networks must also be used to support outreach and education on personal preparedness, such as neighborhoods, the workplace, schools and faith communities. And the concepts of mutual support at the local, neighborhood level should be emphasized.

To read the survey report, visit: <http://www.citizencorps.gov/ready/2009findings.shtm>.

MEDIA ARTICLES OF INTEREST

Kids Have Special Needs During Disasters

The 82-page national disaster plan, created by the Bush administration after Hurricane Katrina, makes reference to pets. But it does not include the word “children” except in its annex pages. In an article on the Washington Post website, Associated Press reporter Eileen Sullivan says FEMA intends to more broadly plan for children and their needs. “Let’s look at children not as something we’re going to deal with after we write the plan,” FEMA Administrator Craig Fugate said to Sullivan. A new working group of FEMA representatives will work with the nationally mandated National Commission on Children and Disasters, created in 2007, and will draw on government programs that currently deal with children. The FEMA working group will relook at the national disaster plan with children in mind. It will consider issues such as how to evacuate, shelter and relocate children during a disaster, and how childcare centers, schools and child welfare programs can prepare. Fugate said the “National Response Framework,” which is the U.S. blueprint for disaster response, could change once the working group releases its findings on how to specifically address children’s needs during disasters.

http://www.washingtonpost.com/wp-dyn/content/article/2009/08/03/AR2009080301388_pf.html

Poll: Most Americans Not Concerned About Swine Flu

Most Americans are either “not too” or “not at all” worried about the swine flu hitting home and broad majorities have confidence the government and local health providers will be able to effectively deal with an outbreak, according to a new Washington Post-ABC News poll. Eager to stem the spread of the H1N1 virus, several federal agencies joined forces today to release new guidelines for businesses to use in the upcoming flu season. A key component in the federal response is the swine flu vaccine currently in production, and in the poll, 55 percent of Americans say they are apt to get the vaccine for themselves or someone in their household. Stipulating a doctor’s recommendation, that percentage jumps to 65 percent. But the government has to battle some complacency: Only about one in eight Americans is very worried that swine flu will affect his or her family, with more than twice as many “not at all” concerned. Overall, more than six in 10 are not worried. The limited concern does not appear related to the general confidence in the federal government and local hospitals and health agencies to handle the virus, as those who expect high performance are no more or less worried than others. In general, nearly three-quarters have confidence the government can respond effectively to a swine flu outbreak in this country; more than eight in 10 say so about their local health agencies.

<http://www.washingtonpost.com/wp-dyn/content/article/2009/08/19/AR2009081901585.html>

U.S. Report Estimates 30,000 to 90,000 H1N1 Deaths

The global flu pandemic expected to return to the U.S. this fall may infect as much as half the U.S. population, flooding hospitals with nearly 2 million patients and causing 30,000 to 90,000 deaths, according to the first official forecast of the scope of the flu season now getting underway. The report, released Monday, Aug. 24, by the White House, was prepared by the President’s Council of Advisors on Science and Technology. It offers the forecast as the most plausible of a range of scenarios that reflect the potential impact of a new form of H1N1 flu, known as swine

flu, which the report calls “a serious health threat to the United States.”

http://www.usatoday.com/news/health/2009-08-24-swine-flu-vaccine_N.htm

All Maryland Hospitals Linked to Track Swine Flu

Anticipating a potentially widespread outbreak of swine flu this fall and winter, state officials announced on Monday, Aug. 24, that all of Maryland’s hospitals will now be linked in a computerized system to better track the disease. The officials said Maryland is the first state to enlist all its hospitals in the surveillance program, which is also designed as an early warning system for a bio-terror attack. Forty-six hospitals will share data on patients admitted, diagnoses and treatments. Also, drugstores in the state will be reporting sales of flu and cold medications.

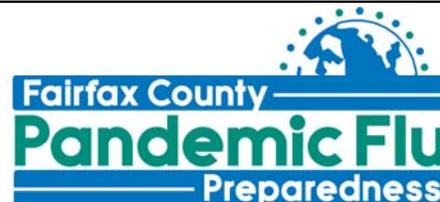
<http://www.baltimoresun.com/health/bal-md.flu25aug25.0,2493626.story>

PANDEMIC FLU

Fairfax County Pandemic Flu Preparedness

Be sure to visit the county’s pandemic flu Web page for information on upcoming events and other preparedness news.

<http://www.fairfaxcounty.gov/emergency/pandemicflu/>



Federal Guidelines Encourage Employers to Plan Now for Upcoming Influenza Season

Recommendations Encouraging Hand Washing to Allowing Some Employees to Stay Home

Department of Commerce (DOC) Secretary Gary Locke, Department of Health and Human Services (HHS) Secretary Kathleen Sebelius and Homeland Security (DHS) Secretary Janet Napolitano announced (on Aug. 19) new guidance for businesses to plan for and respond to the upcoming flu season. The guidance, released by the Centers for Disease Control and Prevention (CDC), is designed to help employers prepare now for the impact that seasonal and 2009 H1N1 influenza could have this fall and winter on their employees and operations. Employers’ plans should address such points as encouraging employees with flu-like symptoms or illness to stay home, operating with reduced staffing, and possibly having employees who are at higher risk of serious medical complications from infection work from home, according to the CDC guidance. It is not known whether the 2009 H1N1 influenza virus will cause more illness or more severe illness in the coming months, but the CDC recommends that everyone be prepared for influenza. Because seasonal and 2009 H1N1 influenza pose serious health threats, employers should work with employees to develop and implement plans that can reduce the spread of flu, and to encourage seasonal flu vaccination as well as H1N1 vaccination when that vaccine becomes available. Secretary Locke suggested businesses set the right tone in the workplace. That means implementing common sense measures to reduce the risk of spreading the flu and encouraging workers who are sick to stay home.

<http://www.hhs.gov/news/press/2009pres/08/20090819a.html>

Preparing for the Flu: A Communication Toolkit for Businesses and Employers

The purpose of “Preparing for the Flu: A Communication Toolkit for Businesses and Employers” is to provide information and communication resources to help businesses and employers implement recommendations from CDC’s Guidance for Businesses and Employers to Plan and Respond to the 2009-2010 Influenza Season.

<http://www.flu.gov/plan/workplaceplanning/toolkit.html>

School Dismissal Monitoring System

The Centers for Disease Control and Prevention and the U. S. Department of Education have established a School Dismissal Monitoring System to report on novel influenza (H1N1)-related school or school district dismissal in the United States. School dismissals can be reported in two ways:

- Via an online reporting form.
- Downloading an electronic version of the reporting form and submitting it via e-mail or fax.

For more school-related influenza information, visit www.ed.gov or www.cdc.gov/h1n1flu.

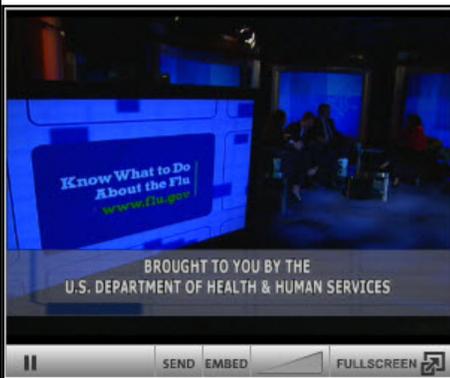
http://www.cdc.gov/h1n1flu/schools/dismissal_form/index.htm

New Study Finds Face Masks Provide Limited Protection Against Flu

The Centers for Disease Control and Prevention (CDC) said it does not intend to change its guidelines for the use of respirators like the N-95 face mask for use in H1N1 contaminated environments in response to a new study that indicates exposure to the virus may be lessened within families with an infected member who use face masks. Researchers at the School of Public Health, the University of Hong Kong, found that wearing a face mask along with regular hand washing tended to help reduce transmission rates for seasonal flu among members of the same household. The study was unable to conclude, though, just what the degree of protection was when wearing face masks over the proven benefit of regular hand washing, which authorities have long stressed. Additionally, the use of a face mask in conjunction with regular hand washing only showed benefit when it was performed within 36 hours of a person developing influenza contamination symptoms.

“Public health authorities still believe that people are better off by regularly washing their hands and using an appropriate hand sanitizer and taking "common sense" precautions - the same kind of precautions one should take to avoid catching the common cold, which also is caused by a virus.”

http://www.hstoday.us/index.php?option=com_content&task=view&id=9660&Itemid=149



H1N1 Influenza Webcasts

Department of Homeland Security (DHS) Secretary Janet Napolitano, Department of Health and Human Services Secretary Kathleen Sebelius and Department of Education Secretary Arne Duncan joined with Centers for Disease Control and Prevention Director for Immunization and Respiratory Diseases Dr. Anne Schuchat to discuss H1N1 preparedness and answer questions from the public in a Webcast, “Know What to do About the Flu” on Aug. 4. Schuchat and Sebelius outlined the four pillars of President Obama’s “National Framework for Response”—surveillance, community mitigation, vaccination and communication—and detailed planning and preparedness efforts used by the federal government to facilitate these goals. Napolitano highlighted the role DHS plays as federal coordinator during public health

emergencies, particularly by working closely and communicating clearly with state and local first responders and emergency communicators during a health emergency. Duncan and Sebelius stressed the federal government’s ongoing commitment to reach out to parents and the education community to help them prepare for the upcoming school year. A replay of “Know What to do About the Flu” is available online at <http://www.flu.gov/>.



Another Webcast was held on Aug. 20 that focused on the new federal guidance for businesses and employers. The new guidance encourages employers to plan now for the 2009 H1N1 influenza this fall in order to minimize economic impacts and protect employees’ health. Leading the discussion about the guidance and what it means for businesses was:

- Dr. Toby Merlin, CDC
- Dr. Tilman Jolly, Homeland Security
- Travis Sullivan, Department of Commerce
- Ann Beauchesne, U.S. Chamber of Commerce

More information for businesses is available online at <http://www.flu.gov/>.

H1N1 Flu: CDC Response

The CDC continues to take aggressive action to respond to the outbreak. CDC’s response goals are to reduce the

spread and severity of illness, and to provide information to help health care providers, public health officials and the public address the challenges posed by this new public health threat. CDC is issuing updated interim guidance in response to the rapidly evolving situation. To provide updated interim guidance on the use of antiviral agents for treatment and chemoprophylaxis of novel influenza (H1N1) virus infection, and assist clinicians in prioritizing use of antivirals for treatment or chemoprophylaxis of patients at higher risk for influenza-related complications. Additional revisions to these recommendations for antiviral treatment should be expected as the epidemiology and clinical presentation of novel influenza A (H1N1) virus infection is better understood. This guidance can be adapted according to local epidemiologic data and antiviral supply considerations.

- High-risk groups: A person who is at high-risk for complications of novel influenza (H1N1) virus infection is defined as the same for seasonal influenza at this time. As more epidemiologic and clinical data become available, these risk groups might be revised.
- Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
- Adults 65 years of age and older.
- Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus).
 - Immunosuppression, including that caused by medications or by HIV.
 - Pregnant women.
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy.
 - Residents of nursing homes and other chronic-care facilities.

Clinician Guidance

CDC also has issued interim guidance for clinicians on identifying and caring for patients with novel H1N1, in addition to providing interim guidance on the use of antiviral drugs. Influenza antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) with activity against influenza viruses, including novel influenza H1N1 viruses. The priority use for influenza antiviral drugs during this outbreak is to treat people hospitalized with influenza illness, and to treat people at increased risk of severe illness, including pregnant women, young children, and people with chronic health conditions like asthma, diabetes and other metabolic diseases, heart or lung disease, kidney disease, weakened immune systems, and persons with neurologic or neuromuscular disease.

Public Guidance

The Public

CDC issued guidance for the public covers what to do if you become sick with flu-like symptoms (www.cdc.gov/h1n1flu/sick.htm), including infection with novel H1N1. CDC also has issued instructions on taking care of a sick person at home (www.cdc.gov/h1n1flu/guidance_homecare.htm) and the use of facemasks and respirators to reduce novel influenza A (H1N1) transmission (www.cdc.gov/h1n1flu/masks.htm). Everyone should take everyday preventive actions to stop the spread of germs, including frequent hand washing and people who are sick should stay home and avoid contact with others in order to limit further spread of the disease.

Vaccine

Vaccines are a very important part of a response to novel H1N1 influenza and the U.S. Government is aggressively taking early steps in the process to manufacture a novel H1N1 vaccine, working closely with manufacturers. CDC isolated the new H1N1 virus, made a candidate vaccine virus strain that can be used to create vaccine, and is working with other agencies and industry to begin scaling up for testing and production of a vaccine. Making vaccine is a long multi-step process requiring several months to complete. CDC has developed guidance for state and local public health departments to assist them in planning for a novel H1N1 influenza vaccination campaign. Additional guidance is forthcoming. For more on H1N1 vaccination, visit the CDC's question and answer Web page at: www.cdc.gov/h1n1flu/vaccination/statelocal/qa.htm.

Stockpile Deployment

CDC has deployed 25 percent of the supplies in the Strategic National Stockpile (SNS) to all states in the continental United States and U.S. territories. This included antiviral drugs, personal protective equipment, and respiratory protection devices. These supplies and medicines will help states and U.S. territories respond to novel H1N1 virus.

School Dismissal Monitoring

CDC and the U.S. Department of Education, in collaboration with state and local health and education agencies and national non-governmental organizations, have implemented a school dismissal monitoring system for the 2009-2010 school year. This monitoring system will generate real-time, national summary data daily on the number of school dismissals and the number of impacted students and teachers.

<http://www.cdc.gov/h1n1flu/cdcreponse.htm>

Preparing for H1N1

by Katherine Brandon on USA.gov News

HHS Secretary Kathleen Sebelius, Homeland Security Secretary Janet Napolitano and Education Secretary Arne Duncan penned an op-ed, published on Aug. 11, highlighting the federal government's coordinated efforts to combat H1N1. As they discussed, these efforts help ensure that we will be prepared as possible for flu season in the fall:

We don't need to wait to act. In the fight against flu, preparation is more than half the battle — and we need everyone to chip in. We in the federal government have been aggressively responding to the new H1N1 since April. We're building on what we learned from the early spring season and from health officials in the southern hemisphere where flu seasons are already underway.

In addition to preparing the seasonal flu vaccine as usual, government scientists and vaccine manufacturers are working around the clock to produce a vaccine to protect people from the new H1N1 flu virus. And we're making good progress on both fronts — the seasonal flu vaccine is ready for distribution and we're on track to have an H1N1 vaccine by mid-October.

We're also working closely with cities, states and across government agencies to make sure we have a rapid, coordinated response this fall. In the last few months, we've sent more than \$350 million in federal grants to states, tribes, territories and hospitals to help them strengthen their flu response.

In early July, the Departments of Health and Human Services, Homeland Security, and Education held a flu summit for governors and public health officials. Just this week, we hosted another summit for mayors and county officials and Web cast it on flu.gov — which has become the best place to find up-to-date information about flu.

But of course it can't be said enough that preparation is not solely the responsibility of the federal government — we must all do our part to prevent the spread of the flu.

Until a vaccine arrives in October, prevention is our best defense. That means we all need to make sure we wash our hands frequently with soap and water, cough or sneeze into a tissue, and stay home from work or school if we're sick.

It also means planning ahead. Parents should talk to their employers and make child care arrangements in case their kids get sick. And if a school closes, learning shouldn't stop. Schools need to create opportunities to learn online and work with parents to find ways for students to bring textbooks and other resources home.

If you're an employer, you should plan to get by with a reduced staff. You don't want an employee who's ill to spread flu in the workplace. If you're a medical provider, you should plan to handle more calls and patient visits. An outbreak will bring people who have flu and people who have flu-related symptoms or concerns into your office.

The full op-ed is at: news.yahoo.com/s/ynews/20090811/hl_ynews/ynews_hl858. www.flu.gov offers more tips.

TRAININGS / EXERCISES / CONFERENCES

National Capital Region Homeland Security Events

http://www.mwcog.org/committee/committee/events_homeland.asp?COMMITTEE_ID=134

Virginia Emergency Management Courses

<http://www.vaemergency.com>

FEMA Independent Study Courses

<http://www.training.fema.gov/EMIWeb/IS/>

American Red Cross Disaster Services Training

http://www.redcrossnca.org/Online/disaster_registration.php

LINKS

Fairfax County Blogs and Web Resources

- Fairfax County CERT - <http://fairfaxcountycert.blogspot.com/>
- Fairfax County Citizen Corps Web Page - <http://www.fairfaxcountycitizencorps.org/>
- Fairfax County Citizen Corps Blog - <http://citizencorps.blogspot.com/>
- Virginia Citizen Corps - <http://www.vaemergency.com/citcorps/index.cfm>

DHS Science & Technology Directorate Newsletter

The U.S. Department of Homeland Security's Science & Technology Directorate has a free newsletter, "S&T Snapshots," featuring stories about current research projects and opportunities with laboratories, universities, government agencies, and the private sector. The newsletter is produced monthly by the DHS Science and Technology Directorate in partnership with the Homeland Security Institute.

<http://www.homelandsecurity.org/snapshots/>

DHS Daily Open Source Infrastructure Report (OSIR)

The Department of Homeland Security provides a Web-based "Daily OSIR," which is posted on the DHS public Web site. Accessing the report via the Web enables readers to retrieve the current Daily Report as well as 10 days of archived DHS Daily Reports. Once you arrive at the Web page you will find the most recent Daily OSIR at the top of the page, under the title "Current Report." You can submit content comments or make suggestions by contacting the DHS Daily Report Team by telephone at 202-312-5389 or by e-mail at NICCRReports@dhs.gov. You can access the Daily OSIR at: http://www.dhs.gov/xinfoshare/programs/editorial_0542.shtm.

Fairfax County Government Emergency Information Web Page

www.fairfaxcounty.gov/emergency/

Fairfax County Government Emergency Information Line

www.fairfaxcounty.gov/opa/infoline.htm

Emergency Management Magazine

<http://www.govtech.com/em/toc.php>

FEMA Private Sector

<http://www.fema.gov/privatesector/>

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E-mail publicaffairs@fairfaxcounty.gov with “Remove from ESF 15 Business/Nonprofit Update” in the subject line and you will be immediately removed from the distribution list.

In accordance with NIMS – the National Incident Management System – the Fairfax County Emergency Operations Plan states that Emergency Support Function 15 (External Affairs) is led by the Office of Public Affairs. This ESF 15 Business/Nonprofit Update is part of the county's outreach efforts for our business and nonprofit partners as a way to provide information about the county's ESF 15, Homeland Security and emergency management.

Please feel free to forward this ESF 15 Business/Nonprofit Update to other contacts you have inside or outside your organization. Should someone you know like to be added to our distribution list, have them send an e-mail to jim.person@fairfaxcounty.gov and ask to be subscribed to the ESF 15 Business/Nonprofit Update.

If you have any suggestions on how to improve this update or other communications between Fairfax County and the business/nonprofit community, please contact Merni Fitzgerald, Director of the Fairfax County Office of Public Affairs, at 703-324-3187, TTY 711, or by e-mail at merni.fitzgerald@fairfaxcounty.gov.

Thanks for your partnership with Fairfax County. We appreciate the opportunity to work with you.