DHS chief plans changes to terror alert system

(FCW) In the wake of the complex threat posed by domestic terrorists, like those in San Bernardino and Paris, Department of Homeland Security Secretary Jeh Johnson said DHS will announce modifications to the National Terrorism Advisory System.

Johnson also said he has directed his agency to look into the vetting process for the K-1 fiance visa program that was used by the couple that attacked a county conference center in San Bernardino, Calif., in early December.

In remarks at a Defense One conference on Dec. 7, Johnson said the department's current alert system, which is triggered by "credible threats" inside the U.S., was becoming impractical in an increasingly fluid and blurred terrorism environment. The alerts are posted on DHS websites, distributed to the news media and disseminated via various government social media channels.

The system has a high bar to clear before an advisory is issued, and it has never been triggered, he said. According to Johnson, DHS needs to provide an intermediate, more detailed alert similar to the warning issued about intensified protection of U.S. federal buildings after an attack on Canada's Parliament in October 2014. That advisory was a statement about what the agency was doing and why in response to the Canadian attack rather than a known terrorism threat.

Johnson said the existing threat awareness system in the U.S. is inadequate to address lone wolf-type attacks where threats and individuals fly under electronic and intelligence radar.

A DHS official told FCW on background that earlier this year, Johnson had directed a review of the National Terrorism Advisory System to see what modifications could be made to more effectively communicate threats. The official said the system is not being replaced, but changes would be made soon. Read more: https://fcw.com/articles/2015/12/07/dhs-jeh-johnson-speech-rockwell.aspx?m=1

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Trump: I'll Ask Bill Gates to Shut Down the Internet

(Newser) – After Donald Trump is done banning all Muslims from the US, he'll consider shutting down the Internet to stop ISIS "jihadists"—or so he told a South Carolina crowd on Monday. "We're losing a lot of people because of the Internet," Trump said. "We have to see Bill Gates and a lot of different people ... We have to talk to them about, maybe in certain areas, closing that Internet up in some ways. Somebody will say, 'Oh freedom of speech, freedom of speech.' These are foolish people." The reaction has been much like that to his aforementioned plan. "The idea is so dumb it almost has us ... at a loss for words," writes Nick Statt at the Verge, noting "it's unclear if Trump was suggesting the US government censor certain parts of the web or if he lacks a basic understanding of how the Internet works." Source: http://www.newser.com/story/217201/trump-ill-ask-bill-gates-to-shut-down-the-internet.html

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ASPR seeks input to inform HPP updates

(AHA News Now) The Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response encourages hospitals to participate in recently opened discussions on its Information Exchange about updating the Hospital Preparedness Program's health care preparedness capabilities and performance measures. To register for the Technical Resources, Assistance Center and Information Exchange, click here. All registrants are vetted before admission to the Information Exchange. For additional information or assistance, contact the ASPR TRACIE Assistance Center.

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Senate panel holds hearing on opioid abuse ‘epidemic,’ solutions

(AHA News Now) The Senate Health, Education, Labor & Pensions Committee today held a hearing to examine solutions to the rising trend in opioid abuse and overdose deaths in the U.S. Witnesses included Baltimore Health Commissioner Leana Wen, M.D.; Robert Valuck, a professor at the University of Colorado’s Scaggs School of Pharmacy and Pharmaceutical Sciences, which houses the state’s Consortium for Prescription Drug Abuse Prevention; and Eric Spofford, CEO of two substance abuse treatment programs in New Hampshire. “This is a complex problem that calls for action by all who have a role in preventing opioid abuse and responding to this problem, whether it is doctors, the health department, law enforcement, or families,” said Committee Chairman Lamar Alexander (R-TN). “We look forward to continuing this conversation in the HELP Committee.”

UPMC Health Security Headlines

Extract for December 8, 2015

Hawaii’s Dengue Fever Outbreak Grows (New York Times) The number of cases of dengue fever in Hawaii has risen to 136, prompting health authorities this week to warn residents and travelers to the popular winter vacation destination to take precautions to avoid contracting the virus. Go to article

Ebola Is Now Killing People Who Aren’t Even Infected (Foreign Policy) The epidemic has waned, but the virus still threatens the lives of women and children in West Africa. Go to article

FDA Clears Military Traumatic Wound Dressing for Use in the Civilian Population (FDA) Today, the FDA cleared the use of the XSTAT 30 wound dressing, an expandable, multi-sponge dressing used to control severe, life-threatening bleeding from wounds in areas that a tourniquet cannot be placed (such as the groin or armpit) in battlefield and civilian trauma settings. Go to article

Tracking Attacks on Health Works--Don’t Let Them Go Unnoticed (WHO) From Ukraine to Afghanistan, healthcare workers are in the line of fire. In 2014 alone, 603 health workers were killed and 958 injured in such attacks in 32 countries, according to data compiled by the WHO from a range of sources. Go to article

Extracts for December 7, 2015

The Unfair Treatment of Ebola Workers (New York Times) American health care workers contributed enormously to the successful effort to stop the Ebola epidemic in West Africa that flared up in 2014, but they were treated horrendously when they came home. Go to article

Kosair calls infectious disease training a success

(Louisville) - Dec 8 - Last week, more than 15 medical professionals associated with Kosair Children’s Hospital took part in a three-day training of classroom, skills stations and hands-on patient care in preparation for the possibility of treating a pediatric patient with a highly contagious infectious disease. These health professionals include nurses who volunteer for the infectious disease unit team.

Last Friday, day three, a mock patient presented to the Kosair Children’s Hospital Emergency Department with symptoms similar to the Ebola virus, allowing the staff to put their training into action.

This type of in-depth training allowed staff to become more comfortable working in personal protective equipment (PPE) while performing routine tasks, such as:

- Taking vital signs
- Communicating in and out of the room
- Taking X-rays and drawing lab work on patients

“Completing the hands-on patient care was very eye-opening,” said Kristen Schorch, R.N., “Just for Kids” Critical Care Center. “I now feel more prepared on how to provide care for a patient while wearing the PPE for an extended period of time.” Staff who participated in the drill practiced or simulated tasks they do every day while wearing the full PPE for three hours.
In addition to the training efforts, this drill allowed various departments to put their respective crisis plans into practice and use the Omnilert system to notify appropriate groups. Omnilert is Norton Healthcare’s emergency notification system used to send critical communications to employees and medical staff in the case of an emergency.

CDC Updates Guidance for Assessment of Travelers
CDC has updated recommendations for healthcare providers assessing persons under investigation (PUIs) for Ebola who have traveled to the United States from Sierra Leone or Liberia. CDC encourages PHEP directors to share the following information with their state epidemiologists and hospital partners.

When assessing PUIs who have traveled to Liberia or Sierra Leone, healthcare providers should conduct three thorough histories: 1) travel; 2) disease exposure including for Ebola virus; and 3) health history, including vaccination and prophylaxis compliance for other infectious diseases.

These recommendations are part of CDC's Interim Guidance on the Assessment of Persons Under Investigation (PUIs) having Low (but not zero) Risk of Exposure to Ebola—Including Travelers from Countries with Widespread Transmission and Travelers from Countries with Former Widespread Transmission and Current, Established Control Measures. Recommendations for assessing PUIs from Guinea have not changed.

For more information on evaluating travelers for Ebola, please visit CDC’s Evaluating Travelers webpage.

Hospital Resource Vulnerability Assessment (RVA) Tool now available
ASPR’s recently published Hospital Resource Vulnerability Assessment (RVA) tool is designed to complement a jurisdiction’s Hazard Vulnerability Analysis and assist hospitals with identifying and prioritizing preparedness gaps, and creating a yearly analysis and prioritization cycle. The RVA examines the specific resources of the hospital including the plans, space, staff, and supply considerations. Users can access the Resource Vulnerability Assessment (RVA) Implementation Guide to facilitate the RVA process. Visit ASPR TRACIE to access the tool and ask questions!

CDC replaces top lab regulator following internal review
ATLANTA, Dec. 8 (UPI) -- The Centers for Disease Control and Prevention replaced its top lab regulator following an internal review over how it regulates safety at bioterror labs.

The CDC released a statement Tuesday announcing Robbin Weyant, director of the agency's Division of Select Agents and Toxins, was re-assigned on Nov. 9, though it did not say why.


Families suffer as medical examiners struggle with backlogs
BOSTON (AP) — A severe shortage of medical examiners nationwide means families must sometimes wait months for death certificates and autopsy reports, compounding their grief and at times creating financial hardships by holding up life insurance payouts and other benefits.

The National Commission on Forensic Science estimates there are about 500 board-certified pathologists in the country, fewer than half of the 1,100 to 1,200 or more needed to keep up with autopsies. The cause is largely driven by underfunding and relatively low pay when compared with other medical specialties.

Read more: http://bigstory.ap.org/urn:publicid:ap.org:e87b034384ed4715bbba30ffeb39d86c
Boston College: 80 sickened after eating at Chipotle

BOSTON (AP) — Boston College said Tuesday the number of students complaining of gastrointestinal symptoms after eating at a Chipotle this weekend has climbed to 80, up from the 30 it reported the previous day.

The illnesses come as Chipotle's sales are already being slammed by a multi-state outbreak of E. coli linked to its restaurants. The company says it thinks the Boston College illnesses are an isolated case of norovirus and unrelated to the E. coli cases.

"All of the evidence we have points in that direction," said Chris Arnold, a Chipotle spokesman.

Boston College said it is working with state health officials and that all students who reported symptoms have been tested for both E. Coli and norovirus. It said results will not be available for at least two days.

Read more: http://bigstory.ap.org/urn:publicid:ap.org:d2d1a51ae5e64e3fbb41c2ed55f0726e

Further testing can't confirm E. coli in Costco salad parts

SEATTLE (AP) — Federal officials said Tuesday further testing was unable to confirm the presence of E. coli in the onions and celery used to make chicken salad at Costco warehouses across the country.

But the Montana public health officials who did the initial testing also said Tuesday that doesn't mean their earlier findings were invalid.

The U.S. Centers for Disease Control and Prevention said in a news release that the onion and celery mix from Taylor Farms Pacific has not been ruled out as the source of the E. coli outbreak that made 19 people sick in seven states and sent five people to the hospital.

Taylor Farms has recalled the vegetable mix from Costco and other retailers.

Read more: http://bigstory.ap.org/urn:publicid:ap.org:4e698a31bff3415d81bbb829b6bc36af

We need to ban kids from playing football

(Newser) – It's time that we banned our children from playing football, just as we already protect them from other things we know to be harmful. That's the word from Dr. Bennet Omalu, the first person to identify chronic traumatic encephalopathy or CTE, a disease known to affect football players and others who sustain repetitive blows to the head. "As we become more intellectually sophisticated and advanced, with greater and broader access to information and knowledge, we have given up old practices in the name of safety and progress," he writes in the New York Times. "That is, except when it comes to sports."

We've limited smoking and drinking alcohol; we've curbed asbestos use. And yet, though studies show children who play football can show evidence of brain damage that can become irreversible CTE if allowed to accumulate over the years, parents still allow their kids to play. Both the American Academy of Pediatrics and the Canadian Pediatric Society recommended back in 2011 that children be kept from high-impact contact sports, and the research agrees. "The question we have to answer is, when we knowingly and willfully allow a child to play high-impact contact sports, are we endangering that child?" Omalu thinks the answer is yes, and children should be kept from playing football until they become adults. Click for his full column.


Science Says: Men Are Better Navigators

(Newser) – "Men have a better sense of direction than women." So goes the headline on a press release outlining a new study from the Norwegian University of Science and Technology. The fact that men excel at certain spatial tasks, the release says, is well established. The goal of the study was to determine whether testosterone is the reason. Phase one involved 18 men and 18 women using a joystick and goggles to perform 45 navigation tasks, each with a 30-second time limit, on a 3D maze.
They were hooked up to an fMRI machine that recorded their brain activity. The results: The men relied more on cardinal directions (north, south, east, west) took more shortcuts, and completed 50% more tasks than the women. And, researchers found, men and women use different parts of their brains—the hippocampus and frontal areas, respectively—for "wayfinding" tasks.

"In ancient times, men were hunters and women were gatherers. Therefore, our brains probably evolved differently," researcher Carl Pintzka theorizes. "In simple terms, women are faster at finding things in the house, and men are faster at finding the house." In phase two, a new group of women were given a drop of testosterone and then asked to perform the navigation tasks. Researchers hoped they would complete more tasks. That didn’t happen, Pintzka says. However, their knowledge of the maze’s layout improved and they used the hippocampus more ... like the men. The ultimate goal of the research, Pintzka says, is to gain more understanding about Alzheimer’s disease, which, per CNBC, affects many more women than men. Men’s prowess when it comes to navigation—and putting together furniture—isn’t necessarily cause for gloating. After all, women still live longer, are more likely to graduate college, and are better investors. (But a bit of bad news, women also are outpacing men when it comes to obesity.)

Source: http://www.newser.com/story/217159/science-says-men-are-better-navigators.html

1 in 5 Americans Use Internet 'Almost Constantly'

(NBC) A great majority of Americans go online every day, and 21 percent use the Internet "almost constantly," according to a survey by Pew Research Center. Of the 87 percent of survey respondents who reported going online at all, the most common option chosen was that they go on "several times a day," with only 6 percent reporting not going online at least daily.


The USPS can now email you photos of your mail

(Newser) – The US Postal Service has started emailing people about their mail. Under a pilot program called "Informed Delivery," the USPS is emailing people photographs of the front side of their mail every morning before it's delivered, reports Quartz. The free service will send up to 10 black-and-white photos of mail per day. People who get more than that will be able to check their mail online in the same place they track their packages, according to the USPS fact page, which notes that the service will help people see their mail—or at least the exterior of it—even when they're traveling.

The USPS has been photographing every letter and package sent in the US for tracking and security reasons since at least 2013. The email service, which was launched in seven Virginia zip codes beginning in 2014, was introduced to the New York City metro area last month. Direct Marketing News reports that the Virginia test "boded well for paper mail's digital future," with a much higher rate of response to direct-mail appeals. This may be because it helped bypass the person—or "mail CEO"—who tends to deal with the mail in the average household before other members have a chance to see it, DM News notes. (The USPS wants to get rid of a Prohibition-era ban.)

Source: http://www.newser.com/story/217142/new-postal-service-emails-about-your-mail.html

The KHREF Emergency Preparedness Update is assembled by Dick Bartlett (rbartlett@kyha.com) several times a week, and when events make it necessary it may be sent out several times a day to keep our hospital and healthcare community advised on preparedness news and information. Most of this information is compiled from open sources, and where possible reference links will be provided. There is an archive of Emergency Preparedness Updates available here. If you would like to added or deleted, or have something you would like to contribute to a future edition of the Emergency Preparedness Update, please contact preparedness@kyha.com (include your current email address). The preparedness program for the Kentucky Hospital Association (KHA) and KHREF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.