

Long -Term Prophylaxis Planning Workshop

June 6, 2018

Situation Manual

June 2018

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Preface

The Long -Term Prophylaxis Planning Workshop is sponsored by the Michigan Department of Health and Human Services (MDHHS) Division of Emergency Preparedness and Response (DEPR) and local health departments representing the Detroit Cities Readiness Initiative (CRI). This Situation Manual (SitMan) was produced with input, advice, and assistance from Michigan’s Medical Countermeasures (MCM) Planning Team, which followed the guidance set forth in the Federal Emergency Management Agency (FEMA), Homeland Security Exercise and Evaluation Program (HSEEP).

It is the intention of this workshop to take the next step in strengthening existing Strategic National Stockpile (SNS), pandemic influenza, and mass vaccination plans-with procedures and capabilities related to extended and long-term dispensing operation. DEPR personnel, tribal representatives, and local health department emergency preparedness coordinators (EPC) will discuss considerations for long-term medical countermeasures distribution and dispensing plans. Participants will also consider commonalities/differences between jurisdictions while developing a strategy for their individual jurisdictions.

This Situation Manual (SitMan) provides participants with all the necessary tools for participation in this workshop. All participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and to protect this material in accordance with current jurisdictional directives.

Handling Instructions

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4. This publication was supported by the Cooperative Agreement Number 6 NU90TP921906-01 from the Centers for Disease Control and Prevention (CDC) and the Office of Assistant Secretary for Preparedness and Response.
5. For more information, please consult the following points of contact (POCs):

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Workshop Overview

Exercise Name	Long-Term Prophylaxis Workshop
Exercise Date	June 6, 2018 10:10 AM – 12:00 PM
Location	Treetops Resort Gaylord, MI
Scope	This two-hour workshop is intended for local EPC's, tribal partners, and DEPR personnel.
Core Capabilities	Capability 1: Community Preparedness Capability 3: Emergency Operations Coordination Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing Capability 8: Medical Countermeasure Dispensing Capability 9: Medical Materiel Management and Distribution Capability 13: Public Health Surveillance and Epidemiological Investigation Capability 14: Responder Safety and Health Capability 15: Volunteer Management
Exercise Objectives	<ol style="list-style-type: none">1. Assess the impact that a prolonged incident may place on existing plans and procedures.2. Determine long-term public health service delivery sustainment during a mass dispensing campaign.3. Determine the process for implementing emergency risk communications.4. Evaluate existing plans and procedures in place for medical countermeasure long-term distribution and storage.5. Determine the ability to create, maintain, support and strengthen a routine process to share information with response partners.6. Discuss staffing requirements to support jurisdictional needs during a long-term medical countermeasure campaign.
Threat or Hazard	<i>Bacillus anthracis</i>
Scenario	Intentional release of inhalation anthrax.
Sponsors	Bureau of EMS, Trauma, and Preparedness and the Detroit CRI Jurisdictions

Background

Anthrax is a highly lethal infection caused by the Gram-positive bacterium, *Bacillus anthracis*. In naturally acquired cases, organisms usually gain entrance through skin wounds (causing a localized infection) but may be inhaled or ingested. Intentional release by terrorist groups would presumably involve the aerosol route, because the spore form of the bacillus is quite stable and possesses characteristics ideal for the generation of aerosols. For purposes of this workshop we will focus on inhaled or ingested organisms.

The incubation period for inhalational anthrax is 1 to 6 days. Fever, malaise, fatigue, coughing, and mild chest discomfort are rapidly followed by severe respiratory distress with dyspnea, diaphoresis, stridor, and cyanosis. Shock and death occur within 24 to 36 hours of the onset of severe symptoms. Without treatment, the disease may progress to septicemia and death, with a case fatality rate of 20 percent. With treatment, fatalities are rare.

Physical findings are typically nonspecific in inhalational cases, with initial complaints of malaise, fever, headache, and possibly substernal chest pain. Anthrax is not known to be transmitted via the aerosol route from person to person.

Scenario

This scenario is based upon three arbitrary regions and could easily be applied to all local jurisdictions and tribes throughout the State of Michigan. For the purposes of this workshop, assume the following classifications: 1) a large urban area of 300,000+ residents, 2) a mid-sized jurisdiction of 130,000+ people, 3) a rural community of 40,000+ individuals, and 4) tribe with 1,000+ tribal members all within random jurisdictions. All 4 of these jurisdictions are independently run by separate health departments and sovereign nation laws, as it pertains to a public health emergency.

After a recent resurgence in terrorist activity abroad, credible intelligence has projected the possibility of a terrorist attack on U.S. soil. Over the course of recent months, successful attacks have taken place in Stockholm, Sweden and Brussels, Belgium. During a raid on a terrorist safe house in Toronto, materials used to cultivate biological weapons were seized. Intelligence and Health Care Communities have heightened awareness and surveillance measures in and around major U.S. cities with international borders. Reliable intelligence points to the possible formation of an active terrorist cell in the Midwest, posing a direct threat to the cities of Buffalo, Minneapolis, Detroit, Chicago, Milwaukee, Cleveland and their surrounding communities.

On June 4th around 4:30 PM, the Detroit area BioWatch Advisory Committee (BAC) received information from the State Laboratory in Lansing that a total of 6 filters from collector units had tested positive for Bacillus Anthracis, indicating a possible exposure to anthrax spores across a wide portion of Michigan.

On the jurisdictional conference call that began at 6:30 PM on June 4th, the investigative efforts of the Federal Bureau of Investigations (FBI) and state/local law enforcement revealed that two commercial grade trucks, typically used to spray pesticides, were reported stolen from a garage located in Grand Rapids around 2:00 AM on Saturday, June 2nd. Reports state that both vehicles were spotted driving erratically in downtown Grand Rapids and on eastbound I-69 towards Lansing. Witnesses found it odd that individuals in both vehicles were dressed in “white coveralls and facemasks.”

At 7:30 PM on June 5th, the owner of a parking garage in Lansing, MI reported to police a suspicious vehicle was abandoned at his garage. Within the vehicle local law enforcement found two Tyvek suits and an opened box of N-95 masks. This information was immediately reported to the FBI and the Michigan State Police (MSP).

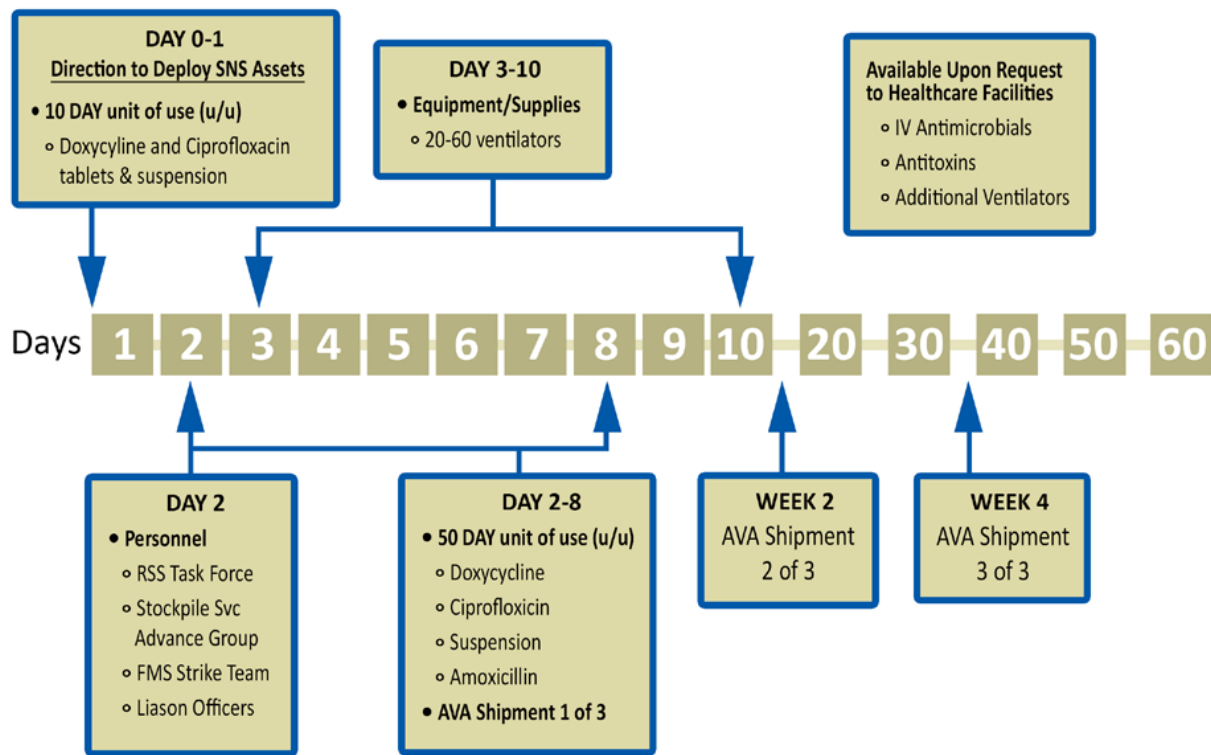
- Reports of hospitals and clinics experiencing an increase in patients presenting with severe flu-like syndrome that includes weakness, chills, high fever, and dull chest pain.
- Ensuing calls between state, local, and federal agencies (law enforcement, public health, health care, emergency management).
- Preliminary assessment of available information and existing medical caches suggest need to request for medical materiel from the Strategic National Stockpile (SNS).
 - Local health departments have begun to initiate plans for mass prophylaxis of first responders and the public; however, local resources are anticipated to be insufficient.

The CDC deployed medical countermeasures following this exposure in two phases: an initial 10-day and a 50-day course of prophylactic antibiotic therapy for each impacted local jurisdiction to MDHHS. The distribution of the required antibiotics from MDHHS to local jurisdictions will take place in two distinct phases:

- Phase 1: Rapid dispensing of a 10-day supply of antibiotics to those individuals who were potentially exposed to anthrax
- Phase 2: Follow up dispensing of 50-day supply of antibiotics and administration of vaccine to identified populations

The State of Michigan will also receive limited quantities of Anthrax Vaccine Adsorbed (AVA) vaccine into the local 60-day anthrax response strategies. Administering AVA after exposure to anthrax requires a series of three vaccines to provide long-term protection. AVA will be included in phase 2 of CDC’s shipment to MDHHS.

60-day Anthrax Response Timeline



CDC’s Strategic National Stockpile Timeline

With the incorporation of AVA and an enhanced understanding of the biological agent (*Bacillus anthracis*), there has been a renewed focus on distribution and dispensing operations during a sustained anthrax response to ensure all forms of protection are provided and there is no lapse in post-exposure

prophylaxis (PEP) between the initial and secondary phases. MCM-related response efforts should include support of treatment, epidemiology, and completion and compliance of the recommended prophylactic course.

The SNS has limited quantities of AVA, which may be insufficient to immunize the entire affected population during a large anthrax event. The CDC's recommendation for AVA use during an incident is to vaccinate the entire affected population. However, since AVA is a limited resource, the CDC developed the following three-tier system for consideration in prioritizing assets following anthrax exposure.

- **Tier 1: Highest Risk of Anthrax Aerosol Exposure**
 - Individuals in the affected area present during the initial release of *B. anthracis* spores; select responders involved in highest-risk activities in support of Unified Command's environmental and criminal response.
- **Tier 2: Medium Risk of Anthrax Aerosol Exposure**
 - Individuals without exposure to primary aerosols of *B. anthracis* but a potential risk for exposure to secondary aerosols of *B. anthracis* due to entry into contaminated areas.
- **Tier 3: Lowest Risk of Anthrax Exposure**
 - Individuals living in border areas and progressively distant from affected areas.

The prepared questions will aid in discussions to align capabilities with distribution and dispensing strategies.

Assumptions

- The scenario is plausible, and events occur as they are presented.
- There is no "hidden agenda", nor any trick questions.
- All players receive information at the same time.
- Jurisdictions and tribes included in the scenario have full capacity to implement initial dispensing campaigns in their community.
- Although a full workforce may be assigned to the POD, there may be limited quantities of personnel available to administer vaccine.

Breakout Session Overview

The purpose of the breakout session is to identify needs and potential strategies for an extended medical countermeasure distribution and dispensing campaign, as well as solicit information on how to strengthen existing plans to align with long-term dispensing strategies.

Agenda

Time	Activity
10:10 AM	Exercise Overview/Planning Considerations
10:30 AM	Partner Breakout with Questions
11:00 AM	Partner Report Out of Key Findings/Considerations
11:30 AM	Next Steps
12:00 PM	Adjourn

As each group begins its discussion, it is the expectation that each of the ten breakout tables will determine who will serve as a scribe and who will report to the larger group the findings of specific questions. Not all partners around the table will have similar demographics or experience, but all partners' contributions will be valuable to the discussion.

Based on the specific capabilities and activities noted in this SitMan, participants are to report to the larger group:

- Identify strengths within current plans that could translate into extended response planning.
- Identified planning considerations for inclusion within existing SNS, pandemic influenza, and mass vaccination plans.
- Discuss planning gaps that require further discussion.

Exercise Objectives

The workshop planning team selected objectives that focus on evaluating emergency response plans, identifying areas for improvement, and achieving a collaborative attitude. Objectives were created and built upon previous improvement items identified in the BP4 Medical Countermeasure (MCM) Operational Readiness Review (ORR) tool. The workshop will serve to have the following objectives:

- Assess the impact that a prolonged incident may place on existing plans and procedures.
- Determine long-term public health service delivery sustainment during a mass dispensing campaign.
- Determine the process for implementing emergency risk communications.
- Evaluate existing plans and procedures in place for medical countermeasure long-term distribution and storage.
- Determine the ability to create, maintain, support and strengthen a routine process to share information with response partners.
- Discuss staffing requirements to support jurisdictional needs during a long-term medical countermeasure campaign.

Community Preparedness – The ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents by engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial partners.

- **Activity 1.1 – Delineate response roles for local, state and federal partners.**
- **Activity 1.2 – Identify strategies for follow up care/treatment for populations with access and functional needs.**
- **Activity 1.3 – Identify potential strategies for coordinating vaccine administration with closed POD partners.**

Emergency Operations Coordination – The ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

- **Activity 2.1** – Discuss the temporary suspension of non-essential health department operations during a sustained dispensing campaign.
- **Activity 2.2** – Staff/volunteer augmentation for large scale and extended operations, to include recruitment of pharmacy and/or healthcare providers.
- **Activity 2.3** – Discuss administrative preparedness procedures for hiring of healthcare contractors (IE: Nursing agencies, Private EMT's, Medics, Healthcare workers).

Emergency Public Information and Warning – The ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

- **Activity 3.1** – Discuss public information needs of the public and distribution methods of materials related to a long-term dispensing campaign.
- **Activity 3.2** – Identify strategies for targeted communication to at-risk or impacted populations.
- **Activity 3.3** – Discuss the logistics of working with the media at LHD’s local EOC’s, and PODs.
- **Activity 3.4** – Discuss the structure of joint information system operations for the long-term response.

Information Sharing – The ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

- **Activity 4.1** – Identify mechanisms for tracking patients who were screened, and tracking doses administered.
- **Activity 4.2** -Identify the essential elements of information that would need to be regularly reported throughout the response.
- **Activity 4.3** – Identify which information sharing platforms should be utilized to share essential elements of information and the frequency of reporting.
- **Activity 4.4** – Discuss the ongoing situational awareness needs of local EOC, DN, and POD staff and how to effectively coordinate information sharing amongst all internal staff and volunteers.

Medical Countermeasure Dispensing – The ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

- **Activity 5.1** – Determine possible considerations for the identification of priority groups to receive medical countermeasures should supplies be limited.
- **Activity 5.2** – Discuss function of alternate dispensing modalities for long-term dispensing operations.
- **Activity 5.3** – Discuss the potential long-term use of identified open POD locations, as well as identify strategies should facilities be unavailable for long-term operations.
- **Activity 5.4** – Discuss the provision of dispensing both oral medications and administering vaccine prior to initial 10-day supplies running out.
- **Activity 5.5** – Discuss the modification of open POD sites and associated layouts to accommodate vaccine administration and oral dispensing.

- **Activity 5.6** – Discuss the identification of risk groups in respective jurisdictions who may have medication reactions.
- **Activity 5.7** – Identify a protocol for follow up to confirm medication safety and compliance.

Medical Materiel Management and Distribution - Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

- **Activity 6.1** - Discuss the potential long-term use of identified DN locations, as well as identify strategies should facilities be unavailable for long-term operations.
- **Activity 6.2** – Discuss considerations for augmenting security operations for long-term DN, POD, and transport operations during ongoing criminal investigation.
- **Activity 6.3** – Identify security options for prospective dispensing or vaccine administration partners (pharmacies, etc.) that may be incorporated.
- **Activity 6.4** – Discuss plans for receipt of vaccine at DN locations and existing cold chain management capacity of facilities and transport.

Public Health Surveillance and Epidemiological Investigation – The ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

- **Activity 7.1** – Discuss actions for the identification and monitoring of cases and clusters of human illness that may be associated with a bioterrorist event.
- **Activity 7.2** – Discuss coordination with partners for the identification of population to receive follow-up medical countermeasures based on surveillance data.

Responder Safety and Health – The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

- **Activity 8.1** – Identify strategies for providing additional 50-day prophylaxis and vaccine to emergency first responders.
- **Activity 8.2** – Identify the public health department’s roles and responsibilities related to identified jurisdictional risks, established in conjunction with partner agencies.

Volunteer Management – Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency’s response to incidents of public health significance.

- **Activity 9.1** – Discuss mechanisms to determine or adapt a staffing module to incorporate higher volumes of medically licensed personnel.
- **Activity 9.2** – Identify strategies for staff/volunteer augmentation for large scale and extended operations.

1. APPENDIX A: Acronyms

Acronym	Term
AVA	Anthrax Vaccine Absorbed
BAC	BioWatch Advisory Committee
BETP	Bureau of EMS, Trauma and Preparedness
CDC	Centers for Disease Control and Prevention
CRI	Cities Readiness Initiative
DEPR	Division of Emergency Preparedness and Response
EPC	Emergency Preparedness Coordinator
FBI	Federal Bureau of Investigation
FOUO	For Official Use Only
HSEEP	Homeland Security Exercise and Evaluation Program
MCM	Medical Countermeasures
MDHHS	Michigan Department of Health and Human Services
MSP	Michigan State Police
ORR	Operational Readiness Review
PEP	Post Exposure Prophylaxis
POC	Point of Contact
SitMan	Situation Manual
SNS	Strategic National Stockpile

Post-Exercise Evaluation

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with **1** indicating **strong disagreement** with the statement and **5** indicating **strong agreement**.

Workshop Assessment

Assessment Factor	Strongly Disagree					Strongly Agree				
a. The workshop increased my knowledge of considerations in planning for extended distribution mechanisms.	1	2	3	4	5	1	2	3	4	5
b. The workshop increased my knowledge of dispensing strategies as it relates to a long-term response in my community.	1	2	3	4	5	1	2	3	4	5
c. The workshop increased my knowledge of specific actions for community preparedness in developing long-term plans.	1	2	3	4	5	1	2	3	4	5
d. The workshop increased my knowledge of planning for a non-medical vs. a medical model and what elements differ in a long-term response.	1	2	3	4	5	1	2	3	4	5
e. The workshop increased my knowledge of how communication considerations and information sharing will play a key role in a long-term response.	1	2	3	4	5	1	2	3	4	5
f. The workshop increased my knowledge of how responder safety and health risks are important to long-term planning.	1	2	3	4	5	1	2	3	4	5
g. The workshop increased my knowledge of how volunteers needed for staff augmentation will make or break a long-term response.	1	2	3	4	5	1	2	3	4	5

Exercise Design Assessment

Assessment Factor	Strongly Disagree					Strongly Agree				
a. The exercise was well-structured and organized	1	2	3	4	5	1	2	3	4	5
b. The materials provided helped me understand and become engaged in the workshop	1	2	3	4	5	1	2	3	4	5
c. Participation in the exercise was appropriate for someone in my position	1	2	3	4	5	1	2	3	4	5
d. The participants included were the right people in terms of level and mix of disciplines	1	2	3	4	5	1	2	3	4	5

Short Answers

1. Based on your area of expertise and experience, what is unique about extended medical countermeasure distribution and dispensing considerations?

2. Which topics would you like discussed further in future training and exercises?

3. Please provide any additional comments and/or recommendations.
