



Alameda County Medical  
and Health Tabletop Exercise  
October 7, 2014

# Welcome and Introductions

- Introduction of Exercise Planners and Facilitators
- Introduction of Participants
  - Overview of list of participants
- Housekeeping Issues
- Schedule

# Schedule

830 - 845	Welcome and Opening Remarks
845 - 945	Module 1: BioWatch and Anthrax Overview
945 -1000	Break
1000 -1100	Module 2: Intelligence and Information Sharing
1100-1145	Module 3: Priority Prophylaxis
1145	Working Lunch
1200-1230	Hotwash and Closing Remarks
1245- 130	Point of Dispensing Training (POD) (Optional)
130	POD Training Ends

# Purpose

- Increase knowledge of BioWatch
- Increase local capability to respond to terrorist threats involving aerosolized anthrax
- Focus on local coordination and authority in Alameda County.



# Scope

- Tabletop exercise planned for Alameda County Health Care Service Agency:
  - Public Health Department and Emergency Medical Services.
- Overview of the BioWatch program
- Role of the local public health department and agencies that support BioWatch activities.
  - Highlight agencies that may be called to assist in activation of priority mass prophylaxis.

# Assumptions and Artificialities

- In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:
- The scenario is plausible, and events occur as they are presented.
- There is no hidden agenda, and there are no trick questions.
- All players receive information at the same time.

# 2014 Exercise Core Capabilities

- Intelligence/Information Sharing
- Public Health and Medical Services

# Exercise Objectives

1. Understand the function of BioWatch and roles and responsibilities of response and coordination agencies.
2. Describe the process of how your agency shares critical health alert information.
3. Discuss the process of how your agency would determine and administer priority prophylaxis.



# Exercise Ground Rules

- Do not fight the scenario
- Assume the scenario is real and may impact the jurisdiction and the participants
- Participate in a collegial manner: share policies, plans and practices that may benefit others
- Follow communications etiquette: turn off cell phones, smart phones, computers, and any other electronic data equipment

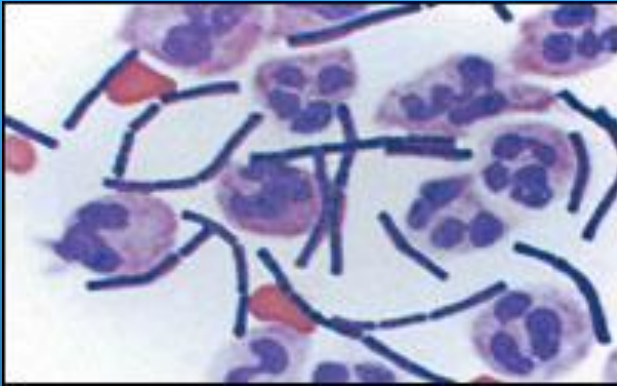


# Modules

- The exercise consists of three modules
- Each module will identify the key issues followed by questions for discussion
- Participants are encouraged to share their plans, policies, strengths and gaps.



# Anthrax Basics



- *Bacillus anthracis* – spore forming
- Spores were used in anthrax attacks in the Fall 2001

- Natural reservoir for spores is soil, and spores can persist for decades



# Why Would Anthrax Be Used as a Weapon?

- Anthrax spores are easily found in nature, can be produced in a lab, and can last for a long time in the environment.
- Can be released quietly and without anyone knowing.
  - spores could be put into powders, sprays, food, and water.
- Anthrax has been used as a weapon before.

# Background

- Mid-September to November 2001, anthrax-laced letters mailed to news media offices on the U.S. east coast and to the U.S. Congress.
- 22 individuals
  - cutaneous anthrax (11)
  - inhalational anthrax (11) - 5 deaths
- An additional case of cutaneous anthrax occurred in March 2002 due to laboratory exposure to collected samples..



# Anthrax Basics:

## Animal & Human disease

- A naturally occurring disease in animals:
  - disease of herbivores (e.g. cattle, sheep, goats), through consumption of contaminated soil or feed
- Causes several forms in humans:
  - Naturally occurring infection in humans is most often cutaneous (skin) anthrax
    - contact with infected animal tissues, IDU
  - An aerosolized release of anthrax would mostly cause inhalation (lung) anthrax
  - If food and/or water became contaminated, could also expect gastrointestinal (gut) anthrax

# **Anthrax Basics:**

## **Properties of anthrax spores**

- Spores are resistant to drying, heat, UV light, gamma radiation and some disinfectants
- Infectious dose of inhaled spores: may be as low as 1-3 spores
- Lethal dose of anthrax, in 50% of exposed persons: 2,500 to 55,000 inhaled spores
- There is no test for exposure to anthrax spores

# **Anthrax Basics:**

## **How will infected persons present to our ER's?**

- Symptoms can begin within 1-6 days of exposure (up to 43 days following Sverdlovsk release)
- Early symptoms of inhalation anthrax are non-specific (i.e. flu-like): tiredness, muscle aches, cough, fever
- 2-3 days later: respiratory distress, low oxygen levels, shock
- The Good News: Not transmitted person-to-person



# Anthrax Post-exposure Prophylaxis (PEP): Countermeasures



# PEP #1: Antibiotics

- Given as soon after exposure as possible
- Current recommendation is for a total of 60 days of antibiotics: receive a 10 day supply initially, followed by a 50 day supply
- Antibiotic can be either doxycycline or ciprofloxacin

# PEP #2: Vaccine

- Given in a 3 dose regimen: time 0, 2 and 4 weeks
- Will be delivered via SNS to the State 24-36 hours after request
- Per CDC, SNS vaccine quantities are limited
- Per CDC, will be recommended for those at highest risk of becoming ill
- Not licensed for post exposure prophylaxis usage: FDA Investigational drug protocol vs. Emergency Use Authorization (EUA)

# Module 1 BioWatch Background

- Shortly after the anthrax letters of 2001 every health department in the nation has been required to prepare for terrorist attacks
- In 2003, the BioWatch system was deployed by DHS in multiple cities nationwide
- Locally the San Francisco Bay Area (SFBA) BioWatch Program was implemented and operated under the SFBA BioWatch Advisory Group (BAC).
- Members included local health departments, state representatives, EPA, and FBI

# BioWatch Mission and Tasks

## Mission:

Provide, maintain and support a continuous aerosol bio-terrorism monitoring capability in selected metropolitan areas

- *State of the Union Address, 2003*

## Tasks:

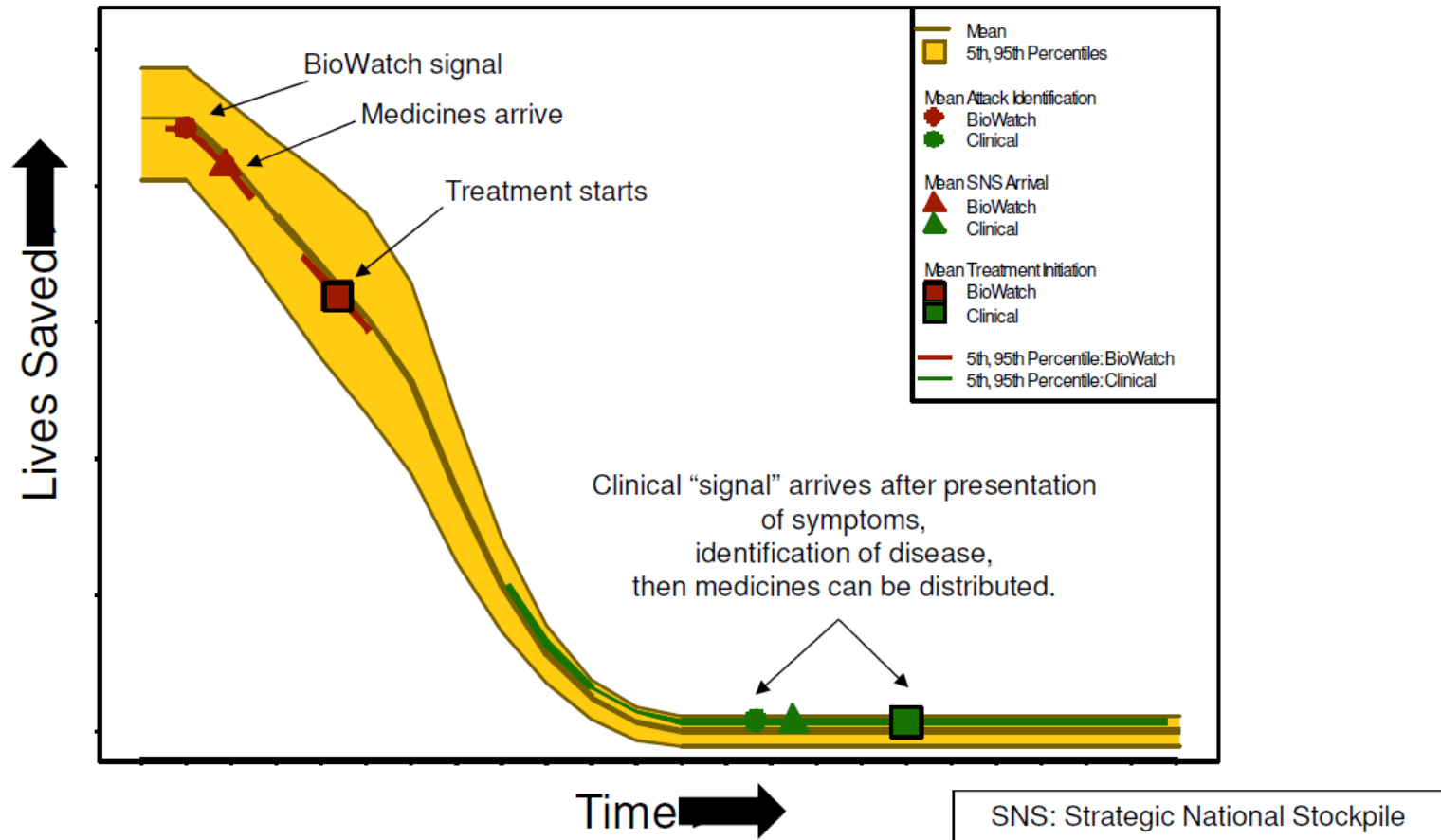
- Detect and characterize attacks against our Nation's cities, other high value assets, and special events
- Increase and improve bio-aerosol threat monitoring capability and capacity while constraining costs
- Provide guidance and assistance to federal, state, and local agencies
- Ensure interoperability with other national bio-aerosol threat monitoring and response systems



**Homeland  
Security**

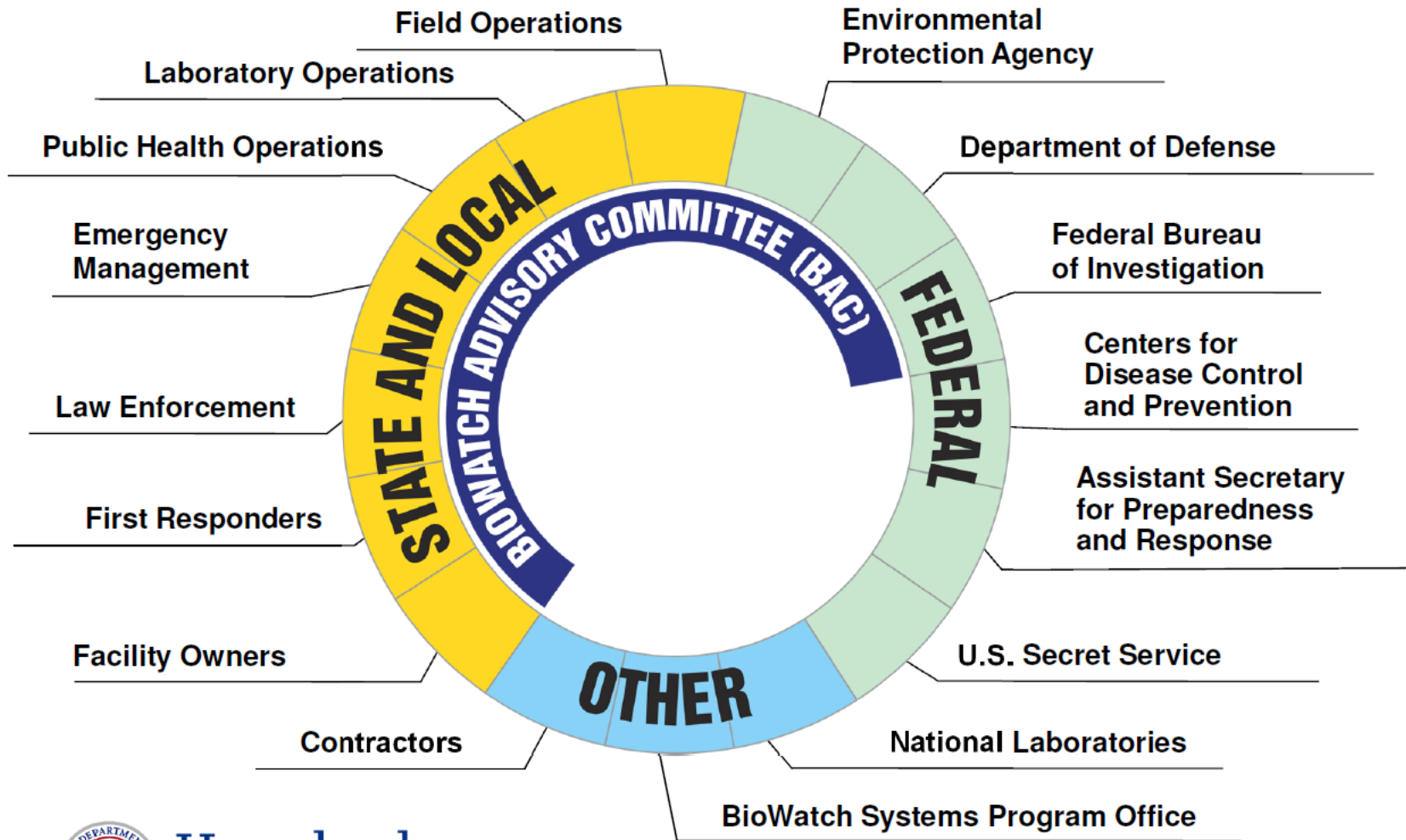
# Why is BioWatch Important?

*Early Detection = Early Treatment = Lives Saved*



**Homeland Security**

# BioWatch Partnerships



**Homeland  
Security**

# BioWatch Daily Operations



**Field Operations**



**Laboratory Analysis**



**Public Health and Preparedness**



**Homeland  
Security**



# A BioWatch Actionable Result (BAR)

**Definition:** PCR-verified positive result from a BioWatch collector

## A BAR means:

- The filter contains genetic material from an organism tested by the BioWatch system
- A qualitative assessment can be made as a possible indicator of the amount of genetic material on the filter
- The collector location identifies a temporal and spatial relationship
- The result is ACTIONABLE

## A BAR does not necessarily mean:

- A terrorist attack has occurred
- A viable biological agent was released
- The agent is infectious
- There is a risk to the public's health

*Results Are Accurate and Valid, No Further Confirmation Needed*

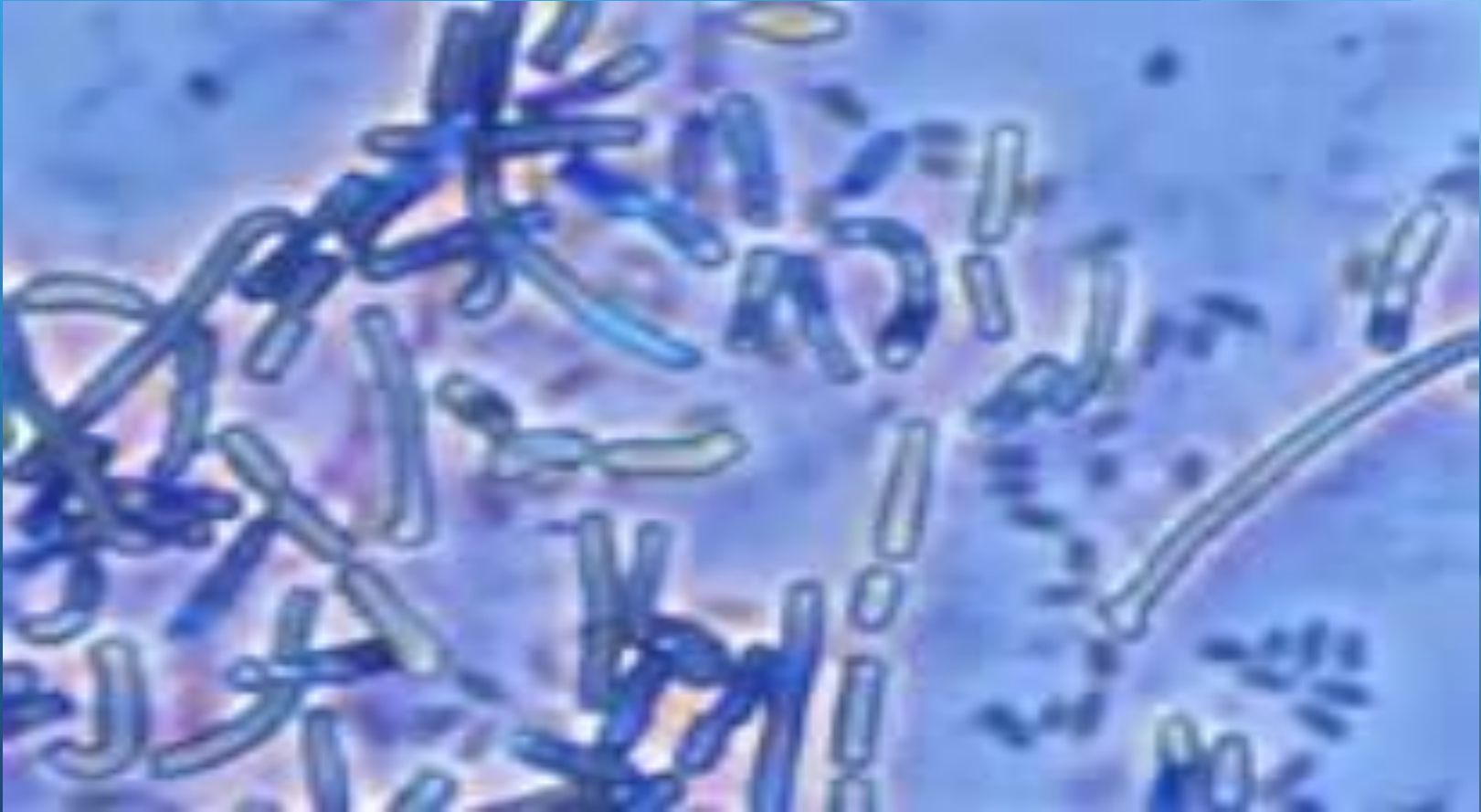


**Homeland  
Security**

# Initial BioWatch Response

- BioWatch Advisory Committee
- BioWatch notifications and conf calls
- Situational Assessment
  - PH surveillance
- Lab Analysis
- Intelligence Analysis and Criminal Investigation
  - FBI is lead law enforcement agency
- Response
  - Medical Countermeasures

**Break 15 minutes PLEASE**



# Scenario

- **Exercise Time: October 6, 2014 ~ 9:30 PM**
- Yesterday around 5:00 PM, the San Francisco Bay Area BAC received information from the BioWatch laboratory in **Southern California** many of the daily filters from the collector units were positive for *Bacillus anthracis* DNA, indicating a possible exposure to anthrax spores across a wide portion of the San Diego County.

# Scenario Cont.

Conference call 6:30 PM on October 6:

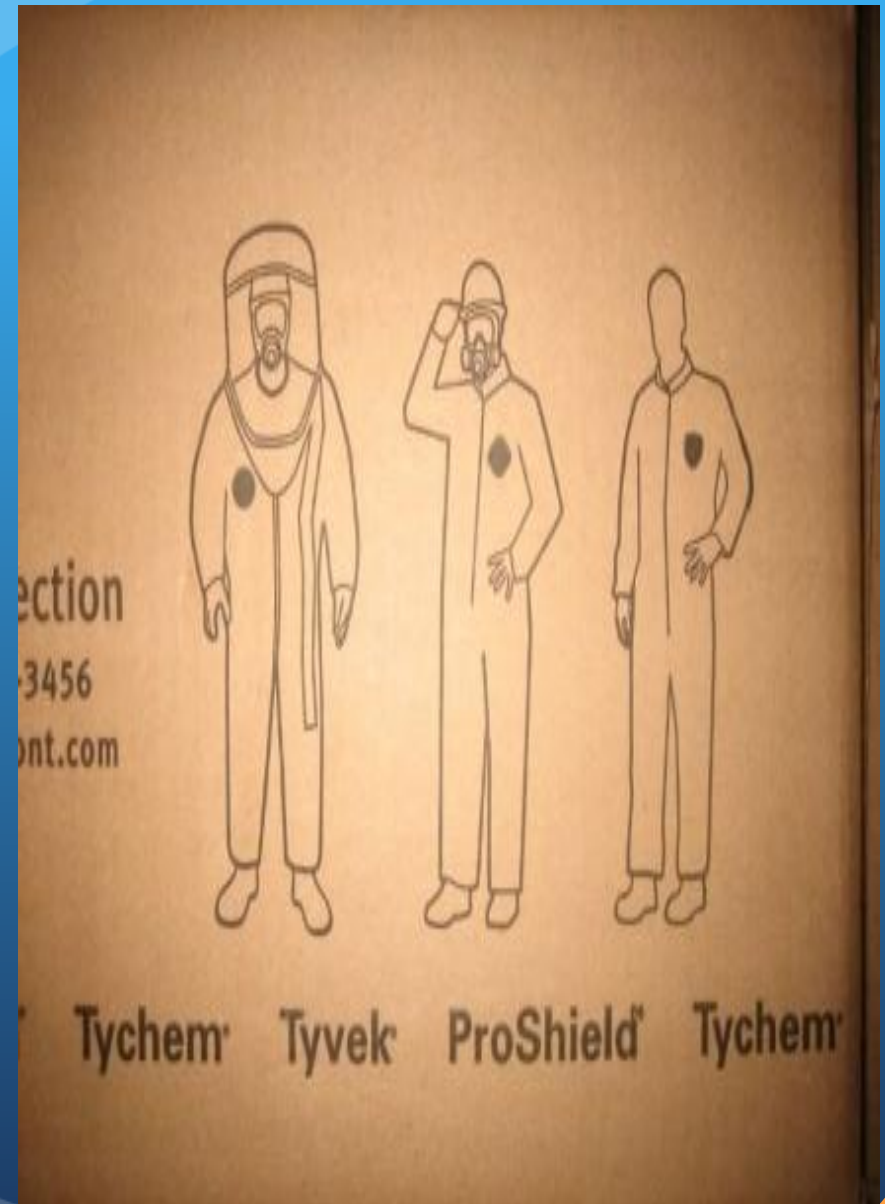
- FBI and local law enforcement investigation:
  - 32-foot Johnson Prowler, typically used as a charter fishing vessel, reported stolen from the San Diego Harbor ~5:45 PM on October 6, 2014.
  - fishing vessel seen traveling unusually fast for bay traffic
  - 2men in the speeding vessel dressed in “white coveralls and each was wearing some sort of face mask.”



# Scenario Cont

• 7:20pm 10/6/14

- Harbor Island West owner reports unauthorized vessel @ marina
  - 2 tyvek suits
  - N95 masks
- Reported to law enforcement
- CBS Channel 5 - personnel at an EPA air detector in PPE
- “government cover-up of BT attack”
- Intelligence – AICo at high risk



# Questions for Discussion

- Based on the information provided, participate in the discussion concerning the issues raised in Module 2.
- Identify **any additional requirements, critical issues, decisions, or questions** that should be addressed at this time.
- The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question in this section.

# What is a Public Health Alert

- Alameda County Public Health Department (ACPHD) issued document that provides information on an infectious disease event or other emergency as well as specific actions for health care providers.
- Public Health Alerts often include:
  - Situation Status
  - Case definition (description of disease characteristics)
  - Actions for Clinicians
  - Additional Information for Clinicians (testing, reporting, infection control)
  - Information Links



# 3 Levels of Public Health Alerts

1. **ALERT:** conveys the highest level of importance; warrants immediate action or attention.
2. **ADVISORY:** provides important information for a specific incident or situation; may not require immediate action.
3. **UPDATE:** provides updated information regarding an incident or situation; unlikely to require immediate action.

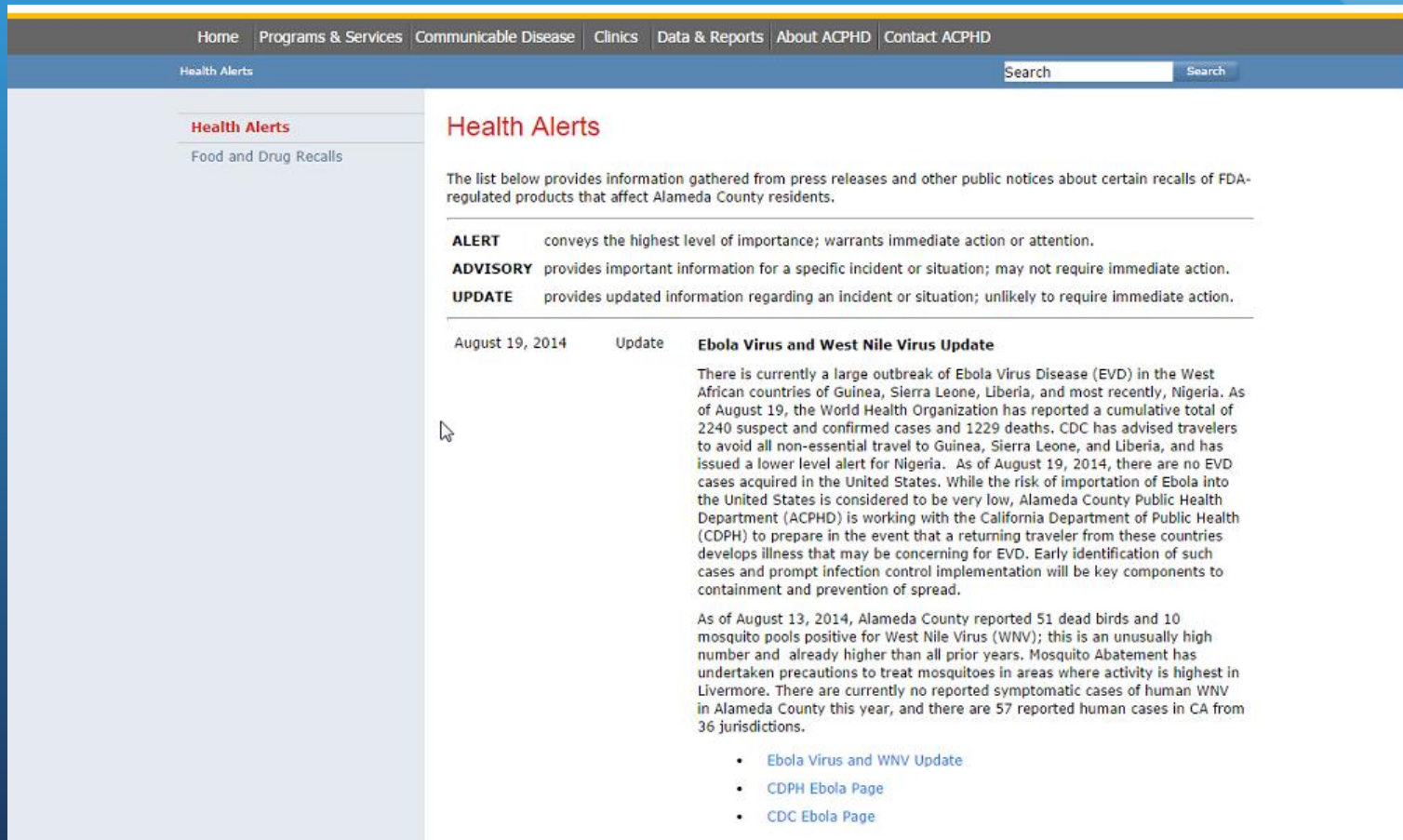
# Health Alert Dissemination Channels

- Posted on ACPHD Health Alerts Webpage-  
**<http://www.acphd.org/health-alerts.aspx>**
- Email distribution lists via “healthalert@acgov.org” email
- Other distribution to key contacts to distribute within their organizations
- Reddinet
- CAHAN

# Posted ACPHD Health Alerts

- All ACPHD Health Alerts (alerts, advisories, updates) are posted on the ACPHD website:

<http://www.acphd.org/health-alerts.aspx>



The screenshot shows the ACPHD website's Health Alerts page. The navigation bar includes links for Home, Programs & Services, Communicable Disease, Clinics, Data & Reports, About ACPHD, and Contact ACPHD. A search bar is located in the top right. The main content area is titled "Health Alerts" and includes a sub-section for "Food and Drug Recalls". The page explains that the list provides information from press releases and public notices about FDA-regulated products. It defines three alert levels: ALERT (highest importance), ADVISORY (important information), and UPDATE (updated information). The most recent alert, dated August 19, 2014, is an "Update" regarding "Ebola Virus and West Nile Virus Update". The text describes a large outbreak of Ebola Virus Disease (EVD) in West African countries and reports that Alameda County Public Health Department (ACPHD) is working with the California Department of Public Health (CDPH) to prepare for returning travelers. It also mentions that Alameda County reported 51 dead birds and 10 mosquito pools positive for West Nile Virus (WNV) as of August 13, 2014.

Home Programs & Services Communicable Disease Clinics Data & Reports About ACPHD Contact ACPHD

Health Alerts  Search

**Health Alerts**

Food and Drug Recalls

The list below provides information gathered from press releases and other public notices about certain recalls of FDA-regulated products that affect Alameda County residents.

**ALERT** conveys the highest level of importance; warrants immediate action or attention.

**ADVISORY** provides important information for a specific incident or situation; may not require immediate action.

**UPDATE** provides updated information regarding an incident or situation; unlikely to require immediate action.

August 19, 2014 Update **Ebola Virus and West Nile Virus Update**

There is currently a large outbreak of Ebola Virus Disease (EVD) in the West African countries of Guinea, Sierra Leone, Liberia, and most recently, Nigeria. As of August 19, the World Health Organization has reported a cumulative total of 2240 suspect and confirmed cases and 1229 deaths. CDC has advised travelers to avoid all non-essential travel to Guinea, Sierra Leone, and Liberia, and has issued a lower level alert for Nigeria. As of August 19, 2014, there are no EVD cases acquired in the United States. While the risk of importation of Ebola into the United States is considered to be very low, Alameda County Public Health Department (ACPHD) is working with the California Department of Public Health (CDPH) to prepare in the event that a returning traveler from these countries develops illness that may be concerning for EVD. Early identification of such cases and prompt infection control implementation will be key components to containment and prevention of spread.

As of August 13, 2014, Alameda County reported 51 dead birds and 10 mosquito pools positive for West Nile Virus (WNV); this is an unusually high number and already higher than all prior years. Mosquito Abatement has undertaken precautions to treat mosquitoes in areas where activity is highest in Livermore. There are currently no reported symptomatic cases of human WNV in Alameda County this year, and there are 57 reported human cases in CA from 36 jurisdictions.

- [Ebola Virus and WNV Update](#)
- [CDPH Ebola Page](#)
- [CDC Ebola Page](#)

# Module 2: Intelligence and Information Sharing

## Key Issues

- Internal and external communication between key response partners
- What are appropriate actions for a POTENTIAL health event when critical information is pending? Note: An event has occurred in another part of the state, but it is unknown if Alameda County is affected or will be affected

# Actions

- Multiple conference calls at the local, regional, and federal level have been held to assess risk and determine initial actions.
- The Public Health DOC has been activated. The Alameda County Emergency Operation Centers (EOCs) has been partially activated
- Emergency response agencies and local external partners have been alerted by the Op Area EOC.
- CDPH and other health departments have started surveillance activities. Veterinary surveillance data will be reviewed, syndromic surveillance will be enhanced, passive surveillance will be enhanced utilizing a health alert, and active surveillance will be conducted by public health.
- Bay Area Health Officers have been put on alert to consider Post-exposure prophylaxis (PEP) for all Bay Area Residents, just in case.

# Questions for Discussion

- See health alert hand out.
- What actions will be taken on the basis of this information? By whom?
- What is your process for receiving and disseminating critical information internally and externally with partners?
- Who is responsible to notify agency executives regarding health alerts of this nature?
- Health Care Facilities
  - What percentage of your staff is on CAHAN? Are key members of your staff on CAHAN?

# Module 3 Priority Prophylaxis

## Situation Update:

County Health Officials have located small caches of doxycycline and ciprofloxacin in the Bay Area. This cache will be shared with health departments in the Bay Area. A decision is being CONSIDERED to who should receive medicine from this cache.



# KEY ISSUES

- Recommendations on priority prophylaxis are being developed. In the case of anthrax, exposed people (those who were in the area of an anthrax release) are given antibiotics and/or anthrax vaccine as prophylaxis.
- If there was a county wide exposure to anthrax who should receive the limited supply of antibiotics?



# Questions

- As a precaution the Health Department is assessing how many doses of Doxycycline and Ciprofloxacin are currently in your agency. Does your agency have any doxycycline or ciprofloxacin?
- If your agency was given an allocation representing 10% of your staff, who would most likely receive those doses?
- Who are the key decision makers involved in this decision?
- How will this decision affect your agency?
- How will this affect your work force?
- How will not providing medicine to family members affect your staffing?
- If you are a representative from a city, how do you define your critical infrastructure?

# Debrief

- Strengths
- Weaknesses
- Opportunities
- Threats



# Closing Comments

- Thank you for your participation today.
- Please be sure to fill out and submit a participant feedback form.
  - Discussion and feedback captured during today's tabletop will be utilized for revisions and improvement of the plans presented today.
  - Additionally, comments, suggestions, recommendations, and feedback from participant feedback forms will be reviewed.
  - Comments and discussion will be included in the After Action Report.

# November 20, 2014 Exercise Issues for Discussion

## Exercise Level of Play:

- What level of exercise play does your organizations/ agencies anticipate for the November 20, 2014 exercise
- Examples include communications drill, functional and full scale exercises. Level of play may include use of simulated patients, receipt of supplies, movement of patients to healthcare facilities, etc.

# 2014 EMSA November 20, 2014

- **SCENARIO**

- The scenario for the 2014 Statewide Medical and Health Exercise will be an anthrax scenario and medical surge.

- **TARGET CAPABILITIES AND GOALS**

- Emergency Operations Center Management  
Medical Surge
- Communication  
Emergency Public Information and Warning
- Mass Prophylaxis

# Conclusion of Discussion-Based Tabletop

