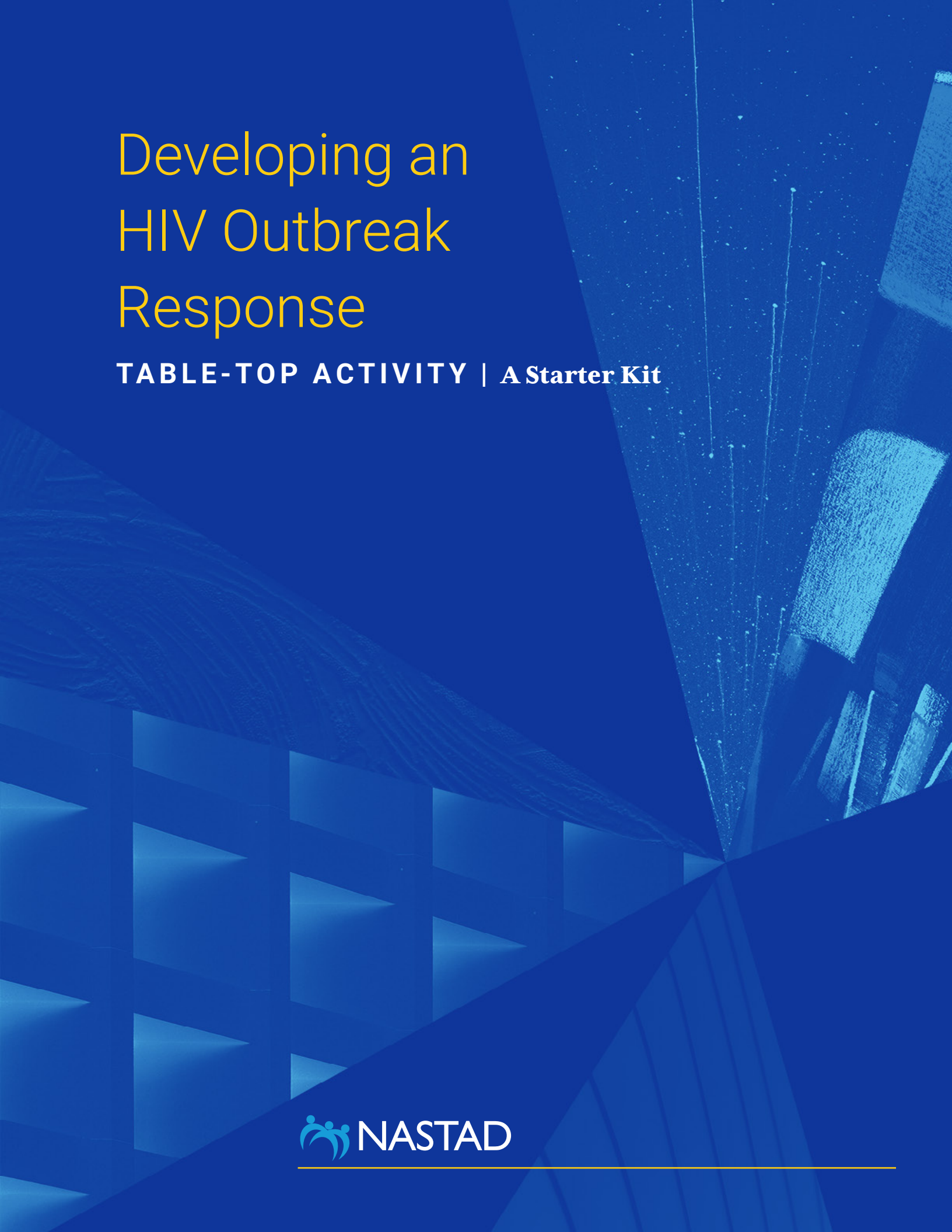
Developing an HIV Outbreak Response

TABLE-TOP ACTIVITY | **A Starter Kit**



NASTAD

Introduction

In July 2021, NASTAD developed and facilitated an HIV Emergency Action Response Table-Top Activity in Baton Rouge, Louisiana. The purpose of that virtual exercise was to prepare the East Baton Rouge Parish for a successful response to an outbreak of HIV among people who inject drugs (PWID).

As PS18-1802 funded health department jurisdictions were tasked to develop and submit a Cluster and Outbreak Detection and Response Plan to the Centers for Disease Control and Prevention in July 2021, more jurisdictions may look to implement table-top activities to put their plans to action in a proactive setting.

This document provides sample materials, considerations, and resources to assist health departments with developing and implementing a table-top activity in their respective communities. These materials include questions to discuss during the planning process, groups of people to invite to participate, sample slides, and other helpful considerations for successful activity implementation.

As the title demonstrates, this kit is a starting point to kick off the planning process. **Items in this kit are samples and need to be adapted to meet the local community's needs.** Considerations on ways to adapt these materials are included in the kit. A suggested material review order is documented in the Table of Contents (below).

NASTAD would like to thank NACCHO and the Virginia Department of Health LENOWISCO Health District, which includes the counties of Lee, Wise, and Scott and the City of Norton, for the wealth of resources they developed. These resources greatly assisted NASTAD with the development of the East Baton Rouge table-top activity.

For questions about this starter kit, please contact Nicole Elinoff at nelinoff@NASTAD.org.

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Table of Contents

ITEM 1

Exercise Planning Consideration Questions

Questions for Table-top Planners

When planning your table-top exercise consider the following questions:

ACTIVITY GOALS AND OBJECTIVES

What is the goal of implementing this table-top?

What community do you want to focus the table-top on? Have you defined the community? Sexual transmission vs. People Who Inject Drugs (PWID)?

- If PWID – are there Syringe Service Programs, or other harm reduction organizations, you could invite to be part of the planning for the table-top and attend the event?
- If the focus is on sexual transmission centering gay, bisexual, and other men who have sex with men (GBM)— consider inviting a representative from local GBM-serving community-based organizations (CBOs) to participate in the planning team.

What do you want to gain from participating in this activity?

How will this exercise inform the cluster detection and response (CDR) work you're doing now? Do you have a plan or process in mind for how to meaningfully incorporate community feedback from the table-top to improve your CDR implementation?

Do you have the right members on your planning team? For instance, someone working locally vs. regionally.

CDR WORK AND COMMUNITY ENGAGEMENT

Has your jurisdiction investigated any clusters? Consider sharing some of the lessons learned from that experience. The table-top can help build on what was learned.

What has the community engagement looked like in your jurisdiction preparing for the CDR plan? Has the community been involved with any aspect of developing the plan?

What does the community think about CDR?

Are there individuals or groups you'd like to engage with that you haven't already, such as housing services or the police department? See the sample invite list (item 3) for more examples of individuals and groups to engage with.

Are there political champions that are "friends of the health department"? If yes, how can you use this relationship?

Are there policy advocacy groups in the state (not affiliated with HD)? These groups can help share information on the policy landscape in your state.

ITEM 2

Sample Participant Agenda

SAMPLE OBJECTIVES

By the end of this table-top activity, participants will be able to:

1. Understand the importance of collectively responding to an HIV outbreak;
2. Discuss what their role could be in an HIV cluster or outbreak response;
3. Identify community collaborators needed for an effective outbreak response;
4. Develop new, and strengthen current, strategic partnerships to assist in responding to an outbreak.

SELF-PACED LEARNING

Pre-Table-top Materials
NASTAD highly encourages participants to review these materials in advance of the table-top activity. These resources are meant to provide background on why this activity is taking place and will provide helpful tools to utilize during the table-top.

Resources include:

- If your jurisdiction is an EHE jurisdiction, sharing your EHE plans prior to the table-top can help provide more background on the purpose of the table-top activity.
- West Virginia HIV Outbreak – Interview Clips (~10 minutes total): Dr. Michael Kilkenny (32:32-37:28) and Dr. Kara Willenburg (38:20-42:17)
  - These videos provide some additional background on the importance of community engagement for an outbreak response.
- Stigma and People Who Use Drugs
- The Principles of Harm Reduction

Day 1: Your Activity Date Here
Your activity time here, consider two blocks of two hours each for virtual settings. Such as: (10:00 AM- 12:00 PM CT /11:00 AM-1:00 PM ET) (1:00-3:00 PM CT/ 2:00-4:00 PM ET)

9:45 AM- 10:00 AM	**Zoom Room Opens**
10:00 AM – 10:30 AM	**Welcome, Introductions, and Icebreaker Activity** Participants will briefly introduce themselves (name, organization, role) and the activity facilitator will facilitate a virtual "icebreaker" (e.g., polls or other interactive activities). The activity facilitator will provide an overview of Day 1 and 2 and what participants should expect. The facilitator will review community agreements (ground rules) for the virtual workshop space and invite participants to add additional agreements. This session will also review the materials shared prior to the table-top and provide more background as to why people and organizations were invited to this activity. ***Facilitator:*** *Identify who will lead this activity*
10:30 AM – 11:25 AM	**Understanding HIV Surveillance in Your State** To kick start the table-top, the Health Department Program will deliver their presentation "Understanding HIV Surveillance in_____". This session will provide an overview of data collection in public health, data protections, and will review key terms. The session will also include a discussion on the Ending the HIV Epidemic in the U.S initiative (EHE), and review how this activity assists with [Jurisdiction]'s EHE plan. If your organization is not part of the EHE Phase 1 jurisdictions, consider sharing how this activity will impact the jurisdiction's HIV prevention goals. ***Presenters:***
11:25 AM – 11:30 AM	**Break**
11:30 AM – 11:55 AM	**Your State's Legal Landscape** This session will provide an overview of your state's HIV data protections, criminalization laws, and syringe service program (SSP) laws. Participants will learn more about the legal landscape in your state and the potential impact on response activities including cluster and outbreak detection. ***Presenter:***
11:55 AM – 12:00 PM	**Part 1 wrap up/ Overview of afternoon session** ***Presenter:***
12:00 PM- 1:00 PM	**Lunch Break**

ITEM 2 | SAMPLE PARTICIPANT AGENDA CONT.

1:00 PM – 1:05 PM	**Welcome Back** Participants will be welcomed back and provided a time to reorient themselves for the afternoon session.
1:05 PM – 1:25 PM	**Your State's Cluster Detection and Response Plan** During this session, members of your state's STD/HIV/HCV Program will share an update about the state's CDR plan, and how it pertains to your community. This session will include a Q+A for individuals to seek additional clarity about next steps for the plan. ***Presenters:***
1:25 PM- 2:05 PM	**An Introduction to Harm Reduction** This session will provide an overview of the principles of harm reduction and discuss the importance of harm reduction in an outbreak response. ***Presenters:***
2:05 PM- 2:20 PM	**Break**
2:20- 2:40 PM	**Assets in your Community: A Review** This session will include a discussion on the community's assets and will share the different information on community resources and services available. ***Presenters:***
2:40 PM- 3:00 PM	**Day 1 Wrap Up/ Evaluation/ Review of Day 2** Evaluation questions through Zoom polls or Mentimeter polls

Day 2: Your Activity Date Here
Your activity time here, consider two blocks of two hours each for virtual settings. Such as: (10:00 AM- 12:00 PM CT /11:00 AM-1:00 PM ET) (1:00-3:00 PM CT/ 2:00-4:00 PM ET)

9:45 AM- 10:00 AM	**Zoom Room Opens**
10:00 AM – 10:15 AM	**Welcome Back/ Recap of Day 1 Items / Day 2 Introduction**
10:15 AM – 11:00 AM	**Peer Presentation and Guest Panel: Collectively Responding to an HIV Outbreak** This presentation and panel discussion will highlight the importance of collectively planning for an effective outbreak response. Panelists will share their experiences with community planning, discuss outcomes from their outbreak response, and will share lessons learned from their response activities. *Presenters: Identify a peer state health department or local health department that has responded to a cluster within their jurisdiction.* ***Moderator:***
11:00 AM – 11:10 AM	**Break**
11:10 AM – 11:25 AM	**Table-top Activity Overview and Instructions** During this session, your facilitator will review the ground rules and introduce the activity. ***Main facilitators:*** *Identify a facilitator for this activity*
11:25 AM – 11:45 AM	**Scenario Part 1** Your facilitator will share the scenario with all participants in the main room. After reviewing the prompt, participants will split into four breakout rooms to review the first part of the scenario. Breakout rooms will remain the same throughout the full activity. Facilitators will have guided questions to move the conversation forward. After the discussion, participants will go back to the main room for a debrief in the wider space. Each group will assign one person to report out. Part 1 of the scenario will provide the context and set the scene for the response. Note: Adjust number of break out rooms to reflect how many room facilitators you have, and to maintain about 10 individuals to a space.
11:45 AM – 11:50 AM	**Adjourn for break and give instructions for second half.**
11:50 AM- 12:50 PM	**Lunch Break**

ITEM 2 | SAMPLE PARTICIPANT AGENDA CONT.

12:50 PM – 12:55 PM	**Welcome Back** Participants will be welcomed back and provided a time to reorient themselves for the afternoon session.
12:55 PM- 1:45 PM	**Scenario Part 2** Your facilitator will share the next part of the scenario with all participants in the main room. After reviewing the prompt, participants will split into four breakout rooms to review the second part of the scenario. Breakout rooms will remain the same throughout the full activity. Facilitators will have guided questions to move the conversation forward. After the discussion, participants will go back to the main room for a debrief in the wider space. Each group will assign one person to report out.
1:45 PM- 1:50 PM	**Break**
1:50 PM – 2:30 PM	**Scenario Part 3** Your facilitator will share the next part of the scenario with all participants in the main room. After reviewing the prompt, participants will split into four breakout rooms to review the third part of the scenario. Breakout rooms will remain the same throughout the full activity. Facilitators will have guided questions to move the conversation forward. After the discussion, participants will go back to the main room for a debrief in the wider-space. Each group will assign one person to report out.
2:30 PM- 2:50 PM	**Debrief**
2:50 PM- 3:00 PM	**Next Steps/ Wrap up / Evaluation/ Adjourn**

ITEM 3

Sample Invite List

Table-Top Exercise

When identifying individuals to invite to the table-top, think about what the local response to an HIV cluster or outbreak would look like in your community and what role individuals would fill in a response. A good place to start is referencing the state's CDR plan.

The following table lists different agencies and possible staff positions to invite to the activity. For state health departments, we recommend inviting members from the local health department from the affected region. If a local health department is leading the table-top, we encourage inviting members from the state for support.

AGENCY/COMMUNITY	STAFF	INVITED? Yes or no
Office of Public Health Medical Director		
Office of Public Health	Deputy Director	
Emergency Department in high prevalence area, consider a location that does routine HIV screening.	Emergency Dept. Director or designee	
City's Health Initiative		
Ryan White Partners, such as Part A, B, C, D or F		
Office of Public Health Communications	Public Information Officer	
Corrections	Corrections HIV testing coordinator/ health coordinator	
Police Department	Police dept. (person focusing on drug arrest/charges and maybe an outreach staff)	
Jurisdiction Health Department	Key Staff: DIS Supervisor, Surveillance Coordinator, Prevention Coordinator, Syringe Service Program Coordinator, Community Health Worker Supervisor.	

ITEM 3 | SAMPLE INVITE LIST CONT.

AGENCY	STAFF	INVITED? Yes or no
People with HIV (PWH)	2 people	*ask CBOs to post flyer*
People who inject drugs (PWID)	2 people	*ask SSP/ harm reduction program to post flyer*
Priority population (such as people who inject drugs)	2 people (potentially someone using PrEP or wellness center client)	
Housing/Shelters		
Emergency response	Public Health Emergency Response Coordinator	
Substance Use Treatment		
CBOs/ Syringe Service Programs		
FQHCs		
Food services		
Faith-based communities		

ITEM 4

Sample Invitation Email

The below email was developed by the Louisiana Department of Health's STD/HIV/Hepatitis Program and sent to community members and groups in Baton Rouge, Louisiana. Please see the sample invite list in item three of the starter kit. This email can serve as an invitation template for your jurisdiction's table-top activity.

Greetings!
The East Baton Rouge Ending the HIV Epidemic (EHE) Commission, in collaboration with the Louisiana Department of Health STD/HIV/Hepatitis Program, invites you to participate in a virtual HIV Outbreak mock response activity as a part of the community's EHE plan. This activity will help guide the response portion of the community's EHE plan, which aims to end the HIV epidemic in Baton Rouge by 2030. The exercise will assist public health providers and our partners prepare for and respond rapidly and decisively to an HIV outbreak and provide guidance on the resolution process following an outbreak.

Should an actual outbreak occur in Baton Rouge, it would be a high visibility community wide event that could require a response from your agency. Based on what we know from other communities that have experienced these outbreaks, advanced planning is pivotal to a successful response.

Your involvement is critical and greatly appreciated for this emergency preparedness effort. Please plan on participating and hold the dates of July 28-29, 2021 from 10am-3pm, with a one hour lunch break from 12-1 for this virtual event. NASTAD will facilitate this response activity including how to address barriers that may appear when responding to an outbreak.

We will follow up with an agenda and reading materials, but want to confirm your registration. Participation for the full duration of the exercise is crucial, so please let us know if you or a designee can attend both dates using the links below.

This event is not open to the public, so please refrain from sharing with others. Please email **(event organizer)** if you have questions. You may receive a follow up call to answer any questions you may have about your role. Thank you in advance for joining us, and see you in July!

July 28th Registration: Insert Virtual Platform Registration Link
July 29th Registration: Insert Virtual Platform Registration Link

Best,
Director, HIV Program

ITEM 5

Table-Top Work Plan

This workplan template is meant to help keep everyone organized in the final weeks leading up to the event.

WEEK OF:

Tasks	Description	Date	Date	Date	Date	Date	"Status ✓ = complete"	Progress & Notes
1	**Slide Deck**							
	Introduction/ transition/ scenario instructions slides							
	Jurisdiction's slides to table-top facilitator							
	Slide deck complete							
2	**Situation Manual**							
	Iron out scenario objectives							
	Input more discussion questions							
	Facilitation Guide							
3	Facilitator guide- scenario facilitation day 2							
	Facilitator guide- day 1 facilitators agenda							
	Materials and communications with participants							
4	Determine additional pre-reading materials							
	Send "looking forward to seeing you" reminder to participants							
	Finalize agenda- consider it a draft till the very end							
	Send draft agenda, pre-reading, and reminder email to participants							
	Develop post-meeting evaluation							
	Develop Break out Rooms							
	Your jurisdiction sends registration list to table-top facilitator							
5	Develop breakout room list and share with table-top facilitator							
	Run of show							
6								
Shaded cells are used to designate the organization responsible for each task.		These shaded cells are ____ tasks.			These shaded cells are ___ tasks		These shaded cells are for both ___ and ___	

ITEM 6

Adaptation Considerations

The following adaptations should be considered when tailoring the materials in this starter kit.

PRIORITY POPULATION

Each community is unique, and HIV clusters or outbreaks can occur amongst different population groups. Health Departments (HDs) should review their epidemiological and cluster data, local context, and HD priorities to determine the activity's key population(s).

Example: In Baton Rouge, the planning team explicitly wanted to focus on an HIV outbreak amongst people who inject drugs (PWID).

Examining the epidemiological and cluster data, local resources, and HD priorities greatly helps determine the focus area of the exercise, including who to invite, who should participate on the planning team, and the central component of the activity—the scenario. HDs may decide to focus their scenario, for example, on a sexual transmission cluster primarily affecting gay, bisexual, and other men who have sex with men (GBM), or to specifically focus on a cluster that includes an intersection of more than one route of potential HIV transmission (e.g., GBM and PWID).

PLANNING TEAM

The priority population the exercise focuses on will dictate who to include in your planning team. The planning team will work on the development of the activity as well as implementation. For state health departments looking to hold an activity in a local community, include members from the local health department, Mayor's office, local emergency preparedness office, Ryan White program, and representatives from local community-based organizations (CBOs) to participate in the planning. Having a well-rounded planning team helps ensure that the activity is designed intentionally, and that the individuals invited to participate are those that will be tasked to respond in the case of an outbreak.

For instance, if the activity is centering GBM populations, consider inviting a representative from local GBM-serving CBOs to participate in the planning team.

Example: Louisiana had a representative from a Syringe Service Program (SSP) in Baton Rouge on the planning team and their feedback and expertise about the dynamics of the local community were invaluable.

INVITE LIST

The outbreak response team looks different depending on the priority population(s) in the activity. For instance, outbreak responses amongst PWID populations typically include housing, food security services, and SSPs. Outbreak responses amongst GBM populations may not need those resources in their response but instead CBOs providing HIV testing, pre-exposure prophylaxis (PrEP), and other services to GBM. The community members that are invited should reflect those that the activity is responding to. Other interested groups to consider, depending on the focus of the scenario, include local emergency preparedness staff, health care providers (Ryan White HIV/AIDS Program providers, Federally Qualified Health Centers), faith-based leaders, or law enforcement. Consider inviting members of the priority community of focus as well (e.g., people living with HIV, PWID) to provide insight.

SCENARIO

The scenario is a core component of holding a successful exercise and requires collaboration with the local community. Scenarios with details that are not relevant or realistic to the community can distract participants away from the discussion questions, spending more time discussing what would actually happen versus what is listed in the scenario. Scenarios should speak to what could happen in the local community and include details that are specific to the area. Some examples of this are:

- Names of local hospitals or other health care providers/organizations
- Realistic "sample" epidemiological data for the scenario (e.g., scenario numbers should be appropriately reflective of actual prevalence in the community)
- Name of news stations or magazines covering the story
- Areas of town
- Social/political context and current events (e.g., law enforcement breaking up the encampment in the Baton Rouge scenario)
- Names of CBOs providing services
- Acknowledgement of other community challenges, such as the COVID-19 pandemic

Routinely consult with the planning team members to see if the details are realistic.

The scenario discussions from Louisiana were extremely productive and yielded great information that will be incorporated in ongoing refinement and strengthening of their CDR plans. Part of that success was having a scenario rich in relevant and realistic details.

TECHNICAL ASSISTANCE (TA) IS AVAILABLE

For HDs needing assistance defining the priority population for their table-top activity, TA is available. Learn more about CDC's Capacity Building Assistance (CBA) program and providers by visiting here.

ITEM 7

Sample Breakout Room Facilitation Guide

Table-Top Activity

The following is a sample breakout room facilitation guide. This document is meant to assist breakout room facilitators navigate each breakout room session.

Reminders:

*Breakout rooms will stay the same throughout the activity.

** Identify a main-room note taker to record what is discussed during report outs after breakout sessions.

*** Discussion questions included in this guide came from the table-top activity's situation manual.

**** Reiterate discussion ground rules and that this is an exercise, not a test.

Room facilitators:

Main room-

Room 1-

Room 2-

Room 3-

Room 4-

Breakout room support:

ITEM 7 | SAMPLE BREAKOUT ROOM FACILITATION GUIDE CONT.

Part 1: A Hot Summer **20-minute session;** **15 minutes in breakout, last 5 minutes with whole group** Session breakdown: Introductions and role assignments **(5 min)** Discuss responses to questions **(10 min)** Reiterate discussion ground rules and that this is an exercise, not a test. Debrief discussion in main room **(5 min)**	Facilitators welcome everyone to the breakout space! **Breakout Participant Introductions:** • Name/ Pronouns • Organization and Role **Roles:** Each break out room has an individual from the health department assigned to take notes. Identify a second individual who will report out in the main Zoom room. These roles will be the same throughout the activity. Announce scheduled length of breakout and ask for a volunteer to keep track of time. **Share screen to show part 1 of the scenario from the situation manual and read scenario and additional details out loud.** **Ask participants if they need clarification on anything.** **Review part 1 questions:** • What additional information do you need immediately (at the time you learn of the needed response)? • Who would you want to talk with about how to respond the information provided (either inside or outside of your organization)? • What are your first steps in the response? • What concern(s) do you have at this point for the community? • What are some of the first action steps you would take? • What is your role in a response of this type, immediately (at the time you learn of the needed response)? **Return to main room** • Individuals assigned to report out will share what was discussed in their breakout room.

Lunch Break is in between part 1 and 2.

ITEM 7 | SAMPLE BREAKOUT ROOM FACILITATION GUIDE CONT.

Before breaking out into breakout rooms for Part 2, the main room facilitator will welcome everyone back from lunch, recap Part 1, and share information about Part 2's scenario.

Part 2: The News Story
50-minute session
35 minutes in breakout, last 15 minutes with whole group
 	
Session breakdown:
 	
Review scenario and ensure everyone understands what is going on. (5 min)
 	
Discuss responses to discussion questions (30 min)
Reiterate that this is an exercise, not a test.
 	
Debrief discussion in main room (15 min)
	Welcome everyone back to breakout room.
	
	Announce scheduled length of breakout and confirm/ask for a volunteer to keep track of time.
	
	Share screen with part 2 of the scenario from the situation manual and read scenario and additional details out loud.
	
	Ask participants if they need clarification on anything.
	• Part 2 involves many different organizations; please ensure that everyone understands the increased need for intra and inter organization communications
	
	Review Part 2 Questions:
	• How can _____ get ahead of the media and communications? Possible activities to help get conversation going:
	• Office of Public Health could reach out to health department's communications teams and Public Information Officers to let them know what's going on.
	  • Fact sheets for "high level" personnel
	  • Provide education on people who inject drugs (PWID) to health department comms teams.
	  • What trainings are being done for communication personnel?
	  • Identifying members of community that media can speak with. Identifying messengers.
		Additional Notes for Reference:
		
		This is a space to add additional notes to help with facilitating the discussion. Some of these notes may come from discussions with the planning team.

	• How can the Department of Health mobilize the agencies needed to respond? • Which agencies would be needed? • Do we need to bring other organizations into this planning process? • What outcomes could we expect if law enforcement disbands the camp? • What actions will you take to support your staff/ volunteers? **Return to main room** Individuals assigned to report out will share what was discussed in their breakout room.	

Participants will go on a five-minute break between parts 2 and 3. The main room facilitator will welcome everyone back from break, recap what has been discussed in parts 1 and 2 and share details for part 3 of the activity.

ITEM 7 | SAMPLE BREAKOUT ROOM FACILITATION GUIDE CONT.

Before breaking out into breakout rooms for Part 2, the main room facilitator will welcome everyone back from lunch, recap Part 1, and share information about Part 2's scenario.

Part 3: Looking Forward **50-minute session** **35 minutes in breakout; last 15 with whole group** Session breakdown: Review scenario and ensure everyone understands what is going on. (5 min) Review discussion questions (30 min) Debrief discussion in main room (15 min)	**Welcome everyone back to breakout room.** Announce scheduled length of breakout and confirm/ask for a volunteer to keep track of time. **Share screen with Part 3 of the scenario from the situation manual and read scenario and additional details out loud.** **Ask participants if they need clarification on anything.** **Review Part 3 questions** • What are the next steps for the response team, and specifically, your agency/ role? • Who is the response team? • How would the public messaging around the outbreak and/or engagement with the media change, if at all? • How would you ensure that newly acquired staff (and deployed CDC field staff) were hired, trained, and integrated into the team quickly to get the response team up to full capacity? • What questions would you want answered at the community forums? How would you ensure that feedback provided at the community forums was meaningfully integrated into the outbreak response activities? • How should we evaluate the effectiveness of the community's response to the outbreak? What process should be used to incorporate "lessons learned" from this outbreak into future planning?	**Additional Notes for Reference:** This is a space to add additional notes to help with facilitating the discussion. Some of these notes may come from discussions with the planning team.

	Return to main room. • Individuals assigned to report out will share what was discussed in their breakout room. • **Full debrief activity will take place after Part 3 debrief.**	

Main Room Facilitation Questions

Discuss the idea that in a real outbreak there would be meetings during and afterwards to implement needed changes to both future outbreaks and agency (health department as well as other agencies represented today) policies and procedures to minimize or prevent future outbreaks.

Share what will happen with the findings from the table-top activity and who the findings will be shared with.

ITEM 8

Virtual Facilitation Considerations

As COVID-19 continues to impact meeting in person, more events and activities have become virtual. At the time of this writing (Q4 2021) it is unknown to what extent training events will return to in-person or remain largely virtual. Hence, this guide is to provide virtual facilitation considerations including opportunities for creating a welcoming space for engaging participation.

TIME OF THE EVENT AND BUILT-IN BREAKS:

During 2021, the term "Zoom Fatigue" became a common way to describe the challenges associated with most of work moving to a virtual setting. A way to help mitigate Zoom/virtual fatigue is to incorporate breaks throughout the session. In the table-top facilitated by NASTAD, participants attended two, two-hour sessions over the course of two days. Small five-minute breaks were included during the two-hour sessions as well.

Breaking up the eight hours of content into four, two-hour sessions, created opportunities for individuals to take meaningful breaks, participate in self-care (lunch), and let participants bring their full selves to the discussions.

Consider opening the virtual space 10 to 15 minutes prior to the start of the event. This can help keep the schedule on time and provide a time to troubleshoot any difficulties.

VIRTUAL PLATFORM 101

Every participant may not feel comfortable on the virtual platform of the event. Sharing information on how to: mute, engage on the chat, turn video on, change their name, annotate, etc. can greatly help orient individuals to the platform you'll be utilizing during the workshop/ virtual event. This orientation could be incorporated into the ice-breaker activity.

PLAYLIST

Consider creating a playlist to play during breaks. Music can help personalize the space and create a more comfortable environment for the participants. NASTAD found that having upbeat music before starting the virtual event and during breaks seemed to increase energy among participants.

ENGAGING ACTIVITIES

Consider adding different activities to engage your participants. This could be a poll, a word cloud, open-ended responses through Mentimeter (a third-party platform), and discussion opportunities. Polls and Mentimeter questions can help break up didactic portions of the session while assessing participant's knowledge and engagement in the session.

GROUP SIZE

Determining an ideal group size for the table-top activity was challenging as we wanted to include as many community members and groups as possible, while being mindful of individuals' opportunity to meaningfully engage in a virtual setting. More participants in the virtual space can lead to less opportunity to meaningfully engage in discussions. Consider having a range of 30-40 participants. For breakout discussions, try and have about 10 individuals to a room with one facilitator and one note-taker. Breakout room facilitation is discussed further in the Sample Breakout Facilitation guide.

FACILITATION AND STAFFING

Aim to have five individuals staffing the virtual table-top, four facilitators and one "producer," someone to help with the technology behind the scenes. Having an extra person to help operate breakout rooms is extraordinarily helpful. Scale the number of facilitators by participant number, approximately 10 individuals per facilitator.

CALLING-IN, CAMERAS, AND OTHER TECHNOLOGY CONSIDERATIONS

Participants may not have access to a microphone or camera on their computer. To help mitigate these access challenges, consider including a "call-in" option to the meeting to ensure that option is available to participants.

Note: Individuals calling in will not be able to hear or speak in breakout rooms. If your program utilizes breakout rooms, keep those calling in on the phone in the main room.

For those without cameras, encourage individuals to utilize the chat and reaction features throughout the program. Utilizing the reaction feature can help with seeing who is engaged, even without their cameras on.

Additionally, individuals may use their phones to log on to virtual meetings and sessions. Some may have difficulty with accessing the chat for responses, as well as using a third-party platform, such as Mentimeter. Encourage individuals to unmute and respond to questions, as well as putting them in the chat.

PRACTICE RUNS

A great way to work kinks out is by doing a practice run prior to the event. Typically, a practice run should take place with enough time to make changes before the event. This is a time to practice breakout rooms, slide transitions, and conduct an overall "run of show."

PATIENCE AND COMPASSION

Facilitating sessions virtually is still relatively new and people have different comfort levels with the virtual platform. It is not the same as being together in person with technology glitches, internet going out, dogs barking, babies crying-- so many things can happen in the virtual space. Practicing patience and having compassion in these virtual spaces is a great addition to the feeling of the space. These challenges are not isolated to the facilitators, it can happen to anyone. Having a spirit of patience and compassion helps get everyone through the frustrations and challenges of not being in person.

ITEM 9

Sample Breakout Groups

Table-Top Exercise

Note- Titles listed in the breakout table may not reflect positions in your jurisdiction. This sample list for breakout groups is to serve as an example for formulating breakout rooms for your table-top. Some groups had more individuals than others.
** Aim to have about 10 individuals in a breakout group.
*** Strive to have individuals from different organizations in a group. Individuals with different experiences can help make the conversation more well-rounded.

Facilitator 1	Facilitator 2	Facilitator 3	Facilitator 4
GROUP 1	GROUP 2	GROUP 3	GROUP 4
HD Capacity Building and Community Mobilization Manager (Note-taker)	HD Capacity Building Supervisor. (Note-taker)	EHE Coordinator (Note-taker)	HD. Community Mobilization Supervisor (Note-taker)
HD Deputy Director of Operations	HIV Surveillance Supervisor	HD Surveillance Manager	HD Public Health Advisor
HD Syringe Service Program Coordinator	HD Evaluation Manager	HD Prevention Program Manager	HD Provider Network Supervisor
Disease Intervention Specialist Supervisor	Public Health Emergency Response Coordinator	HD Linkage and Adherence Supervisor	HD Field Operations Manager
Community Member	Community Member	Community Member	Community Member
Ryan White Program Administrator	Health Policy Director for City	Director of Community Health Programs for a local CBO.	Ryan White Program Manager
Assistant Director from Family Services	Community Based Organization Syringe Service Program Coordinator	FQHC Clinical Quality Program Manager	Emergency Room Representative
Human Services District - RN Program Coordinator	Executive Director, Community Based Organization	FQHC – VP of Support Operations	Community Member
Community Health & Outreach Supervisor	Local Police Department Sergeant/ Community Services Division	Health Dept. Corrections Coordinator	HD Lead Community Health Worker
Housing Services Representative; Housing Advocate	Region 2 Medical Director	HD: Hospital Nurse Coordinator	HD Regional Coordinator
	Community Member	HD: Public Health Nurse Educator	HD EHE Project Supervisor
	HD Deputy Dir of Programs		

ITEM 10

Evaluation Questions

The following are example end of day evaluation questions. These questions can be asked via a polling platform, such as Mentimeter, as part of the day's wrap up activities. Encouraging participants to respond to evaluation questions at the end of the day can help with capturing accurate information about the activity while being compliant with data collection restrictions[1]. Day 2 includes questions for the activity.

DAY 1

1. What's one thing that stood out to you about today's introductory presentations?
2. List one highlight you learned from the presentations
3. Likert scale: I gained knowledge that will assist me with tomorrow's activity.
    - Include a five-point scale (Strongly Agree, Agree, Somewhat, Disagree, Strongly Disagree)
4. Please share any feedback or comments about Day 1.

DAY 2

1. Likert scale: Day 1's presentations assisted me with today's activity.
    - Include a five-point scale (Strongly Disagree, Disagree, Somewhat, Agree, Strongly Agree)
2. What's one thing that stood out to you about the table-top activity?
3. After participating in this planning exercise, briefly describe your/your agency's role in responding to an outbreak of HIV in Baton Rouge.
4. List one highlight you learned from the activity.
5. List at least one tangible action step you will be taking back with you from this activity.
6. What remaining challenge(s) or barrier(s) remain to effectively respond to a potential outbreak of HIV in Baton Rouge?
7. What is one remaining question you are walking away with, and/or something you want to learn more about?
8. Likert scale: Breakout room discussions were productive.
    - Include a five-point scale (Strongly Disagree, Disagree, Somewhat, Agree, Strongly Agree)
9. Likert scale: I met new community partners to collaborate with.
    - Include a five-point scale (Strongly Disagree, Disagree, Somewhat, Agree, Strongly Agree)
10. Anything you'd like to share about the last two days?

[1]Data collection restrictions are due to the Paperwork Reduction Act, contact your project officer for more information about data collection restrictions.

ITEM 11

Resource List

The following are additional resources that can assist with planning and implementing the table-top activity.

CDC RESOURCES

Cluster Detection and Response Overview Page

HIV Cluster Detection and Response in Action: Stories from the Field

CDR Community Spotlights:

- San Antonio, Texas
- Lawrence and Lowell, Massachusetts
- Minneapolis, Minnesota

TARGETHIV WEBINARS

Public Health Response: Clusters and Outbreaks 101

Public Health Response: Clusters and Outbreaks 201

Public Health Response: Clusters and Outbreaks 301

West Virginia HIV Outbreak – Interview Clips (~10 minutes total): Dr. Michael Kilkenny (32:32-37:28) and Dr. Kara Willenburg (38:20-42:17)

- These videos provide some additional background on the importance of community engagement for an outbreak response.

ADDITIONAL RESOURCES

Community Response Planning for Outbreaks of Hepatitis and HIV Among People Who Inject Drugs: A Case Study from LENOWISCO Health District, A Rural Community in Virginia

Homeland Security Exercise and Evaluation Program

NASTAD Drug User Health Policy Map

NASTAD 2019 HIV Cluster Response Planning Workshop Materials

The Case for Having Health Equity Guide Community Preparedness

Cluster Response Community Engagement Resources

CSTE HIV Decriminalization Policy Statement

ITEM 12

Sample Slides

Your Jurisdiction's Table-top Activity

Dates

Your Jurisdiction's Table-top Activity

DAY 1 | Dates

Table-top Objectives

By the end of this activity, participants will be able to:

1. Understand the importance of collectively responding to an HIV outbreak, specifically among people who inject drugs;
2. Discuss what their role could be in an HIV cluster or outbreak response;
3. Identify community collaborators needed for an effective outbreak response;
4. Develop new, and strengthen current, strategic partnerships to assist in responding to an outbreak.

Sample Activity Structure

Day 1 Agenda

Understanding HIV Surveillance in Your State

Your State's Legal Landscape

Lunch

Your State's Cluster Detection and Response Plan

Assets in Your Community: A Review

An Introduction to Harm Reduction

Day 2 Agenda

Peer Presentation and Guest Panel: Collectively Responding to an HIV Outbreak

Scenario: Part 1

Lunch

Scenario: Part 2

Scenario: Part 3

Debrief Activity

Next Steps/ Wrap Up

Please plan to attend both days!

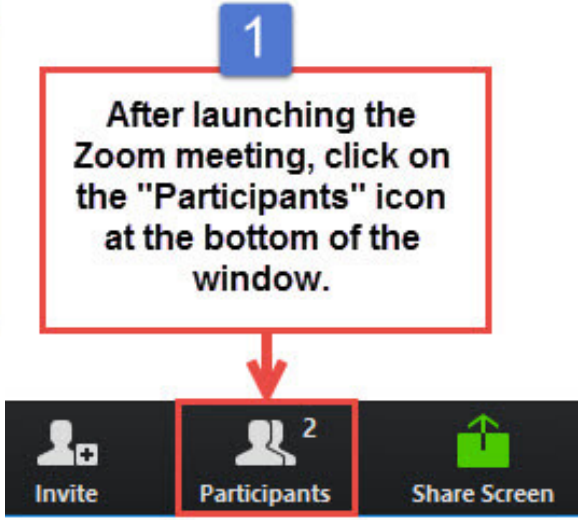
Community Agreements

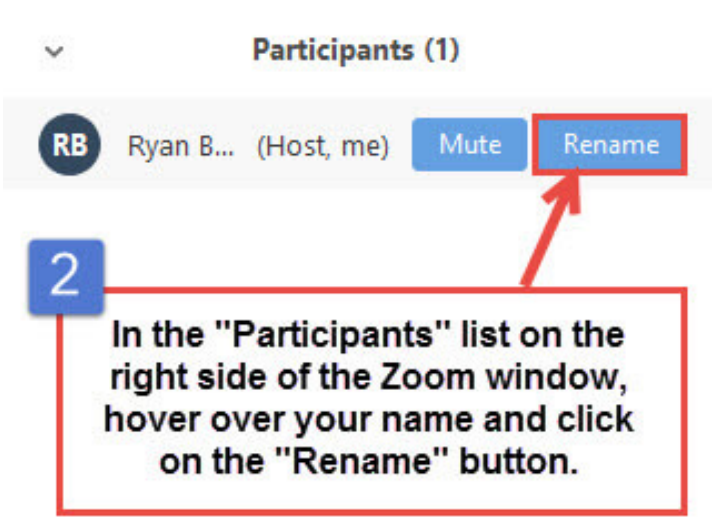
- Encourage active participation and discussion
  - Make space, take space
- Maintain a safe space/ brave space for discussion
  - Own both intention AND impact
- Respect different levels of experience and knowledge
- Manage our technology
  - Mute line when not speaking
  - Strongly encourage camera on during discussion
- Ask questions
  - Please submit questions in the chat box and/or can ask verbal questions during Q&A and discussion times
  - We encourage all questions! Please ask clarifying questions
  - “Say it ugly”
- **Practice compassion, for ourselves and for each other**

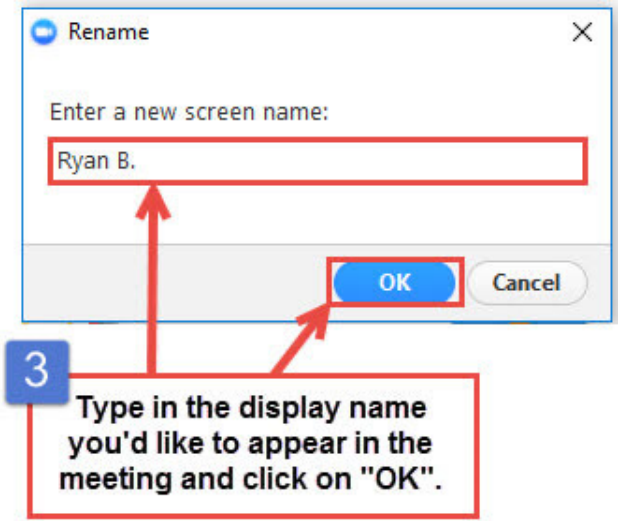
INTRODUCTIONS & ICE-BREAKER ACTIVITY

Introductions and Icebreaker

Re-name yourself and add: Name, Pronouns, Organization







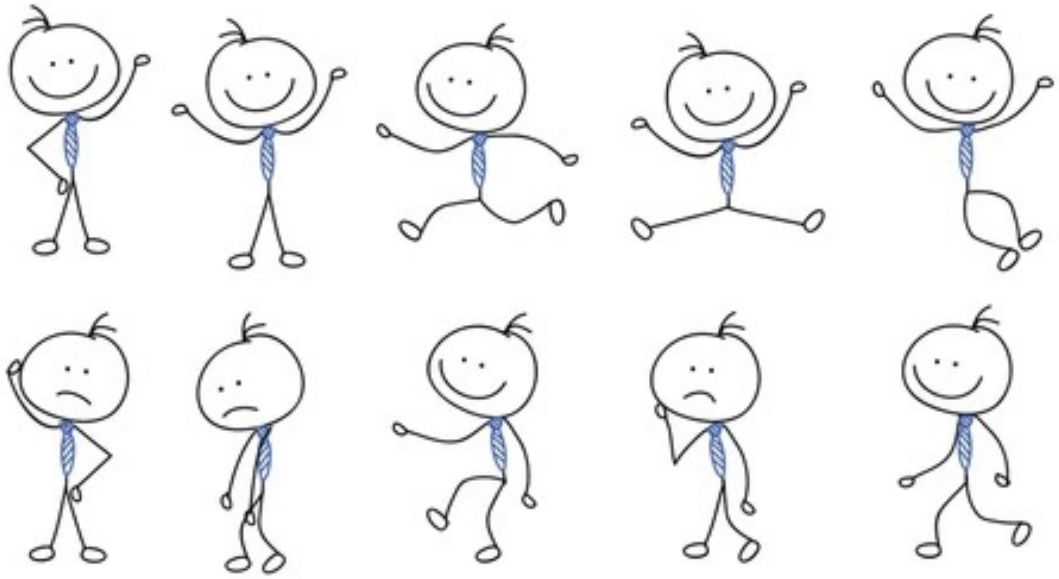
Introductions and Ice-Breaker

1. Name
2. Pronouns
3. Organization and Role

Mentimeter Discussion

- What initial thought or question did you have when receiving the invitation to this activity?
- www.menti.com
  - Enter code on screen.

Why We're All Here



Material Overview

- Jurisdiction's End the Epidemic Plan
- West Virginia HIV Outbreak Interview Clips
- Stigma and People who Use Drugs
- Harm Reduction Principles
- NIAID HIV Language Guide

What questions do you have about any of these materials?

Review of Terms and Acronyms

- People-first language
  - Emphasizes humanity
    - Person with HIV
    - Person who injects drugs
    - Person who uses drugs

Acronym	Term
SSP	Syringe Service Program
DIS	Disease Intervention Specialist
PrEP	Pre-Exposure Prophylaxis
PWID	Person who injects drugs
CBO	Community Based Organization

Placeholder for local epi data presentation/ Understanding HIV Surveillance in Your State

HIV Cluster Response Intensity Can Vary

Small Clusters

- More commonly clusters where sexual transmission is the primary mode of HIV transmission
- Typically cluster response activities can be conducted using existing health department personnel
- May require a scale-up of services

Large Clusters/Outbreaks

- More commonly clusters where injection drug use is the primary mode of HIV transmission
- May require a surge capacity
- Often requires a scale-up of services

Fundamental Common Needs

Infrastructure and capacity for detection

Procedures and fiscal mechanisms for response

Communications and policy

Slide Credit: Centers for Disease Control and Prevention

Placeholder: Your State's Legal Landscape

Placeholder: Your State's Cluster Detection and Response Plan

Placeholder: Assets in your Community

Placeholder: An Introduction to Harm Reduction/ Drug User Health Education


Q
&
A

Day 1 Wrap-up/ Day 2 Horizons

- Day 1 Evaluation on Mentimeter
- Follow-up Materials:
  - Situation Manual and Community Resource presentation.

East Baton Rouge HIV Emergency Action Response Table-top Activity

DAY 2 | Dates

Welcome and Check-In

Welcome to Day 2!

Intros:

- Name
- How are you feeling today?

Day 1 Recap

Day 2 Agenda

- Peer Presentation and Guest Panel: Collectively Responding to an HIV Outbreak
- Scenario: Part 1

Lunch



- Scenario: Part 2
- Scenario: Part 3
- Debrief Activity
- Next Steps/ Evaluation/ Adjourn

Community Agreements

- Encourage active participation and discussion
  - Make space, take space
- Maintain a safe space/ brave space for discussion
  - Own both intention AND impact
- Respect different levels of experience and knowledge
- Manage our technology
  - Mute line when not speaking
  - Strongly encourage camera on during discussion

- Ask questions
  - Please submit questions in the chat box and/or can ask verbal questions during Q&A and discussion times
  - We encourage all questions! Please ask clarifying questions
  - “Say it ugly”

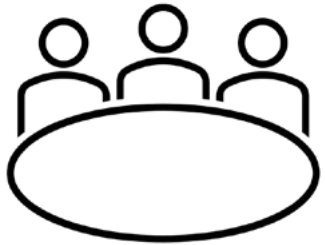
- **Practice compassion, for ourselves and for each other**

Peer Presentation and Guest Panel: Collectively Responding to an HIV Outbreak

Panelists

Your Panelist's Name
Title
Organization

Your Panelist's Name
Title
Organization

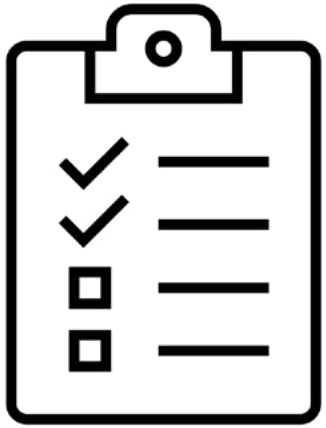


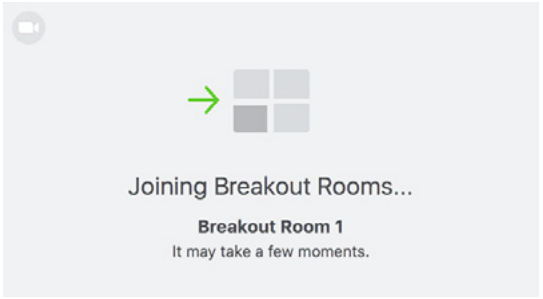
10-MINUTE BREAK

Please meet back here at: ___

Tabletop Activity

- **This is a preparedness activity and not a test.**
- Three Parts:
  - Part 1: A Hot Summer
  - Part 2: The News Story
  - Part 3: Looking Forward
- Break-out Room Discussions
  - Four break-out rooms
  - Same throughout activity
  - Rooms have been developed intentionally
  - Each group has a facilitator and note-taker
    - Need someone to report out
- Important notes:
  - *The sample scenario took place in a time where COVID-19 is not a public health emergency &*
  - *This is a mock scenario*





Part 1: A Hot Summer

Baton Rouge, Louisiana—On a hot summer night the Baton Rouge Police Department responded to a 911 call about an overdose. Police and EMS responders arrived quickly to the scene and immediately administered naloxone, they later transferred the patient to Our Lady of the Lake (OLOL) North Emergency room, where the individual recovered. During the Emergency Department visit, a routine HIV test was administered.

Additional Details:

- The results came back positive.
- The client left the hospital before receiving the test results.
- Client reported to be homeless, staying in the downtown area.
- This was the 4th HIV diagnosis at Our Lady of the Lake North ~~diagnosed~~ this month; last year at this time they had no new diagnoses.
- A staff member at Our Lady of the Lake reached out to the Office of Public Health (OPH) to alert them that something was going on locally.
- After the report to OPH, they began an investigation.

Lunch

Please meet back here at:

_____

Welcome Back!

Part 2: The News Story

As the summer continued, more overdoses occurred and sadly, there were many deaths. News started to travel about the increased number of overdoses taking place in the community--- overdoses are at their highest this summer.

As the community grapples with the overdose crisis, more HIV cases have been reported to the Office of Public Health by both Our Lady of the Lake North campus AND community-based organizations providing free HIV testing such as the Baton Rouge AIDS Society. The Department of Health reaches out to the Region 2 Medical Director to issue an advisory to all major health systems to screen everyone for HIV, no matter their risk factors. Cases continue to climb.

Part 2: The News Story Continued

The Advocate shared a news story on the overwhelming opioid crisis and the alarming numbers of overdoses occurring in the community. The article shared information about Capitol Area ReEntry Program (CARP), a harm reduction organization serving the Baton Rouge community. The news article was very positive, and encouraged people to get tested and seek services. The article also gave a shout out to the mobile unit CARP utilizes, providing services throughout all of Baton Rouge.

Another news story by Channel 9 came out reporting on the increased HIV cases, showing a copy of the HIV testing advisory issued to the major health systems. The reporter seems to blame people who inject drugs for the outbreak and reports that it was occurring in encampments across Baton Rouge.

The Mayor's office starts receiving phone calls from citizens concerned about "drug addicts".

Part 2: The News Story Continued

The Advocate shared a news story on the overwhelming opioid crisis and the alarming numbers of overdoses occurring in the community. The article shared information about Capitol Area ReEntry Program (CARP), a harm reduction organization serving the Baton Rouge community. The news article was very positive, and encouraged people to get tested and seek services. The article also gave a shout out to the mobile unit CARP utilizes, providing services throughout all of Baton Rouge.

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The Mayor's office starts receiving phone calls from citizens concerned about "drug addicts".

Part 2 Continued

Additional Details

- Disease Intervention Specialists' (DIS) caseloads are increasing
- Linkage to care services and appointments with case managers aren't available for a few weeks
- DIS investigations lead to identifying a homeless encampment at the center of the outbreak
- The public complains to the Mayor's office about expanding harm reduction services ("not in my backyard")
- Some infectious disease doctors are refusing to treat individuals for HIV who are actively using drugs unless they stop using first
- Cases of HIV in Baton Rouge's correctional facilities have increased over the last year
- Law enforcement wants to break up the encampment

Part 2 Continued

HIV Prevention programs in East Baton Rouge are ramping up efforts. All players have increased plans and actions related to the following:

- Harm reduction initiatives
- HIV treatment
- Pre-Exposure Prophylaxis (PrEP)
- HIV testing
- Naloxone
- Sharing of injection equipment
- Housing and homeless services

5-MINUTE BREAK

Please meet back here at:

_____

Part 3: Looking Forward

The article published in *The Advocate* was republished on national media channels. Reporters arrived in Baton Rouge to get the latest on the ground-- national attention continues to grow. All eyes are on Baton Rouge and their response. Feeling increased pressure to act, the State of Louisiana declares a public health emergency to redirect resources quickly, including expanding syringe service programs in East Baton Rouge Parish, and reallocating resources from other parishes.

Part 3 Continued

Additional Details

- Through ongoing DIS interviews, additional community needs were shared, including food security
- The Centers for Disease Control and Prevention (CDC) has been deployed to assist with the response
- Additional DIS, linkage to care specialists, and case managers were hired or brought in from other parish health departments, to get more people engaged in care and treatment
- Community forums were held to seek community input on response efforts and future engagement

Debrief

Next Steps

- Evaluation
- Follow-Ups:
  - Follow up information will be shared with participants after activity.
  - Activity findings and report will be shared with participants in a few weeks.
- Stay involved!
  - Your Jurisdiction's EHE Commission Meetings


thank you!

ITEM 13

Example Situation Manual

The following situation manual was developed for the East Baton Rouge Emergency Action Response Table-top Activity. This document should be referenced as an example when developing your jurisdiction's activity situation manual.[1]

[1] Participant names have been removed from this manual except for members of the planning team and NASTAD staff.

East Baton Rouge HIV Emergency Action Response Table-top Activity

Situation Manual
July 29, 2021

EXERCISE OVERVIEW

Exercise Name	**East Baton Rouge HIV Emergency Action Response Table-top Activity**
Exercise Dates	July 29, 2021
Scope	This is a four-hour exercise between the Office of Public Health STD/ HIV/ Hepatitis Program (SHHP) and key participating stakeholders in East Baton Rouge. Exercise play is limited to communication and coordination of the plans, policies and procedures used by SHHP staff and key participating stakeholders. This activity is being facilitated by NASTAD.
Focus Area(s)	Mitigation, Response, Recovery
Capabilities	Community Preparedness; Community Recovery; Emergency Public Information and Warning; Information Sharing
Objectives	• Identify community methods of outbreak detection, prevention and mitigation. • Discuss essential HIV outbreak response needs. • Examine information sharing processes with community partners. • Discuss laws, regulations, and procedure for viral hepatitis/HIV outbreak response.
Threat or Hazard	HIV/AIDS, hepatitis C, and overdose deaths
Scenario	Outbreak of HIV primarily due to injection drug use
Sponsor	This table-top activity was developed with support from the Centers for Disease Control and Prevention's HIV Prevention Capacity Development Branch.
Participating Jurisdictions/ Organizations	View Pages 10-11
Point of Contact(s)	Nicole Elinoff, Manager, Prevention, NASTAD, nelinoff@NASTAD.org Rocky Block, CBA Specialist, Office of Public Health STD/HIV/Hepatitis Program, Rocky.Block@LA.gov Natalie Cooley, Community Mobilization Supervisor, Office of Public Health STD/HIV/ Hepatitis Program, Natalie.cooley@LA.gov

EXERCISE SCHEDULE

Date	**July 29, 2021**
11:10 AM	Welcome, Activity Overview, and Instructions
11:25 AM	Scenario Part 1: A Hot Summer
11:50 AM	Lunch Break
12:50 PM	Welcome Back
12:55 PM	Scenario Part 2: The News Story
1:45 PM	Break
1:50 PM	Scenario Part 3: Looking Forward
2:30 PM	Debrief
2:50 PM	Next Steps/ Wrap Up / Evaluation
3:00 PM	Adjourn

INTRODUCTION

The purpose of this exercise is to prepare the East Baton Rouge Parish for a successful response to an outbreak of HIV among people who inject drugs. Other parts of the U.S. have experienced such outbreaks and their experiences inform the preparatory exercise that we are participating in today. It uses an emergency response model based on templates from the Homeland Security Exercise and Evaluation Program.

PARTICIPANT ROLES AND RESPONSIBILITIES

The term ***participant*** encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players:** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Facilitators:** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.

EXERCISE STRUCTURE

This exercise will be facilitated. Players will participate in the following three modules:

- Module 1: A Hot Summer
- Module 2: The News Story
- Module 3: Looking Forward

Each module begins with an update that summarizes key events occurring within that time -period. After the updates, participants review the situation and engage in functional group discussions of appropriate response issues. Functional groups are made up of multi-disciplinary stakeholders in Baton Rouge, as well as members from Louisiana's Office of Public Health SHHP team (Appendix D). For this exercise, the groups are as follows:

- Break out Room 1
- Break out Room 2
- Break out Room 3
- Break out Room 4

After these functional group discussions, participants will talk through possible responses. A spokesperson selected from each group will present what the group discussed based on the scenario.

EXERCISE GUIDELINES

- This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your jurisdiction's/ organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Suggestions and recommended actions that could improve response efforts are much more valuable than issue identification, please focus on being solution oriented.
- The exercise scenario is assumed plausible and events occur as they are presented. All players will receive information at the same time.

EXERCISE EVALUATION

Participants will be asked evaluation questions at the end of each day. These questions, coupled with facilitator observations and notes, will be used to evaluate the exercise, and compile the After-Action Report, and later be used to assist with the continued development of Louisiana's cluster detection and response (CDR) plan.

Debrief
At the end of the activity, participants will engage in a debrief to share: lessons learned, observations about the activity, areas they'd like to know more about, and any challenges they had with the exercise.

At the conclusion of the table-top exercise, a summary of activities, issue discussions, and decisions of the exercise will be developed as part of the After-Action Report documenting the results of the exercise. The report will provide major themes discussed during the table-top exercise, decisions made, and issues resulting from discussion. Lessons learned during the exercise will allow participants to update their current response plans and strategies as needed.

SCENARIO 1: A HOT SUMMER

Scenario
Baton Rouge, Louisiana—On a hot summer night the Baton Rouge Police Department responded to a 911 call about an overdose. Police and EMS responders arrived quickly to the scene and immediately administered naloxone, they later transferred the patient to Our Lady of the Lake (OLOL) North Emergency room, where the individual recovered. During the Emergency Department visit, a routine HIV test was administered.

Additional Details

- The results came back positive.
- The client left the hospital before receiving the test results.
- Client reported to be homeless, staying in the downtown area.
- This was the 4th HIV diagnosis at Our Lady of the Lake North this month; last year at this time they had no new diagnoses.
- A staff member at Our Lady of the Lake reached out to the Office of Public Health (OPH) to alert them that something was going on locally.
- After the report to OPH, they began an investigation.

Discussion Questions

Based on the information provided, participate in the discussion concerning the issues raised in Scenario 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested 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.

1. What additional information do you need at this point in time?
2. Who would you want to talk to about how to respond to this information (either inside or outside of your organization)?
3. What are your first steps in the response?
4. What concern(s) do you have at this point for the community?
5. What are some of the first action steps you would take?
6. What is your role in a response of this type, at this point in time?

SCENARIO PART 2: THE NEWS STORY

Scenario

As the summer continued, more overdoses occurred and sadly, there were many deaths. News started to travel about the increased number of overdoses taking place in the community--- overdoses are at their highest this summer.

As the community grapples with the overdose crisis, more HIV cases have been reported to the Office of Public Health by both Our Lady of the Lake North campus AND community-based organizations providing free HIV testing such as the Baton Rouge AIDS Society. The Department of Health reaches out to the Region 2 Medical Director to issue an advisory to all major health systems to screen everyone for HIV, no matter their risk factors. Cases continue to climb.

The Advocate shared a news story on the overwhelming opioid crisis and the alarming numbers of overdoses occurring in the community. The article shared information about Capitol Area Reentry Program (CARP), a harm reduction organization serving the Baton Rouge community. The news article was very positive and encouraged people to get tested and seek services. The article also gave a shout out to the mobile unit CARP utilizes, providing services throughout all of Baton Rouge.

Another news story by Channel 9 came out reporting on the increased HIV cases, showing a copy of the HIV testing advisory issued to the major health systems. The reporter seems to blame people who inject drugs for the outbreak and reports that it was occurring in encampments across Baton Rouge.

The Mayor's office starts receiving phone calls from citizens concerned about "drug addicts".

Additional Details

- Disease Intervention Specialists' (DIS) caseloads are increasing
- Linkage to care services and appointments with case managers aren't available for a few weeks
- DIS investigations lead to identifying a homeless encampment at the center of the outbreak
- The public complains to the Mayor's office about expanding harm reduction services ("not in my backyard")
- Some infectious disease doctors are refusing to treat individuals for HIV who are actively using drugs unless they stop using first
- Cases of HIV in Baton Rouge's correctional facilities have increased over the last year
- Law enforcement wants to break up the encampment
- HIV Prevention programs in East Baton Rouge are ramping up efforts. All players have increased plans and actions related to the following:
    - Harm reduction initiatives
    - HIV treatment
    - Pre-Exposure Prophylaxis (PrEP)
    - HIV testing
    - Naloxone
    - Sharing of injection equipment
    - Housing and homeless services

Based on the information provided, participate in the discussion concerning the issues raised in Scenario 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested 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.

Discussion Questions

1. How can the Louisiana Department of Health and other stakeholders in Baton Rouge get ahead of the media and communications? What types of messages should be prioritized to get out into the community?
2. How can the Louisiana Department of Health and Baton Rouge mobilize the agencies needed to respond?
3. Which agencies would be needed? Do we need to bring other organizations (or staff/resources within OPH) into this planning process?
4. How can all stakeholders/agencies involved ensure appropriate and timely communication and collaboration around the outbreak?
5. What outcomes could we expect if law enforcement disbands the camp?
6. What actions will you take to support your staff/volunteers (e.g., how to address burnout given the potential for increased workloads)?
7. Would you anticipate any interruption in "routine" services if staff are taken away from regular duties to respond to the outbreak? If so, how could the impact be mitigated?

SCENARIO 3: LOOKING FORWARD

Scenario

1 month later…

The article published in The Advocate was republished on national media channels. Reporters arrived in Baton Rouge to get the latest on the ground-- national attention continues to grow. All eyes are on Baton Rouge and their response. Feeling increased pressure to act, the State of Louisiana declares a public health emergency to redirect resources quickly, including expanding syringe service programs in East Baton Rouge Parish, and reallocating resources from other parishes.

Additional Details

- Through ongoing DIS interviews, additional community needs were shared, including food security
- The Centers for Disease Control and Prevention (CDC) has been deployed to assist with the response
- Additional DIS, linkage to care specialists, and case managers were hired or brought in from other parish health departments, to get more people engaged in care and treatment
- Community forums were held to seek community input on response efforts and future engagement

Based on the information provided, participate in the discussion concerning the issues raised in Scenario 3. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested 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.

Discussion Questions:

1. What are the next steps for the response team, and specifically, your agency/role?
2. How would the public messaging around the outbreak and/or engagement with the media change, if at all?
3. How would you ensure that newly acquired staff (and CDC aid workers) were hired, trained, and integrated into the team quickly to get the response team up to full capacity?
4. What questions would you want answered at the community forums? How would you ensure that feedback provided at the community forums was meaningfully integrated into the outbreak response activities?
5. How should we monitor and evaluate the effectiveness of the community's response to the outbreak? What process should be used to incorporate "lessons learned" from this outbreak into future planning?

Looking forward 6 months later, we hope for these outcomes…

- Increased individuals linked and engaged in care, housing services, medication-assisted treatment
- A developed network of organizations that serve the affected community
- More individuals on PrEP including ways to store medications
- Decreased homelessness and increased food security
- Overdose deaths decrease
- A decrease in new HIV/HCV diagnoses

APPENDIX A: EXERCISE PARTICIPANTS

Participating Organizations
State and Local
Office of Public Health, STD/ HIV/ Hepatitis Program
Capitol Area ReEntry Program (CARP)
City of Baton Rouge
Capital Area Human Services District
Office of Public Health, Region 2 Medical Office
Our Lady of the Lake
Care South
Office of Public Health, Emergency Preparedness
Baton Rouge AIDS Society
Open Health Care Clinic
Louisiana Department of Health Bureau of Media and Communications
Family Service of Greater Baton Rouge
Metro Health
Community Members
Baton Rouge Police Department
Louisiana Housing Corporation
Louisiana Primary Care Association
National
National Alliance of State and Territorial AIDS Directors (NASTAD)

East Baton Rouge HIV Emergency Action Response Table-top Activity Planning Task Force:
JULIE FITCH – Capacity Building and Community Mobilization Manager, Office of Public Health- STD/HIV/Hepatitis Program

NATALIE COOLEY – Community Mobilization Supervisor, Office of Public Health- STD/HIV/ Hepatitis Program

ROCKY BLOCK – CBA Supervisor, Office of Public Health- STD/HIV/Hepatitis Program

ROCHELLE COLE – Baton Rouge EHE Coordinator- HealthyBR, Office of Public Health- STD/HIV/ Hepatitis Program

JESSICA FRIDGE – Surveillance Manager, Office of Public Health- STD/HIV/Hepatitis Program

LAUREN OSTRENGA – HIV Surveillance Supervisor, Office of Public Health- STD/HIV/Hepatitis Program

JOY EWELL – Public Health Advisor, Office of Public Health- STD/HIV/Hepatitis Program

JORDAN PAULIN – Office of Public Health, Public Health Emergency Response Coordinator

CHAQUETTA JOHNSON – Deputy Director, Office of Public Health- STD/HIV/Hepatitis Program

DANETTE L. BROWN – Ryan White Program Administrator, City of Baton Rouge

SONYA MILLIMAN – SSP Coordinator, CARP

NASTAD:

NICOLE ELINOFF – Manager, Prevention

EVE MOKOTOFF – Consultant, NASTAD

ERIN BASCOM – Senior Manager, Prevention

MARK LOCKWOOD – Senior Associate, Drug User Health

APPENDIX B: ACRONYMS

Acronym	Term
HSEEP	Homeland Security Exercise and Evaluation Program
Sit Man	Situation Manual
TTX	Table-top Exercise
AAR	After Action Report
DIS	Disease Intervention Specialist
PWID	People who inject drugs
CDR	Cluster Detection and Response
PrEP	Pre-exposure Prophylaxis
BMAC	Louisiana Department of Health Bureau of Media and Communications
CARP	Capitol Area ReEntry Program
HIV	Human Immunodeficiency Virus
BRASS	Baton Rouge AIDS Society
EHE	Ending the HIV Epidemic in the U.S.
SHHP	Office of Public Health, STD/HIV/Hepatitis Program

APPENDIX C: HIV PRIMER

What is HIV?
HIV stands for human immunodeficiency virus. It weakens a person's immune system by destroying important cells that fight disease and infection. Late-stage HIV infection is called AIDS (acquired immunodeficiency syndrome). AIDS is considered a stigmatizing and antiquated term that is typically no longer used in favor of Stage 3 HIV.

- HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (Acquired Immunodeficiency Syndrome).
- There is currently no effective cure. Once people get HIV, they have it for life.
- With proper medical care and treatment, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners from infection.

Transmission
You can get or transmit HIV only through specific activities. Most commonly, people get or transmit HIV through sexual behaviors and/or needle, syringe or other drug injection equipment sharing. Only certain body fluids—blood, semen (cum), pre-seminal fluid (pre-cum), rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

Testing
The only way to know your HIV status is to get tested. Knowing your status gives you powerful information to keep you and your partner healthy. CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care, and more often if you engage in behaviors that might increase your risk for getting HIV.

Prevention
Today, more tools than ever are available to prevent HIV. You can use strategies such as abstinence (not having sex), never sharing needles, syringes or other drug using equipment "works", and using condoms the right way every time you have sex. You may also be able to take advantage of HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

HIV Treatment
HIV treatment involves taking medicine that reduces the amount of HIV in your body.

- HIV medicine is called antiretroviral therapy (ART).
- There is no effective cure for HIV. But with proper medical care, you can control HIV.
- Most people can get the virus under control within six months.
- Taking HIV medicine does not prevent transmission of other sexually transmitted diseases.

- Treatment helps prevent transmission to others. If someone has an undetectable viral load, they have effectively no risk of transmitting HIV to an HIV-negative partner through sex.
- Having an undetectable viral load may also help prevent transmission from injection drug use.

To learn more about HIV, visit the Centers for Disease Control and Prevention's HIV Basics page.

APPENDIX D: BREAKOUT GROUPS

Facilitator 1	Facilitator 2	Facilitator 3	Facilitator 4
Group 1	Group 2	Group 3	Group 4
HD Capacity Building and Community Mobilization Manager (Note-taker)	HD Capacity Building Supervisor (Note-taker)	EHE Coordinator (Note-taker)	HD. Community Mobilization Supervisor (Note-taker)
HD Deputy Dir of Operations	HIV Surveillance Supervisor	HD Surveillance Manager	HD Public Health Advisor
HD Syringe Service Program Coordinator	HD Evaluation Manager	HD Prevention Program Manager	HD Provider Network Supervisor
Disease Intervention Specialist Supervisor	Public Health Emergency Response Coordinator	HD Linkage and Adherence Supervisor	HD Field Operations Manager
Community Member	Community Member	Community Member	Community Member
Ryan White Program Administrator	Health Policy Director for City	Director of Community Health Programs for a local CBO	Ryan White Program Manager
Assistant Director from Family Services of _____	Community Based Organization Syringe Service Program Coordinator	FQHC Clinical Quality Program Manager	Emergency Room Representative
Human Services District - RN Program Coordinator	Executive Director, Community Based Organization	FQHC – VP of Support Operations	Community Member
Community Health & Outreach Supervisor	Local Police Department Sergeant/Community Services Division	Health Dept. Corrections Coordinator	HD Lead Community Health Worker
Housing Services Representative; Housing Advocate	Region 2 Medical Director	HD: Hospital Nurse Coordinator	HD Regional Coordinator
	Community Member	HD: Public Health Nurse Educator	HD EHE Project Supervisor
	HD Deputy Dir of Programs		

APPENDIX E: EXERCISE OBJECTIVES AND CAPABILITIES

The following exercise objectives in the table below describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The objectives and aligned capabilities are guided by senior leaders and selected by the Exercise Planning Team.

Exercise Objectives	Capability
Identify community methods of outbreak detection, prevention and mitigation.	**Screening, Search, and Detection** Identify new cases through surveillance procedures. **Community Resilience** Enable the recognition, understanding, communication of, and planning for risk and empower individuals and communities to make informed risk management decisions necessary to adapt to, withstand, and quickly recover from future incidents.
Discuss essential HIV outbreak response needs.	**Community Preparedness** Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents.
Examine information sharing processes with community partners.	**Emergency Public Information and Warning** Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. **Information Sharing** Information sharing is 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.
Discuss laws, regulations, and procedure for viral hepatitis/HIV outbreak response.	**Community Recovery** Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre incident levels, and improved levels where possible.

ITEM 13

Reference Situation Manual

Appalachian H.E.A.R.T. Hepatitis/HIV Emergency Action Response Table-top Exercise

VDH VIRGINIA DEPARTMENT OF HEALTH

Appalachian H.E.A.R.T.
Hepatitis/HIV Emergency Action Response Tabletop Exercise

Situation Manual

March 9, 2017

EXERCISE SCHEDULE

Time	Activity
March 9, 2017	
9:45 am	Sign-in
10:00 am	Welcome and Introductions
10:15 am	Module 1: Recipe for Disaster
11:30 am	Module 2: Tupperware Party
12:00 pm	Break and start working lunch
12:45 pm	Module 3: New Tupperware Policy
1:45 pm	End Exercise and Hot Wash
2:00 pm	Closing Comments and Wrap-up by 2:00 pm

EXERCISE OVERVIEW

Exercise Name	Appalachian H.E.A.R.T. (Hepatitis/HIV Emergency Action Response Tabletop)
Exercise Dates	March 9, 2017
Scope	This is a 4-hour exercise between Lee, Scott, Wise and Dickenson Counties and the City of Norton in Southwest Virginia on March 9. Exercise play is limited to communication and coordination of the plans, policies and procedures used by VDH staff and key participating stakeholders.
Mission Area(s)	Mitigation, Response, Recovery
Core Capabilities	Community Preparedness; Community Recovery; Emergency Public Information and Warning; Information Sharing; Non-Pharmaceutical Interventions; Public Health Surveillance and Epidemiological Investigation
Objectives	**Objective 1:** Discuss epidemiological and community methods of outbreak prevention and mitigation. **Objective 2:** Discuss essential viral hepatitis/HIV outbreak response needs. **Objective 3:** Examine information sharing processes with community partners. **Objective 4:** Discuss laws, regulations, and procedure for viral hepatitis/HIVoutbreak response and recovery.
Threat or Hazard	Hepatitis B, hepatitis C & HIV/AIDS
Scenario	Outbreak of viral hepatitis and HIV primarily due to injection drug use
Sponsor	National Association of City and County Health Officials (NACCHO), Centers for Disease Control and Prevention (CDC), Virginia Department of Health

Participating Organizations	Please refer to Pages 22-23
Points of Contact	Daniel Hunsucker, Health Educator, Lenowisco Health District, 190 Beech Street, Suite 102, Gate City, VA, 24251. 276-386-1312,daniel.hunsucker@vdh.virginia.gov Sydney Manis, District Emergency Coordinator, Lenowisco Health District, 190 Beech Street, Suite 102, Gate City, VA, 24251. 276-386-8019 sydney.manis@vdh.virginia.gov Becky McCabe, Western Region Emergency Coordinator, 106 Rucker Street, Stuart, VA. 24171. 540-580-5864, becky.mccabe@vdh.virginia.gov

General Information

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities, which are distinct critical elements necessary to achieve the specific mission area(s).

Table 1. Exercise Objectives and Associated Core Capabilities

Exercise Objective	Core Capability
Objective 1: Discuss epidemiological and community methods of outbreak prevention and mitigation.	**Public Health Surveillance and Epidemiological Investigation** Public health surveillance and epidemiological investigation is 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. **Non-Pharmaceutical Interventions** Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control.
Objective 2: Discuss essential viral hepatitis/HIV outbreak response needs.	**Community Preparedness** Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. **Non-Pharmaceutical Interventions** Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control.
Objective 3: Examine information sharing processes with community partners.	**Emergency Public Information and Warning** Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings,

	and notifications to the public and incident management responders. **Information Sharing** Information sharing is 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.
Objective 4: Discuss laws, regulations, and procedure for viral hepatitis/HIV outbreak response and recovery.	**Community Recovery** Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players.** Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers.** Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.

- **Evaluators.** Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following three modules:

- Module 1: Exercise background and initial outbreak response in affected counties
- Module 2: Community Impact and Public Information/Education
- Module 3: Looking forward

Each module begins with a multimedia update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in a group discussion of appropriate response issues. For this exercise, the functional groups are as follows:

- Lee County
- Scott County
- Wise County/City of Norton
- Dickenson County

After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected. We do ask, however, that participants please refrain from voicing political opinions.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response efforts. Problem-solving efforts should be the focus.

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

Exercise Evaluation

Exercise evaluation is an essential element of a successful exercise program. A good evaluation is part of a progressive exercise program where exercises are planned, conducted, and evaluated as building blocks to competency in incident management for the long–term. The evaluation portion of the exercise program is aligned with the established program metrics.

Evaluations provide an objective assessment of the participants' discussions. They have been designed to support an assessment of exercise objectives and capabilities. The goal of evaluation is to validate strengths and identify opportunities for improvement among participating organizations. Evaluations help to identify ways to build on strengths and improve capability. The evaluation methodology for this TTX focuses on the adequacy of and familiarity with the jurisdiction's plans, policies, procedures, resources, and interagency/inter-jurisdictional relationships that support the performance of critical tasks required to respond to a hepatitis and HIV outbreak.

During the TTX, an Evaluation Team will be listening for themes in discussion and issues. These issues will then be reviewed during the Hot Wash. Lessons learned during the exercise will allow participants to update their current response plans and strategies as needed.

Hot Wash- Issues

An Evaluation Team will track the challenges, issues, and decisions discussed during the TTX. Following the exercise, the Evaluation Team will report the key and recurring issues that were captured during the exercise. An action planning Hot Wash session will follow to encourage participants to make observations about their performance and the issues, discussion, and decisions raised and made.

At the conclusion of the TTX, a summary of activities, issue discussions, and decisions of the exercise will be developed as part of the After Action Report (AAR) documenting the results of the exercise. The report will provide major themes discussed during the tabletop exercise, decisions made, and issues resulting from discussion. The AAR will be used to identify key issues that need to be included for exercise play in future exercise activities.

BACKGROUND

NUMBER OF NEW REPORTS BY COUNTY AND HEALTH DISTRICT:

Dickenson County

CONDITION	2007	2008	2009	2010	2011	2012	2013	2014	2015	*2016
Hepatitis B, acute	1	1	1	1	0	1	1	1	2	1
Hepatitis B, chronic	3	0	1	1	1	3	6	5	2	4
Hepatitis C, acute	0	0	0	0	0	0	0	1	0	0
Hepatitis C, chronic	28	24	21	30	25	22	24	55	43	47
HIV/AIDS	0	0	0	0	0	0	0	0	1	-

Lee County

CONDITION	2007	2008	2009	2010	2011	2012	2013	2014	2015	*2016
Hepatitis B, acute	0	1	1	4	3	7	6	2	5	2
Hepatitis B, chronic	2	0	0	1	3	4	1	4	8	3
Hepatitis C, acute	0	0	0	0	0	2	1	1	2	2
Hepatitis C, chronic	0	0	11	32	15	83	63	82	62	122
HIV/AIDS	0	0	0	0	0	1	0	0	1	-

Norton City

CONDITION	2007	2008	2009	2010	2011	2012	2013	2014	2015	*2016
Hepatitis B, acute	0	1	0	1	1	1	0	0	2	0
Hepatitis B, chronic	0	1	0	0	0	0	0	1	2	0
Hepatitis C, acute	0	0	0	1	0	1	0	0	0	2
Hepatitis C, chronic	0	0	4	0	5	6	7	3	6	10
HIV/AIDS	0	0	0	0	0	0	0	0	0	-

Scott County

CONDITION	2007	2008	2009	2010	2011	2012	2013	2014	2015	*2016
Hepatitis B, acute	0	1	0	0	1	1	2	1	0	2
Hepatitis B, chronic	2	1	0	0	1	0	3	2	0	1
Hepatitis C, acute	0	0	0	0	0	0	0	1	0	1
Hepatitis C, chronic	0	0	8	15	24	31	27	43	46	48
HIV/AIDS										-

Wise County

CONDITION	2007	2008	2009	2010	2011	2012	2013	2014	2015	*2016
Hepatitis B, acute	0	0	0	5	0	14	5	3	11	3
Hepatitis B, chronic	4	0	0	3	1	4	3	5	6	7
Hepatitis C, acute	0	0	0	0	0	3	2	4	1	0
Hepatitis C, chronic	0	0	26	32	47	103	82	80	105	83
HIV/AIDS	0	0	0	1	0	0	3	1	0	-

Cumberland Plateau Health District ***(Buchanan, Dickenson, Russell and Tazewell counties)***

CONDITION	2007	2008	2009	2010	2011	2012	2013	2014	2015	*2016
Hepatitis B, acute	8	11	2	3	2	8	4	6	3	6

Hepatitis B, chronic	19	11	3	5	4	10	27	14	11	24
Hepatitis C, acute	2	2	0	0	1	3	0	2	1	3
Hepatitis C, chronic	170	178	99	166	166	114	165	314	329	464
HIV/AIDS	1	0	3	2	2	1	4	1	2	-
Lenowisco Health District ***(Lee, Scott and Wise counties, City of Norton)***										
CONDITION	2007	2008	2009	2010	2011	2012	2013	2014	2015	***2016**
Hepatitis B, acute	0	3	1	10	5	23	13	6	18	7
Hepatitis B, chronic	8	2	0	4	5	8	7	12	16	11
Hepatitis C, acute	0	0	0	1	0	6	3	6	3	5
Hepatitis C, chronic	0	0	49	79	91	223	181	211	237	263
HIV/AIDS	3	4	1	1	1	2	3	2	3	-

Notes: 2016 data are preliminary

Remote Area Medical Overview

The Remote Area Medical (RAM) Health Expedition is at the Wise County Fairgrounds in Wise, VA for one of its many national clinics each July. Southwest Virginia's Health Wagon partners with RAM yearly for this event and along with volunteers from many organizations and regions, provides medical, dental, and vision care to an estimated 2,500 attendees, at no cost. The Wise County RAM has been one of the largest clinics in the nation and is commonly visited by local officials as well as the Governor and his staff. Various support agencies partner to provide information and referral. Medical and dental providers volunteer from both in and out of state, including nursing, dental and medical students. There are generally between 1,000 and 1,500 volunteers each year.

One of the essential functions the Lenowisco Health District provides during the RAM event is evaluation and recommendations for patients and volunteers after possible exposures to bloodborne pathogens occur (3-15 exposures per event historically). Lenowisco public health nurses provide point-of-care testing and related counseling for HIV and hepatitis C for at-risk individuals during the event.

There are many attendees from outside of Wise County and Virginia. They generally stay overnight to secure their spot in line for services the following day which requires attendees to sleep in their cars or tents. RAM patrons are provided port-o-potties as restroom facilities and food and water is provided by volunteer agencies. Attendees who are seen at RAM are usually low-income, uninsured or under-insured.

Each patient is registered electronically onsite prior to receiving services. Dental volunteers are registered through the Virginia Dental Foundation and medical/general volunteers pre-register through ramusa.org.

Scenario: Part 1

Exercise Objective 1: Discuss epidemiological and community methods of outbreak prevention and mitigation.

Exercise Objective 2: Discuss essential viral hepatitis/HIV outbreak response needs.

August 28, 2016

Wise, Virginia - On a very windy and rainy night at approximately 2:35 a.m., law enforcement responded to a 911 call about an overdose. The patient was transported and naloxone was administered by EMS responders. The patient did not recover. Counterfeit prescription opioid pills (OxyContin®) laced with Fentanyl were the presumed cause.

Additional details include:

- Since the patient died as a result of the overdose – investigators were unable to get information about possible contacts.
- A blood specimen from the deceased initially provides test results that are positive for HIV antibodies, hepatitis C antibodies and hepatitis B surface antigen (a marker of infectiousness).
- During the investigation, the Disease Intervention Specialist (DIS) found that the deceased individual was reported during the HBV outbreak in 2012, and had a wide social network (at that time tested negative for HIV and HCV).
- Further epi investigation found that the deceased had been a patient at the July RAM in Wise County. The deceased had attended a party after Day 2 of RAM (July 23) and engaged in extensive drug use, to include needle sharing, as well as unprotected sex with multiple partners during and after the party.

Reviewing the report trends, there is an increase in the number of new reports of bloodborne conditions.

New Reports Received by Health Department

Cumberland Plateau Health District		
CONDITION	2015	YTD 2016
Hepatitis B, acute	3	5
Hepatitis B, chronic	11	15
Hepatitis C, acute	1	5
Hepatitis C, chronic	329	351
HIV	2	4

Lenowisco Health District		
CONDITION	2015	YTD 2016
Hepatitis B, acute	18	24
Hepatitis B, chronic	16	27
Hepatitis C, acute	3	8
Hepatitis C, chronic	237	259
HIV	3	7

MODULE 1: RECIPE FOR DISASTER

For module discussions each table will represent a county and its partner agencies. Participants will discuss the scenario, determine who will be the spokesperson for each module, and debrief with the large group by sharing their answers to the following questions.

Questions

1. What is your role in a response of this type, at this point in the scenario?
2. What are your first steps to take at this point in the response?
3. What resources are needed at this point in the scenario?
4. What communications processes will you begin? (Locally, within the region, and at the state level?)
5. What concerns do you have, at this point, for the community?

MODULE 2: "TUPPERWARE" PARTY

SCENARIO: PART 2

Exercise Objective 3: Examine information sharing processes with community partners.

September 13, 2016 A full moon that night…

There was another patient, on another night. This night was clear and balmy and very busy for both local hospital emergency departments. This particular patient overdosed and law enforcement responded first to the scene. The 23 year-old male had fallen out of a tree at some point (long story) and hit his head. He was transported via EMS to Mountain View Regional Medical Center. This was an eventful transport. The ambulance almost hit a deer, and while swerving the EMT was stuck with a needle as she started an IV. The patient died in the ER at the hospital.

The responding Sheriff's Deputy was concerned about blood exposure since he moved the patient before realizing there were minor head cuts with lots of bleeding.

Neighbors saw the police respond at the deceased's property and posted photos on Facebook and Twitter. Within two hours news organizations were contacting the health department and county administrators for more information to develop their stories.

The local health departments have received a flood of requests for HIV testing, because word has spread about an outbreak of HIV. In fact there has been a large increase in the number of HIV reports. Additionally, there has been a significant spike in acute hepatitis B reports (incubation period from time of exposure to symptoms is 45 days to 160 days):

New Reports Received by Health Department

Cumberland Plateau Health District		
CONDITION	2015	YTD 2016
Hepatitis B, acute	3	33
Hepatitis B, chronic	11	32
Hepatitis C, acute	1	7
Hepatitis C, chronic	329	385
HIV	2	22
Lenowisco Health District		
CONDITION	2015	YTD 2016
Hepatitis B, acute	18	89
Hepatitis B, chronic	16	35
Hepatitis C, acute	3	21
Hepatitis C, chronic	237	279
HIV	3	33

Investigators learn that the deceased was also at RAM and attended "the Tupperware party." When packing to go to RAM and the drug parties afterwards, assorted drug paraphernalia is put into Tupperware containers. These containers are durable, colorful (and therefore easy to see at campgrounds), and small enough to fit into backpacks or duffel bags.

Lastly, while at RAM the deceased had two molars removed at the dental clinic.

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested 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.**

Questions

Health Department

1. What type of infrastructure does your community have in place for HIV or hepatitis clinical treatment?
2. What ancillary services are available in the community to refer patients to? How do you or do you know how to access these services?
3. What solutions did you identify to long term infrastructure needs for the treatment and investigation of HIV and viral hepatitis? What long term needs are there for sustaining an epidemiologic response?
4. What steps will you take to coordinate staff for the investigation, administrative processes, media communication, and other needed activities?

Emergency Management

1. What are emergency management's concerns for the community at this stage?
2. What actions will you take to support your staff (and volunteers) as they continue to serve this population and the community as a whole? What do you need the Health Department to provide?
3. What actions will you take to support partners – health department, law enforcement, corrections, and behavioral health?
4. What are the communication and incident command processes needed at this point?

Law Enforcement

1. What actions will law enforcement take at this point?
2. What actions will you take to support your staff (and volunteers) as they continue to serve this population and the community as a whole? What do you need the Health Department to provide?
3. What are the communication and incident command processes needed at this point?

4. What resources are needed to support the community?

Corrections

1. What is your role in an outbreak of this type?
2. What actions will you take to support your staff (and volunteers) as they continue to serve this population and the community as a whole? What do you need the Health Department to provide?
3. What actions will you take to support partners at this point in the outbreak?
4. What concerns do you have for correctional facilities and staff at this point in the outbreak?

Hospitals and health providers

1. What is your role in the outbreak at this stage?
2. What actions will you take to support your staff (and volunteers) as they continue to serve this population and the community as a whole? What do you need the Health Department to provide?
3. What concerns do you have for current patients and staff at this point in the scenario?

Behavioral health

1. What is your role in the outbreak at this stage?
2. What actions will you take to support your staff (and volunteers) as they continue to serve this population and the community as a whole? What do you need the Health Department to provide?
3. What concerns do you have that require actions to be taken at this point in the scenario?

Social Services

1. What is your role in the outbreak at this stage?
2. What actions will you take to support your staff (and volunteers) as they continue to serve this population and the community as a whole? What do you need the Health Department to provide?
3. What concerns do you have that require actions to be taken at this point in the scenario?

Government and Community Leaders

1. What is your role and what actions will you take?
2. What actions will you take to support your staff (and volunteers) as they continue to serve this population and the community as a whole? What do you need the Health Department to provide?
3. What concerns do you have that require actions to be taken at this point in the scenario?

Public information questions for all agencies to consider: (Pick and respond as applicable)

1. Can you confirm the identification of the deceased, as is being reported on Facebook, Twitter and other social media?
2. Who were the medical responders (squad and personnel) involved in the transport and near-accident with the deer? How experienced were they, including the driver? Were they driving unsafely; speeding?

3. Who is the EMT that was stuck with a needle (if this is known publicly)? Or, were any of the responders injured during the transport?
4. What is the condition and prognosis of the injured EMT?
5. Can you confirm reports of a spike in requests for HIV testing? Is there a spike in confirmed cases? How many cases are there recently/normally? If there is a spike, what is the cause? What are symptoms and treatment for HIV? What are steps for prevention?
6. For both RAM and the EMS response/transport, to the extent either is known: Should people be concerned? Is there a public health risk? Are there people or places we should avoid?

MODULE 3: NEW TUPPERWARE POLICY

October 31, 2016 (Halloween)

Objective 4: Discuss laws, regulations, policy, and procedures for viral hepatitis/HIV outbreak response and recovery.

Virginia Governor Terry McAuliffe signed House Bill 2317 authorizing the Commissioner of Health to establish and operate syringe programs during a declared public health emergency.

It has been fourteen weeks since the RAM event. The national news media has been in the Lenowisco and Cumberland Plateau health districts to gather information for continued reporting.

The number of new reports continues to climb: a second, larger spike in acute hepatitis B reports has occurred, and HIV reports continue to rise.

New Reports Received by Health Department

Cumberland Plateau Health District		
CONDITION	2015	YTD 2016
Hepatitis B, acute	3	89
Hepatitis B, chronic	11	65
Hepatitis C, acute	1	26
Hepatitis C, chronic	329	451
HIV	2	39
Lenowisco Health District		
CONDITION	2015	YTD 2016
Hepatitis B, acute	18	218
Hepatitis B, chronic	16	72
Hepatitis C, acute	3	47

Hepatitis C, chronic	237	389
HIV	3	52

Our community and the region needs to now address this nationally publicized outbreak on the public stage. What are the next steps for the community? All players have increased plans and actions related to the following:

Harm reduction initiatives
Hepatitis C treatment
Naloxone
Sharing of injection equipment
Non-US residents (no ID, no birth certificate, no health insurance)
Non-Virginia residents

Questions

Health Department

1. What steps would be taken by VDH to help provide accurate information and education to the public? How would VDH address misinformation found in news media and social media?
2. What type of information would be shared with partners such as the healthcare coalition, law enforcement, Department of Corrections, behavioral health, and others?
3. What is the local health district's social media policy to allow updates on social media channels such as Facebook and Twitter?
4. What changes, if any, are necessary to insure appropriate drug treatment in the region for the long term?

Emergency Management

1. Would the EOC be stood up at this point? What was the trigger point, if yes?
2. What resources can emergency management provide to assist with dealing with this outbreak?
3. What are the information needs of emergency management at this time?
4. What resource assets would emergency management help manage?
5. Would a recommendation for a local emergency declaration be made at this time?

Law Enforcement

1. What actions will law enforcement take at this point?
2. What are the communication and incident command processes needed at this point?
3. What resources are needed to support the community? How will they be obtained?

Corrections

1. What concerns do you have for your facility and staff at this point, and what steps will you take to address them?
2. What actions will you take to support partners at this point?
    a. for the health-related aspects of the outbreak?
    b. for the public information and education aspects of the outbreak?

Hospitals and health providers

1. What concerns do you have for your facility and staff at this point, and what steps will you take to address them?
2. What actions will you take to support partners at this point?
    a. for the health-related aspects of the outbreak?
    b. for the public information and education aspects of the outbreak?

Behavioral health

1. What resources will you need to address the outbreak at this stage?
2. What concerns do you have that require actions to be taken?

Social Services

1. What is your role in the outbreak?
2. What resources will you need to address the outbreak at this stage?
3. What concerns do you have that require actions to be taken?

Government and Community Leaders

1. What is your role in the outbreak, especially related to community needs and public information?
2. What concerns do you have that require immediate actions to be taken?
3. What resources will you need to address the outbreak?

Public information questions for all agencies to consider: (Pick and respond as applicable)

1. What does House Bill 2317 and the locality's needle sharing program mean, and how will it be implemented locally? Doesn't this promote drug abuse and addiction?
2. Given the spikes in case of HIV and HBV, what does this say about the adequacy of public health (and other medical) services in the area? Are public health (and other medical) employees doing their jobs?
3. To what extent is this drug abuse epidemic related to, or caused by, illegal immigration?
4. More generally, what are the causes and how can it be reduced or prevented?
5. What addiction treatment programs and resources exist and how do people get them?

Viral Hepatitis Primer

What is viral hepatitis?

Hepatitis (he-puh-TEYE-tuhs) means inflammation (swelling) of the liver. Hepatitis can be caused by:

- Toxins
- Certain drugs
- Some diseases
- Heavy alcohol use
- Bacterial and viral infections

Hepatitis is most often caused by one of several viruses, which is why it is often called *viral* hepatitis. The most common types of viral hepatitis in the United States are hepatitis A, hepatitis B, and hepatitis C.

What are the signs of viral hepatitis?

Some people with viral hepatitis have no signs of the infection. Symptoms, if they do appear, can include:

- Jaundice (JOHN-duhs), which is when the skin and whites of the eyes turn yellow
- Low-grade fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite
- Nausea
- Vomiting
- Diarrhea
- Dark-colored urine and pale bowel movements
- Stomach pain

How do you get viral hepatitis?

Hepatitis A virus enters through the mouth, multiplies in the body, and is passed in the feces (stool). The virus can then be carried on an infected person's hands and can be spread by direct contact, or by consuming food or drink that has been handled by the individual. In some cases, it can be spread by sexual contact or by consuming contaminated water or food (e.g., raw shellfish, fruits, vegetables).

Hepatitis B virus is carried in the blood and body fluids of people who have the infection. The virus can be spread by direct contact with:

- Blood
- Semen

- Vaginal fluids
- To a lesser extent, saliva, and other body fluids of an infected person

Hepatitis C virus lives in the blood. Hepatitis C is spread when blood of someone with hepatitis C enters the body of another person. This can happen when:

- People who inject drugs share needles, syringes, or other equipment
- Healthcare workers accidentally get stuck with a needle from a patient who has HCV in the blood
- Transmitted to the baby of an infected mother during delivery (not spread by breastfeeding)
- HCV is **not spread** by sneezing, hugging, coughing, food or water, sharing eating utensils or drinking glasses, or casual contact
- The risk of hepatitis C from sexual contact is believed to be low, but this risk is increased for those who have multiple sex partners, have a sexually transmitted disease, engage in rough sex, or are infected with HIV

What's the difference between acute viral hepatitis and chronic viral hepatitis?

Acute viral hepatitis is a short-term, viral infection. It happens when you first get infected with the virus and can be mild or severe. In some cases, acute infection leads to chronic infection. Chronic viral hepatitis is a long-lasting infection that can last a lifetime.

Hepatitis A only causes acute infection. Hepatitis viruses B and C can cause both acute and chronic infections. Chronic hepatitis B and C are serious health problems. They can lead to:

- Cirrhosis (suh-ROH-suhs)
- Liver failure
- Liver cancer

Prevention

Below are the best methods for preventing the hepatitis viruses most commonly seen in the United States.

Hepatitis A prevention

- Most effective prevention is careful hand washing after using the toilet, changing diapers, or before eating or preparing food
- Avoid eating raw shellfish
- Infected people should not handle foods during the contagious period
- Hepatitis A vaccine is effective at preventing infection

Hepatitis B prevention

- A safe and effective vaccine is available (recommended for all babies at birth and people in high-risk settings who have not already been infected)
- Hepatitis B immune globulin is also available for people who have been exposed to the virus

Hepatitis C prevention

Unlike for hepatitis A and hepatitis B viruses, **there is no vaccine for hepatitis C**. Therefore, it is especially important to take precautions to prevent exposure to HCV, including:

- Avoid contact with blood (wear gloves when touching blood and clean up spilled blood with bleach).
- Do not share needles or other equipment used for injecting drugs.
- Do not share razors, toothbrushes, nail clippers, or glucose monitors that might have come into contact with another person's blood.
- Do not get a tattoo or body piercing from an unlicensed facility or in an informal setting.
- Do not have unprotected sex.
- If you are infected with HCV, do not donate blood.
- If you are a health care or public safety worker, always follow standard barrier precautions and safely handle needles and other sharp objects.

Treatment

Viral hepatitis will often get better on its own after several weeks to several months. However, when hepatitis becomes a chronic or long-term illness, the infection may need to be treated with specific medications called *antivirals.*

If you think you have any type of viral hepatitis, talk to your doctor about what treatments may be right for you.

Information provided by:

Virginia Department of Health
Centers for Disease Control and Prevention
Office on Women's Health, U.S. Department of Health and Human Services

HIV/AIDS Primer

What is HIV/AIDS?

HIV is a virus spread through certain body fluids that attacks the body's immune system, specifically the CD4 cells, often called T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These special cells help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body. This damage to the immune system makes it harder and harder for the body to fight off infections and some other diseases. Opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS. Learn more about the stages of HIV and how to know whether you're infected.

Symptoms and Conditions

Stage 1: Acute HIV infection-Within *2 to 4 weeks* after infection with HIV, people may experience a flu-like illness, which may last for a few weeks. This is the body's natural response to infection. When people have acute HIV infection, they have a large amount of virus in their blood and are very contagious. But people with acute infection are often unaware that they're infected because they may not feel sick right away or at all.

Stage 2: Clinical latency (HIV inactivity or dormancy)- This period is sometimes called asymptomatic HIV infection or chronic HIV infection. During this phase, HIV is still active but reproduces at very low levels. People may not have any symptoms or get sick during this time.

Stage 3: Acquired immunodeficiency syndrome (AIDS) -AIDS is the most severe phase of HIV infection. People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic illnesses.

Transmission

You can get or transmit HIV only through specific activities. Most commonly, people get or transmit HIV through sexual behaviors and needle or syringe use.

Only certain body fluids—blood, semen (*cum*), pre-seminal fluid (*pre-cum*), rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

Prevention

Today, more tools than ever are available to prevent HIV. In addition to abstinence, limiting your number of sexual partners, never sharing needles, and using condoms the right way every time you have sex, you may be able to take advantage of newer medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

Treatment

Although there is no cure for HIV infection, there are treatment options that can help people living with HIV experience long and productive lives. CDC and other government agencies continue to work on a variety of treatment-related activities, including:

- HIV/AIDS clinical research and drug trials;
- vaccine research;
- development of treatment guidelines and best practices; and
- creating and implementing treatment-related prevention strategies that can help stop new infections.

Information provided by the Centers for Disease Control and Prevention

Thank you for your input and participation in this tabletop exercise.

EXERCISE PARTICIPANTS

Participating Organizations
State & Local
Advanced Home Care
Appalachia College of Pharmacy
Appalachian Community Action (AppCaa)
Cumberland Mountain Community Services Board
Dickenson County Behavioral Health
East Tennessee State University/ ETSU Gatton College of Pharmacy & College of Public Health
Family Crisis Support Services
Frontier Health
His Ministries
Hope House, Scott County
INTotal Health
Intrepid USA
Lost Creek Ministries
Mountain Empire Community College
Mountain States Health Alliance
Planning District 1 Behavioral Health
RAM Virginia
Redemption Recovery
The Health Wagon
The Healthy Appalachia Institute
The Laurels Recovery Center
Virginia Department of Emergency Management
Virginia Department of Health: Lenowisco Health District and Dickenson County
Virginia Department of Health: Southwest Virginia Medical Reserve Corps
Virginia Department of Social Services
Virginia Office of the Attorney General
Virginia State Police
Wellmont
Wise County Commonwealth's Attorney's Office
National - Observers
Centers for Disease Control and Prevention (CDC)
Department of Health and Human Services (HHS)
National Association of County and City Health Officials (NACCHO)
Correctional Facilities – Virginia Department of Corrections

River North Correctional Center
Wallens Ridge State Prison
Regional Corrections
Southwest Virginia Regional Jail Authority
Law Enforcement
Abingdon Police Department
Wise County Sheriff's Office
Local Emergency Management
City of Norton
Dickenson County
Lee County
Wise County
Emergency Medical Services
Bristol Lifesaving Crew

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ACRONYMS

Acronym	Term
AAR	After Action Report
AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
DHS	U.S. Department of Homeland Security
DIS	Disease Intervention Specialist
DOC	Department of Corrections
EM	Emergency Management
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ER	Emergency Room
H.E.A.R.T.	(Appalachian) Hepatitis/HIV Emergency Action Response Tabletop
HBV	Hepatitis B
HCV	Hepatitis C
Hep	Hepatitis
HIV	Human Immunodeficiency Virus
HSEEP	Homeland Security Exercise and Evaluation Program
ID	Identification Data
IMT	Incident Management Team
IV	Intravenous
LE	Law Enforcement
LENOWISCO	**Le**e, **No**rton, **Wi**se, **Sco**tt (Planning District and Health District)
NACCHO	National Association of County and City Health Officials
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
RAM	Remote Area Medical
SITMAN	Situation Manual
SW	Southwest
TTX	TableTop eXercise
VDH	Virginia Department of Health