

PURPOSE

The purpose of this annex is to provide a framework for launching and managing an epidemiologic response to a bio-emergency, whether it is brought about through natural or accidental causes or by a terrorist attack. This includes clearly delineating the roles and responsibilities of public health agencies at the local and state levels, and coordinating the activities of these agencies with each other and with support organizations. Some primary success factors:

- Rapid detection of unusual health events;
- The ability to quickly distinguish among hoaxes, real threats, and actual bio-emergencies;
- Ready access to appropriate laboratory services;
- Rapid and inclusive dissemination of disease treatment recommendations;
- Rapid identification of secondary victims; and
- Timely implementation of feasible and appropriate disease containment measures.

SITUATION

Early detection of the onset of a bio-emergency and an early understanding of its cause and spread will save lives. This is especially true when one or more of the following is true about the disease precipitating the emergency:

- It is rapidly fatal;
 -OR-
- It is readily treatable or preventable through antibiotic therapy and or vaccine administration;
 -OR-
- It is transmissible from person to person or between animals and people.

The threat of a major influenza outbreak, in and of itself, more than justifies the need to maintain a robust epidemiologic response capability. These outbreaks have the potential to affect all age groups and all regions of the world. When multiple regions are affected simultaneously, the outbreak is sometimes called a “pandemic.” An influenza pandemic that occurred in 1918 killed more than 20 million people, a large proportion of who were young adults.

In addition to influenza and other naturally occurring infectious disease hazards, public health agencies are faced with the unlikely though unavoidable possibility of investigating a bio-emergency originating from a terrorist attack. Specific disease circumstances highly suggestive of a terrorist attack are a confirmed case of smallpox, inhalation anthrax, viral hemorrhagic fever, pneumonic plague, and pneumonic tularemia; a cutaneous anthrax case or cluster of brucellosis cases occurring in persons with no known compatible risk factors; or a higher than expected number of botulism cases occurring at or around the same time.

SURVEILLANCE AND EPIDEMIOLOGIC INVESTIGATION STEPS

In the event of a known or suspected outbreak, regardless of the circumstances of the outbreak (i.e. natural or intentional), consult the IDPH/CADE epidemiologists who are available 24/7 at 800-362-2736. IDPH/CADE epidemiologists can provide assistance, guidance, and consultation in the event of an outbreak to aid CHP in the management of the epidemiological investigation. If multiple jurisdictions are involved, IDPH will facilitate the implementation of standardized protocols and procedures for investigation. If a disaster/outbreak is known or believed to be caused by an act of terrorism, the IDPH/Emergency Notification Number 1-866-834-9671 may also be used to alert IDPH. What follows are steps that will be undertaken as part of investigation. These steps may occur simultaneously or in a different order. See the Epi Manual for information on specific diseases and investigation of such.

SURVEILLANCE

- Ongoing surveillance will be conducted by CHP through communication with medical clinics, hospital labs, providers, IDPH, regional epi, DPS, and schools. Labs and providers will communicate any reportable or unusual diseases to CHP by phone or pager. Schools will report absences greater than 10% or any unusual diseases or an unusually large number of similar illnesses.
- Surveillance procedures will be reevaluated after each occurrence.
- Results of surveillance will be reported to those who need to know.

DETECTION

- Categorize cases by time, place, and affected person if ongoing surveillance data (or information obtained from other sources, such as direct notification by healthcare providers) is suggestive of a disease outbreak. See attachment C8, use form provided, see attachment C2: Epi investigation form
- Confirm disease diagnosis (e.g., through laboratory testing). See attachment C9: list of local labs and UHL. See attachment C10: how to handle suspected biological agents.

NOTIFICATION

- Share diagnostic and epidemiologic information with partners in the medical community, including clinicians and hospitals (ongoing). See attachment C11: list of clinicians and hospitals.
- Provide timely, regular, and accurate information, as appropriate, with non-medical partners, such as law enforcement, elected officials, and the media, on the nature of the disease and the progress of the investigation (ongoing). See annex B: communication

INVESTIGATION

- Develop hypotheses about disease/syndrome sources, causes, and transmission (one tool may be interviews). See EPI manual

- Test and evaluate hypotheses (including input from subject matter experts, as needed) to establish an initial working case definition.
- Alert all data reporting sources and instruct them to submit suspected or actual case findings, based on the case definition (this may include sources in addition to the ongoing surveillance sources designated in step 1).
- Use findings received from data sources to conduct case interviews for the purpose of developing a better understanding of the source, mode, and spatial/temporal spread of exposure; update case definition if necessary.

ANALYSIS

- Create or activate data entry/storage/management capabilities and enter data from findings and interviews. Examples of data entry and analysis programs include EPI-Info 2003, Excel spreadsheets, and Access databases.
- Calculate risk (estimated number infected or potentially infected based on the characteristics of the disease, the potentially affected population, and other significant factors (such as the presence of carriers/fomites).

CONTROL/PREVENTION

- Select control and/or prevention measures that minimize risk (some options are listed in the next section).
- Implement control and/or prevention measures.
- Monitor the response to control/prevention measures and modify as needed to approximate an optimal response.
- Continue to implement control/prevention measures, modifying for optimal results as needed, until disease is eradicated from the targeted area.

Isolation and quarantine

In accordance with Iowa Code chapters 135 and 139A, and the Iowa Administrative Code (IAC 641-1.8 Isolation and 641-1.9 Quarantine)¹, implement isolation and quarantine measures when necessary to control and prevent the spread of a contagious disease. See attachment C3: isolation/quarantine Iowa code.

Prophylaxis

Prophylaxis may be administered pre- and/or post-exposure. This includes vaccine administration and dispensing of pharmaceuticals. The decision to and extent of administration of pre and/or post exposure prophylaxis will be made in collaboration with officials from the Iowa Department of Public Health, when necessary, and shall be consistent with current recommendations and guidelines for control and prevention. May or may not involve the use of the Strategic National Stockpile (SNS) program. When the federal government authorizes the use of the SNS program in Iowa, it will be implemented in accordance with the Iowa Emergency Response Plan and the Iowa SNS Operating Procedures. See attachment C7 for info on SNS. Vaccine, pharmaceuticals, and other medical supplies allocated to Sioux County through the SNS are to be obtained at the designated “distribution node.” The locations of the primary and backup SNS distribution nodes for Sioux County are kept on file at the local public health agency as a separate document.

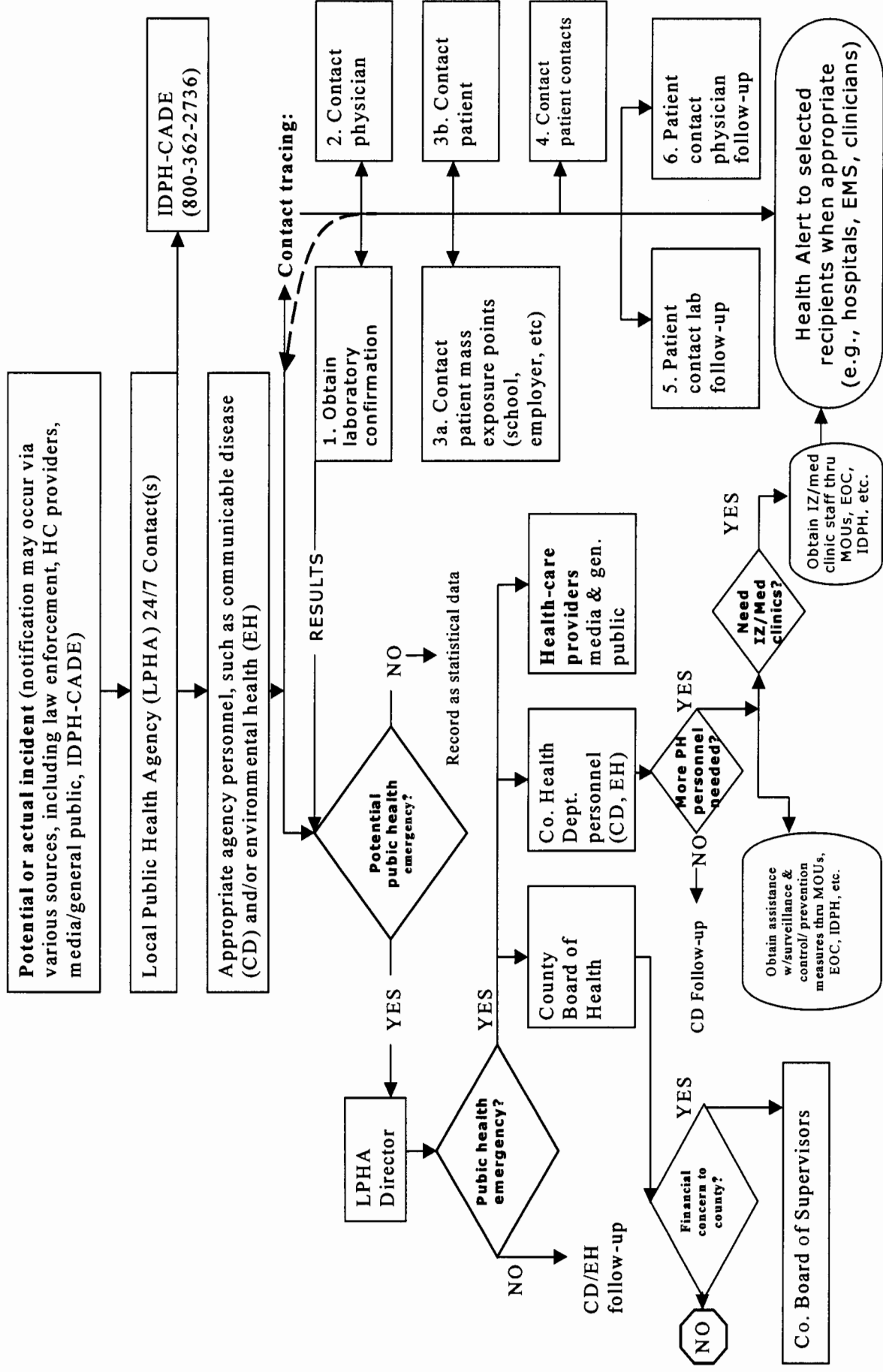
Education

May target health-care providers, the general public, or both, and could include information about disease transmission, infection control precautions, prophylaxis-related contraindications, and prophylaxis-related adverse events. Materials developed for this purpose should be provided in multiple languages when necessary. In anticipation of the need to develop educational materials in languages other than English, the following community partners have been identified and have agreed to act as resource partners in the development of such materials when requested by officials from Sioux County: CASA.

Treatment

Appropriate treatment of the ill will not only save lives and alleviate suffering but is also often an effective tool for controlling the transmission of infectious diseases. Treatment may include antibiotic/anti-microbial therapy, but with certain disease agents it may be limited to supportive care. When the number of ill people approaches the number of available hospital beds in the affected area, it may become necessary to establish alternate treatment locations for treating patients who do not require the more advanced medical resources available only at hospitals. Another option when day-to-day treatment capabilities become overwhelmed is to request that state government activate one or more of Iowa’s Disaster Medical Assistance Teams, or DMATs, once they are established and become operational. Designation of alternate treatment center locations and staffing considerations are the responsibility of the hospitals. See Annex B for mass dispensing sites.

A N N E X C – B I O - E M E R G E N C Y S U R V E I L L A N C E , E P I D E M I O L O G I C I N V E S T I G A T I O N , A N D C O N T R O L
Attachment C1:– CHP Response to a Potential or Actual Bio-Emergency²



² Adapted from materials developed by the Black Hawk County Health Department

ATTENTION: Law Enforcement, Fire, EMS, Iowa Homeland Security and Emergency Management, Hospitals, Hazmat Teams, and Local Public Health Officials.

NOT FOR PUBLIC DISSEMINATION!

STATE OF IOWA GUIDELINES

HOW TO HANDLE SUSPECTED BIOLOGICAL AGENTS (ANTHRAX)

These guidelines were established in collaboration with the FBI, Department of Public Safety, Local Law Enforcement, Department of Natural Resources, Department of Public Health, University Hygienic Laboratory and the Iowa Homeland Security and Emergency Management Division.

ACTION STEP "A": Initial action steps

✓	#	Initial Action Steps
	1.	Immediately set suspected package/container down, do not handle it more than necessary. Minimize number of handlers.
	2.	Secure the room or area. Avoid spreading possible contamination to other locations. Determine need for shutting off ventilation system.
	3.	If possible, move everyone in the immediate area of the suspect package/container/substance to nearest secure room. Compile a list of names and contact information of those potentially exposed and location at the time of the incident.
	4.	At minimum, have individual(s) wash possible exposed area(s) with warm water and soap at nearest sink.
	5.	For more extensive possible exposure, have individual remove clothing, place in clear plastic bag, seal bag, and shower at nearest location.
	6.	Notify local law enforcement immediately, if not already present.
	7.	Obtain further direction from local law enforcement.

ACTION STEP "B": Law enforcement processing of suspected threat information.

✓	#	Law Enforcement Action Steps
	1.	Secure area if not already done.
	2.	If threat is suspected to be explosive and assistance is needed, contact the State Fire Marshal's Office at (515) 281-5821.
	3.	Use official FBI screening criteria and determine if threat is credible. A copy of this criteria may be obtained by calling DPS at (515) 281-5138. If a non-credible threat, proceed to Action Step "E" on page 2.
	4.	Local law enforcement screening criteria may be used to determine if threat is credible.
	5.	If local law enforcement needs assistance in conducting a credible threat investigation, they should notify the Iowa State Patrol Communication Center who will contact appropriate DPS personnel for assistance. (phone numbers on page 2)

ACTIONS STEP "C": Credible threat determined – pending laboratory results.

✓	#	Action Steps for CREDIBLE THREAT DETERMINED (follow chain of custody for evidence)
	1.	Coordinate efforts with local officials from fire, hazmat, EMS, public health, hospitals and emergency management. (Determine if ventilation system can be, or should be, shut down.)
	2.	Immediately notify Iowa Department of Public Health 1-866-834-9671 (24 Hour Emergency Hotline Number)
	3.	Immediately notify nearest FBI office.
	4.	Consider contacting local hazmat team (or hazmat team member with protective clothing and detection equipment) to prepare suspect package/letter/specimen for transport to the State Hygienic Laboratory.
	5.	The package/letter/suspect item(s) should be triple bagged in clear, sealable, plastic bags in succession to assure third bag is NOT contaminated. Clothing from individuals who came in contact with the suspect items should be bagged and sealed in a clear plastic bag and stored until test results are returned. The storage area needs to be determined by local officials.
	6.	The law enforcement agency or FBI that determined the credible threat should contact the University Hygienic Laboratory at (319) 335-4500 and discuss credible threat specimen(s) and anticipated time of arrival of specimen at the laboratory. Do not send large items. The lab can test only items 14" by 12" by 8" or smaller. Send a piece of the item, or send a swab sampling from the non-porous surface.(Refer to UHL's Anthrax Collection Protocol)
	7.	The law enforcement agency or FBI that determined the credible threat is responsible for transporting the specimen to the University Hygienic Laboratory. BE SURE to include Sample Tracking/Chain of Custody form.
	8.	Once the specimen is properly packaged, the person(s) transporting the specimen to the laboratory are not required to wear or use protective clothing/equipment.
	9.	The laboratory tests should be completed within 3 days from the time the specimen was received at the lab. Positive (+) test results will be reported by the University Hygienic Laboratory directly to the Department of Public Health and they will notify appropriate authorities/individuals and provide consultation and direction on necessary actions. Negative (-) test results will be reported to the law enforcement agency that submitted the sample for testing within 3 days. DO NOT CONTACT LABORATORY FOR RESULTS. If the test result is (-) follow non-credible threat action step "E".
	10.	Consult with the Department of Public Health and FBI on protective action recommendations and media inquiries.
	11.	Decontamination may be initiated with 1 part bleach to 9 parts water, applied to surfaces and objects for 10 minutes.
	12.	Anthrax symptoms usually occur within 1 to 7 days after exposure (but can be as much as 60+ days after exposure). There is time to test an exposure (i.e. a credible threat letter) before you need to start prophylactic antibiotics.

ACTION STEP "D": Department of Public Health for credible threats and (+) laboratory tests.

✓	#	Actions Steps: DPH for credible threats and (+) laboratory tests.
	1.	Provide decontamination procedures for area involved.
	2.	Establish quarantine guidelines if necessary.
	3.	Recommend medical treatment required if necessary. DPH may consult with local physician.
	4.	Determine when re-entry into affected area is appropriate.
	5.	Make notification to the Centers for Disease Control and Prevention as appropriate.
	6.	Deploy personnel to the field as necessary.
	7.	Recommend protective clothing and equipment for first responders.
	8.	Assist in making arrangements for testing at the University Hygienic Laboratory if necessary.

ACTION STEP "E": Non-credible threat determined.

✓	#	NON-CREDIBLE THREAT DETERMINED
	1.	When the investigation results in determination of a <u>non-credible</u> threat associated with the suspect package/letter a laboratory test is NOT recommended.
	2.	Local officials should develop and follow local criteria for handling non-credible threat items (discard, return to owner, place in storage etc). If individual is ill following contact with suspect package/letter consult with local physicians before discarding items.
	3.	Decontamination may be done with 1 part bleach to 9 parts water applied to surfaces and objects for 10 minutes.
	4.	Personal belongings may be returned to owner.
	5.	Clothing should be washed and dried on warmest setting appropriate for garment.
	6.	Occupants of homes, businesses, and government buildings can resume normal occupancy.

Department of Public Health
(866) 834-9671 (Emergency Hotline)
(800) 362-2736 (General Information)

Homeland Security/Emergency Management Division
(515) 281-3231

University Hygienic Laboratory
(319) 335-4500

Iowa State Patrol Communication Centers
Des Moines (515) 323-4360

Atlantic (712) 243-3854

Cedar Falls (319) 277-4761

Cedar Rapids (319) 396-4414

Fairfield (515) 472-5001

Storm Lake (712) 732-1341

State Fire Marshal
(515) 281-5821

Department of Natural Resources
(515) 281-8694

Iowa National Guard – 71st CST – TECHNICAL ASSISTANCE ONLY – NOT DEPLOYMENT

(515) 201-8998 (Primary)

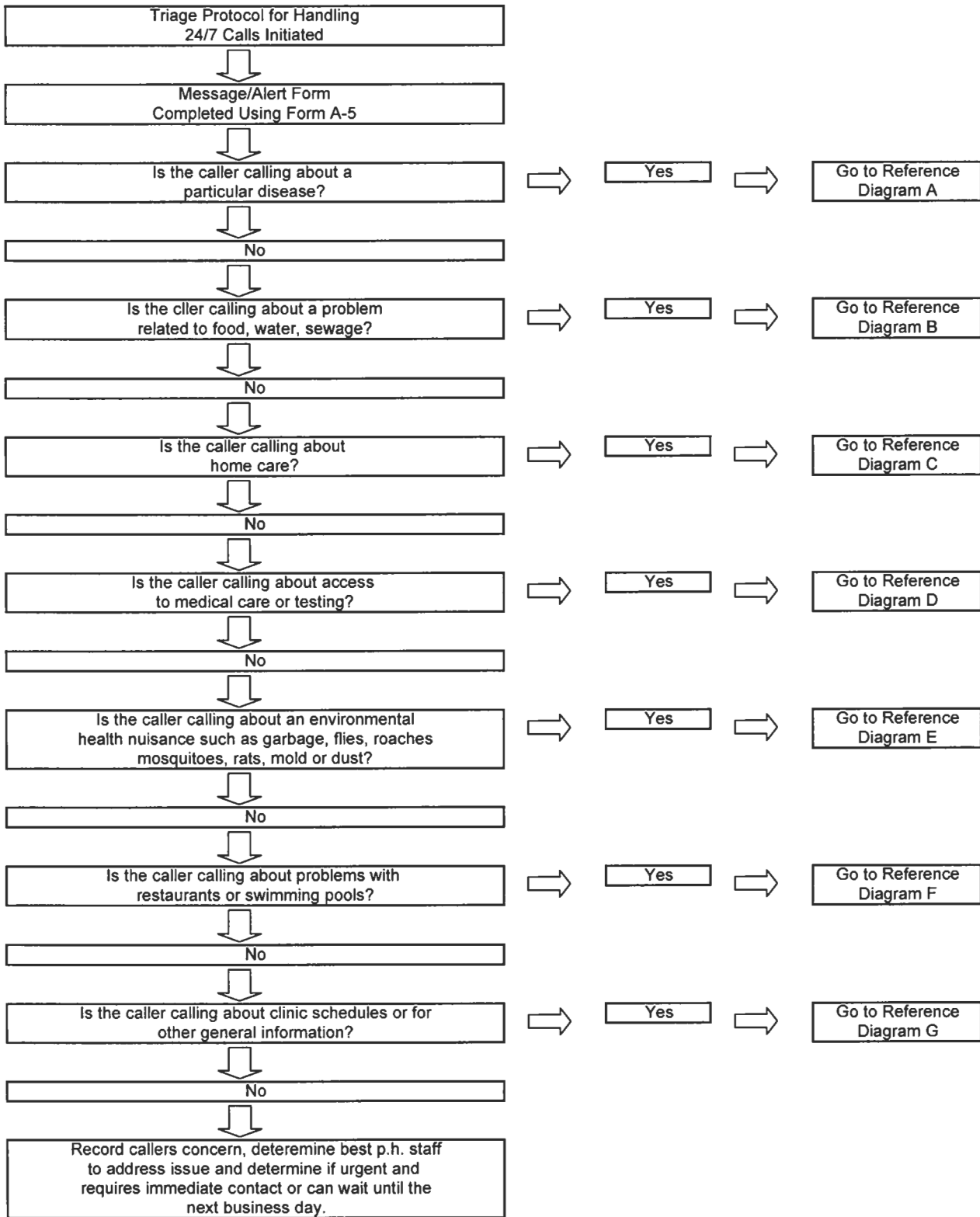
(515) 201-8997 (Alternate)

Ensure local law enforcement communication centers have updated the local, state, and federal emergency response personnel 24-hour notification roster.

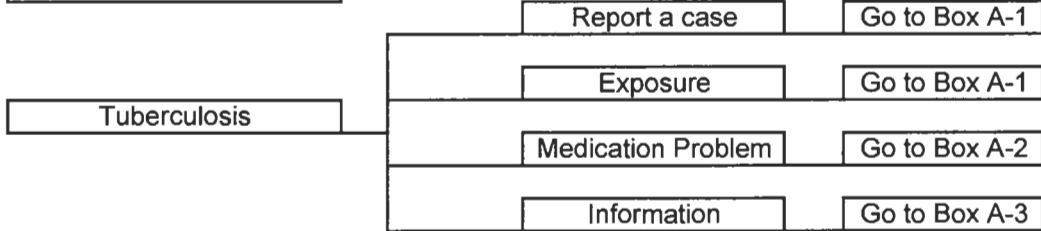
Questions/Clarification

Questions or need for clarification regarding these guidelines may be addressed to Jerry Ostendorf, Iowa Homeland Security and Emergency Management Division at the 24 hour number: (515) 281-3231.

**COMMUNITY HEALTH PARTNERS OF SIOUX COUNTY
BIO-RESPONSE READY PLAN
24/7 ON-CALL TRIAGE PROTOCOL
ATTACHMENT A-9**



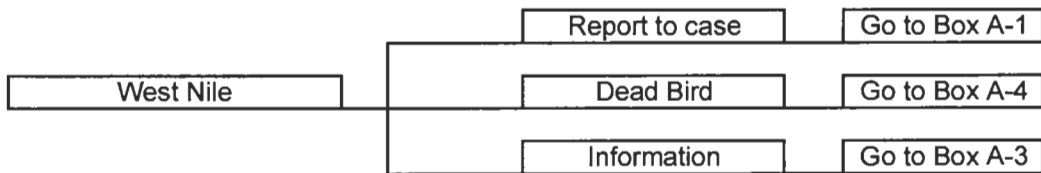
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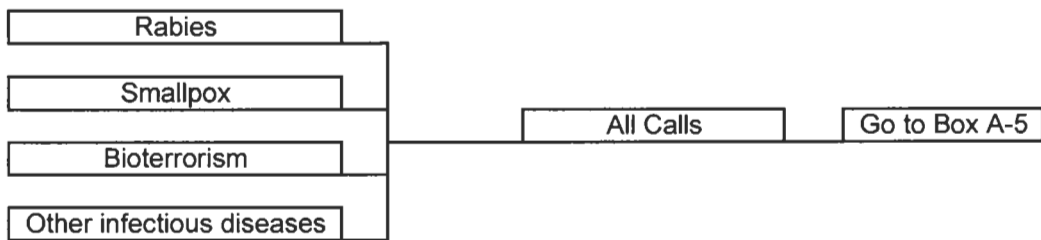
A-1
Record information on Form A-5 and notify CHP RN



A-2
Record information on Form A-5 and reference caller to CHP RN



A-3
Record information on Form A-5 and deliver to CHP RN next business day for call back



A-4
Record information on Form A-5 and instruct caller to freeze bird, Record information and arrange for pickup

A-5
Record information on Form A-5 and immediately contact the Health Director or RN

B

Illness

Go to Box B-1

Food

Contamination

Go to Box B-1

Information

Go to Box B-3

B-1
Record information on form A-5 notify CHP RN or Siouxland District Health Department

Water

Illness

Go to Box B-1

Odor/Color

Go to Box B-2

Information

Go to Box B-3

B-2
Record information on Form A-5 notify CHP RN or county Engineer

Sewage

Illness

Go to Box B-1

Odor/backup

Go to Box B-2

Information

Go to Box B-3

B-3
Record information on Form A-5 deliver to CHP RN or county engineer

C

Services

Home Care

Admissions

Go to Box C-1

Problems

C-1
Record information on Form A-5 notify Home care agency or on-call personnel

D

HIV/STD Testing/Information

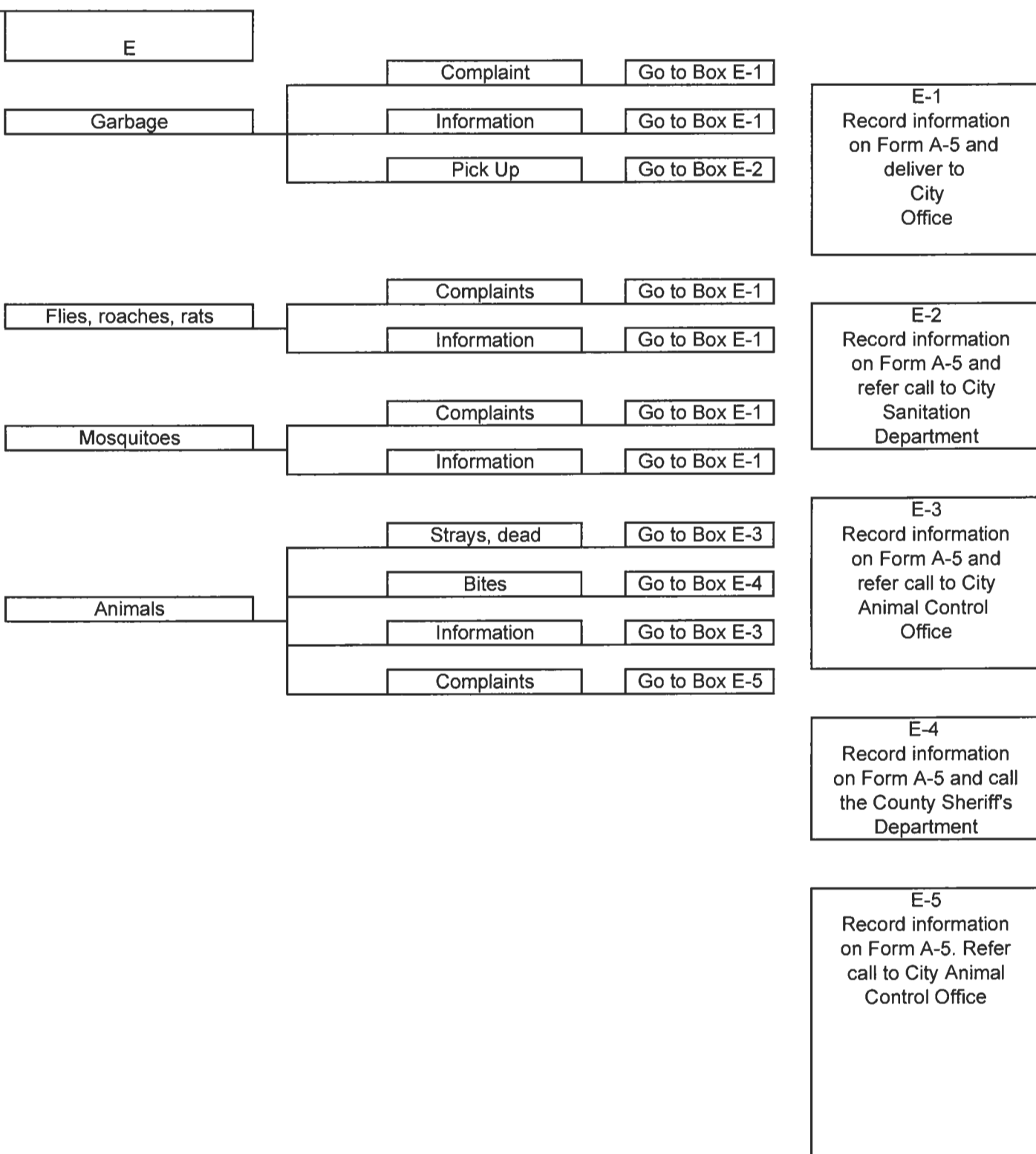
Access

Immunization

Go to Box D-1

Tuberculosis Testing/Information

D-1
Record information on Form A-5 and appropriate schedule and refer questions to CHP RN



F

Food

Illness

Go to Box F-1

Complaint

Go to Box F-2

Fire

Go to Box F-1

Information

Go to Box F-2

F-1
Record information on form A-5 and immediately contact CHP RN or Sioux land District Health Department

Swimming Pools

Illness

Go to Box F-1

Complaint

Go to Box F-2

Equipment malfunction

Go to Box F-1

Information

Go to Box F-2

F-2
Record information on Form A-5 and deliver to Sioux County Engineer next business day for call back

G

Office Hours

Location

Available Services

Go to Box G-1

G-1
Record information on Form A-5 and provide information if you know the answer.

PHONE NUMBERS FOR TRIAGE PROTOCOL

Center for acute Disease Epidemiology	515-242-5935	800-362-2736
Emergency number	800-362-2736	
Hepatitis C program	515-281-5027	idph.state.ia.us/ch/hepatitis_C.asp
HIV/AIDS	515-281-6801	idph.state.ia.us/ch/his_aids.asp
IDPH	515-281-7689	
Immunization program	515-281-4923	idph.state.ia.us/ch/immunization.asp
Region 3 Epidemiologist	515-314-3545	
Sioux County Engineer	712-737-2248	
Siouxland District Health Department	712-279-6119	
STD	515-281-3031	idph.state.ia.us/ch/std_control.asp
Tuberculosis Program:	515-281-6974	idph.state.ia.us/ch/tb_control.asp
water, pools, sewer	515-281-8722	
West Nile	Call CADE	
CHP pager number	800-365-7789	pin# 221755