ANTHRAX ATTACK!

October 14 & 15, 2015
9:00am-12:00pm
Santa Barbara & Santa Maria

2015 Statewide Exercise Partners Training & Tabletop

Who’s your partner?

Training & Tabletop Objectives

Partners will understand:
1. Standard public health and medical response to anthrax exposure
2. How to receive strategic national stockpile medications via the public health department
3. How to provide prophylaxis to staff and families through a closed POD
4. Methods for agencies to exercise their response on November 19th
5. Standard disaster communication and status reporting for all healthcare partners
6. Prioritized objectives for response
Agenda

1. Anthrax Overview
2. Exercise Scenario, Scope & Objectives
3. Role of PHD and MHOACH
4. Roles of Partners
5. Exercise Run-Through
   - Partner Instructions
   - Exercise Checklist & Evaluation Form
   - CAHAN
   - Status Report Form
   - Resource Requests
6. Receiving Prophylaxis
7. Closed POD Training
8. Wrap Up & Next Steps

Regional Exercise Scenario

- Thursday, 11/12: Los Angeles: letter with white powder received at STAR Academy in Los Angeles County.
- Friday, 11/13: ER MD in LA reports potential anthrax in patient with group of small blisters that itch. Patient has a painless skin sore (ulcer) with a black center.

Exercise Scenario

On Monday, November 16, 2015, Biowatch samples tested by Polymerase Chain Reaction (PCR) are positive (+) for *Bacillus anthracis* (the causing agent for anthrax) from the majority of sites in Southern California.

Regional Exercise Scenario:

- Monday, 11/16:
  - Positive Bio-Watch anthrax results from San Diego to Los Angeles
  - Region 1 and Region 6 counties exposed
  - Health officers hold a regional teleconference to discuss with CDC, and CDPH.
- Anticipate:
  - Request for federal antibiotic cache
  - Activation of public health "medical countermeasures" or "mass prophylaxis" plans.
Ordering Pharmaceuticals from the Strategic National Stockpile

Regional Exercise Scenario

Tuesday 11/17
- Regional public information teleconference
- Health departments send CAHAN alert to their healthcare and Closed POD partners
- Healthcare provider guidance issued
- Public health and partner mass prophylaxis plans are activated

What is Anthrax?

- *Bacillus Anthracis*
  - Spores
  - Bacteria
  - Encapsulated, spore-forming, large gram-positive rod *Bacillus anthracis*

History of Anthrax

- Biblical plagues
  - Fifth and Sixth Plagues in Exodus Believed to be Anthrax
- Animal disease
  - Endemic to horses, cows, goats, sheep
  - Economically important agricultural disease
OKLAHOMA CITY — June 2015

The Oklahoma Department of Agriculture, Food and Forestry is telling Oklahomans to be alert for anthrax in their livestock this summer.

- The disease usually occurs in sheep and cattle but can also be seen in dogs, horses, pigs or other animals -- including humans. Officials said outbreaks of the disease can occur after flooding that follows a drought, and Oklahoma has a higher-than-normal chance to see anthrax. The disease is most likely to occur in alkaline soil.

### Anthrax in Cattle

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### What Form Does the Disease Take?

- **Cutaneous**: Skin
  - Most common naturally occurring form
  - Low mortality (20% w/o and 1% w/ antibiotics)

- **Injection**
  - Scotland, Denmark, Germany, France
  - 2009: 15-30% mortality
  - Can look similar to cutaneous
  - Spread through body quickly

- **Gastrointestinal**
  - Results from eating contaminated, undercooked meat
  - Up to 60% mortality if untreated

- **Inhalational**
  - Most likely in bioterrorism (only 20 cases reported in 100 yrs)
  - High mortality without prompt treatment (97% w/o and 75% w/ antibiotics)

### Inhalation Anthrax

- **Onset of symptoms 2 days up to 60 days post-exposure (may be 1 day)**
- **Antibiotics most effective before onset of symptoms**
- **LD<sub>50</sub> about 8000 spores**
  - Infective dose probably less than 10 spores in susceptible persons
2001

Robert Stevens, 63, photo editor of the tabloid newspaper The Sun. He showed up with his wife in the emergency room. Three days later, he died. The physicians were key to identifying anthrax illness in this attack.

Varying Presentations of 2001 NYC Cutaneous Lesions

Anthrax Attacks 2001-7 letters mailed in 4 states

5 dead from inhalational anthrax
17 ill
- 11 cutaneous
- 6 inhalational
All but few survivors still suffering effects
10000 people taking antibiotics
Side Effects from Cipro Prophylaxis
- 57% reported serious side effects
- 26% missed work

Anthrax Letters: Casualties
Anthrax Letters: Effect on Business

- >500 reports of anthrax per day
  - Investigations
  - Facility Closures

Anthrax Letters: Effects

- Anthrax in Second Mailing
  - <5 micron size, “weaponized”
  - Escaped through pores in envelopes
  - Contamination throughout US postal service
  - Cross-contamination to many other letters
  - Most illnesses and all but one death resulted from spores leaking through envelopes

Who was responsible?

- Nobody was charged with the anthrax attacks though Bruce Ivins, a biodefense researcher for the government, killed himself in 2008 as the FBI prepared to file charges against him.
- Still, the FBI’s conclusion that he was responsible remains a point of contention.

Detecting Anthrax in Santa Barbara

- Clinical
  - Serum samples
  - Suspect symptoms
  - Laboratory testing at SLO PHL
  - Environmental “White Powder” events in SB
- Animal
- Biohazard Detection System (BDS)
What is the Biohazard Detection System?

BioWatch
Detecting Anthrax in the Air
- 2003 Federal government deployed "network of sensors to detect biological attack"
- 2003, BioWatch air samplers operating on a continuous basis in more than 30 major metropolitan areas
- The BioWatch system currently tests for the presence of airborne DNA from certain pathogens.
- Results: 10 to 34 hours after sample collection.

The rationale:
- Early detection of an aerosolized bioterrorist attack could allow for mass distribution of prophylactic medications or other medical countermeasures in time to prevent widespread illness or deaths.
- "worst case" planning scenario: aerosolized anthrax attack in a large urban area. Exposure of a few million people, hundreds of thousands of people develop life-threatening disease requiring intensive medical care.
- Providing antibiotic prophylaxis to the exposed population within 3 days of the attack projected to prevent nearly all deaths that would otherwise occur.

When and Why do we provide mass prophy?
- **WHEN**: “mass amounts of antibiotics and/or vaccinations are dispensed directly to targeted populations after exposure to a known pathogen, upon the advisement and direction of the Health Officer” (SB SNS Plan, pg 67).
- **WHY**: “to limit the impact of the disease on the community”
5 million in two weeks
Last Smallpox Outbreak in NYC – 1947

SB Examples of Mass Prophy

- Pneumococcal outbreak in homeless shelters in Santa Barbara 2004
- H1N1 mass vaccination of over 33,000 from 11/09 to 3/10
- UCSB Meningococcal Vaccination of 10,000 students

H1N1 Mass Vaccination 2009-2010

Large turnout in Santa Barbara at the Earl Warren clinic, wait times were as long as two hours. Earl Warren – Exhibit Hall
2015 Mass Prophylaxis Exercise

Two public sites or “Open PODS”
- Thursday, November 19, 3:00 pm - 7:00 pm
- Free Flu Shots and Faux Antibiotic Distribution
  - Goleta Valley Community Center
  - Santa Maria Veterans Memorial Building

So Cal Region 2015 Exercise Modules for Anthrax Response and Medical Countermeasure (MCM) Distribution

Exercise Objectives for All Healthcare Partners

Exercise:
- Communication during a public health disaster
- Ability to report amount of medications needed for staff and families
- Coordinated public information with PHD PIO
- Ability to submit a Status Report for facility/agency

Anthrax Attack Exercise Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>October 14 &amp; 15</td>
<td>Exercise Training/Tabletop</td>
</tr>
<tr>
<td>TBD</td>
<td>Weekly Teleconferences</td>
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<tr>
<td>November 9</td>
<td>All-Partner Final Tabletop</td>
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<tr>
<td></td>
<td>* For partners that will be receiving product and exercising their Closed POD</td>
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<tr>
<td>November 16</td>
<td>Exercise Starts = Regional Health Officer Prophylaxis Decisions</td>
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<tr>
<td>November 17</td>
<td>CAHAN Alert and Poli-Mass Prophylaxis +s Confirmation</td>
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<tr>
<td>November 18</td>
<td>*For all partners</td>
</tr>
<tr>
<td>November 19</td>
<td>Warehouse confirms delivery information via email</td>
</tr>
<tr>
<td></td>
<td>* For partners receiving faux antibiotic deliveries from warehouse</td>
</tr>
<tr>
<td></td>
<td>Exercise: Anthrax Response Mass Prophylaxis</td>
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<tr>
<td></td>
<td>• CAHAN Alert</td>
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<tr>
<td></td>
<td>• Submit Status Report &amp; Resource Request</td>
</tr>
<tr>
<td></td>
<td>• Receive faux antibiotic delivery</td>
</tr>
<tr>
<td></td>
<td>• Exercise Closed POD</td>
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</tbody>
</table>
Exercise Objectives for Healthcare Partners Receiving Mass Prophylaxis

Test ability to:
- Receive faux antibiotics for mass prophylaxis on November 19th
- Plan for or implement your plan for mass prophylaxis of staff and family members
- Report accounting of your use of prophylaxis to the PHD DOC
- Complete a Resource Request

Exercise Objectives: Additional

- Surge exercise with paper or real patients
  - Worried well, symptomatic “rule out”
- Staff call back for prophylaxis
- Decon exercise
- Other objectives as required for your accreditation or licensing

Disaster Response System: Santa Barbara County

Public Health & Medical Disaster Operations in Santa Barbara County

Operations Section is a hub for communication with partners for status and resource requests
Assessing the Status of Healthcare System

- Determine the status of the healthcare system
- Contacts facilities and agencies to get status and resource requests
  - Phone
  - Fax
  - Email
  - ReddiNet

Role of Medical and Health Operational Area Coordinator “MHOAC”

- Status Report and Requests from Medical and Health during disaster
- Healthcare, long term care, animal services, environmental health, EMS

COUNTY EOC

CITY EOC

PUBLIC HEALTH DEPARTMENT/EMS

Water/Utility Service Generator Shelter PortaPotties 911 Calls

Medical Evacuations Water/Utility Service Generator Medical Shelter Medical Services/Supplies

Healthcare or Long Term Care Facility or Agency

Protecting your Employees and their Families In Public Health Emergencies
The Threats Facing Us All

- **Bioterrorism**: Biological agents (anthrax, plague, tularemia, smallpox)
- **Pandemic**: Influenza, emerging infectious diseases (e.g. MERS-CoV), Ebola, food or water-borne outbreaks

The CDC and federal government have identified threats that could require immediate mass distribution of medications in our communities. These include:
- Anthrax
- Smallpox
- Influenza
- Tularemia
- Plague

The CHALLENGE: Protect the Public’s Health

- Immediate distribution of life-saving antibiotics to the entire county’s population
- Goal of 48 hour response time! (Maybe an impossible feat!)

Santa Barbara County

- **440,000 Population**
- **2,735 square miles**
The SOLUTION
Public Health Department’s Point of Dispensing (POD) Operations

PUBLIC PODS:
- Primary method of mass distribution
- Highly intensive staffing and logistics requirements
- Potential long lines and wait time for the public

The SOLUTION for Your Organization
Public Health Department’s Closed POD Partner Program

- Allows private business or agency to distribute emergency medications
- Your business operates a small POD for your employees and their families
- Optional to serve clients or vendors

How Simple Can It Be….

- Agreement, not a binding contract
- Medications Delivered to Your Door
- Available for Employees, Families, Clients (YOU decide)
- Not open to the public
- Simple, Scaled-Down Dispensing managed by your staff

Benefits

Your Organization:
- Protects your employees and their families
- Helps ensure your continuity of operations (no lost time waiting in public lines)
- Exhibits commitment to the community

Our Community:
- Helps achieve dispensing goal
- Decreases number of people at public PODs
But Aren’t There Legal Risks in Dispensing Medications?

No – The federal government has provisions to protect you when you make the decision to become a Closed POD Partner.

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The PREP Act* – Removes Tort Liability During Mass Prophylaxis Disaster Events!

- Enacted to alleviate liability concerns
- Provides immunity from tort liability


What Will Be Dispensed?
- Two types of commonly prescribed antibiotics in pre-packaged, pre-labeled bottles
- Ten day supply for each person
- Simple Self-Screening Algorithm is used to determine which of the two antibiotics to take
When Might We Be Asked to Dispense Medications?

- Extreme Public Health Disaster Event
- State of Emergency

*During these events non-medical personnel are allowed to provide medications as directed by the public health department*

Public Health Responsibilities

- Assist you to develop your simple POD operations plan using our template and forms
- Provide training and exercise support
- Coordinate and provide support to your business during an event
- Deliver medications and **Closed POD Operations Guide** with screening and information sheets for dispensing during a drill or real event

Partner Requirements

- Provide staff
- Provide a facility and some limited supplies
- Provide Just in Time Training for Staff
- Operate a Closed POD during an emergency
- Maintain Inventory Control of products

What are the POD Partner facility requirements?

- Secure area, handicap accessible
- Large enough to accommodate station-to-station flow
- Separate locked storage area
- Tables and chairs
- Minimum amount of office supplies
The Process

- Inside your facility
- Simple screening
- Dispensing
- Education
- Medical consult if M.D. personnel available
- Coordinate with Public Health

Sample POD Flow
**Break**

- Stretch
- Check the spreadsheet of CAHAN contacts for your facility
  - Let us know if anyone else needs to be added or deleted from CAHAN
- Check #s on the spreadsheet for Mass Prophy

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**Participating in 2015 Anthrax Attack Exercise**

1. Participate in exercise teleconferences.
2. Complete exercise participation survey.
3. Review your plan and train your staff.
4. Participate in exercise on November 19th.
5. Use the Exercise Checklist and Eval Form.
6. Submit a Status Report Form with your Objectives.
7. Submit a Resource Request Form- optional.
8. Evaluate your participation. Submit Exercise Checklist.
9. Write an improvement plan.

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The PHD records your facility/organization participation in trainings, exercises and meetings and can provide you with a letter of participation on request.
- CAHAN is the official public health altering and notification program for California
- PHD uses CAHAN to alert partners in a disaster or emergency
- All facilities should have at least one person enrolled in CAHAN

What CAHAN Alerts will look like: Standard Alert

For alerts that require confirmation, click the email link or respond “YES” to your text message. You will not receive any more messages from this alert once you confirm.

CAHAN Alerts: Polling

For polling alerts, click your choice or respond to your text message with the number matching your choice. You will not receive any more messages once you confirm.
An event specific ReddiNet assessment poll will be created to request numbers of symptomatic patients, prophylaxis status of staff, other.
Assign Roles in your command structure.
Activate disaster plan.
Activate procedure for lockdown or other approach to site security.
Activate plan for mass prophylaxis of staff and family members.

Status Report Forms are now fillable and can be completed on your computer.
To Submit the Status Report Forms use the Submit by Email button.
It will send the form directly to DOCOpsCB@sbcphd.org.
You can also Print the form and fax it during the exercise.

What forms will you use if you want to make a resource request?
What will you be requesting?
  - Security for site
  - Additional prophylaxis for staff

Submitting your resource request form.
### Prophylaxis
- Size of each pallet
- Weight
- Moving pallets requires a pallet jack or forklift
- Need a secure location to store prophy

### Receiving Prophylaxis
- November 19th you will receive a call from the warehouse with approximate delivery time
- Between 9am-12pm you will receive the fake antibiotics
- Hospitals will receive a pallet
- Other partners will receive cases - smaller amount

### Picking up Prophylaxis
- Pallets or cases of faux prophy will be picked up on 11/19 (same day as drop off)
- Times to be scheduled with each facility individually

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It's all in the “form”

**Dispensing tabletop**
QUESTIONS?

Ready to partner with Santa Barbara County Public Health and become a Closed POD?
What do we need to change or clarify before the exercise?
What do we need to work on to improve response?
Remember: Follow Up Exercise Teleconferences
Please complete and turn in the evaluation

Thank you!
We appreciate your time and efforts to build response capacity for emergencies disasters in our community!