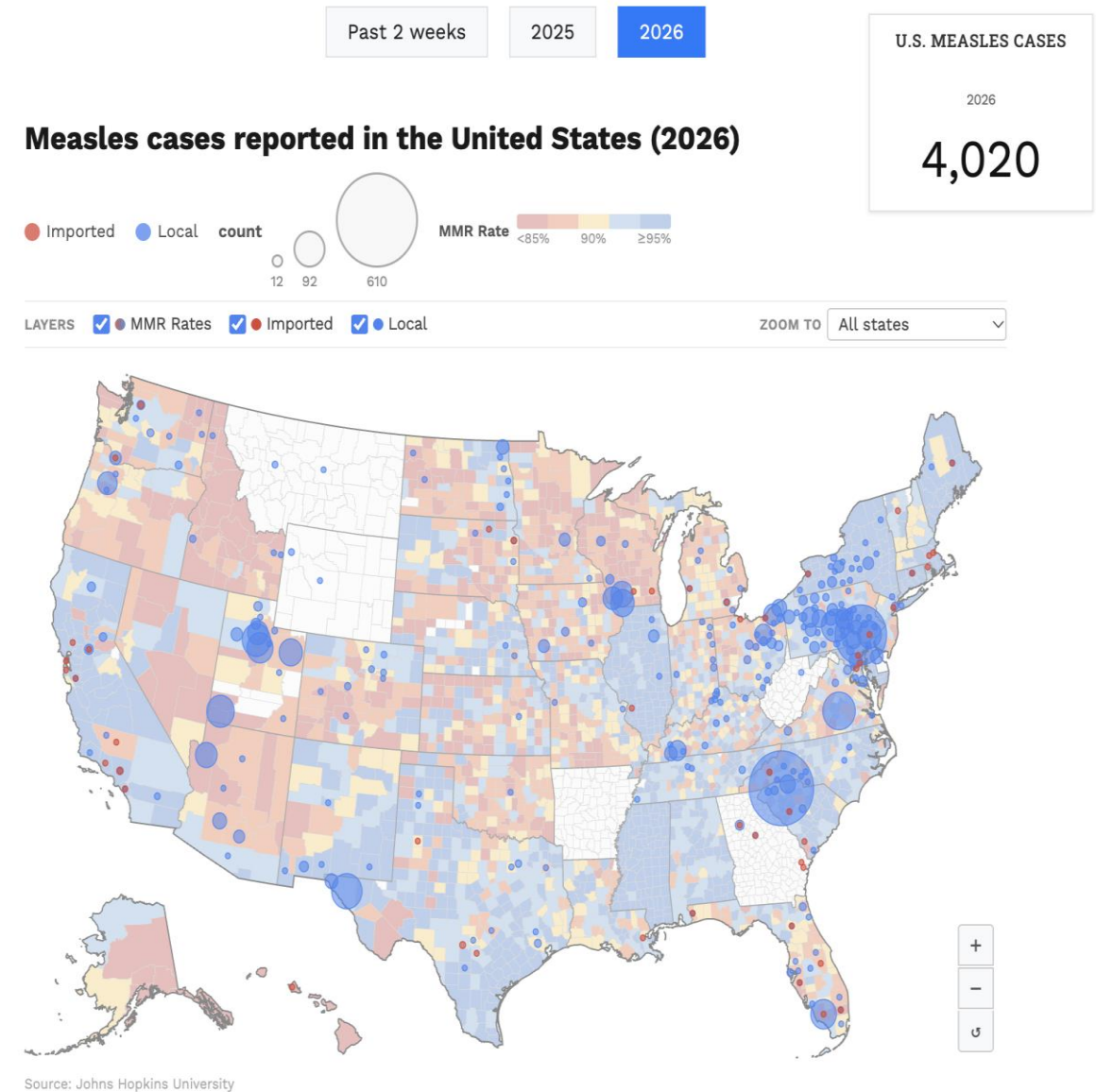


Leveraging Lessons Learned to Enhance Public Health Preparedness

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Public Health Climate

- Rising Threats
 - Increased frequency of infectious disease outbreaks
 - Re-emerging highly infectious diseases to become endemic
 - Vaccine hesitancy and anti-vaccine rhetoric
- Resource Constraints
 - Funding, staffing, and supplies
- Compounding Challenges
 - Politics
 - Burnout in the public health/healthcare workforce
 - Competing priorities across agencies
 - Public perceptions and access



Measles Exercise Series

- Sponsored by New Jersey Association of City & County Health Officials
- 10 tabletop exercise (TTX) series across the State of New Jersey
- Participants represented public health, emergency management, healthcare, schools, and social services organizations.

Participants per exercise:

Atlantic County:	28
Bergen County:	53
Camden County:	25
Hudson County:	52
Mercer County:	41
Monmouth County:	48
Ocean County:	23
Passaic County:	40
Somerset County:	45
Warren County:	22

Total participants: 377

Average per offering: 38

Key Findings

Most healthcare professionals have never seen a presentation of measles

Health departments have minimal staffing capacity for case investigation and contact tracing

Vaccine records are difficult to locate and obtain

Limited time to administer prophylaxis

Not all stakeholders (e.g., EMS) receive sufficient incident information

Isolation and quarantine processes were unable to be determined

Recommendations for Future Outbreak Response

Relationships	Planning	Organizing	Equipping/Systems	Training	Exercising
• Establish relationships in recognition of multi-agency preparedness and response. • Collaborate across jurisdictions.	• Work with legal counsel to obtain guidance on the sharing of public health information with first responders. • Develop case investigation and contact tracing procedures that include pre-confirmation activities.	• Ensure stakeholders are utilizing a joint information system (JIS). • Ensure strong coordination between state, territory, county, local health departments, and other stakeholders.	• Utilize resource surveys to determine who has what resources and where they are located. • Determine means to rapidly acquire surge staff for both clinical and non-clinical staff.	• Hospital emergency department triage and registration staff should receive trainings on rapidly identifying and isolating infectious diseases. • Healthcare providers need training on identifying measles as a potential diagnosis.	• Exercise high-consequence pathogen cases related to mass gatherings. • Exercise preparedness and response plans.

Isolation & Quarantine

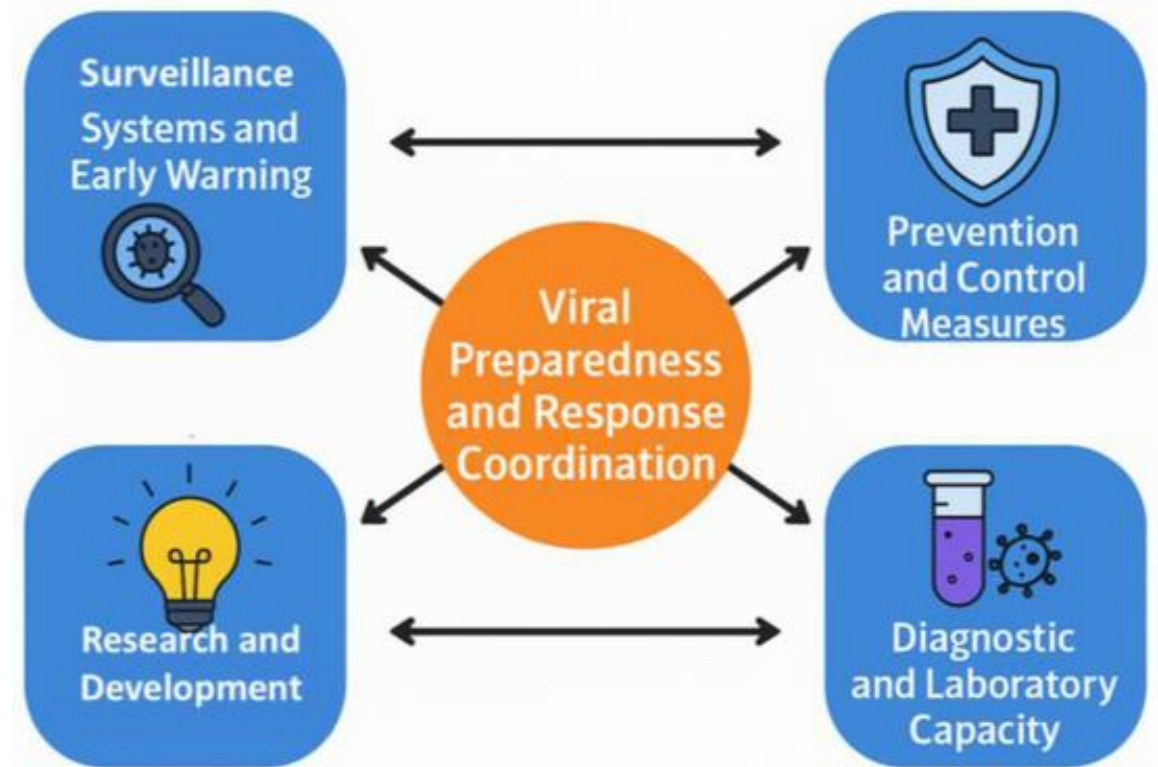
The vast majority of exercise participants did not have an isolation and quarantine plan.

- Hospitals will discharge measles patients if they do not require medical attention.
 - Minimal negative pressure rooms available
- Considerations
 - Alternative isolation & quarantine sites
 - Wrap-around services
 - Legal authorities for mandating isolation & quarantine orders
 - Enforcement power



In summary

- Collaboration is paramount
- Emphasis on shared situational awareness
- Broad/joint applications of preparedness efforts
- Workout the details of complex activities such as isolation and quarantine
- Focus vaccine efforts on those who lack access and those who identify as vaccine hesitant



Thank You!

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