



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	<p>Objective 1: Discuss epidemiological and community methods of outbreak prevention and mitigation.</p> <p>Objective 2: Discuss essential viral hepatitis/HIV outbreak response needs.</p> <p>Objective 3: Examine information sharing processes with community partners.</p> <p>Objective 4: Discuss laws, regulations, and procedure for viral hepatitis/HIV outbreak response and recovery.</p>
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**

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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
<p>Objective 1: Discuss epidemiological and community methods of outbreak prevention and mitigation.</p>	<p>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.</p> <p>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.</p>
<p>Objective 2: Discuss essential viral hepatitis/HIV outbreak response needs.</p>	<p>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.</p> <p>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.</p>
<p>Objective 3: Examine information sharing processes with community partners.</p>	<p>Emergency Public Information and Warning Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings,</p>

	<p>and notifications to the public and incident management responders.</p> <p>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.</p>
<p>Objective 4: Discuss laws, regulations, and procedure for viral hepatitis/HIV outbreak response and recovery.</p>	<p>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.</p>

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, policies, 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	Lee, Norton, Wise, Scott (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 eExercise
VDH	Virginia Department of Health