

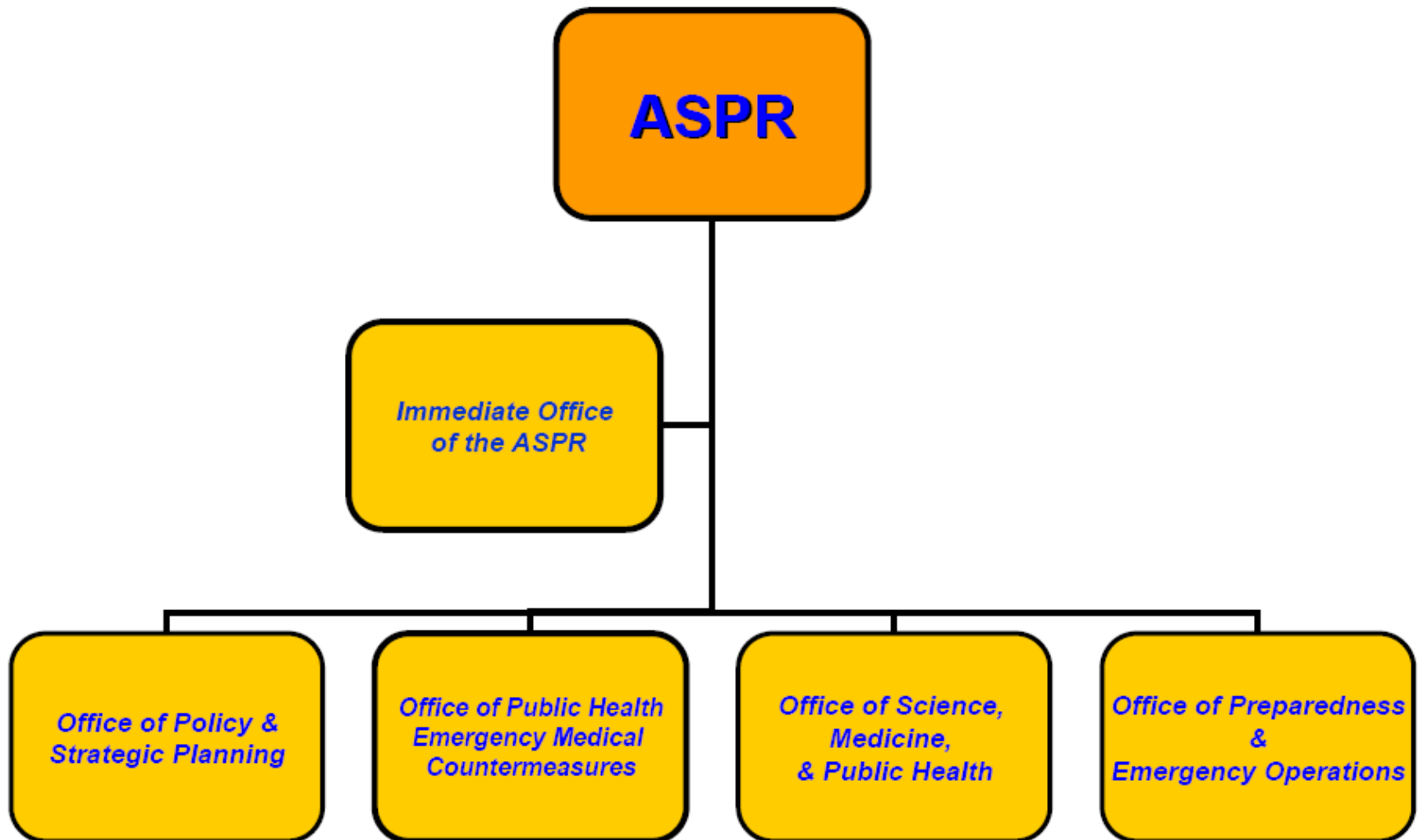
Where Epidemiology Data Goes and How it Circles Back Around to Impact the NDMS

**The role of the IRCT, EMG, CDC
and the Applied Public Health
Teams**

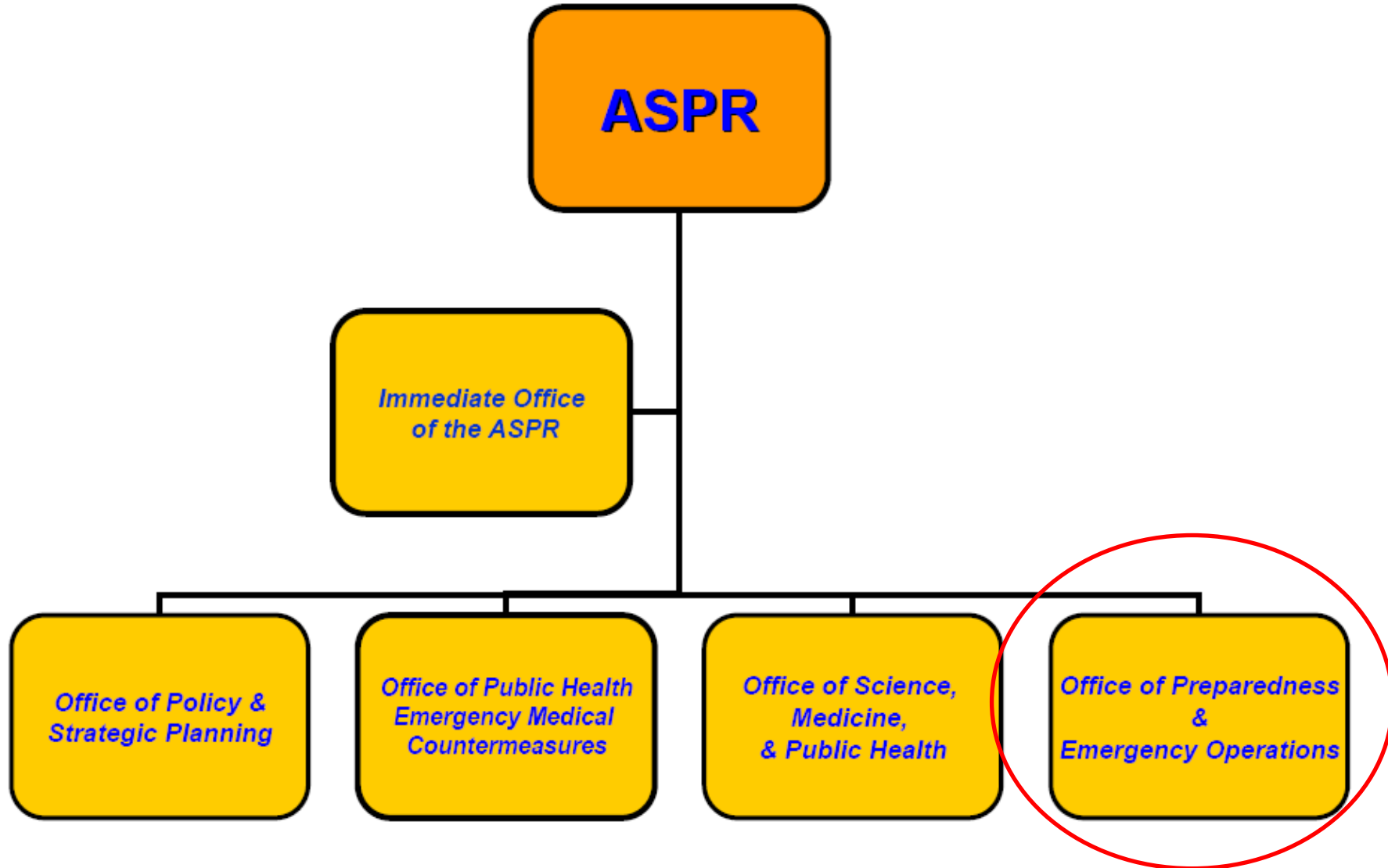
Many Types of Data come from ESF #8 Services

<u>Public Health</u> Food, water safety Health surveillance Vector control Drug and blood safety Worker safety	<u>Acute Care</u> Victims Responders Casualty evacuation
<u>Primary Care</u> Special medical needs populations Community outreach Nursing home residents Mental health	<u>In-patient Care</u> Victims Displaced hospital patients

**The HHS Concept of Operations Plan (CONOPS)
Defines the Response Structure and Information Flow of Data
for all Departmental Assets**



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defines the response structure for all
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The Secretary

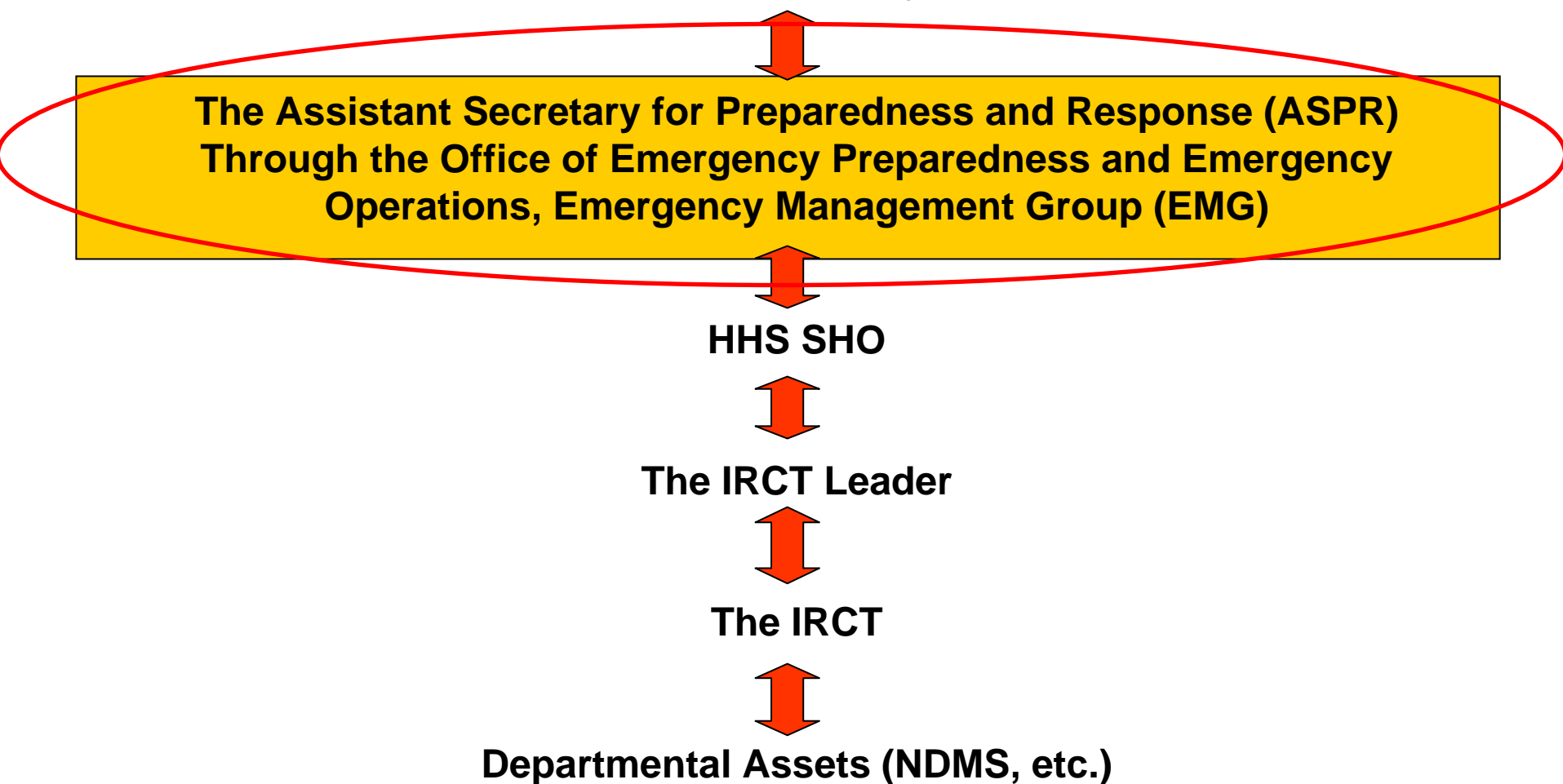
**The Assistant Secretary for Preparedness and Response (ASPR)
Through the Office of Emergency Preparedness and Emergency
Operations, Emergency Management Group (EMG)**

HHS SHO

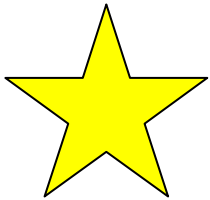
The IRCT Leader

The IRCT

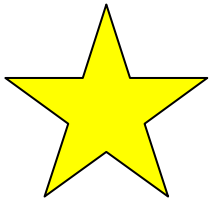
Departmental Assets (NDMS, etc.)



Emergency Management Group (EMG)

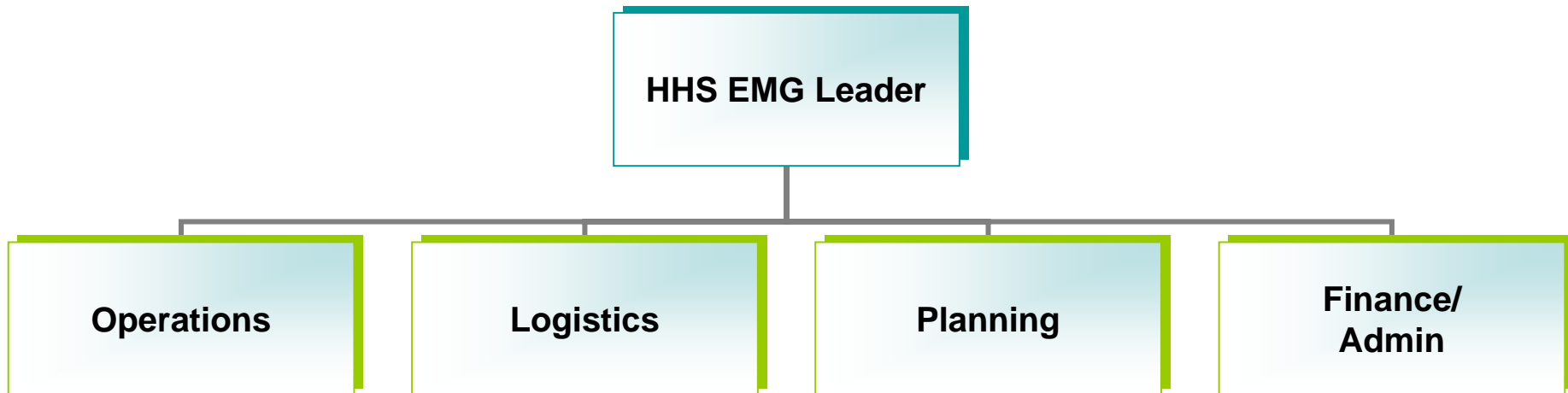


Single HHS system managing response – provides situational awareness



The EMG provides strategic direction and oversight to all HHS responders

Functional Elements in Normal or Emergency Operations

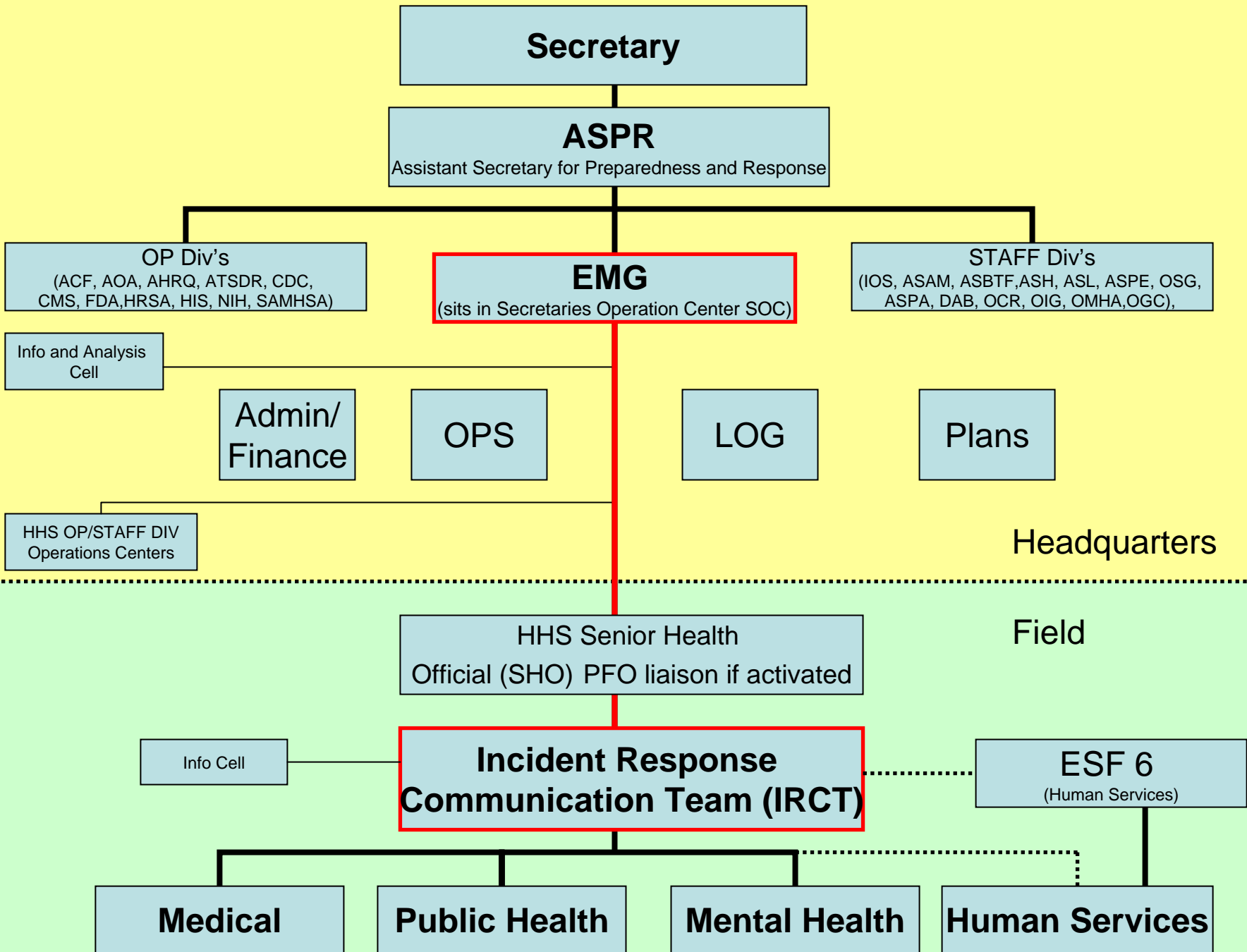


EMG Responsibilities

Team at headquarters that stands up to manages the emergent response to public health and medical threats and emergencies

ESF #8, when activated, is coordinated by the EMG through the Secretary's Operation Center (SOC)

- **Monitors data and identifies actual or potential threats** to the nation's public health through collected data
- Makes notifications to the ASPR or his designee
- Manages the HQ **strategic decision-making process by analyzing ESF #8 data**
- Supports HHS and/or ESF #8 participation in overall Federal response policy and decision-making
- Maintains and accounting of HHS and ESF #8 actions and impacts
- **Supports ESF #8 data collection through the Incident Response Coordination Team (IRCT)**

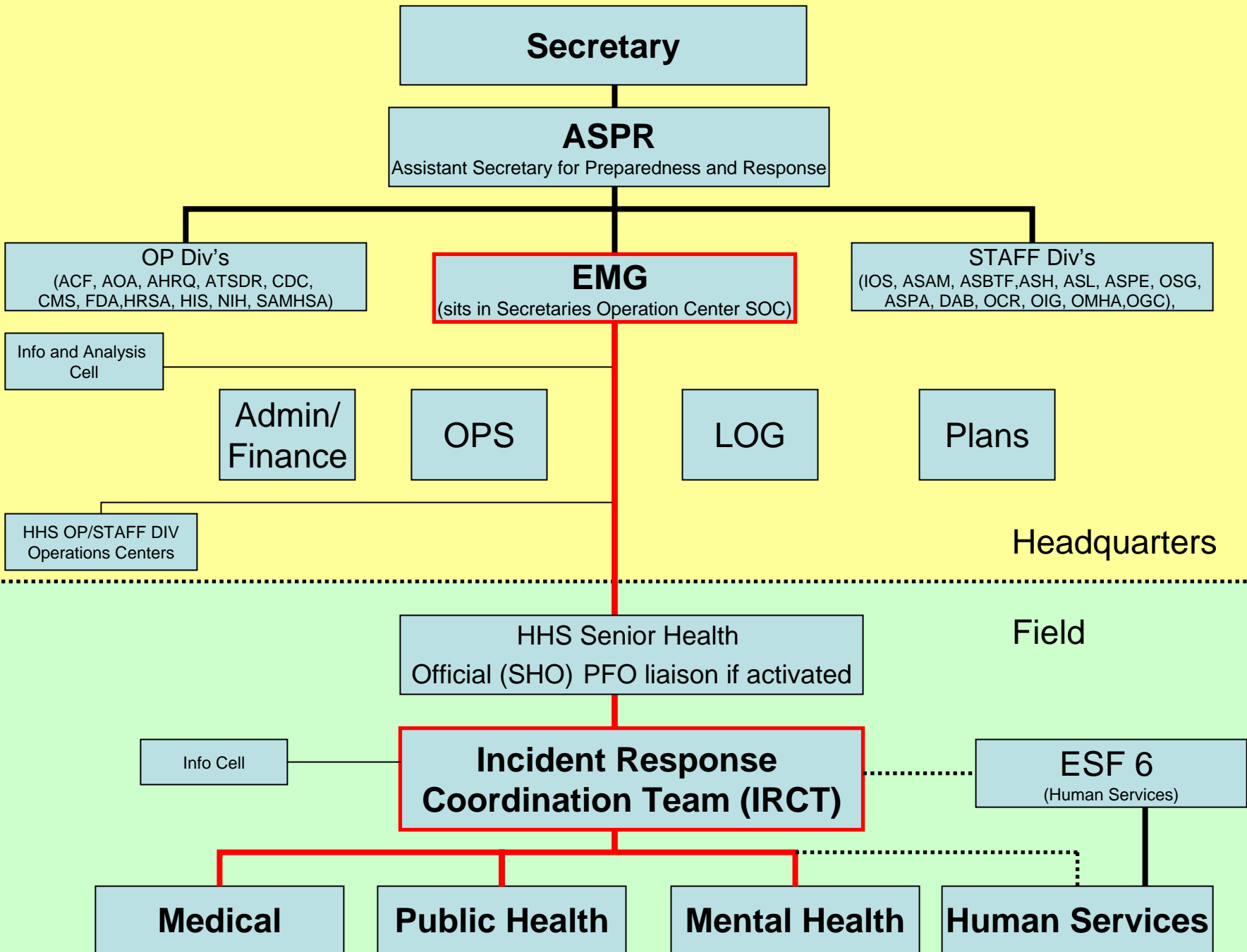


Incident Response Coordination Team

- Effective and efficient delivery of health and medical services to the populations of disaster impact zones consist of four distinct functions:
 1. The mission generation (MG) function
 2. The mission execution (ME) function
 3. The mission support (MS) function
 - 4. The situational awareness function (SA)**
 - Need Data from ESF #8 teams to perform this function

Incident Response Coordination Team

- The IRCT is a HHS forward deployed field command
 - Located as close as practical to the deployed resources
 - Maintains ongoing communication to the EMG
- The IRCT Team Leader provides the EMG with up-to-date situational awareness of all HHS activities taking place within the theater of operations



Collection and Flow of Epidemiology Data from the field and beyond....

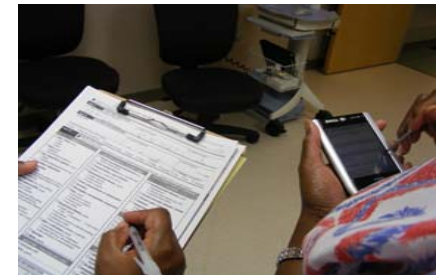
Data Collection during a Disaster

- FEMA and ASPR assessments
- Rapid Needs Assessments
- Clinical Data = Public Health Surveillance Data
 - NDMS Electronic medical record (EMR)
 - Existing Surveillance Systems (syndromic, lab)
 - Hospital ER electronic data
 - Shelter surveillance
 - Public Health Response Teams (e.g. local, state, or federal) active data collection

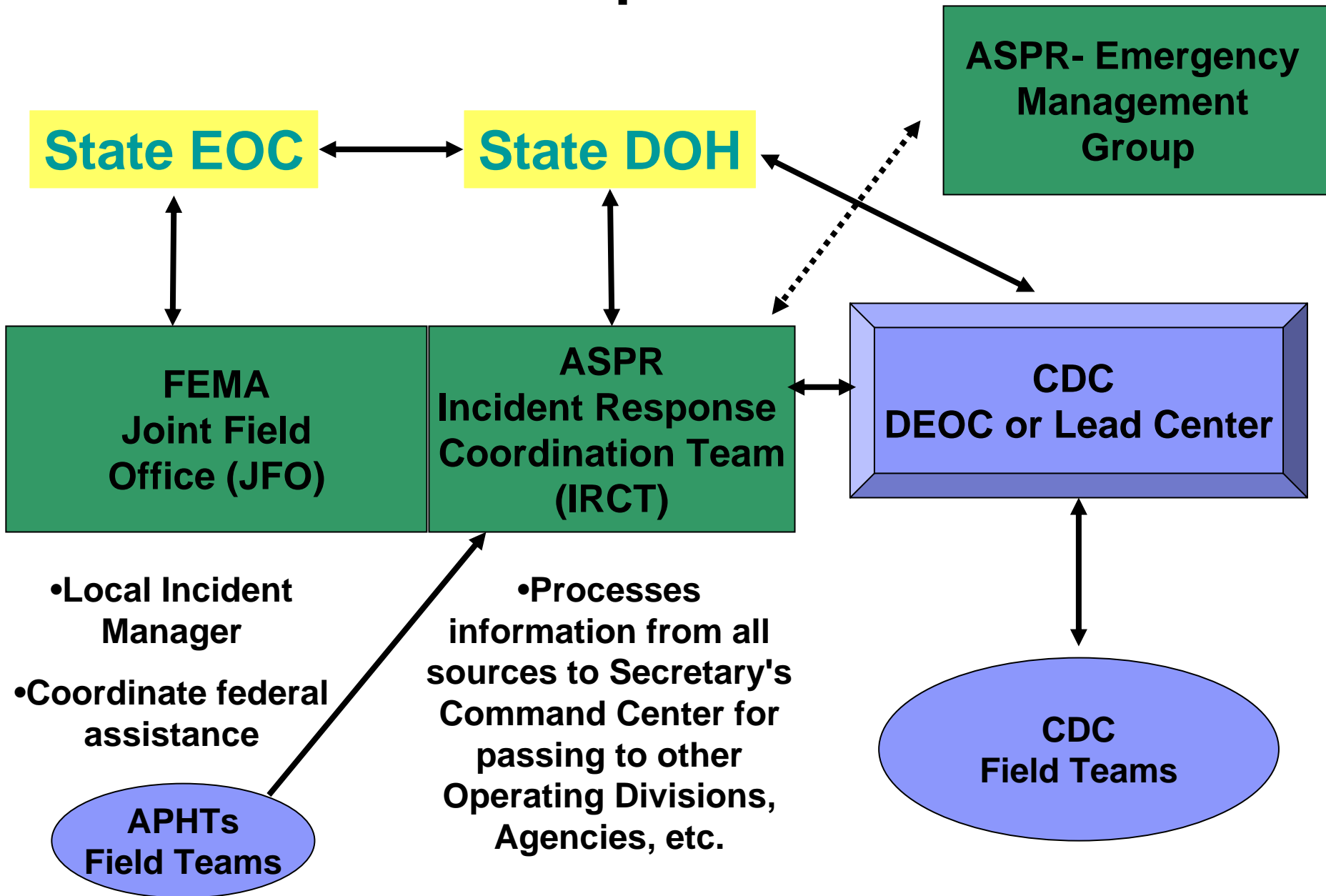


Collection Methods

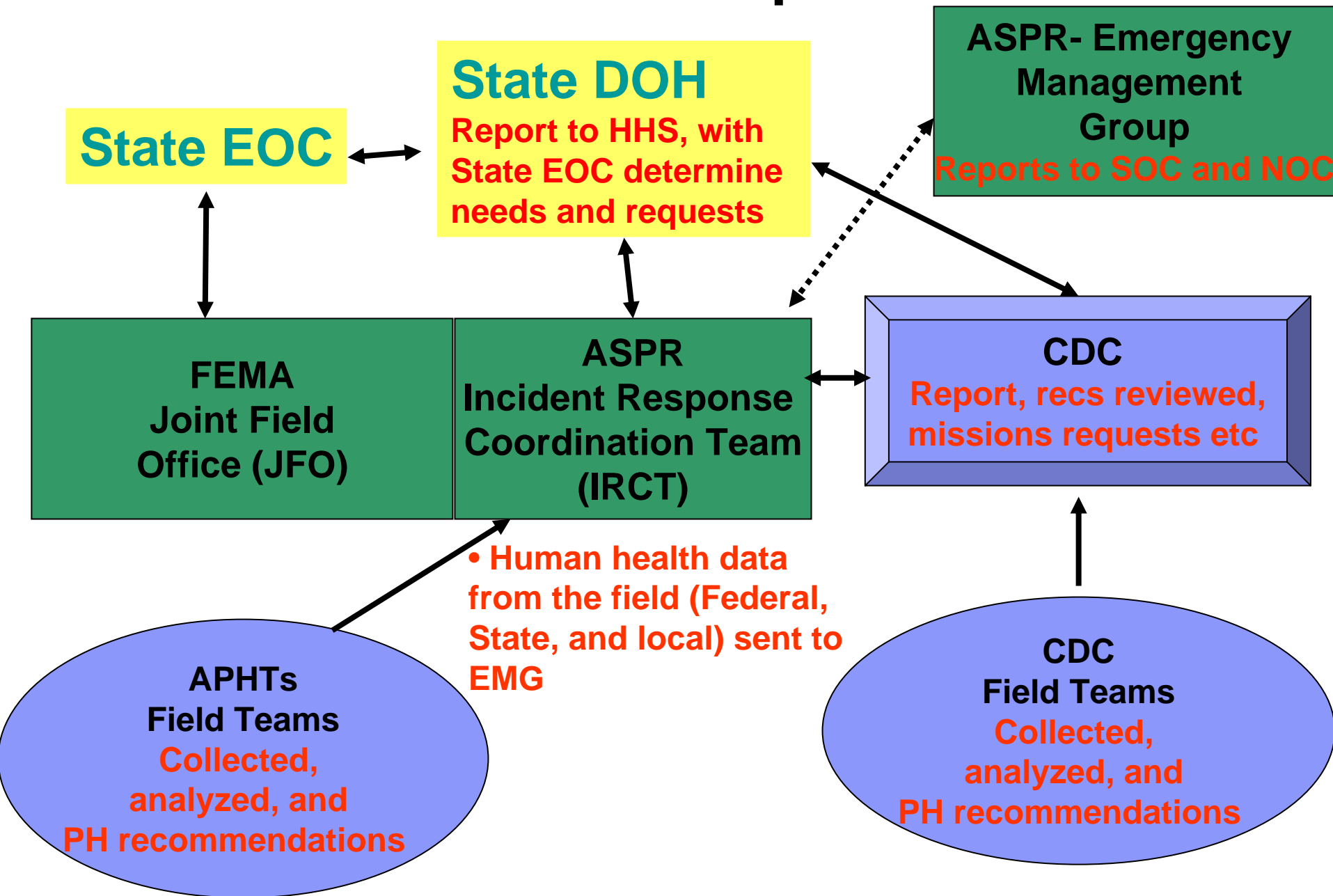
- **Immediate reporting**
 - on-the ground FEMA initial assessments
 - astute clinician report
- **Electronic transmission**
 - NDMS' EMR
 - existing State surveillance systems
- **PDA or notebooks**
 - PH Rapid Needs Assessments
 - Outbreak investigations
- **Phone, fax, or e-mail**
 - shelter surveillance paper forms every 24 hours
- **Active follow-up through daily phone calls to non-reporting, high census evacuation or clinical care centers**



In-the Field Response Structure



Data Flow Within the Response Structure



HHS Epidemiologists and Public Health Subject
Matter Experts in the Field
With Whom You are Likely to Interact

The Centers for Disease Control (CDC)

The Applied Public Health Teams (APHT)



How CDC Uses Field Data

- DEOC SME desks
 - SMEs
 - Advanced data analysis
 - Recommendations for priorities
- Mobilizes CDC Teams
 - EIS officers and SMEs
 - Outbreak Investigations
 - Rapid Needs Assessments





Applied Public Health Teams of the US Public Health Service

Commanders

CAPT Steve Inserra

CAPT Ali Khan

CAPT Hugh Mainzer

CAPT Sven Rodenbeck

CAPT Craig Shepherd

Applied Public Health Team

■ 5 Teams formed in 2006

- Approximately 47 Officers per Team (not regional teams)
- Multi disciplinary staffing incl. Command staff
- One Team On-Call Each Month
- Response and/or recovery missions
- Attach to- or mirror a local health department program
- Coordinate with Other Specialized Teams e.g., acute care
 - Nurse Corps Responders
 - NDMS DMAT or DMORT or DVET
 - OFRD RDF or MHT
 - MRC or EMAC responders



Applied Public Health Team

- **APHT Scalable Response**
 - Deploy Only What is Needed e.g., Mission Assignment
 - Team Structure Grows/Shrinks to Address Need
- **Augmentable**
 - Civil Servant/Subject Matter Experts



Co-Benefits of Collaborative Surveillance

- Care for the patient
- Care for the affected community
- Surveillance of diseases
- Monitor health trends

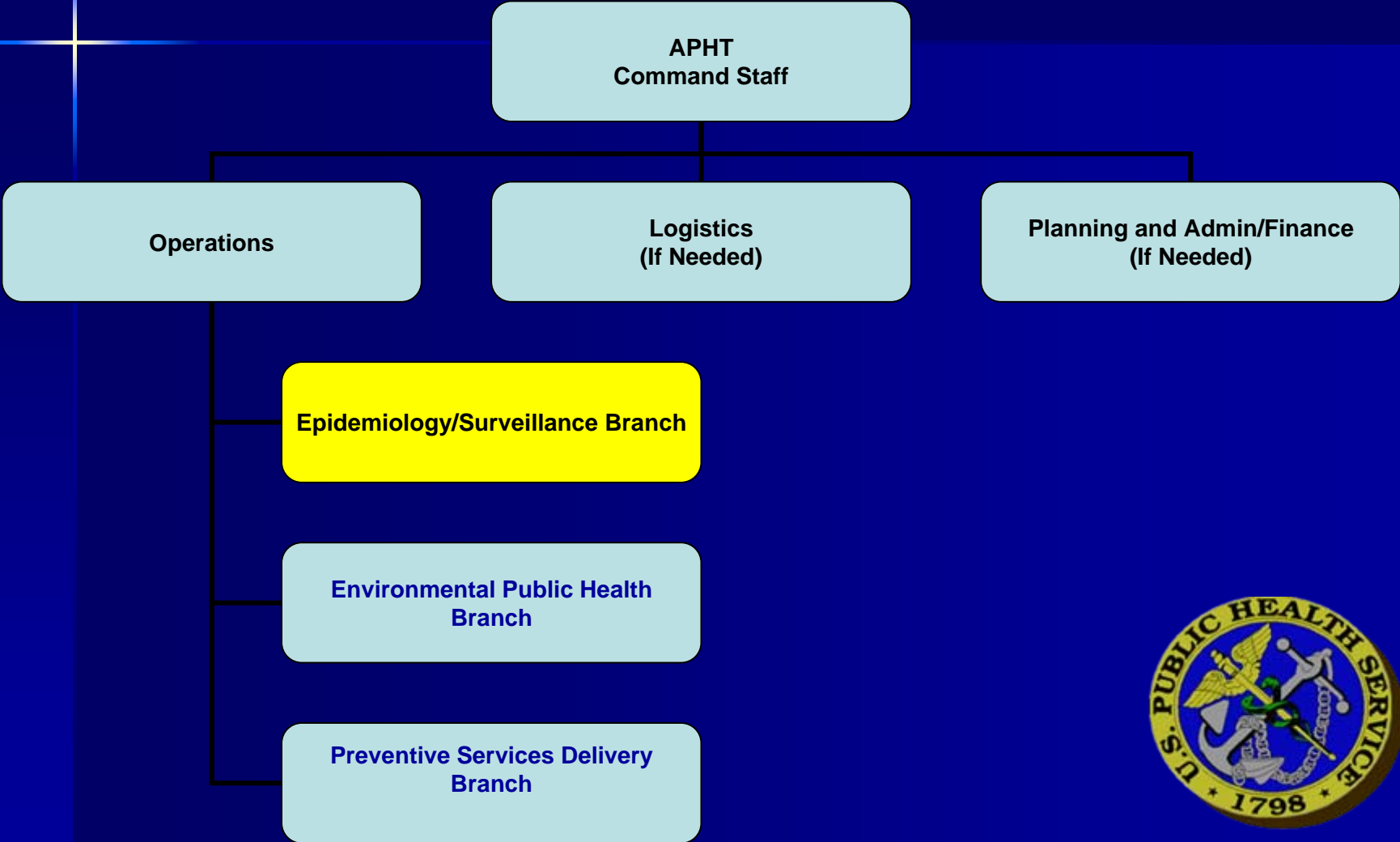


Applied Public Health Team

- APHT is a IC Operations asset
- Assist a community and its officials to re-establish essential public health services
- Support and augment local or state health programs thru integration, facilitation and provision of critical public health services for remaining and returning populations, recovery workers, and response personnel



APHT Functional Structure



APHT and NDMIS:

Communicate, Coordinate, or Collaborate for the Greater Good of the Federal Response

- Potential APHT Mission Assignment (MA) - coordinate or compile community-wide disaster surveillance and epi investigations
- Potential APHT MA - may require the need for and collection of specific medical/clinical data elements
- Incident Action Plan – where one would identify added data elements for collecting, reporting, etc.

APHT Role or Contribution

Epi and Surveillance Branch Impact

- Data collection and/or data analysis
- Report/compile community health status profile
- Contact tracing?

Preventive Services Branch Impact

- Health statistics information dissemination
- Public Health or medical recommendations
- Alert or advice for local providers & officials

APHT contacts for other teams

In the Aftermath of a Disasters

- Post Disaster Needs Out Strip Local Capabilities
- Staff of Local Public Health Departments May Not be Available:
 - Evacuated with Family
 - Supporting Relocated Populatio



Clinical vs. Public Health Response

- **Many Resources for Clinical Response:**
 - RDF, NDMS/DMAT, DoD, NGO's, etc.
- **Not Many Resources for "Portable and Adaptable" Public Health Systems**
 - EMAC, Academic Health Departments



Possible Interface for APHT and NDMS

- **Compile community-wide morbidity or mortality profile for disaster mgt**
- **Disseminate health alerts for NDMS e.g., poisonings from outdoor portable generators**
- **Provide medical management guidance for specific agents or exposures e.g., tetanus**
- **Collect and compile patient-level data for epi investigation**

Co-Benefits of Collaborative Surveillance

- Care for the patient
- Care for the affected community
- Recognition of and action for outbreaks through surveillance of diseases and for health trends



May the (PHS)-Force Be with You



Questions?

