

# Infectious Disease Response for IMTs

Michael McElwain, DSHS, CAIMT

# Infectious Disease Response for IMTs

## Infectious Disease Response—An Overview



# Infectious Disease Response—An Overview

Some basic considerations on this type of response:

- You're in it for the “long haul”
- Best compared to hurricane recovery post-landfall
- Lots of moving parts and players to move them
- You'll do what you always do
- You may have never worked with these skill sets before—epidemiology anyone?

## Infectious Disease 101

- The mean kids on the block are category “A”:
  - Anthrax, Botulism, Plague, Smallpox, Tularemia, Viral Hemorrhagic Fevers (Ebola is one)
- But there are several others that are much more common and can really mess up your day:
  - Measles, TB, HIV, MERS-CoV, Meningococcal, Pertussis, Influenza

## Infectious Disease 101

- All these agents/diseases are passed in a variety of ways, airborne (respiratory), saliva, food borne, etc.
- It is very unlikely that an IMT will be on the frontline when battling an outbreak

## Infectious Disease Response 101

- While an IMT will not be on the frontline—that is visiting potential contacts, transporting patients or the deceased—their safety is still of paramount importance.
- Both physically *and* mentally
- Think carefully and choose wisely.



# Infectious Disease Response 101

- Infectious disease response is ESF-8 (Public Health & Medical) intensive as you'd imagine
- But it also includes other agencies and ESFs you might not have imagined:
  - TxDOT, TCEQ, CDC
- Everybody will have an opinion

# Infectious Disease Response for IMTs

## Infectious Disease Response - Your Role





## Infectious Disease Response –Your Role

Your role in an infectious disease outbreak should not change much from any other incident type

IAPs and SitReps will still need to be written, assets tracked and personnel to check in and out

There is a good chance the people you are working with don't know ICS from CIA

# Infectious Disease Response –Your Role

## Possible team members

- P&I—RESL, SITL, Documentation
- Logistics—staffing
- Ops—medical operations, supplies
- Liaison—lots of interesting folks to work with
- PIO—the media will be relentless
- SMEs...lots and lots of SMEs

# Infectious Disease Response –Your Role

- Animal welfare
- Environmental hazard assessment
- Environmental remediation
- Financial/resource use and cost
- Industrial hygiene
- Laboratory expertise
- Pharmaceutical expertise
- Public health outbreak investigation
  - Statistics
- Translation and translation review
- Vector control
- Wildlife
- Economic impact
- Environmental impact
- Disease modeling
- Geographic Information Systems
- Infection control
- Legal
- Plume modeling
- Specific infectious disease
- Toxic substances
- Vaccination evaluation
- Veterinary

# Infectious Disease Response –Your Role

You'll be dealing with a situation that is constantly developing and seemingly has no end.

Some of the terminology will be new: index case, mass fatality, epi curve, contact investigation.

But it ain't "rocket surgery"



# Infectious Disease Response –Your Role

- **Words matter**—you have to be precise in your description of what's going on. Otherwise you'll be constantly corrected (annoying) and you'll lose credibility (bad).
- **Examples:**
  - Quarantine vs. Isolation
  - Outbreak vs. Cluster vs. Pandemic
  - Case Definition: Confirmed vs. Probable vs. Suspect

# Infectious Disease Response –Your Role

As with any response, you will have to determine:

Who are you working for?

- City and/or County LHD?

- State (DDC) RHMOC or SMOC?

- The size of the response as well as the resources available will hinge on for whom you are working

What do they want you to do?

- Supplement an EOC or MOC?

- Letter of Expectations

# Infectious Disease Response –Your Role

## Resources you'll see—

Nurses, Epidemiologists, MDs, PPE (lot's and varied), transportation (for personnel and samples), mortuary services, PODs, SNS, DME, CME, lab supplies

## Plans you may need to help produce—

Pharmacological distribution, hospital surge, alternative care facilities, waste disposal, IAPs, SitReps, Control Orders

## Agencies you may work with—

DSHS, TCEQ, TAHC, TDEM, TXDOT, CDC, USPHS, FEMA

# Infectious Disease Response –Your Role

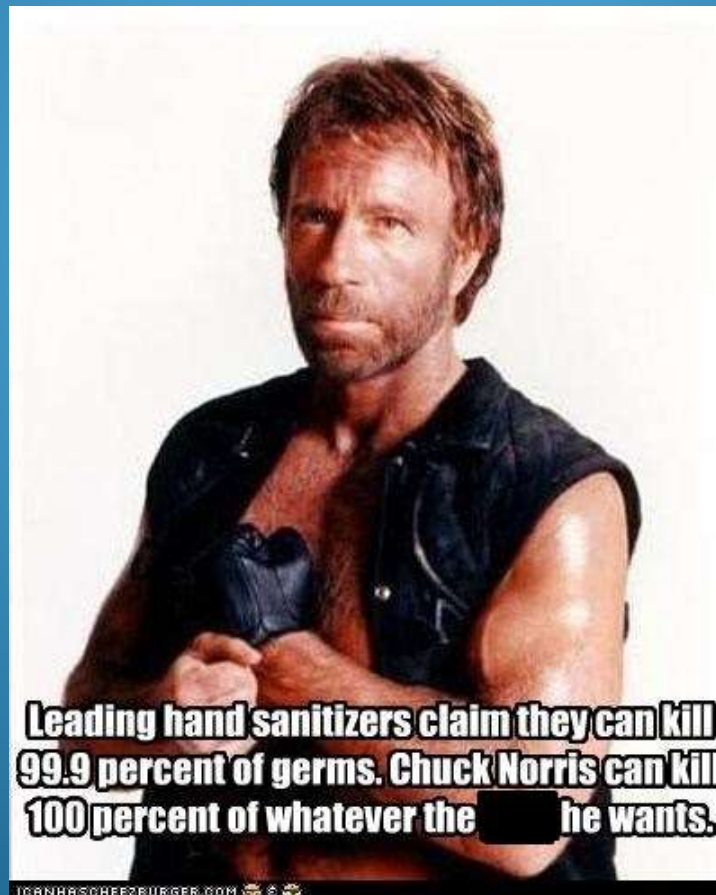
## Problems you could run into—

- Workman's comp
- Fear of the outbreak
- WebEOC (or lack thereof)
- Law enforcement & public health coordination for quarantine enforcement
- Whataburger...again



# Infectious Disease Response –Your Role

Just some final thoughts—



# Infectious Disease Response –Your Role

Just some final thoughts—

- An outbreak is like any other response:
  - Situational Awareness
  - Documentation
  - Information sharing
  - Resource tracking

# Infectious Disease Response for IMTs

## Questions

Michael McElwain

Emergency Operations Team Lead, DSHS

Resource Unit leader, CAIMT

[Michael.McElwain@DSHS.State.TX.US](mailto:Michael.McElwain@DSHS.State.TX.US)

512.633.4891

“Listerine hurts, man. When I put Listerine in my mouth I’m angry.

Germs do not go quietly”

—Mitch Hedberg