Infectious Disease Response for IMTs

Michael McElwain, DSHS, CAIMT
Infectious Disease Response for IMTs

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?
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
• 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
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 - 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.
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
- Economic impact
- Environmental hazard assessment
- Environmental impact
- Environmental remediation
- Disease modeling
- Financial/resource use and cost
- Geographic Information Systems
- Industrial hygiene
- Infection control
- Laboratory expertise
- Legal
- Pharmaceutical expertise
- Plume modeling
- Public health outbreak investigation
- Specific infectious disease
- Statistics
- Toxic substances
- Translation and translation review
- Vaccination evaluation
- Vector control
- Veterinary
- Wildlife
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”
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
As with any response, you will have to determine:

Who are you working for?
- City and/or County LHD?
- State (DDC) RHMOCC 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
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 —

Leading hand sanitizers claim they can kill 99.9 percent of germs. Chuck Norris can kill 100 percent of whatever the # he wants.
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
512.633.4891

“Listerine hurts, man. When I put Listerine in my mouth I’m angry. Germs do not go quietly”
—Mitch Hedberg