



Community Shield: Strengthening Measles Preparedness- Tabletop 2025

Summary: After-Action Report & Improvement Plan

Date: 2025

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Executive Overview

Exercise Title: *Community Shield: Strengthening Measles Preparedness – Tabletop 2025*

Date: June 4, 2025

Time: 12:00 PM to 5:00 PM

Lead Agency: Guilford County Division of Public Health (GCDPH)

Location: Bur-Mil Conference Room, Greensboro, NC

Exercise Type: Tabletop (Discussion-Based)

Scope: Measles outbreak within school and community systems involving public health, schools, healthcare, and emergency management

The *Community Shield: Measles Tabletop 2025* exercise brought together **95 participants** representing **12 North Carolina counties** and **27+ public health, healthcare, education, and emergency management agencies**. Facilitated by the Guilford County Division of Public Health (GCDPH), the exercise focused on responding to a simulated measles outbreak through cross-sector coordination, problem-solving, and equity-centered dialogue.

Designed as a multi-phase, scenario-based tabletop, the event featured five progressive modules addressing outbreak detection, escalation, public communication, vaccine hesitancy, and long-term recovery. The exercise underscored GCDPH's ability to lead **regional preparedness planning** while providing a trusted and inclusive platform for knowledge exchange.

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Why This Matters

Public health emergencies challenge not only technical systems but also **interpersonal and interagency relationships**. Exercises like Community Shield allow jurisdictions to:

- Practice response strategies in a low-risk setting
- Clarify roles and decision-making pathways
- Identify system gaps and areas for improvement
- Strengthen trust and coordination across sectors

GCDPH's leadership in planning and facilitating this exercise positions the county as a **regional hub for public health emergency preparedness**, capable of elevating cross-jurisdictional collaboration through innovation, equity, and shared accountability.

Key Themes and Strengths

- **Regional Collaboration at Scale:** The event brought together a diverse array of disciplines and agencies—60% of participants came from local health departments, and others from schools, hospitals, emergency services, academia, and community organizations
- **Strong Facilitation & Panel Expertise:** Panelists and facilitators were praised for their clarity, inclusiveness, and knowledge. Participants appreciated the balance of structure and dialogue that allowed space for multiple perspectives
- **Equity and Relevance:** Core content addressed timely and complex issues such as vaccination access, misinformation, public messaging, and health equity. Many noted that the inclusion of rural, urban, and cross-county challenges made the conversation practical and actionable

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Opportunities for Growth

While highly effective, the exercise surfaced opportunities to strengthen future events:

- **Enhance Interagency Communication:** Participants recommended clearer delineation of roles, especially in early outbreak phases and rumor control efforts
- **Increase Interactive Elements:** Many expressed interest in more hands-on, small-group discussions to allow cross-county collaboration and county-specific planning
- **Broaden Panel Representation:** There was strong interest in including more non-host counties in future panel discussions to reflect the broader regional perspective

Notable Participant Feedback

Themes from Evaluations:

- “**Loved the structure** of this exercise... Great to see so many different organizations.”
- “Would like more **cross-county interaction**—felt like we were watching Guilford’s tabletop.”
- “Appreciated **emphasis on equity** and diverse panel perspectives.”
- “Some questions were **repetitive**, and the length made it hard to stay focused.”
- “Please provide **larger screens** or more handouts for better visibility.”

Suggested Next Steps from Participants:

- Broader inclusion in future panels
- More breakout problem-solving time
- Deeper focus on **highly infectious disease response, operational coordination, and data sharing**
- Exploration of **active shooter, TB, and biological exposure** tabletop formats
- Stronger **multi-agency documentation platforms** (e.g., shared drives, coordination documents)

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Looking Forward

Based on feedback and observations, future efforts should:

- Explore modular or shorter tabletop formats to sustain engagement
- Include small-group breakouts and facilitated county-level discussions
- Build a mutual aid framework with surrounding counties
- Invest in enhanced training on ICS roles, vaccine hesitancy, and school exclusion protocols
- Continue to innovate exercise formats that balance structure, dialogue, and equity

Conclusion

Community Shield: Measles Tabletop 2025 demonstrated the strength and value of partnership-driven preparedness. The exercise underscored that effective public health response depends not on any single agency, but on strong, sustained collaboration across local health departments, schools, healthcare systems, emergency management, and community partners.

With diverse representation from more than a dozen counties and a wide range of disciplines, the exercise served as a powerful reminder that regional resilience is built through shared understanding, open communication, and mutual support. The collective insights, engagement, and expertise of participating agencies laid the foundation for advancing preparedness not just within counties, but across the region as a whole.

As the public health landscape continues to evolve, this type of inclusive, cross-jurisdictional planning will be essential to protecting the health and well-being of our communities. *Community Shield* reflects a broader commitment to learning together, preparing together, and responding together.

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Participating Agencies Overview

The Community Shield: Measles Tabletop 2025 convened 95 participants from over 12 North Carolina counties, highlighting strong cross-sector collaboration and a shared commitment to infectious disease preparedness. This diversity fostered rich dialogue on coordination, equity, and community engagement.

- **Public Health (Local):** 60%
- **School System (Public):** 13%
- **Public Health (State):** 7%
- **Hospital-Based (ID/EPI teams):** 4%
- **Emergency Management/EMS:** 4%
- **Hospital-Based (Medical Providers):** 2%
- **Community-Based Medical Providers:** 1%
- **Community Guests & Observers:** 1%
- **Counties Represented:**

School Districts & Educational Institutions

- Guilford County Schools
- Rockingham County Schools
- Forsyth County Schools
- Randolph County Schools
- Chatham County Schools
- Ashe County Schools
- Asheboro City Schools
- UNC Greensboro (UNCG)

Local Public Health Departments (Majority representation – ~60%)

- Guilford County Division of Public Health / DHHS / HHS
- Rockingham County Health Department / Division of Public Health
- Forsyth County Department of Public Health
- Chatham County Public Health Department
- Randolph County Public Health
- Lee County Health Department
- Caswell County Health Department
- Montgomery County Department of Health
- Orange County Health Department
- Moore County Health Department
- AppHealth (serving Watauga and Ashe Counties)
- NC Public Health Preparedness & Response (PHP&R)

Emergency Management & EMS

- Guilford County Emergency Management
- Alamance County Emergency Management
- City of High Point Emergency Services

Other Agencies/Observers

- Community guests and observers from surrounding counties
- Local government partners
- Representatives from state and regional preparedness teams

Regional Reach: Participants represented at least 12 counties, including:

- Guilford
- Rockingham
- Forsyth
- Chatham
- Randolph
- Lee
- Caswell
- Montgomery
- Moore
- Orange
- Ashe
- Alamance
- Other-(Statewide)

Healthcare Providers & Systems

- Cone Health (multiple representatives)
- Atrium Health Wake Forest Baptist Medical Center
- Triad Pediatrics
- UNCG Student Health Services

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