

# Guilford County Division of Public Health

## WELCOMES YOU

COMMUNITY SHIELD:  
STRENGTHENING MEASLES PREPAREDNESS

2025 TABLETOP EXERCISE  
6.4.2025



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Register for Today's  
Event

Thank You

<https://forms.office.com/g/crnXdEYMsk>

Event Attendance Community  
Shield 2025 Measles TTX



# Event Facilitator:



**Raul Gomez, MPA, CHPCP**  
Guilford County Division of Public Health  
Disaster Preparedness Manager

## PROFESSIONAL EXPERIENCE

- **Guilford County Division of Public Health** – *Public Health Disaster Preparedness Manager*
- **Cone Health**- *Emergency Management Coordinator*
- **J&M Global Solutions** - *Bilingual Facilitator, Puerto Rico Post-Hurricane Maria Recovery*
- **Henry Jackson Foundation** - *Medical Research Assistant, U.S. Naval Special Warfare*

## HOMELAND SECURITY ACHIEVEMENTS

- **Naval Postgraduate School Center Homeland Defense & Security:** *Emergence & Radiological Program*
- **FEMA National Emergency Management:** *Basic & Advanced Academy*
- **North Carolina & New York City:** *Emergency Management Certification*
- **DRI:** *Certified Healthcare Provider Continuity Professional (CHPCP)*
- **FEMA Center for Domestic Preparedness:** *Bronze Level Trainer*
- **Piedmont Healthcare Preparedness Coalition:** *NC SMAT II TRIAD State Medical Assistance Team*

## EDUCATION

- **University of North Carolina at Chapel Hill Gillings School of Global Public Health**
  - *Certificate Community Preparedness Disaster Management (2021)*
- **New York University Wagner Graduate School Public Service**
  - *Master's Public Administration- Health Policy & Management (2018)*
- **Universidad Autónoma de Guadalajara International School of Medicine**
  - *Medical Doctorate (2011), USMLE Step 1, Step 2 CK/CS*
- **San Diego State University**
  - *B.S. Kinesiology (Health, Fitness & Nutrition) (2003)*
  - *Full Scholarship, Division 1 Football, 3-year letterman*

# Why

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## Purpose

This tabletop exercise brings together public health, schools, healthcare, and emergency management partners to engage in a shared response to a simulated measles outbreak. While the scenario is fictional, the threat is real—and understanding the nature and consequences of a highly contagious disease like measles is critical to protecting our communities.

# Why

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## Why This Matters

Public health emergencies test not only our systems but also our relationships. An effective response cannot happen in silos. This exercise is designed to foster open dialogue, deepen interagency understanding, and strengthen cross-sector coordination. The aim is not to critique individual agency performance but to explore how we can better align our efforts before, during, and after a crisis.

# Why

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## Why We Serve

At the heart of today's exercise is a shared commitment to serve others. Whether educating children, treating patients, protecting public health, or managing emergencies, we are all here for the same reason: **to safeguard the health, safety, and well-being of our community.** That purpose guides our work—and it unites us in this room.

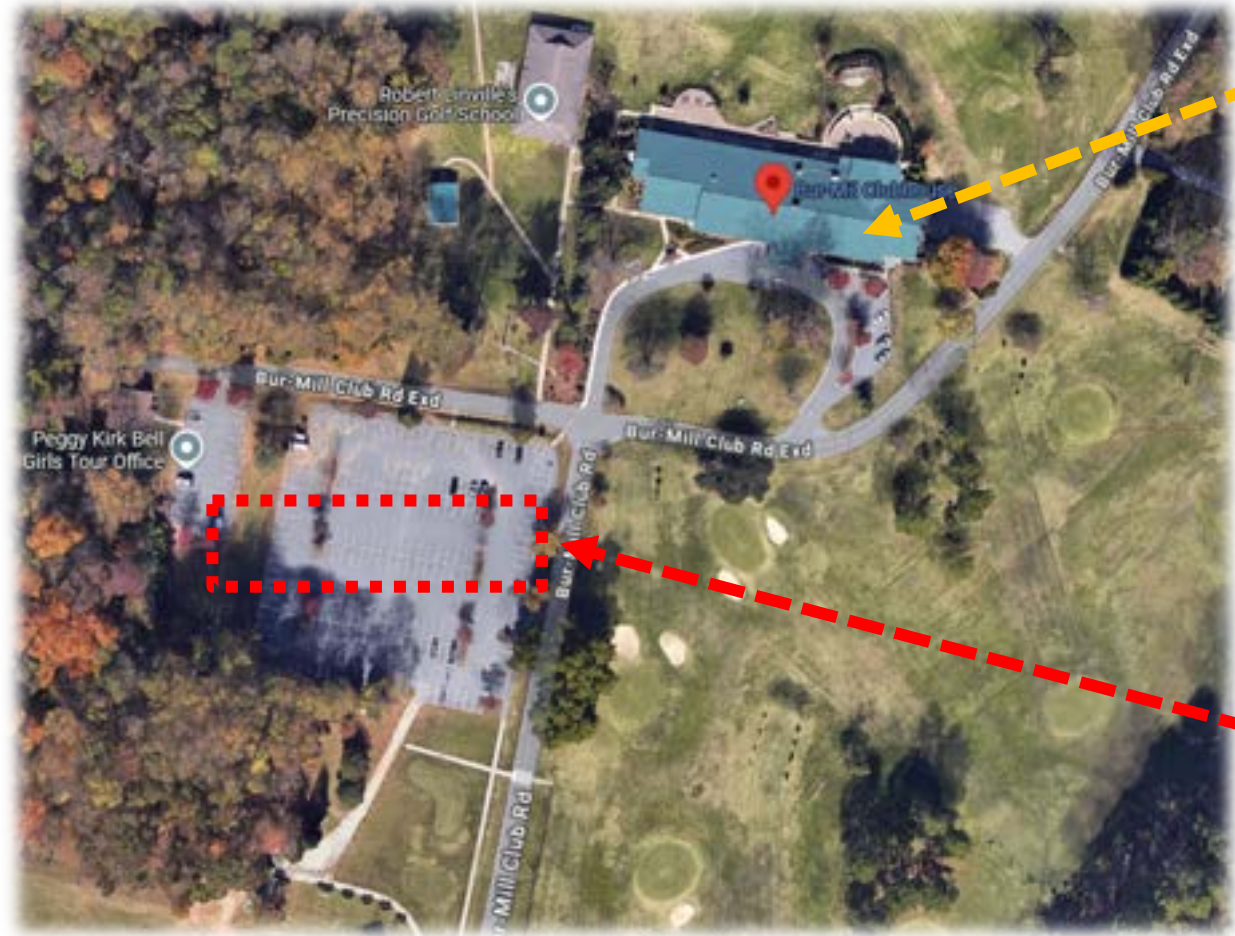
# House Rules

5834 Bur-Mill Club, Greensboro, NC

- Safety and Emergency Information
- Restrooms
- Cell phone etiquette
- Breaks
- Microphones
  - *Name / Position / Agency*

## External Assembly Area

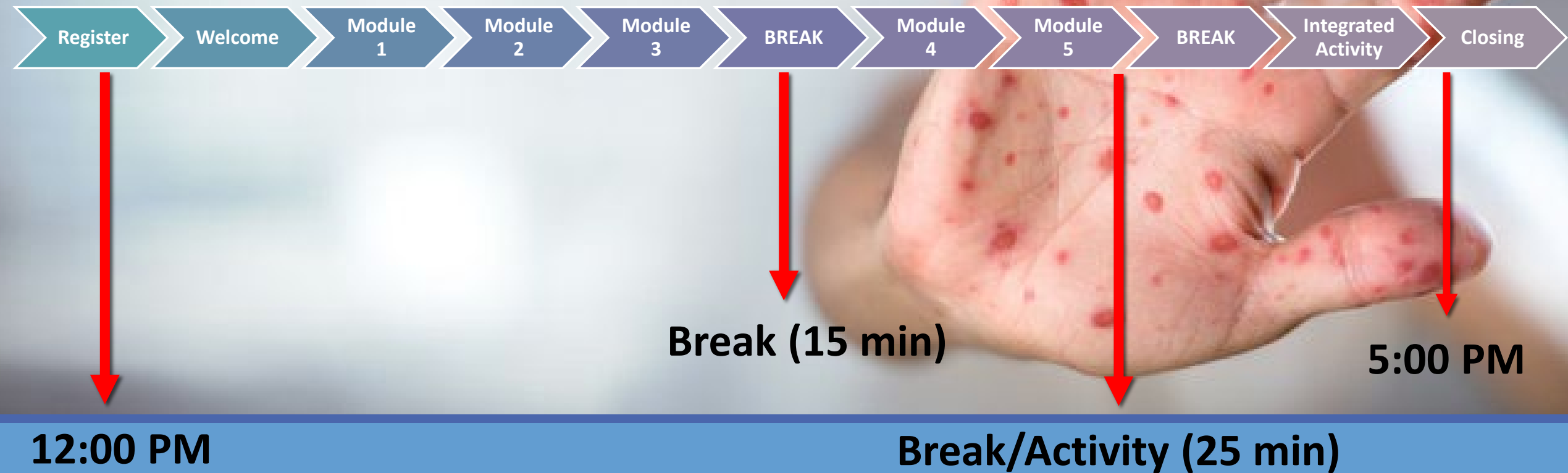
(min. 100 ft. away from building)



Conference Room

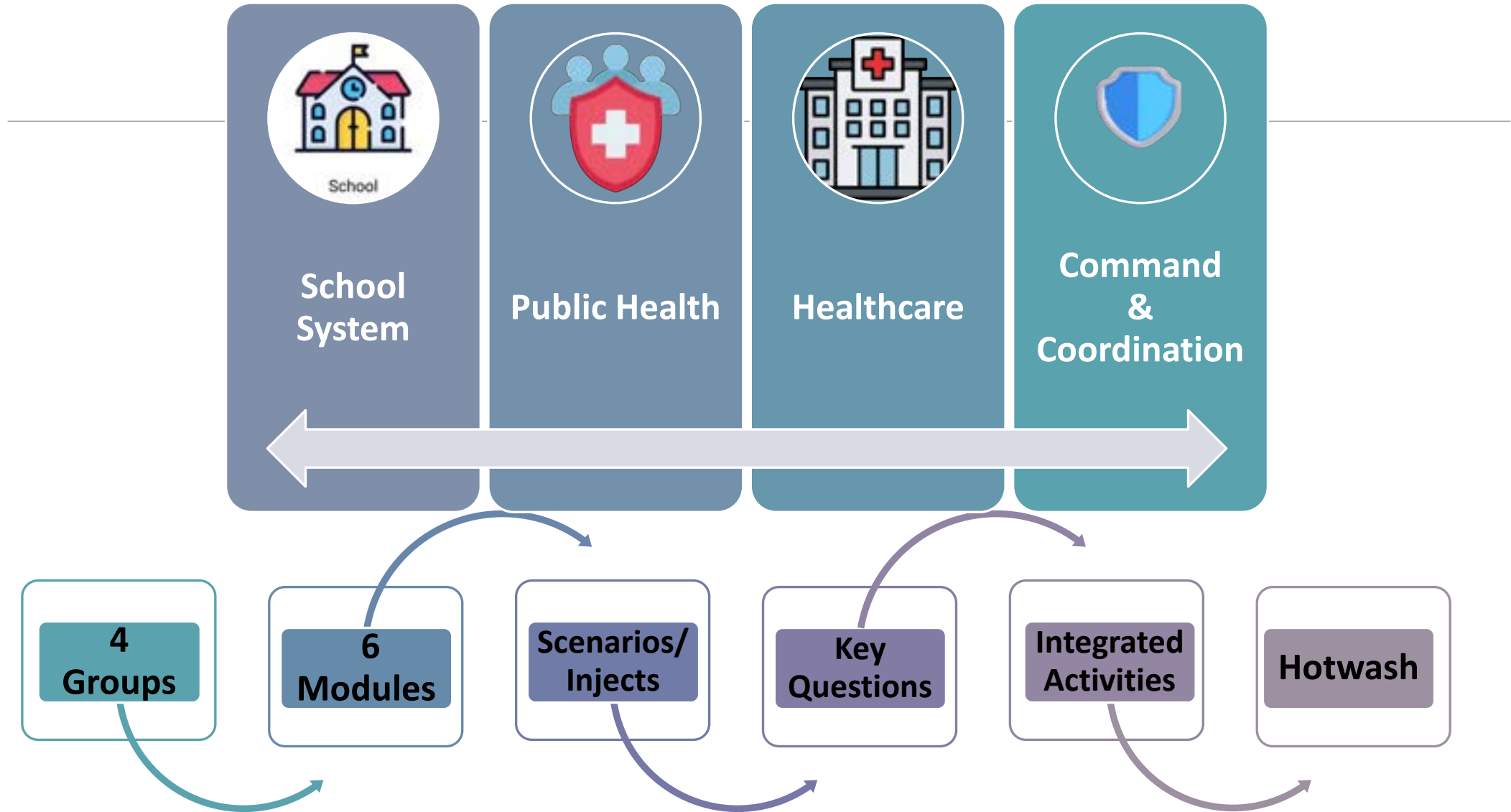
Parking Lot

# Exercise Timeline





# Exercise Structure



# Panel- Lineup



## Command & Coordination

1

**Rimple Patel**  
Public Health Epidemiologist  
Guilford County Division of Public Health

**Tammy Koonce**  
Nursing Services Consultant  
Guilford County Division of Public Health

**Mike Richey**  
Asst. Superintendent of  
School Safety & EM  
Guilford County Schools

2

**Tammy Koonce**  
Nursing Services Consultant  
Guilford County Division of Public Health

**Bethany Van Wyk**  
Public Health Division Director  
Guilford County Division of Public Health

**Dr. Deirdre Moyer**  
Director of Health Services  
Guilford County Schools

**Tommy Sluder**  
SR EM Coordinator  
Guilford County Emergency  
Management

3

**LaTanya Pender**  
Public Health Division Director  
Guilford County Division of Public Health

**Rimple Patel**  
Public Health Epidemiologist  
Guilford County Division of Public Health

**Dr. Tracy Helton**  
Chief Communication Officer  
Guilford County Schools

**Marlene Kostyrka**  
EM Coordinator  
Guilford County Emergency  
Management

4

**Anita Ramachandran**  
Interim Public Health Director  
Guilford County Division of Public Health

**LaTanya Pender**  
Public Health Division Director  
Guilford County Division of Public Health

**Dr. Kimberly K. Steinke**  
Chief Exceptional Children & Student Services  
Guilford County Schools

**Conor Baker**  
EM Coordinator  
Guilford County Emergency  
Management

5

**Anita Ramachandran**  
Interim Public Health Director  
Guilford County Division of Public Health

**Dr. Candice McNeil**  
Public Health Medical Director  
Guilford County Division of Public Health

**Dr. Kimberly K. Steinke**  
Chief Exceptional Children & Student Services  
Guilford County Schools

**Thomas Gioello**  
EM Coordinator  
Cone Health

6

**Raul Gomez**  
PH Disaster Preparedness Manager



# Procedures



## Panel Member Instructions

- The facilitator will direct each scenario's key question to the corresponding group (*Public Health, Schools, Healthcare, Command & Coordination*).
- Have **up to 2 minutes** to share your group's initial reflections.
- After your response, the facilitator may invite **additional input** from other panelists or the audience.
- The process will continue sequentially through all key questions in the inject.
- **Please use the microphone** when speaking to ensure everyone can hear.

# Agency Welcome

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# Guilford County Division Of Public Health



# Exercise Guidelines

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- 1. Promote a No-Fault, Respectful Environment** – Encourage open dialogue, diverse viewpoints, and confidentiality.
- 2. Stay Focused and Engaged** – Keep discussions on-topic and relevant; use the “Parking Lot” for off-topic ideas.
- 3. Build on What Exists** – Base responses on current plans, policies, and capabilities.
- 4. Think Creatively** – Explore innovative approaches and alternative solutions.
- 5. Collaborate and Participate** – Engage actively with others and follow the scenario as it unfolds

# MODULE 1

AWARENESS, IMPACT,  
PREVENTION



# Results

## Pre-Assessment Quiz: Measles Awareness



66 responses submitted

Pre-Exercise: What is your understanding of the pathophysiology of Measles?

3.21



66 responses submitted

Pre-Exercise: "How well do you understand your agency's role and coordination with key partners (e.g., public health, schools, hospitals, emergency management) during a measles outbreak?"

3.67



Which best describes the organization you represent?



# Introduction

- One of the most contagious diseases
- Global Impact
- Current state of the Measles Outbreak within the USA
- **267.00 %** US increase from 2024



Figure 1: A child with measles demonstrating the classic morbilliform rash.  
Source: CDC Public Health Image Library (PHIL)



# What is Measles (Rubeola)?

- **Caused by:** Measles virus (Morbillivirus, Paramyxoviridae family).
- **Transmission:** Highly contagious
  - Direct contact with infectious droplets
  - Airborne spread- infected person breathes, coughs, or sneezes
- **Incubation period:** 7-14 days before symptoms appear.
- Can remain **infectious in the air for up to 2 hours** after an infected person leaves

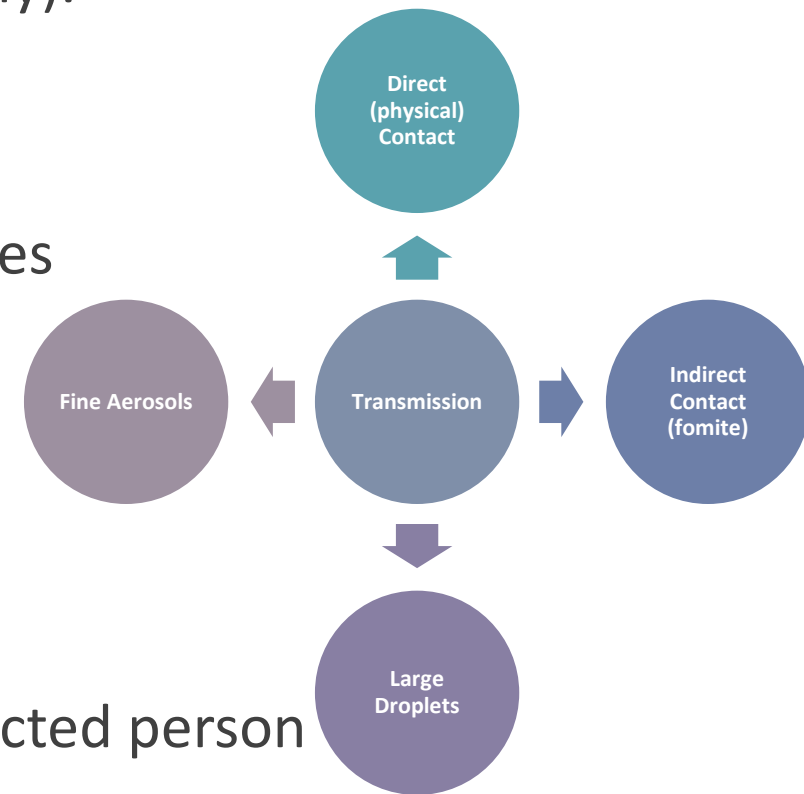
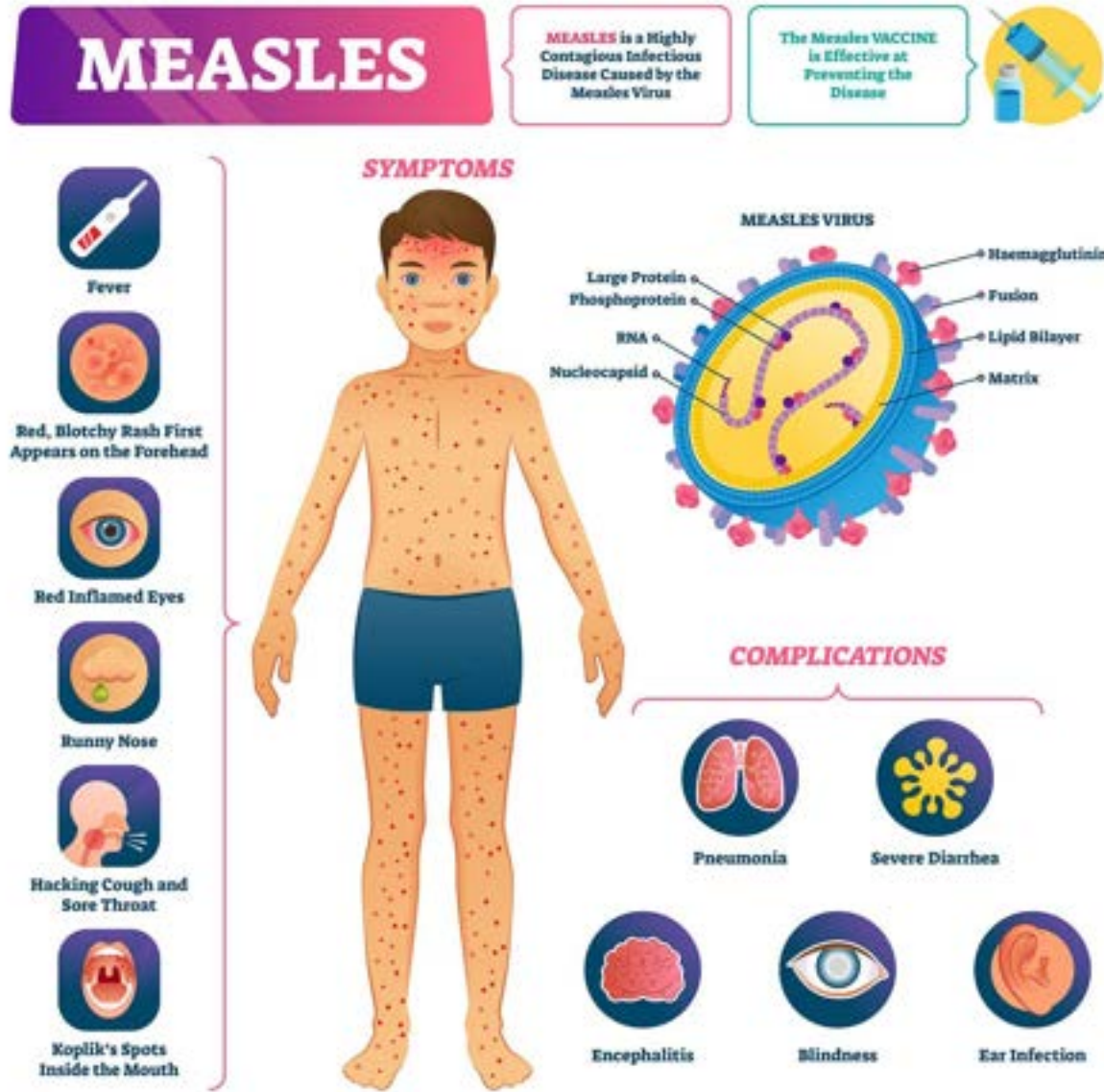


Figure 1:Appendix A: How Infections Spread- CDC School Preparedness

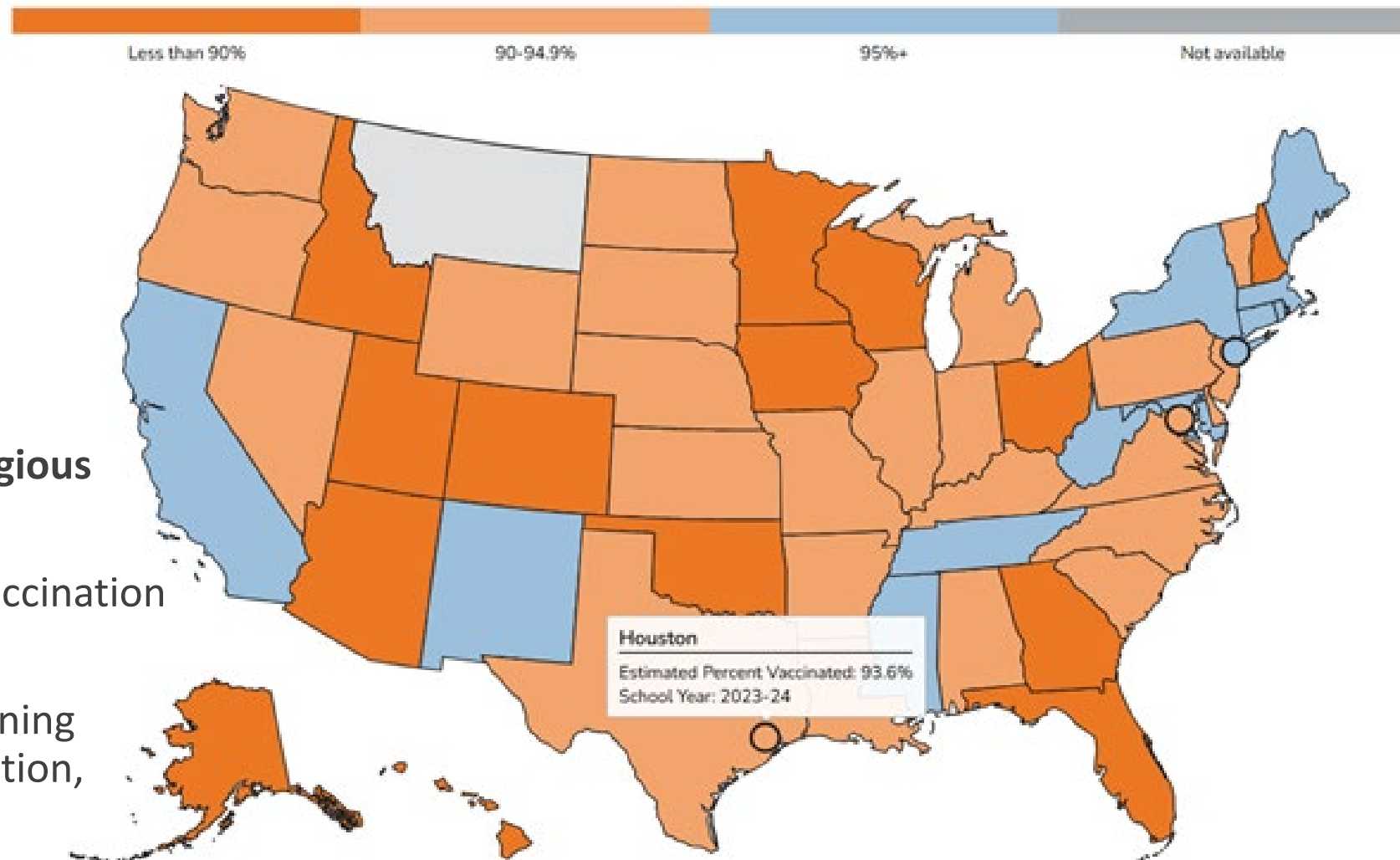


# Symptoms & Complications

- **Early Symptoms (3 C's):** Cough, Coryza (runny nose), Conjunctivitis (red eyes).
- **Other Symptoms:** High fever, sore throat, Koplik spots (white spots in mouth).
- **Rash:** Appears 14 days after initial symptoms, spreads from face downward.
- **Complications:** Ear infection, Diarrhea, Pneumonia, encephalitis (brain swelling), hospitalization, death (esp. in unvaccinated children).

Figure 1: A child with measles demonstrating the classic symptoms & Complications.  
Source: City of Cincinnati Health Department

## Percent Vaccinated



# Why It's a Public Health Concern

- Measles is **one of the most contagious** infectious diseases ( $R_0 = 12-18$ ).
- **Herd immunity requires  $\geq 95\%$  vaccination coverage.**
- Recent outbreaks are due to declining vaccination rates (e.g., misinformation, hesitancy).
- Unvaccinated individuals can **trigger school closures & hospital overloads.**

Figure 1: <https://www.cdc.gov/schoolvaxview/ChildVaxView/data/>

Data Table

*At local levels, vaccine coverage rates may vary considerably, and pockets of unvaccinated people can exist in states with high vaccination coverage. When measles gets into communities of unvaccinated people in the United States, outbreaks can occur.*

[Download Data \(CSV\)](#)

Note: Alabama, Florida, Georgia, Iowa, Mississippi, New Hampshire, and New Jersey did not assess coverage for individual vaccines. Estimates shown are the percentage of kindergartners who received all doses of all vaccines required for school entry.



2 doses of measles-containing vaccine as part of the routine childhood immunization schedule

- 1<sup>st</sup> @ 12-15 months of age
- 2<sup>nd</sup> @ 4-6 years of age



Infants aged 6-11 months should receive one dose of MMR vaccine before international travel or to areas with known outbreaks domestically



At least one dose of MMR is recommended for adults who do not have evidence of immunity, but some adults will need 2 doses

## Prevention & Response Guidelines

- **Vaccination:**

- The MMR (Measles, Mumps, Rubella) vaccine is 97% effective after 2 doses.
- First dose at 12-15 months, second at 4-6 years (per CDC).

<https://www.cdc.gov/vaccines-adults/recommended-vaccines/vaccine-planning.html>

# Prevention & Control Measures



## Presumptive Evidence Immunity

### Minimize Exposure

- Before / After arrival
- Facilitate adherence to respiratory hygiene, cough etiquette, hand hygiene, and triage procedures

### Standard & Airborne Precautions

- *CDC Guidelines for Isolation Precautions*

### Manage Exposures

- CDC's Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Measles Section Updated March 28, 2024

### Outbreak Considerations

### T&E

### Communicate & Collaborate

Figure 1: Guilford County PH

# Presumptive Evidence of Immunity

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## **Written documentation of adequate vaccination**

- 2 doses of Measles virus-containing vaccine
  - 1<sup>st</sup> dose @  $\geq$  12 month
- 2<sup>nd</sup> dose no earlier than 28 days after 1<sup>st</sup> dose

## **Laboratory evidence of immunity**

- Measles immunoglobulin G [IgG] in serum
- Equivocal results are considered negative

## **Laboratory confirmation of disease**

### **Birth before 1957 \***

- *\*For unvaccinated health care personnel born before 1957 that lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval*

# Post Exposure Prophylaxis

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1. Individuals exposed to measles who **DO NOT** have adequate presumptive evidence of immunity:
  - MMR vaccine given within **72 hours** after an exposure
  - Immunoglobulin (IG) given within **6 days** of an exposure
2. If MMR is received within the recommended timeframe
  - They can return to normal activities immediately
3. If (IG) is used for PEP
  - Quarantine is 28 days
4. Know where there may be pockets of un- or under- vaccinated individuals in your county

# Immunoglobulin (IG) Procurement

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## 1. State-supplied IG is limited

- Contact the NC Communicable Disease Branch to determine if IG is recommended and to submit a request
- The NC Communicable Disease Branch will contact the North Carolina Immunization Branch to provide vaccine and/or IG as available and appropriate

## 2. Private procurement

- LHD should have a plan to procure IG if the state-supplied is not available
  - Check with your local hospital to verify if IG is kept on hand
  - Work with your distributors to purchase IG, if necessary



# Measles Lab Testing

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1. PCR (preferred)
  - Collect a throat or nasopharyngeal swab
  - Urine is also a valid specimen, but should be paired with a swab
  - Preferable to **collect within 3 days of rash onset** (up to 10 days is acceptable)
  - Swab specimens should be collected using swabs with a Dacron<sup>®</sup> tip and aluminum or plastic shaft
  - NC SLPH can perform measles PCR
2. IgM antibody
  - Serum specimen
  - Preferable to **collect 3 days or later after rash onset**
  - May be blunted or transient production of IgM in vaccinated persons; negative IgM should be used to rule out suspected measles

# Testing Approval

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1. Testing for measles, mumps, or rubella at SLPH must be pre-approved by the Communicable Disease Branch and will be based on risk factors:
2. Please call the epi-on-call (919-733-3419) or reach out to the VPD team if you become aware of a potential case
3. Commercial lab testing is also available
  - In most circumstances, SLPH is faster than commercial testing
  - VPD team can consult

# Ordering Test & Supplies From SLPH

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## 1. Specimen Submission Forms:

- Virology DHHS 3431 <https://slph.dph.ncdhhs.gov/forms/3431-virology.pdf>
- Serology DHHS 3445  
<https://slph.dph.ncdhhs.gov/forms/specialserologyform-3445.pdf?ver=1.1>

## 2. The NCSLPH Online Supply Ordering System

- NCSLPH website <https://slphreporting.ncpublichealth.com/labportal/>

# Measles

## Specimen Collection and Shipment

### North Carolina State Laboratory of Public Health

The Communicable Disease Branch must approve testing for Measles at the North Carolina State Laboratory of Public Health (NCSLPH) prior to specimen collection. All Measles specimens submitted to the NCSLPH must meet the testing criteria. This Measles guidance applies only to testing at the NCSLPH. Contact the NCDHHS Communicable Disease Branch (919-733-3419, available 24/7) immediately if Measles is suspected. Contact NCSLPH (919-733-3937) for testing guidance prior to specimen collection.

#### Specimen Collection

- ◆ **Real Time PCR (RT-PCR) Detection of Measles**  
Detection is most successful ≤ 3 days of rash onset and may be successful up to 10-14 days after onset.

##### Nasopharyngeal (NP) Swab (Preferred) or Oropharyngeal (OP) Swab Collection

- Collect in Viral Transport Media (VTM) or Universal Transport Media (UTM)
- Use a synthetic tipped, sterile swab of appropriate size with a plastic or metal shaft (Do not use calcium alginate or wood shaft swabs)

##### Urine

- Collect 10 mL of urine in a sterile container
- Pair with swab specimen

- ◆ **Serologic Testing**

If RT-PCR is negative or not done, a serum specimen collected 3-10 days after symptom onset is recommended.

##### Serum Collection

- Collect 2-3 mL of serum in a plastic, screw-capped vial

*Samples that are hyper-lipemic, hemolyzed or bacterially contaminated will be rejected*

- ◆ **Label the Specimen Vial Completely**

Specimen Type  
Patient Name  
Date of Birth  
Date of Collection

- ◆ **Store Specimens Properly Until Shipment**

- Refrigerate at 2-8° C for shipment within 24 hours
- Freeze ≤ -70° C for storage longer than 72 hours

- ◆ **Completely Fill Out the Correct Forms**

- RT-PCR Swab/Urine: [Virology submission form](#)
- Serum: [Special Serology form](#) & [CDC DASH form](#)

#### Specimen Shipment

- ◆ **Specimen collection supplies and packaging and shipping supplies can be ordered online from**

[NCSLPH Online Supply Ordering System](#)

- ◆ **All specimens shipped via commercial courier must meet**

[Category B, UN3373 requirements](#)

- ◆ **Call NCSLPH Molecular Virology Lab to coordinate sample shipment at 919-733-3937**

- ◆ **Specimens MUST be received cold/frozen**

- Specimens received <72 hours after collection must be shipped on frozen ice packs and received cold (2-8°C).

- Specimens received >72 hours after collection must be shipped and received frozen on dry ice.

- ◆ **Label the package completely:**

Attention: Virology/Serology Unit  
North Carolina State Laboratory of Public Health  
4312 District Drive  
Raleigh, NC 27607-5490

- ◆ **Only NP VTM will be tested at NCSLPH**

UTM and alternate specimen types are sent out to other reference laboratories.

#### Result Reporting

Results are posted electronically to the NCSLPH [Clinical and Environmental Lab Results](#) website associated with the submitter's EIN number. Visit the [NCSLPH website](#) for account setup and tutorials.

## North Carolina State Laboratory of Public Health (SLPH) Specimen Collection and Shipment Guidance

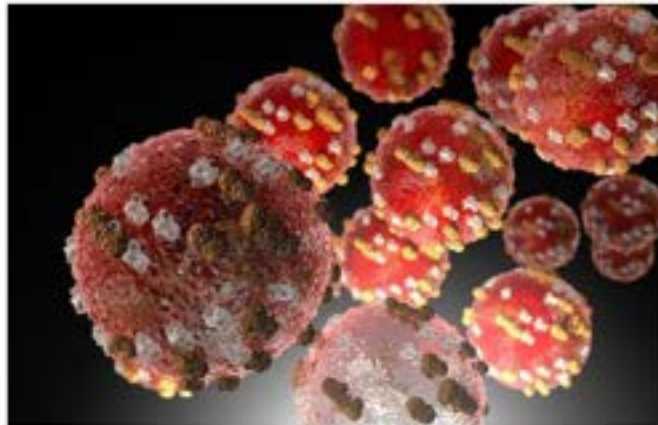


# Guilford County-Measles Resources



## Measles

Measles is a highly contagious viral disease that poses a serious health threat, especially to young children and unvaccinated individuals.



Measles virus.

The Guilford County Division of Public Health is dedicated to protecting our community by promoting early detection, vaccination, and public awareness. [Get answers to common questions about measles.](#)

I Want To

Living

Working

My Property

Government

# MODULE 2

IDENTIFICATION &  
RESPONSE ACTIVATION







# Initial Case Identification & Response Activation

## **Opening Scenario: Public Concern Sparks Early Alert**

A concerned parent, frustrated by rumors circulating among other parents and a lack of official communication, contacts a local news station claiming there may be a measles case at their child's elementary school. The media outlet reaches out to the local public health department and the school district, requesting immediate comment. Simultaneously, posts on Facebook and Nextdoor referencing a "measles outbreak" begin to go viral, further fueling public anxiety.

# Opening Scenario: 2.0

Group	Concept	Key Questions
 <p><b>Public Health</b></p>	Risk Communication	How should public health respond to rapidly spreading public concern based on unconfirmed reports without eroding trust?
 <p><b>Schools</b></p>	Escalation Management	When does internal awareness become a public response, and how should schools calibrate that transition without inducing panic?
 <p><b>Healthcare</b></p>	Early Detection	How can frontline clinicians ensure early recognition of measles amid a sea of routine viral illnesses?
 <p><b>Command &amp; Coordination</b></p>	Incident Command Activation	<ul style="list-style-type: none"> <li>-How are roles and responsibilities assigned under ICS during the earliest signs of a public health event across your agency?</li> <li>- What triggers your organization’s initial incident response, and who has the authority to activate command functions?</li> <li>- How do you ensure situational awareness and consistent messaging when the incident has not yet been formally confirmed?</li> </ul>






# Inject 2.1

## **Inject Scenario: Pediatrician Confirms a Measles Case**

A local pediatrician notifies the county health department of a confirmed measles case in a school-aged child. The child attends a local elementary school, and symptoms began four days ago. No vaccination records are on file.

# Inject 2.1




Group	Concept	Key Questions
 <b>Public Health</b>	Decision Thresholds	When should schools, media, and the public be formally notified of a confirmed case, especially when only one is identified?
 <b>Schools</b>	Operational Readiness	What immediate protective actions should schools take while awaiting broader public health direction?
 <b>Healthcare</b>	Interagency Collaboration	What are effective ways for clinics to collaborate with public health teams without interrupting routine care?

# Inject 2.2

## **Inject Scenario: School Nurse Reports Cluster ill Students**

The school nurse at the affected elementary school reports that multiple students have developed symptoms consistent with measles. Though no formal lab confirmations have occurred, the pattern and clustering are concerning. Some teachers report increased absences and anxious parents calling in.

# Inject 2.2




Group	Concept	Key Questions
 <b>Public Health</b>	Epidemiologic Surveillance	How should public health balance urgency with scientific accuracy when responding to a suspected cluster with no lab confirmation?
 <b>Schools</b>	Operational Readiness	What ethical and legal considerations exist for isolating students without a confirmed diagnosis?
 <b>Healthcare</b>	Testing Protocols	How can providers determine testing priority when resources are limited and demand is increasing?

# Inject 2.3

## **Inject Scenario: Parent Alert Sparks Media Involvement**

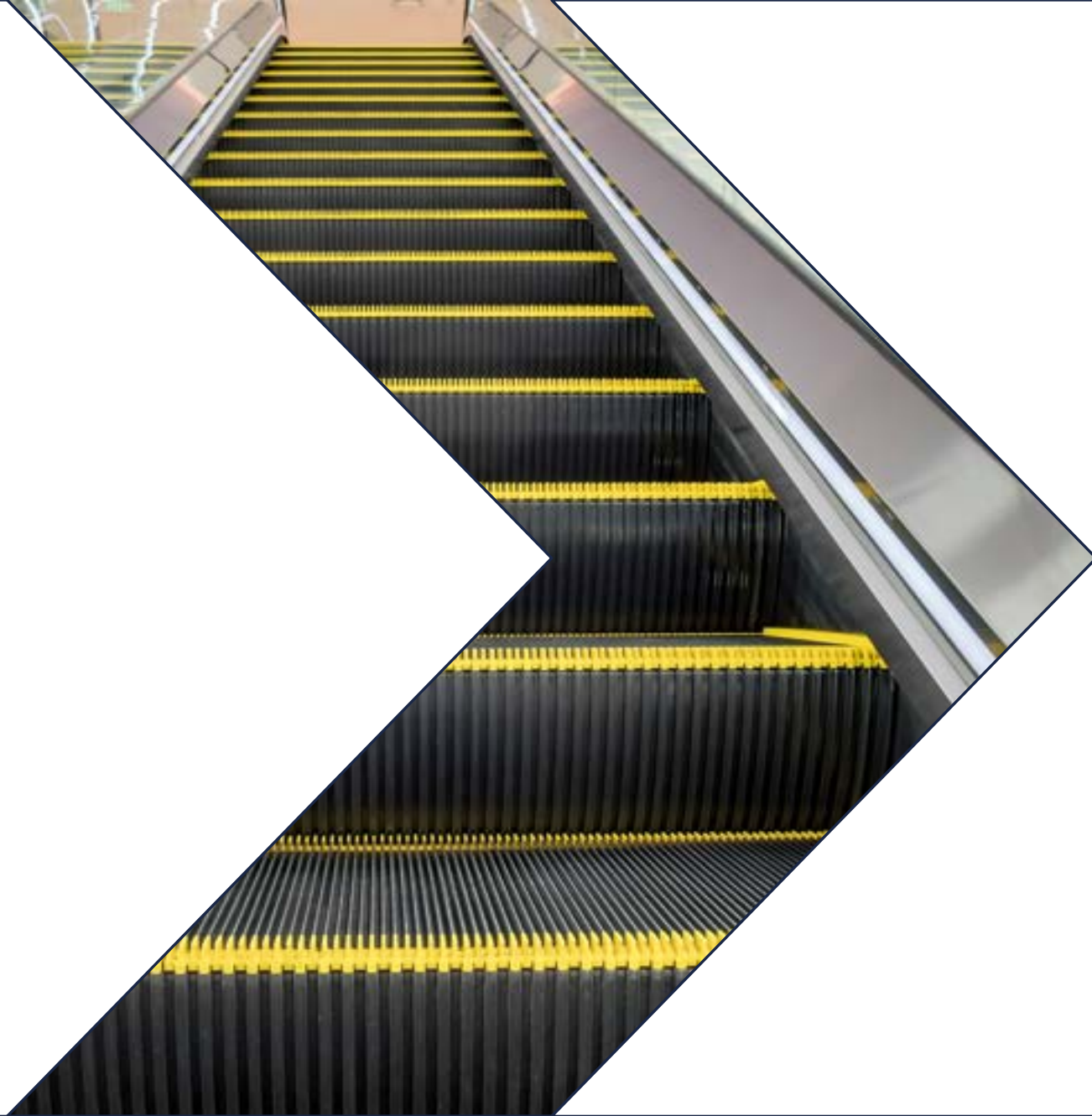
A concerned parent, frustrated by a perceived lack of information, contacts a local news station claiming the school is covering up a potential outbreak. The story is now public. Social media posts are circulating, and other parents are beginning to call the school and the public health department.

# Inject 2.3

Group	Concept	Key Questions
 <b>Public Health</b>	Risk Communication	How can public health maintain credibility while correcting misinformation and respecting patient privacy?
 <b>Schools</b>	Message Timing	Should schools proactively address media coverage, or defer to public health authorities to lead?
 <b>Healthcare</b>	Message Consistency	What role should healthcare providers play in dispelling myths and calming public fears?

# MODULE 3

ESCALATION &  
COMMUNITY RESPONSE







# Escalation & Community Response

## **Opening Scenario: Surge in Cases and Misinformation**

Within 48 hours of the initial alert, 10 additional measles cases were confirmed at two different schools. The local media begin covering the situation extensively, and social media platforms are flooded with speculation, conflicting health advice, and conspiracy theories. Parents begin pulling children out of school in mass, while urgent care and pediatric clinics report a surge in calls and walk-ins. Stakeholders demand action and clear guidance.



# Opening Scenario: 3.0

 <b>Public Health</b>	Surge Capacity	How can public health rapidly expand tracing and data entry without compromising accuracy or burnout?
 <b>Schools</b>	Continuity Planning	What thresholds or data should drive decisions to shift to hybrid or remote learning?
 <b>Healthcare</b>	Surge Management	How can facilities avoid system strain while providing equitable care to high-risk patients?
 <b>Command &amp; Coordination</b>	Multiagency Coordination & Crisis Operations	<p>How is your ICS structure adapting to manage multiple confirmed cases and simultaneous partner demands?</p> <ul style="list-style-type: none"><li>- What systems are in place to coordinate and deconflict messaging across public health, schools, and healthcare?</li><li>- How do you track and share real-time data to support operational decision-making?</li></ul>




# Inject 3.1

## **Inject Scenario: Attendance Drops & Rumors Surge**

Multiple schools report large numbers of student absences.

Misinformation spreads online about a "cover-up." Some staff report fear and confusion, and school offices receive dozens of concerned parent calls.

# Inject 3.1




Group	Concept	Key Questions
 <b>Public Health</b>	Media Strategy	When is it more effective to issue formal briefings rather than passive updates?
 <b>Schools</b>	Staff Readiness	How can staff provide clear answers when they themselves feel uncertain or uninformed?
 <b>Healthcare</b>	Provider Messaging	How should clinical staff address parent fears without overpromising or escalating concern?

# Inject 3.2

## **Inject Scenario: Symptomatic Students & Testing**

Unvaccinated students begin showing symptoms. School nurses request public health guidance on isolation and next steps. Families ask when students can return.

# Inject 3.2




Group	Concept	Key Questions
 <b>Public Health</b>	Policy Guidance	How can clearance criteria be designed to protect public health while remaining practical for schools & healthcare providers to implement?
 <b>Schools</b>	Operational Coordination	What internal systems are needed to track returning students and prevent gaps?
 <b>Healthcare</b>	Provider Wellness	How can providers manage their own stress & moral fatigue when working under pressure during outbreaks?

# Inject 3.3

## **Inject Scenario: Healthcare Surge & Parental Panic**

Emergency rooms and urgent care clinics see a spike in families requesting measles testing, many of them not symptomatic. Rumors of widespread exposure circulate online, creating panic.

# Inject 3.3

Group	Concept	Key Questions
 <b>Public Health</b>	Public Education	How can we inform the public without making them feel dismissed or ignored?
 <b>Schools</b>	Community Support	How can schools provide steady, fact-based communication that helps reduce anxiety and restores a sense of normalcy for students and families?
 <b>Healthcare</b>	Care Pathways	How can clinics communicate with families who seek testing but do not meet clinical criteria—without escalating fear or eroding trust?

# BREAK





# MODULE 4

CONTROL MEASURES &  
COMMUNITY RESISTANCE







# Control Measures & Community Resistance

## Opening Scenario: Peak Outbreak & Resistance

The outbreak reaches its peak with 30 confirmed measles cases across multiple schools. Public health, schools, and healthcare systems escalate containment strategies—enforcing exclusion of unvaccinated individuals, expanding vaccination clinics, and issuing high-level public messaging. However, public fatigue and backlash grow as families face hardships from quarantine, resistance to mandatory vaccinations rises, and misinformation circulates widely.

# Opening Scenario: 4.0




Group	Concept	Key Questions
 <p><b>Public Health</b></p>	<p>Ethical Decision-Making</p>	<p>How can exclusion policies be enforced without worsening community distrust or inequities?</p>
 <p><b>Schools</b></p>	<p>Educational Equity</p>	<p>How can schools ensure excluded students are supported academically and emotionally?</p>
 <p><b>Healthcare</b></p>	<p>Health Equity</p>	<p>How can clinics reduce barriers and improve turnout among hesitant or underserved families?</p>
 <p><b>Command &amp; Coordination</b></p>	<p>ICS Integrity Under Pressure</p>	<ul style="list-style-type: none"> <li>- How is your ICS structure adapting to maintain operational tempo as public resistance, policy enforcement, and community fatigue converge?</li> <li>- What strategies are in place to escalate command coordination when resistance complicates enforcement or continuity?</li> <li>- How are decision-makers balancing authority with empathy in enforcing health orders (e.g., exclusion, quarantine)?</li> </ul>

# Inject 4.1

## **Inject Scenario: Managing Temporary Student Attendance Restrictions**

Public health has issued official guidance requiring students who are unvaccinated or not immune to measles to remain at home for 21 days following potential exposure. Schools must now take immediate steps to notify affected families, enforce the attendance restrictions, ensure learning continuity, and address community concerns—all while managing legal inquiries and public pressure.

# Inject 4.1




Group	Concept	Key Questions
 <b>Public Health</b>	Privacy & Legal	What privacy laws limit what public health can share with schools or the public?
 <b>Schools</b>	Procedural Justice	How do schools fairly manage exemption or appeal requests without delaying containment?
 <b>Healthcare</b>	Provider Alignment	How can healthcare providers communicate exclusion policies in a way that validates parental concerns while promoting public health?

# Inject 4.2

## **Inject Scenario: Community Vaccination Clinics Launched**

Public health and hospital partners coordinate free vaccination clinics across schools, faith centers, and community hubs. Some clinics are well-attended; others are sparse due to community mistrust or logistical gaps.

# Inject 4.2

Group	Concept	Key Questions
 <b>Public Health</b>	Surge Coordination	How can location and timing of clinics be adjusted to address equity gaps?
 <b>Schools</b>	Risk Communication	What community-driven methods can boost turnout and reduce resistance?
 <b>Healthcare</b>	Family Engagement	What messaging strategies can schools use to promote immunization clinics in a supportive, non-coercive manner?




# Inject 4.3

## **Inject Scenario: Community Pushback Against Exclusion Policies**

Parents and advocacy groups protest exclusion mandates at school board meetings. Officials face growing tension between enforcing orders and responding to community outrage.



# Inject 4.3

Group	Concept	Key Questions
 <b>Public Health</b>	Community Engagement	How can we adapt messaging to address real fears and concerns respectfully?
 <b>Schools</b>	Security & Rights	How do schools protect student safety and rights amid protest and conflict?
 <b>Healthcare</b>	Provider Communication	What role should healthcare providers play in shaping or responding to community backlash?

# MODULE 5

RECOVERY & LONG-TERM  
RESILIENCE







# Recovery & Long-Term Resilience

## Opening Scenario:

The outbreak is under control. With no new cases in the past **42 days**, agencies transition into the recovery phase.

Community members seek support, clarity, and accountability. Stakeholders now turn to After-Action Reviews (AAR), legal/policy challenges, and future improvements.

# Opening Scenario: 5.0




Group	Concept	Key Questions
 <p><b>Public Health</b></p>	<p>Recovery Management</p>	<p>How should public health prioritize recovery steps to rebuild trust and improve outcomes?</p>
 <p><b>Schools</b></p>	<p>Educational Continuity / Psychological Recovery</p>	<p>How can schools support both academic recovery and mental health post-crisis?</p>
 <p><b>Healthcare</b></p>	<p>System Resilience</p>	<p>What systemic healthcare improvements are most critical after this outbreak?</p>
 <p><b>Command &amp; Coordination</b></p>	<p>ICS Demobilization &amp; Recovery Planning</p>	<ul style="list-style-type: none"> <li>- How does your agency formally transition from response to recovery in the ICS framework?</li> <li>- What systems ensure After-Action Review (AAR) insights are captured, shared, and implemented?</li> <li>- How will you rebuild trust with communities disproportionately affected during the outbreak?</li> </ul>

# Inject 5.1

## **Inject Scenario: Public Sentiment & Media Criticism**

Social media backlash emerges over the perceived overreach of exclusion orders. News outlets highlight stories of families burdened by quarantine and lack of access. Trust in agencies is strained, despite case numbers falling.

# Inject 5.1




Group	Concept	Key Questions
 <b>Public Health</b>	Risk Communication Under Scrutiny	How can we acknowledge community burdens while defending public health action?
 <b>Schools</b>	Responsive Governance	How can schools rebuild trust with families after difficult enforcement actions?
 <b>Healthcare</b>	Professional Credibility	How can healthcare voices help reframe public understanding of the exclusion strategy?

# Inject 5.2

## **Inject Scenario: Legislative Proposal for Local Immunization**

A local legislator introduces a bill to offer school funding incentives tied to higher MMR vaccination rates, igniting debate over public health influence in education policy.

# Inject 5.2

Group	Concept	Key Questions
 <b>Public Health</b>	Health Policy Advisory	What are the implications of tying education funding to immunization rates?
 <b>Schools</b>	Operational Equity	How will performance-based health funding affect underserved or low-access districts?
 <b>Healthcare</b>	Data-Driven Advocacy	How can healthcare communicate the root causes of vaccination disparities while fostering understanding and partnership across sectors?







# Inject 5.3

## **Inject Scenario: Regional Resilience Summit & Joint Press Briefing**

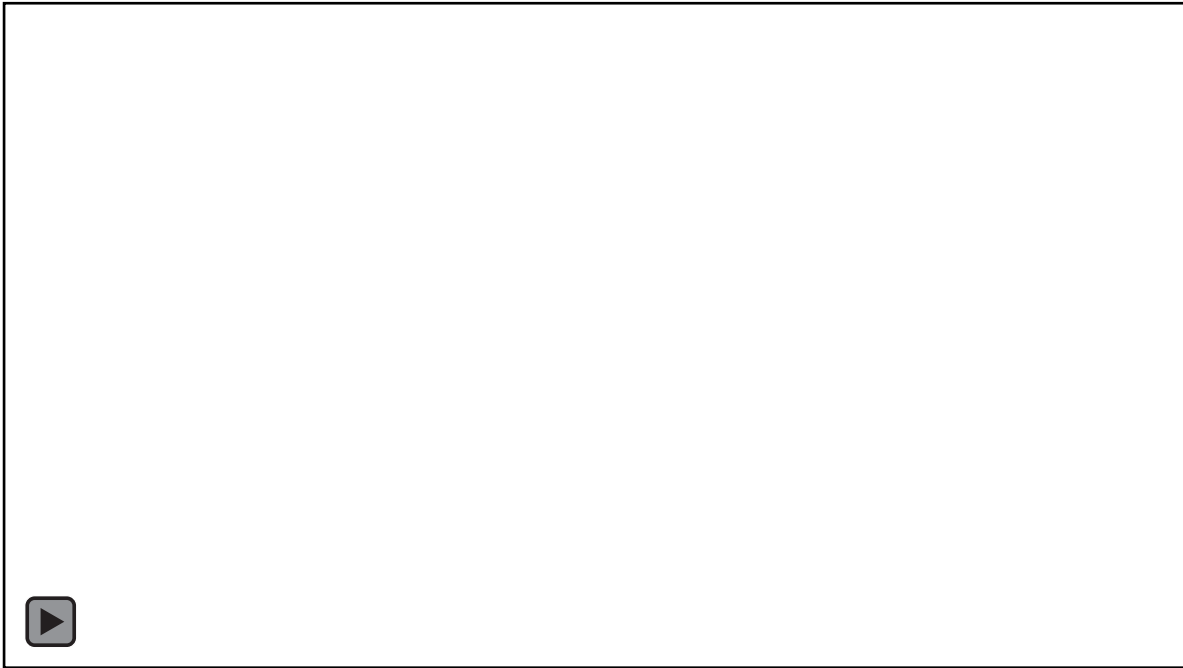
Guilford County convenes a regional summit to close out the measles outbreak and commit to long-term resilience. Public health, schools, and healthcare leaders co-host a final briefing.

# Inject 5.3

Group	Concept	Key Questions
 <b>Public Health</b>	Organizational Learning and Operational Resilience	“What sustained, visible actions can your organization take to demonstrate that it has meaningfully learned from the outbreak and is measurably better prepared for the next public health emergency?”
 <b>Schools</b>		
 <b>Healthcare</b>		“How can your organization strengthen its identity as a trusted partner—both within the community and across agencies—before the next crisis strikes?”
 <b>Command &amp; Coordination</b>		What commitments or frameworks are needed to ensure regional collaboration continues beyond this outbreak?

# ACTIVITY / BREAK

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Measles TTX: Integrated  
Preparedness Activity



# Integrated Activity-Debrief

## PUBLIC HEALTH

### Activity:

Integrated Response and Recovery Dashboard

### Goal:

Develop a quick-reference dashboard capturing critical actions, partnerships, public messaging, and recovery indicators across the full outbreak lifecycle—from response through recovery.

### Debrief Questions:

1. What indicators would be hardest to collect in real-time?
2. How do we ensure this dashboard is actionable and not just informational?
3. Which partnerships were essential across all three phases?
4. What does successful recovery look like—and who decides?

## SCHOOLS

### Activity:

End-to-End Scenario Simulation

### Goal:

Simulate response and recovery decisions across a school outbreak timeline while reflecting on coordination, equity, communication, and long-term improvement.

### Debrief Questions:

1. Which decision point was most difficult and why?
2. How did coordination gaps affect your ability to act?
3. What was one equity challenge that surprised your team?
4. How can schools institutionalize lessons from this exercise?

## HEALTHCARE

### Activity:

Cross-Phase Clinic Playbook Builder

### Goal:

Construct a cross-phase playbook outlining clinic-level response actions, partner coordination, and resilience strategies from detection to recovery.

### Debrief Questions:

1. Which phase of the playbook posed the biggest challenge to your clinic?
2. What coordination gap emerged across multiple playbook sections?
3. What low-cost improvement could make the biggest difference in future outbreaks?
4. How might your clinic maintain readiness for a future measles resurgence?

# MODULE 6

HOT WASH



# Performance Evaluation “Hot Wash”

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Post-Exercise Evaluation Survey  
(Measles Tabletop 2025)



# Call to Action-

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## **For Public Health & Schools:**

- ✓ Strengthen vaccination policies & outbreak response plans.
- ✓ Educate the public on symptoms & reporting procedures.

## **For Healthcare Providers:**

- ✓ Be vigilant for early signs of measles & complications.
- ✓ Follow CDC guidelines on testing, isolation, and post-exposure prophylaxis.

## **For Parents & Communities:**

- ✓ Ensure children are up to date on vaccines.
- ✓ Seek immediate care if symptoms appear.



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# THANK YOU

