GUILFORD COUNTY PUBLIC HEALTH

PROTECT. PROMOTE. PREPARE.

NACCHO 360

RACING FORWARD, SWINGING BIG

UNITED FOR PUBLIC HEALTH

Public Health
Prevent. Promote. Protect.

Louisville, Kentucky
July 14-17, 2026

SWINGING BIG

HOW PUBLIC HEALTH CAN LEAD REGIONAL PREPAREDNESS THROUGH INNOVATIVE CROSS-SECTOR EXERCISES

Preparedness leadership requires intentionally creating environments where systems are forced to coordinate under realistic pressure.

PEOPLE
Diverse Communities. Stronger Together.

PARTNERSHIP
United Agencies. Shared Purpose.

PREPAREDNESS
Ready Systems. Resilient Future.

PROGRESS
Rooted in History. Committed to Tomorrow.

Prepared today. | Protected tomorrow. | Stronger together.

ACT I — IDENTITY & MISSION

"WHY THIS MATTERS HERE"

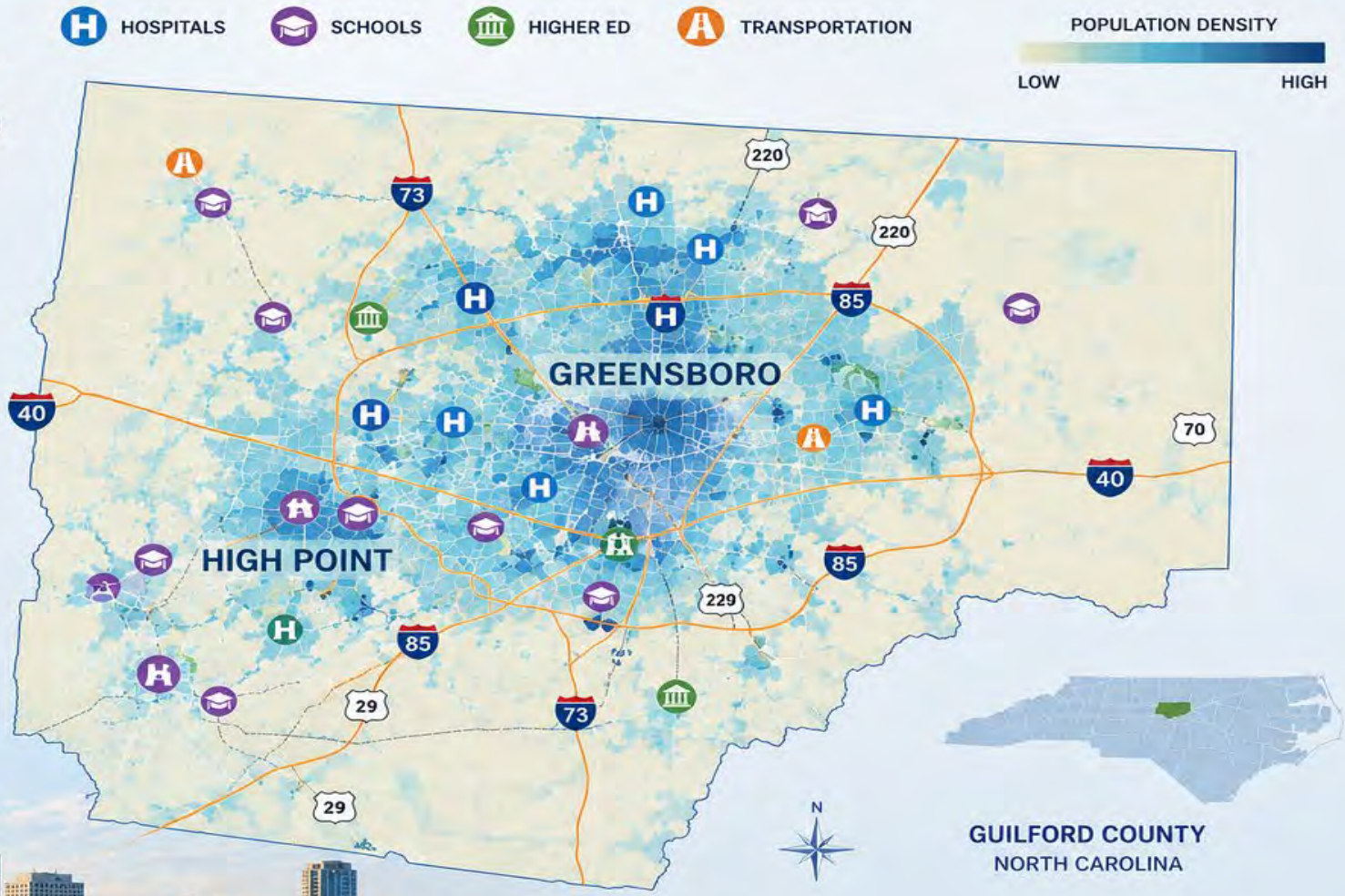
WELCOME TO

GUILFORD COUNTY, NORTH CAROLINA

Preparedness in Guilford County Means Coordinating Across Complex Systems

Preparedness in Guilford County requires regional coordination across diverse and interconnected systems.

- Population: 541,000+
- Third-largest county in North Carolina
- Greensboro + High Point
- Diverse urban/suburban/rural environments
- Transportation corridors
- Higher education institutions
- Regional healthcare systems
- Large school populations



GUILFORD COUNTY
NORTH CAROLINA

A PUBLIC HEALTH LEGACY

OVER 100 YEARS STRONG

Leadership Is Part of the Department's Identity

Established

MAY 1, 1911

First full-time health department in North Carolina.
Second in the United States.

Community Shield represents a continuation of Guilford County's longstanding public health **leadership mission.**

A LEGACY THROUGH:

SMALLPOX · TYPHOID · HIV/AIDS · COVID-19 · MEASLES RESURGENCE · WHAT'S NEXT?

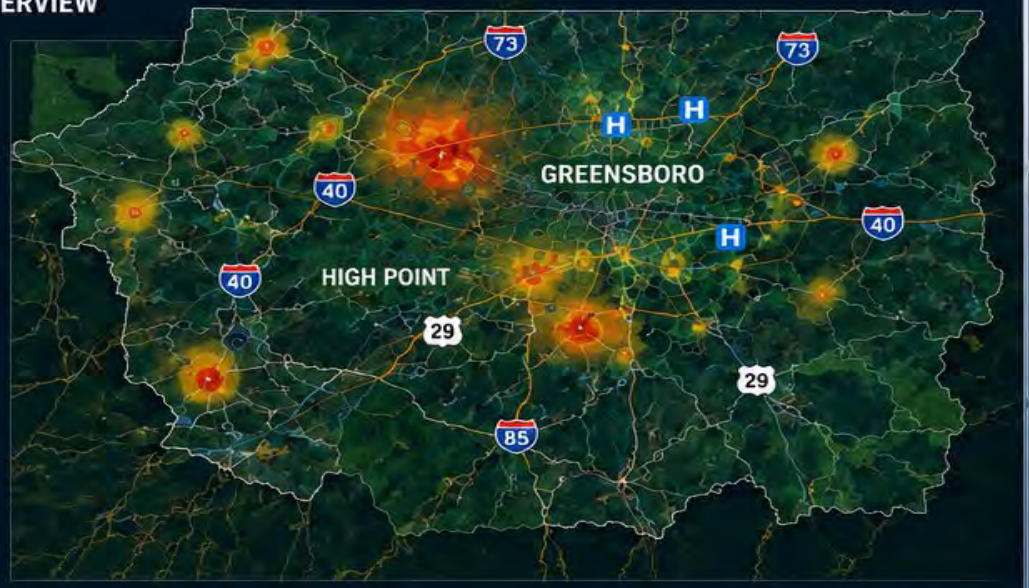
GUILFORD COUNTY PUBLIC HEALTH
PROTECT. PROMOTE. PREPARE.

THE REGIONAL THREAT PICTURE

Preparedness Systems Are Operating Under Increasing Stress

Modern public health emergencies are operationally and socially interconnected.

REGIONAL RISK OVERVIEW



ACTIVE OUTBREAKS

8 Clusters Increasing ↑

CASES (7-DAY CHANGE)

+32%

Compared to prior 7 days

- LOW
- MODERATE
- HIGH
- VERY HIGH

HEALTHCARE CAPACITY

ICU OCCUPANCY	STAFF SHORTAGE	ED WAIT TIME
87%	28%	4.6 HOURS
High	Elevated	High

WORKFORCE FATIGUE

of public health staff report high or extreme burnout

Source: Internal Survey

SCHOOL IMPACT

ABSENTEEISM (7-DAY AVG)	SCHOOLS AFFECTED
18.7%	24
High	Districts Across the Region

INFORMATION ENVIRONMENT

Misinformation trending — HIGH RISK

- "Vaccines cause more harm" than good." · 2.1K shares
- "They're hiding the truth" about this outbreak." · 1.4K likes
- "Don't let them mandate experimental vaccines." · 3.7K likes

Total Engagement (24h)

56,842

PUBLIC TRUST

Trust in public health Decreasing

TRANSPORTATION & MOBILITY

Major Corridors

High Volume

CROSS-JURISDICTION COORDINATION

12 Counties

27+ Municipalities

Multiple Health Departments

Varying Policies & Capacity

SYSTEM PRESSURE INDICATOR

OVERALL SYSTEM STRESS

HIGH

Increasing ↑

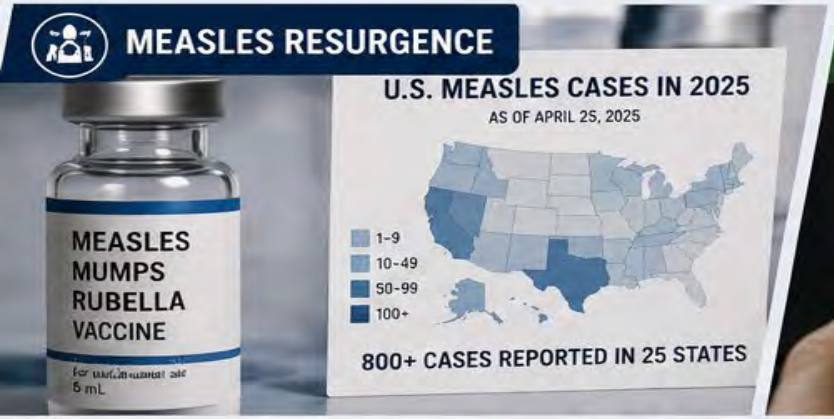
CONNECTED SYSTEMS | **SHARED RISKS** | **COMPETING DEMANDS** | **COMMUNITIES AT THE CENTER**

WHY THIS CONVERSATION MATTERS RIGHT NOW

THE OPERATING ENVIRONMENT HAS FUNDAMENTALLY CHANGED

Preparedness systems are now facing both
OPERATIONAL COMPLEXITY and SOCIAL COMPLEXITY.

MEASLES RESURGENCE



INFORMATION DISORDER

POLARIZATION

COMMUNITY DISTRUST

HEALTHCARE OVERLOAD

H5N1 CONCERNS

INCREASING REGIONAL DEPENDENCE

- SUPPLY CHAINS CROSS BORDERS
- RESOURCES ARE SHARED
- WE RISE (OR FALL) TOGETHER

OUR COMMUNITIES ARE CONNECTED. OUR RISKS ARE SHARED. OUR PREPAREDNESS MUST BE, TOO.

PUBLIC HEALTH EMERGENCIES TEST MORE THAN SYSTEMS

THEY TEST RELATIONSHIPS

Preparedness failures often emerge through fractured coordination—not lack of plans.

> Public health emergencies test not only our systems, but also our relationsltips.

- TRUST
- COORDINATION
- COMMUNICATION
- SHARED DECISION-MAKING

STRONG RELATIONSHIPS. > STRONGER SYSTEMS. > STRONGER COMMUNITIES.

ACT II — THE PREPAREDNESS GAP

"WHAT ARE WE ACTUALLY TESTING?"

THE PREPAREDNESS GAP

TESTING PLANS vs TESTING SYSTEMS

Many exercises validate procedures without testing how systems function under real community conditions.

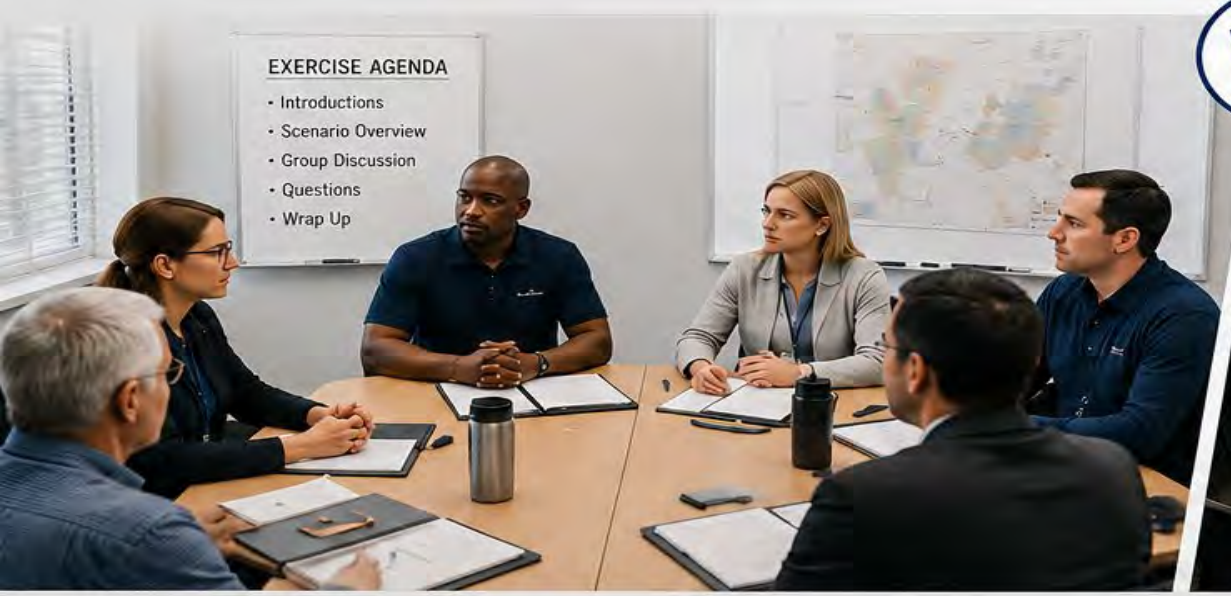
TRADITIONAL EXERCISES

- VALIDATE PROCEDURES
- PREDICTABLE DISCUSSION
- AGENCY-CENTERED

> **MOST EXERCISES VALIDATE PLANS. FEW REVEAL SYSTEM PERFORMANCE.**

SYSTEMS-BASED PREPAREDNESS

- TESTS DEPENDENCIES
- INTRODUCES FRICTION
- REVEALS RELATIONSHIPS
- INCORPORATES COMMUNITY REALITIES



VS.

FROM PLAN VALIDATION TO SYSTEMS UNDERSTANDING. | **THAT IS THE GAP. THAT IS THE WORK.**

THE QUESTION THAT CHANGED OUR DESIGN

What Are We Actually Stress-Testing?

Preparedness is revealed through **stress**.

- What breaks first?
- What fails before the plans do?
- Who depends on whom?
- How do community conditions alter outcomes?
- Can systems coordinate under pressure?

COMMUNITY CONDITIONS ARE OPERATIONAL VARIABLES

THEY SHAPE OUTCOMES

Community conditions are not background variables—
they **actively shape** operational outcomes.

COMMUNITY CONDITIONS

TRANSPORTATION BARRIERS

TRUST

MISINFORMATION

LANGUAGE ACCESS

HEALTHCARE ACCESS

WORKFORCE REALITIES

DECISION-MAKING

Conditions influence priorities, information needs, and available options.

ACCESS

Conditions impact the ability of people to access services, information, and resources.

UPTAKE & PARTICIPATION

Conditions shape willingness, engagement, and community response.

OUTCOMES

Conditions ultimately influence health, safety, and operational results.

OPERATIONAL OUTCOMES

EQUITY IMPACTS
Uneven outcomes across communities

DELAYED RESPONSE
Barriers create time and access challenges

REDUCED EFFECTIVENESS
Strategies don't reach or resonate with all communities

SYSTEM STRAIN
Increased pressure on limited resources

TRUST EROSION
Gaps in communication deepen over time

WORSE OUTCOMES
Communities experience greater harm

UNDERSTAND THE COMMUNITY. INTEGRATE THE REALITY. IMPROVE THE OUTCOME.

ACT III — ENGINEERING COMMUNITY SHIELD

"DESIGNING OPERATIONAL STRESS"

COMMUNITY SHIELD 2025 AT A GLANCE

A REGIONAL PREPAREDNESS INITIATIVE

This was not simply a tabletop exercise—
it was a regional preparedness environment.

- **90+** PARTICIPANTS
- **27** AGENCIES
- **12** COUNTIES
- **SIX** PROGRESSIVE MODULES
- **INTEGRATED** OPERATIONAL ACTIVITIES
- **HOTWASH AND** IMPROVEMENT PLANNING

MANY AGENCIES | ONE REGION | SHARED PURPOSE | STRONGER TOGETHER | BETTER PREPARED

THE EXERCISE ARCHITECTURE

ENGINEERING OPERATIONAL STRESS

The exercise intentionally escalated operational and behavioral pressure across interconnected systems.

PROGRESSION: ESCALATING COMPLEXITY

1. **AWARENESS**
   Signals emerge. Systems begin monitoring.
2. **IDENTIFICATION**
   Issues are detected. Information is gathered and validated.
3. **ESCALATION**
   Impacts grow. Demands increase. Decisions multiply.
4. **RESISTANCE**
   Systems are strained. Bottlenecks emerge. Trade-offs intensify.
5. **RECOVERY**
   Stabilization efforts begin. Resources are rebalanced.
6. **REFLECTION**
   We capture insights. We identify gaps. We improve.

PRESSURE INCREASED AT EVERY STAGE

INTEGRATED PRESSURE: MULTIPLE STRESSORS APPLIED ACROSS SYSTEMS

- **TIME COMPRESSION**
  Less time to assess, decide, and act.
- **COMPETING PRIORITIES**
  Multiple urgent demands strain capacity.
- **INFORMATION FRICTION**
  Incomplete, conflicting, or delayed information complicates decisions.
- **BEHAVIORAL PRESSURE**
  Stress, uncertainty, and fatigue impact performance and interactions.
- **CASCADING DEPENDENCIES**
  Interconnected systems amplify small disruptions into larger impacts.

DESIGNED TO REVEAL HOW SYSTEMS, PEOPLE, AND COMMUNITIES PERFORM UNDER REALISTIC STRESS

PRESSURE REVEALS. INSIGHT IMPROVES.

WHY THE INTEGRATED ACTIVITIES MATTERED

DISCUSSION ALONE WAS NOT ENOUGH

Participants needed to operationalize decisions under pressure.

DASHBOARD ANALYSIS | **SCHOOL EXCLUSION DECISIONS** | **HEALTHCARE COORDINATION** | **COMMUNICATION CONFLICT** | **POLICY FRICTION**

DECISIONS BECOME REAL WHEN THEY ARE ACTED OUT, CHALLENGED, AND COORDINATED. | **THAT IS WHERE PREPAREDNESS IS REVEALED.**

THE HIDDEN SYSTEMS WE ACTUALLY DISCOVERED

THE MOST IMPORTANT SYSTEMS WERE OFTEN INVISIBLE

Exercises reveal hidden operational systems beneath formal plans.

VISIBLE

- PLANS
- ICS
- DASHBOARDS
- PROCEDURES

HIDDEN

- TRUST
- FATIGUE
- AMBIGUITY
- RELATIONSHIPS
- FEAR
- MISINFORMATION

What lies beneath the surface shapes what happens above it.

ACT IV — YOU ARE NOW THE SYSTEM

"EXPERIENCING PREPAREDNESS UNDER PRESSURE"

YOU ARE NOW THE SYSTEM

PREPAREDNESS IS INTERDEPENDENCY

Your decisions will affect other sectors.

YOUR ROLE

- PUBLIC HEALTH
- SCHOOLS
- HEALTHCARE

ACTIVITY FLOW

1. **ROUND 1**
   INITIAL ALERT
2. **ROUND 2**
   ESCALATION
3. **ROUND 3**
   RESISTANCE

DEBRIEF
REFLECTION & LESSONS

OPERATING CONDITIONS

LIMITED TIME
Decide fast.

INCOMPLETE INFORMATION
You won't have everything you need.

COMMUNITY PRESSURE
Community behavior changes the situation.

INTERDEPENDENT DECISIONS
Your choices impact other sectors.

LISTEN. COLLABORATE. ADAPT. TOGETHER, WE STRENGTHEN OUR COMMUNITY.

ROUND 1: INITIAL ALERT

INCOMPLETE INFORMATION DRIVES EARLY DECISIONS

You do not have all the facts. Act with what you have.

TIME WINDOW: 60–90 SECONDS

DISCUSS FAST
Focus on what matters most right now.

SHARE BRIEFLY
We'll hear from a few tables—keep it short.

MOVE ON
You won't have time to solve everything.

SCENARIO UPDATE

POTENTIAL EXPOSURE IDENTIFIED
A pediatric urgent care reports a child with fever and rash.

Recent international travel.

POSSIBLE SCHOOL EXPOSURE
The child may have attended school while infectious.

COMMUNITY CONCERN RISING
Parents are calling and posting questions online.

NOT CONFIRMED
Diagnosis is not confirmed. More information is needed.

REMEMBER:
- ✓ Information is incomplete.
- ✓ Others need what you decide.
- ✓ This is just the beginning.

YOUR TASKS (60–90 SECONDS)

1. IMMEDIATE PRIORITY
What is your first priority right now?

2. BIGGEST UNKNOWN
What critical information do you need first?

POWER TIP
Focus on what you can do with what you know—right now. Perfection is not possible.

WE'LL HEAR FROM A FEW TABLES (20–30 SECONDS)

PUBLIC HEALTH
What is your immediate priority?

SCHOOLS/Education
What is your biggest concern?

HEALTHCARE
What information gap matters most?

COORDINATION
What is your first coordination challenge?

60

THE CLOCK IS TICKING.
Each decision you make now shapes what happens next.

YOU ARE CONNECTED.
Your actions impact other sectors and the entire community.

EARLY ACTIONS MATTER.
Lead with clarity. Communicate with care. Coordinate with purpose.

GET READY. ROUND 2 IS COMING.

ROUND 2: ESCALATION

PRESSURE REVEALS DEPENDENCIES

Operational escalation exposes system interdependence.

SITUATION UPDATE

- Measles case confirmed in multiple counties.
- Absneteeism surging across schools.
- Vaccine demand exceeding capacity.
- Misinformation spreading rapidly online.
- Media inquiries increasing.

YOUR GOAL (60 SECONDS)

- Identify your immediate operational pressure.
- Identify the dependency slowing your decisions.
- Identify the information gap that matters most now.

BEFORE YOU ANSWER

Coordinate with another sector table. You depend on one another to respond.

ESCALATION INJECTS

CONFIRMED CASES
Outbreak expanding to multiple counties.

ABSENTEEISM SURGE
Staff and student absences increasing rapidly.

VACCINE DEMAND
Appointments fully booked. More requests coming in.

MISINFORMATION
False claims trending. Confusion spreading online.

MEDIA INQUIRIES
Pressures on PIO and leadership increasing.

RAPID SHARE (20 SECONDS PER SECTOR)

- What is your biggest operational pressure right now?
- What dependency is slowing your decisions?
- What information gap matters most at this moment?

TIME IS LIMITED. Decide fast.

INFORMATION IS INCOMPLETE. Work with what you have.

YOU ARE NOT ONE SYSTEM. You depend on others.

COORDINATION IS CRITICAL. Together, better outcomes.

ROUND 3: RESISTANCE

— COMMUNITY DYNAMICS SHAPE SYSTEM PERFORMANCE

Community behavior directly affects operational outcomes.

YOUR GOAL (60 SECONDS)

- Identify what is beginning to fail operationally.
- Identify which relationships matter most right now.
- Identify the operational reality that is changing your decisions.

BEFORE YOU ANSWER

Coordinate with another sector table. You depend on one another to respond.

60

RESISTANCE INJECTS

EXCLUSION BACKLASH
Parents and community challenge school exclusions and policies.

CLINIC OVERLOAD
Long wait times, staff burnout, care delays.

COMMUNICATION CONFLICT
Conflicting messages increase confusion and frustration.

POLITICAL PRESSURE
Elected officials demand answers and immediate action.

PUBLIC TRUST DECLINING
Misinformation and experiences reduce confidence in all systems.

RAPID SHARE (20 SECONDS PER SECTOR)

- What is beginning to fail in your operations?
- What relationship matters most right now?
- What operational reality is changing your decisions?

COMPLEXITY IS PEAKING.
Competing needs collide.

RELATIONSHIPS MATTER MOST.
Coordination is your advantage.

ADAPT TO THE REALITY.
The situation is still evolving.

STAY FOCUSED ON OUTCOMES.
Purpose over perfect.

DEBRIEF: WHAT FAILED BEFORE THE PLANS DID?

THE REAL GAPS EMERGED THROUGH RELATIONSHIPS

WHAT FAILED BEFORE THE PLANS DID?

Preparedness gaps often emerge through assumptions, ambiguity, and fractured coordination.

WHAT ASSUMPTIONS FAILED?

- We assumed...
- We didn't consider...
- We expected...
- We overlooked...

WHAT SLOWED COORDINATION?

- Handoffs
- Approvals
- Competing priorities
- Unclear authority

WHAT INFORMATION WAS MISSING?

- Timely data
- Context
- Community sentiment
- Operational status

INSIGHT DRIVES IMPROVEMENT.
REFLECTION BUILDS RESILIENCE.

WHAT COMMUNITY FACTOR CHANGED YOUR DECISIONS?

- Public sentiment
- Misinformation
- Equity concerns
- Trust levels

CHALLENGE ASSUMPTIONS. | **STRENGTHEN RELATIONSHIPS.** | **BUILD A MORE RESILIENT SYSTEM.**


PREPAREDNESS
FAILURES
RARELY BEGIN
WITH THE INCIDENT.

ACT V — THE BIGGER LESSON

"PREPAREDNESS MUST CHANGE."

KEY INSIGHTS

WHAT COMMUNITY SHIELD REVEALED

Preparedness is operational, relational, and community-dependent.

PEOPLE AT THE CENTER

COORDINATION CANNOT BE IMPROVISED

Relationships, clarity, and processes must be built before an incident.

MESSAGING IS OPERATIONAL

Timely, accurate, and consistent communication shapes behavior and reduces harm.

SCHOOLS ARE FRONTLINE PARTNERS

Schools are critical to early detection, communication, and continuity.

TRUST AFFECTS OUTCOMES

Community trust influences compliance, cooperation, and resilience.

RECOVERY STARTS DURING RESPONSE

Early planning for recovery, resilience, and learning shortens the path forward.

SYSTEMS WORK. | **RELATIONSHIPS MATTER.** | **COMMUNITIES ARE STRONGER TOGETHER.**

GUILFORD COUNTY: FROM EXERCISE TO ACTION

Turning Community Shield Insights into Lasting Operational Impact

We didn't stop at the exercise.
We used what we learned to **strengthen our systems, our partnerships,** and **our community resilience.**

THREE AREAS. MEASURABLE IMPACT.

1 FRAMEWORKS

Building Stronger Foundations

CPIF

A structured toolkit that embeds real-world community conditions into every phase of the exercise lifecycle to improve realism, decision-making, and outcomes.

PHIOF

A continuous system that transforms community information into actionable intelligence to strengthen situational awareness, risk communication, and operational coordination.

2 OPERATIONAL CHANGES

Changing How We Work

WEEKLY EXECUTIVE MEETINGS

Enhanced decision-making, alignment, and accountability across leadership to drive timely, coordinated action.

STAKEHOLDER ENGAGEMENT

Intentional, continuous engagement with key partners to strengthen trust, coordination, and shared purpose.

3 STRATEGIC INVESTMENTS

Investing in Tools That Drive Results

VACCINATION DASHBOARD

Data-driven insights on vaccine rates to better inform strategy discussions and collaborative planning with school systems and communities.

CHDS INTEGRATION

Integrated data strengthens information sharing, improves situational awareness, and supports coordinated action.

CENTER FOR HOMELAND DEFENSE AND SECURITY
NAVAL POSTGRADUATE SCHOOL

WE ARE REFRAMING PREPAREDNESS:
It's not just an exercise. It's how we get better.

STRONGER SYSTEMS | STRONGER PARTNERSHIPS | STRONGER RESILIENCE | STRONGER COMMUNITIES

WHY THIS MATTERS

PREPAREDNESS IS PERFORMANCE UNDER REAL CONDITIONS

Preparedness is the ability of systems to function together under real community conditions.

REAL PEOPLE

Communities rely on people—not plans—when it matters most.

REAL CONDITIONS

Uncertainty, pressure, and resource limits are the norm.

REAL COLLABORATION

Outcomes depend on how well systems work together.

REAL IMPACT

Decisions made today shape health, trust, and resilience.

REAL PREPAREDNESS

Performance under real conditions is what protects communities.

WHEN SYSTEMS WORK TOGETHER, COMMUNITIES ARE STRONGER.

ACT VI — TAKE IT HOME

"HOW YOU CAN LEAD FORWARD"

HOW YOU CAN REPLICATE THIS

REGIONAL PREPAREDNESS TRANSFORMATION IS SCALABLE

Any jurisdiction can begin operationalizing systems-based preparedness.

01 BUILD CROSS-SECTOR TEAMS

Bring together diverse partners and perspectives.

02 IDENTIFY SHARED RISKS

Understand the threats and vulnerabilities that impact your community.

03 DESIGN PROGRESSIVE SCENARIOS

Create realistic, challenging scenarios that evolve and build complexity.

04 INTEGRATE OPERATIONAL ACTIVITIES

Embed real policies, processes, and communications into the exercise.

05 CONDUCT STRUCTURED DEBRIEFS

Capture insights, identify gaps, and strengthen relationships.

06 TRACK IMPROVEMENTS

Turn lessons into action and measure progress over time.

REPEAT.
REFINE.
GET STRONGER.

Stronger systems lead to stronger communities.

Collaboration today prevents chaos tomorrow.

Every exercise moves you closer to real-world readiness.

START SMALL

- One relationship
- One community condition
- One exercise

PREPAREDNESS IS A JOURNEY. THIS FRAMEWORK IS YOUR PATH FORWARD.

TOOLS & RESOURCES FOR YOU

TAKE THE MODEL HOME

START HERE

ACCESS THE FULL TOOLKIT

Scan to download or bookmark the **Community Shield Toolkit.**

SCAN ME

Available anytime.
Built for real-world impact.

The framework is adaptable and scalable.

PRACTICAL TEMPLATES
Save time and start strong.

REAL-WORLD EXAMPLES
Learn from other jurisdictions.

EASY TO ADAPT
Make it fit your community's unique needs.

BUILT FOR IMPACT
Strengthen preparedness and drive better outcomes.

EVERY TOOL.
EVERY PARTNER.
EVERY COMMUNITY.

- Save time. Avoid starting from scratch.
- Improve quality. Use proven approaches.
- Build alignment. Create common understanding.
- Increase readiness. Strengthen your community's shield.

YOUR RESOURCE HUB FOR SYSTEMS-BASED PREPAREDNESS. | ACCESS. ADAPT. ACT.

LET'S KEEP SWINGING BIG

PUBLIC HEALTH CAN LEAD REGIONAL PREPAREDNESS

Public health has both the ability and responsibility to lead regional preparedness transformation.

LEAD BOLDLY

Step forward with courage and clarity.

PARTNER DEEPLY

Build trust and strengthen relationships.

PREPARE TOGETHER

Stronger systems. Stronger communities.

OUR COMMUNITIES ARE COUNTING ON US.

REGIONAL PREPAREDNESS ISN'T A PROJECT. IT'S A PROMISE TO OUR COMMUNITIES.

If your systems were stressed tomorrow—
what would fail first?

Preparedness is revealed through performance.

THANK YOU

LET'S KEEP SWINGING BIG

Raul Gomez, MPA, CHPCP, CEM
PH Disaster Prep Manager

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Connect. Collaborate. Strengthen Preparedness.

NACCHO360
In-Person Presentation

INTEGRATED ACTIVITY

Prepared by: Guilford County Division of Public Health Disaster Preparedness & Response

SWINGING BIG: INTEGRATED ACTIVITY - RESPONSE CARD

TABLE ROLE:	☐ Public Health	☐ Schools/Education	☐ Healthcare

Operating Conditions:

- **Limited Time (60 seconds) →** Decide fast
- **Incomplete Information →** You won't have everything you need
- **Interdependent Decisions →** Your choices impact other sectors
- **Community Pressure →** Community behavior changes the situation

Our Goal: NOT to solve the outbreak, but to reveal system strain, dependencies, ambiguity, and coordination challenges.

ROUND 1 – Initial Alert

What is your immediate priority:

What information do you need first (Biggest Unknown):

ROUND 2 – Escalation

KEY → Before answering, you MUST consult another sector table (different from your sector)

What is your biggest operational pressure right now?

What dependency is slowing your decisions?

What information gap matters most at this moment?

ROUND 3 - Resistance

What is beginning to break down?

What relationships matter most?

What operational reality is changing your decisions?

Guilford County Division of Public Health

WELCOMES YOU

COMMUNITY SHIELD:
STRENGTHENING MEASLES PREPAREDNESS

2025 TABLETOP EXERCISE

6.4.2025

GUILFORD COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH

GUILFORD County Schools
SOAR TO GREATNESS

COUNTY OF GUILFORD NORTH CAROLINA 1771

CONE HEALTH
The Network for Exceptional Care

Atrium Health
Wake Forest Baptist

Register for Today's Event

Thank You

https://forms.office.com/g/crnXdEYMsK

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

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

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

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.

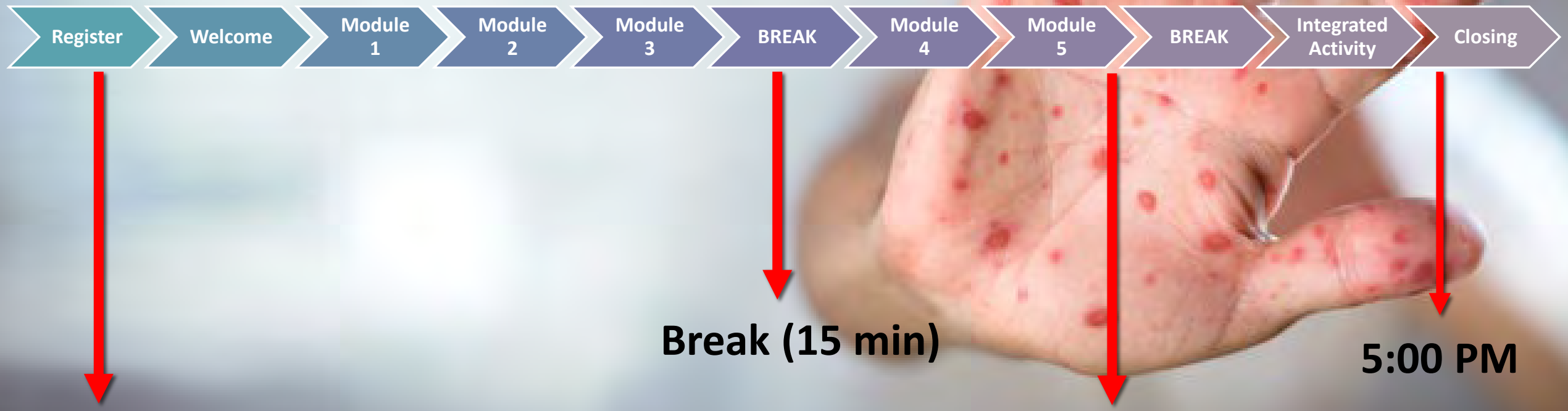
House Rules

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

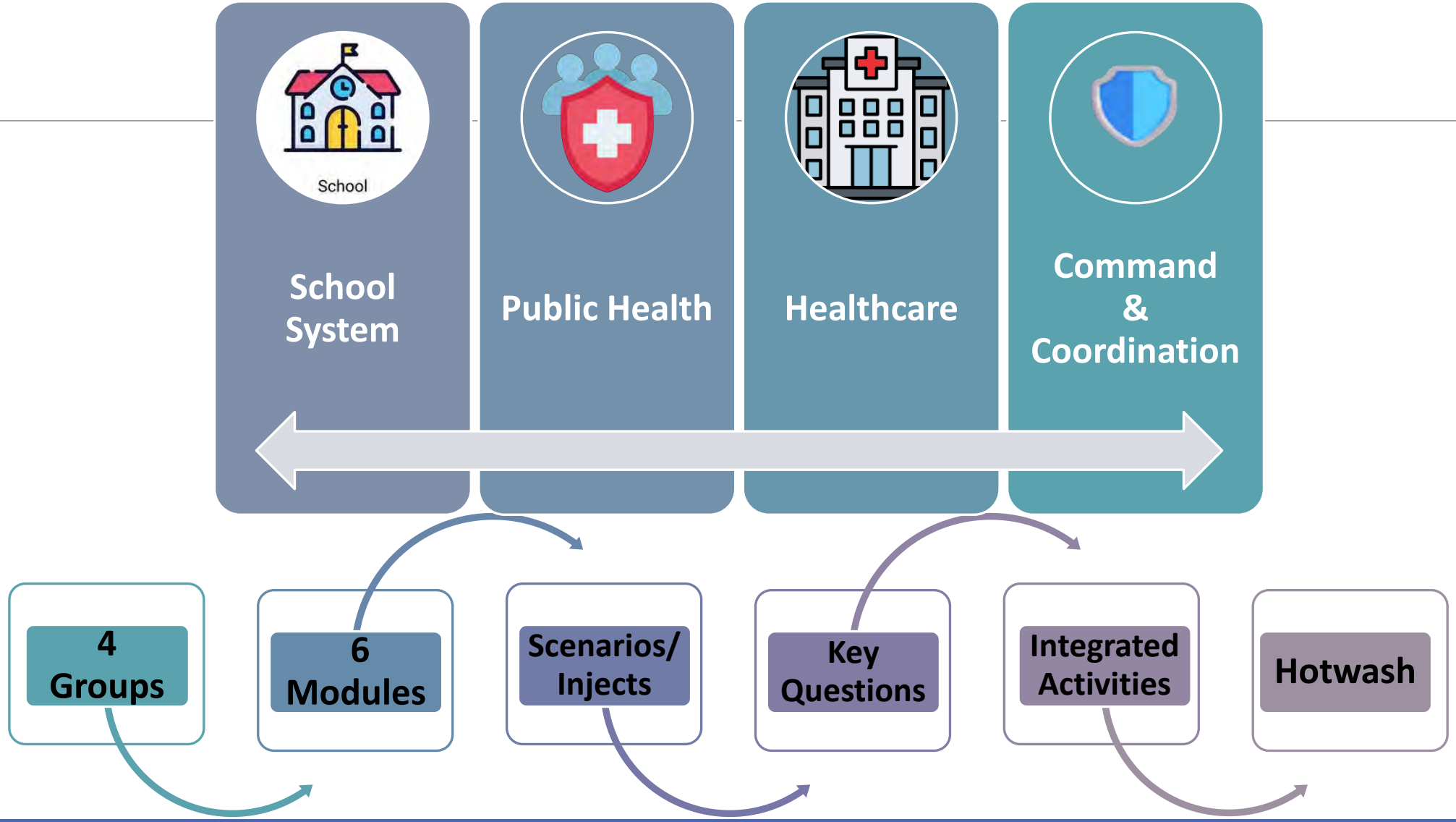
External Assembly Area
(min. 100 ft. away from building)

5834 Bur-Mill Club, Greensboro, NC

Exercise Timeline



Exercise Structure



Panel- Lineup

1	**Rimple Patel** Public Health Epidemiologist Guilford County Division of Public Health	**Tammy Koonce** Nursing Services Consultant Guilford County Division of Public Health	
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
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
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
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
6	**Raul Gomez** PH Disaster Preparedness Manager		

Command & Coordination

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

Tommy Sluder
SR EM Coordinator
Guilford County Emergency Management

Marlene Kostyrka
EM Coordinator
Guilford County Emergency Management

Conor Baker
EM Coordinator
Guilford County Emergency Management

Thomas Gioello
EM Coordinator
Cone Health

Guilford County Department of Health & Human Services – Public Health
Guilford County Schools – Soar to Greatness
County of Guilford, North Carolina
Cone Health – The Network for Exceptional Care
Atrium Health Wake Forest Baptist

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

Guilford County Division Of Public Health

Exercise Guidelines

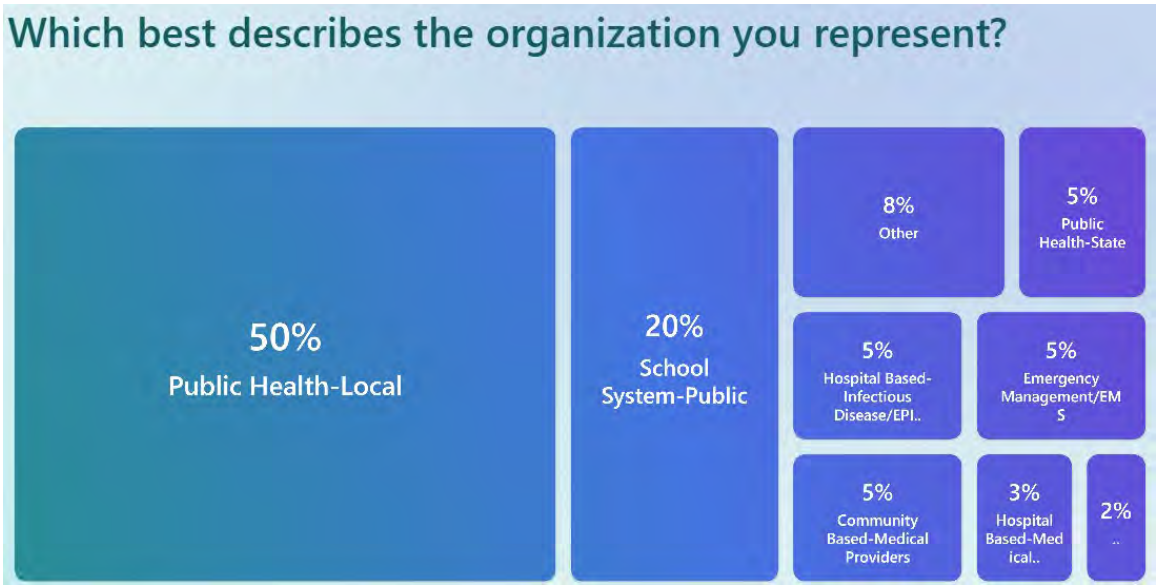
1. **Promote a No-Fault, Respectful Environment** – Encourage open dialogue, diverse viewpoints, and confidentiality.
2. **Stay Focused and Engaged** – Keep discussions on-topic and relevant; use the "Parking Lot" for off-topic ideas.
3. **Build on What Exists** – Base responses on current plans, policies, 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

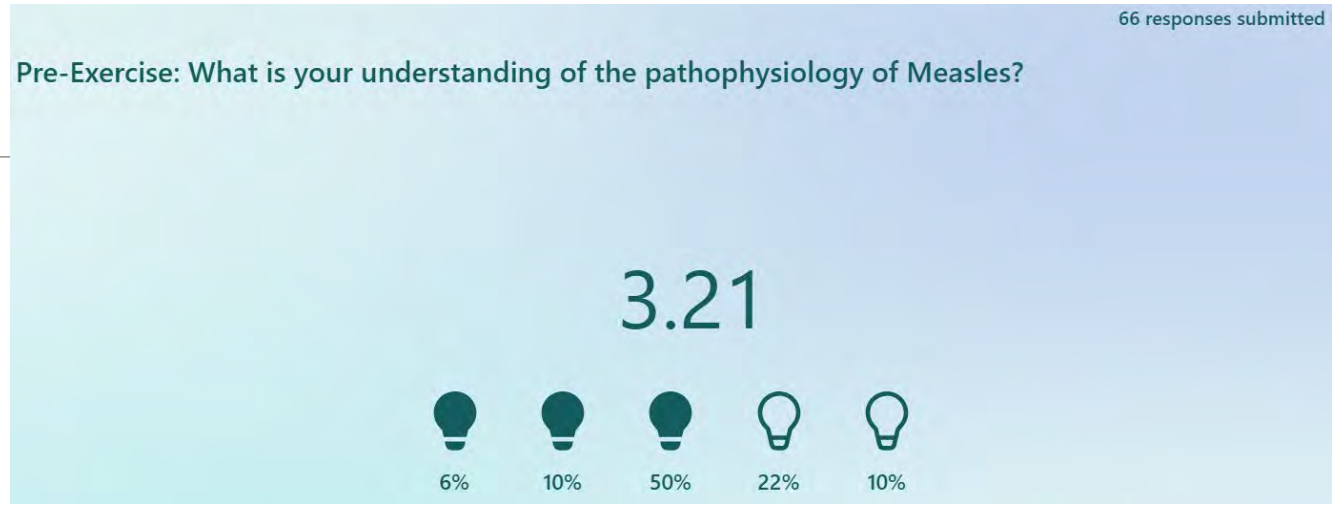
MODULE 1

AWARENESS, IMPACT, PREVENTION

Results
Pre-Assessment Quiz: Measles Awareness

Pre-Assessment Quiz: Measles Awareness for Tabletop Exercise Participants





Introduction

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

U.S. Cases in 2024

Total cases

285

Age
Under 5 years: **120 (42%)**
5-19 years: **88 (31%)**
20+ years: **77 (27%)**

Vaccination Status
Unvaccinated or Unknown: **89%**
One MMR dose: **7%**
Two MMR doses: **4%**

U.S. Cases in 2025

Total cases

1088

Age
Under 5 years: **322 (30%)**
5-19 years: **407 (37%)**
20+ years: **349 (32%)**
Age unknown: **10 (1%)**

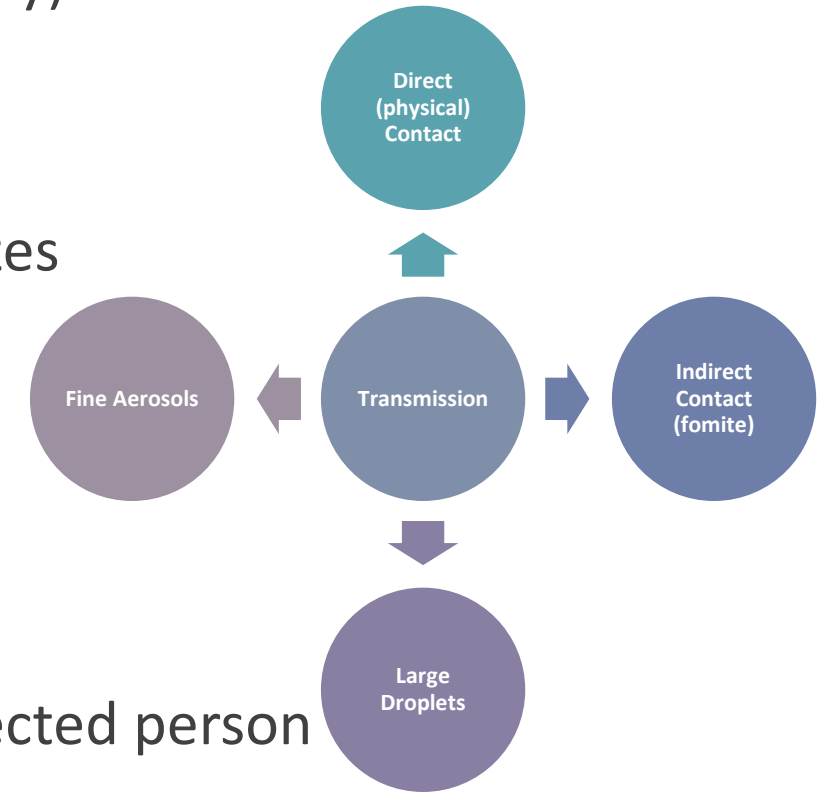
Vaccination Status
Unvaccinated or Unknown: **96%**
One MMR dose: **2%**
Two MMR doses: **3%**

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

https://www.cdc.gov/measles/data-research/index.html

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

https://www.cdc.gov/measles/about/index.html

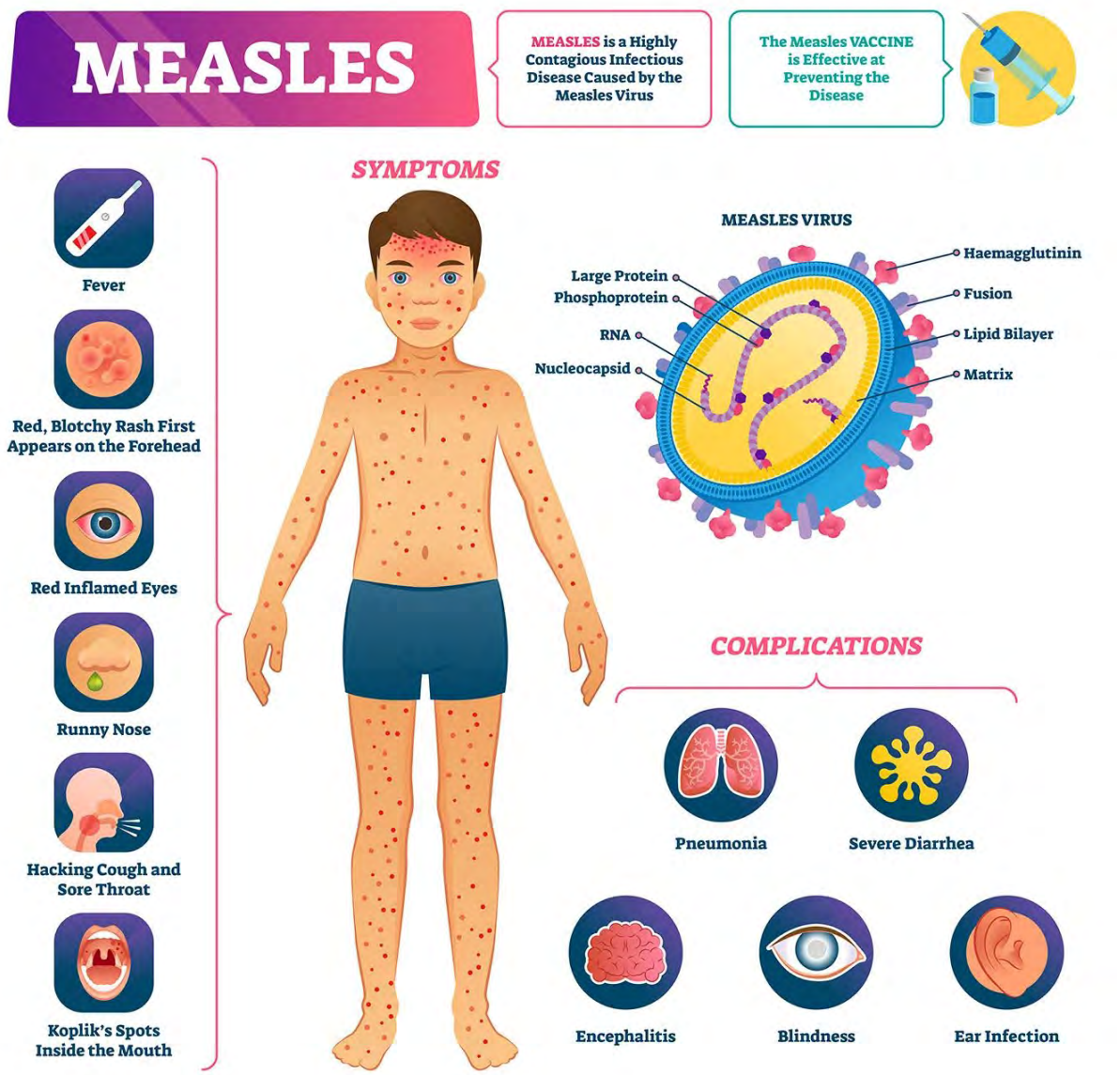


Figure 1: A child with measles demonstrating the classic symptoms & Complications.
Source: City of Cincinnati Health Department

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).

https://www.cdc.gov/measles/hcp/clinical-overview/index.html#:~:text=1%20out%20of%20every%201%2C000,from%20respiratory%20and%20neurologic%20complications.

Why It's a Public Health Concern

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

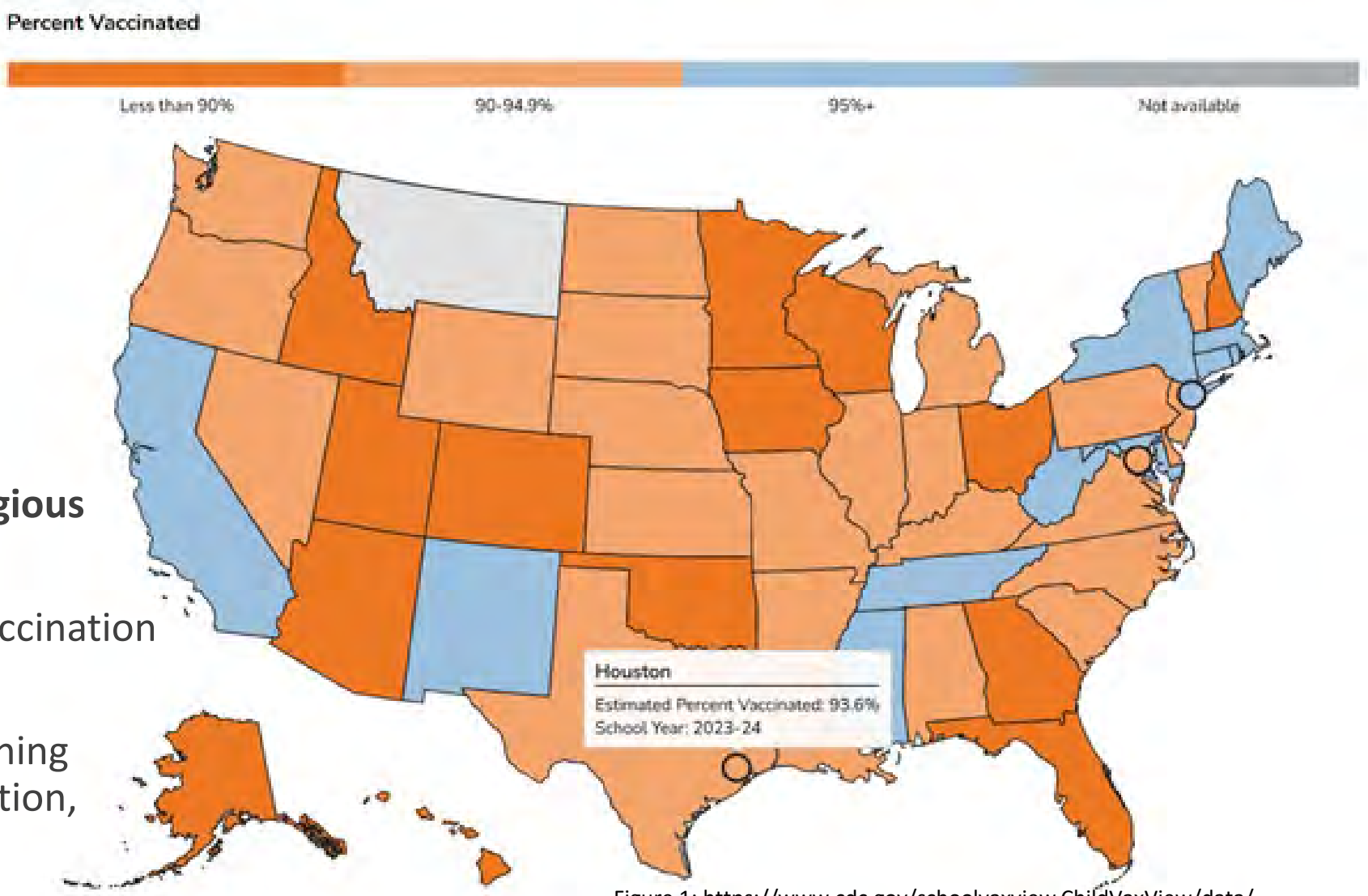


Figure 1: https://www.cdc.gov/schoolvaxview ChildVaxView/data/

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.

Data Table

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

- 1st @ 12-15 months of age
- 2nd @ 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

https://www.cdc.gov/measles/vaccines/index.html?CDC_AA_refVal-https%3A%2F%2Fvaccines%2Fvpd%Fmmr%2Fpublic%2Findex.html

Prevention & Control Measures

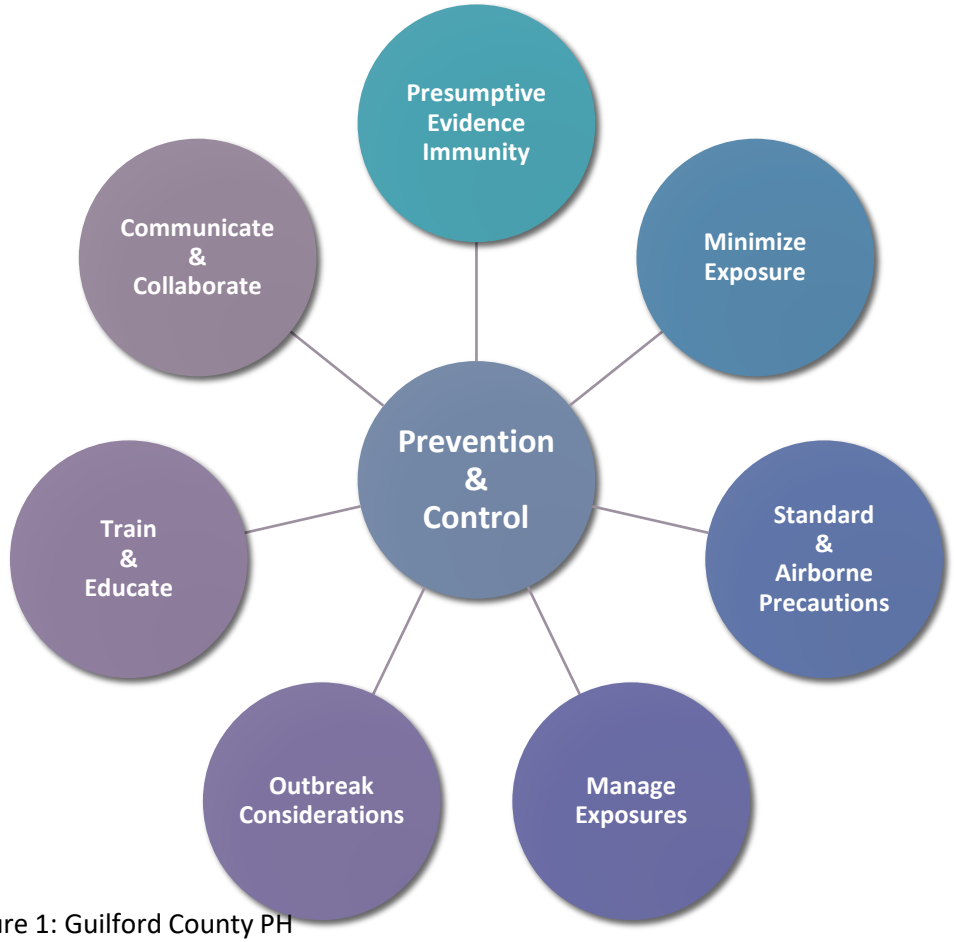


Figure 1: Guilford County PH

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

https://www.cdc.gov/infection-control/hcp/measles

Presumptive Evidence of Immunity

Written documentation of adequate vaccination

- 2 doses of Measles virus-containing vaccine
- 1st dose @ ≥ 12 month
- 2nd dose no earlier than 28 days after 1st 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*

https://www/cdc.gov/vaccines/pubs/sur-manual/chpt07-measles.html

Post Exposure Prophylaxis

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

https://www.cdc.gov/infection-control/hcp/measles

Immunoglobulin (IG) Procurement

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

https:www.cdc.gov/infection-control/hcp/measles

Measles Lab Testing

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® 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

https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/measlesprovidermemopdf/open

Testing Approval

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

https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/other_diseases.html

Ordering Test & Supplies From SLPH

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

https://www.dph.ncdhhs.gov/epidemiology/communicable-disease/ncslph-measles-specimen-collection-and-shipment-guidancepdf/download?attachment

Guilford County-Measles Resources

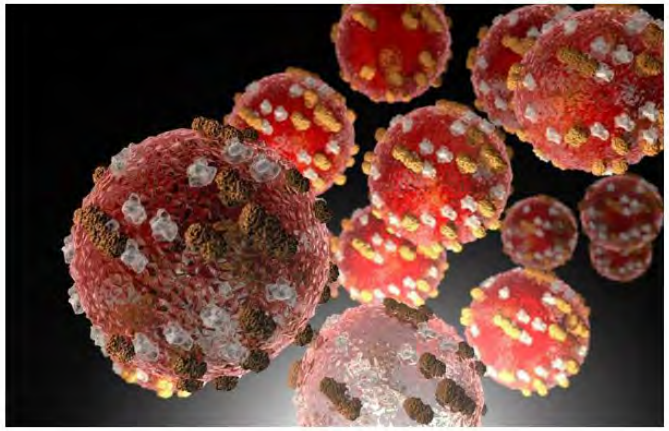
Guilford County
STATE of NORTH CAROLINA

I Want To | Living | Working | My Property | Government

Home

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

https://www.guilfordcountync.gov/measles

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
 **Public Health**	Risk Communication	How should public health respond to rapidly spreading public concern based on unconfirmed reports without eroding trust?
 **Schools**	Escalation Management	When does internal awareness become a public response, and how should schools calibrate that transition without inducing panic?
 **Healthcare**	Early Detection	How can frontline clinicians ensure early recognition of measles amid a sea of routine viral illnesses?
 **Command & Coordination**	Incident Command Activation	-How are roles and responsibilities assigned under ICS during the earliest signs of a public health event across your agency? - What triggers your organization's initial incident response, and who has the authority to activate command functions? - How do you ensure situational awareness and consistent messaging when the incident has not yet been formally confirmed?

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
 **Public Health**	Decision Thresholds	When should schools, media, and the public be formally notified of a confirmed case, especially when only one is identified?
 **Schools**	Operational Readiness	What immediate protective actions should schools take while awaiting broader public health direction?
 **Healthcare**	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
 **Public Health**	Epidemiologic Surveillance	How should public health balance urgency with scientific accuracy when responding to a suspected cluster with no lab confirmation?
 **Schools**	Operational Readiness	What ethical and legal considerations exist for isolating students without a confirmed diagnosis?
 **Healthcare**	Testing Protocols	How can providers determine testing priority when resources are limited and demand is increasing?

Inject 2.3

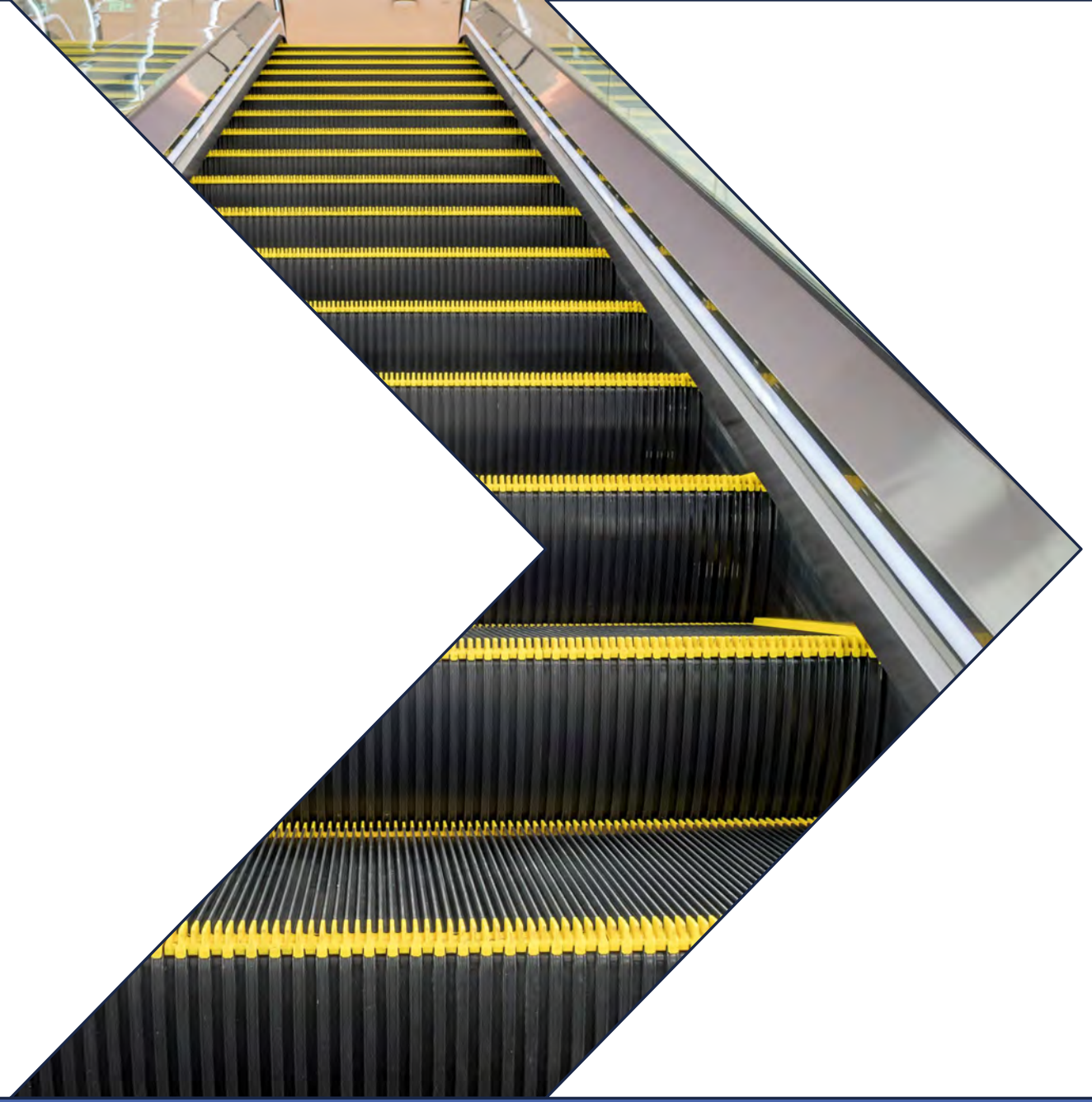
Inject Scenario: Parent Alert Sparks Media Involvement
A concerned parent, frustrated by a perceived lack of information, contacts a local news station claiming the school is covering up a potential outbreak. The story is now public. Social media posts are circulating, and other parents are beginning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

Inject 2.3

Group	Concept	Key Questions
 **Public Health**	Risk Communication	How can public health maintain credibility while correcting misinformation and respecting patient privacy?
 **Schools**	Message Timing	Should schools proactively address media coverage, or defer to public health authorities to lead?
 **Healthcare**	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

Group	Concept	Key Questions
 **Public Health**	Surge Capacity	How can public health rapidly expand tracing and data entry without compromising accuracy or burnout?
 **Schools**	Continuity Planning	What thresholds or data should drive decisions to shift to hybrid or remote learning?
 **Healthcare**	Surge Management	How can facilities avoid system strain while providing equitable care to high-risk patients?
 **Command & Coordination**	Multiagency Coordination & Crisis Operations	How is your ICS structure adapting to manage multiple confirmed cases and simultaneous partner demands? - What systems are in place to coordinate and deconflict messaging across public health, schools, and healthcare? - How do you track and share real-time data to support operational decision-making?

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
 **Public Health**	Media Strategy	When is it more effective to issue formal briefings rather than passive updates?
 **Schools**	Staff Readiness	How can staff provide clear answers when they themselves feel uncertain or uninformed?
 **Healthcare**	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
 **Public Health**	Policy Guidance	How can clearance criteria be designed to protect public health while remaining practical for schools & healthcare providers to implement?
 **Schools**	Operational Coordination	What internal systems are needed to track returning students and prevent gaps?
 **Healthcare**	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
 **Public Health**	Public Education	How can we inform the public without making them feel dismissed or ignored?
 **Schools**	Community Support	How can schools provide steady, fact-based communication that helps reduce anxiety and restores a sense of normalcy for students and families?
 **Healthcare**	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
 **Public Health**	Ethical Decision-Making	How can exclusion policies be enforced without worsening community distrust or inequities?
 **Schools**	Educational Equity	How can schools ensure excluded students are supported academically and emotionally?
 **Healthcare**	Health Equity	How can clinics reduce barriers and improve turnout among hesitant or underserved families?
 **Command & Coordination**	ICS Integrity Under Pressure	- How is your ICS structure adapting to maintain operational tempo as public resistance, policy enforcement, and community fatigue converge? - What strategies are in place to escalate command coordination when resistance complicates enforcement or continuity? - How are decision-makers balancing authority with empathy in enforcing health orders (e.g., exclusion, quarantine)?

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
 **Public Health**	Privacy & Legal	What privacy laws limit what public health can share with schools or the public?
 **Schools**	Procedural Justice	How do schools fairly manage exemption or appeal requests without delaying containment?
 **Healthcare**	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
 **Public Health**	Surge Coordination	How can location and timing of clinics be adjusted to address equity gaps?
 **Schools**	Risk Communication	What community-driven methods can boost turnout and reduce resistance?
 **Healthcare**	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
 **Public Health**	Community Engagement	How can we adapt messaging to address real fears and concerns respectfully?
 **Schools**	Security & Rights	How do schools protect student safety and rights amid protest and conflict?
 **Healthcare**	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
 **Public Health**	Recovery Management	How should public health prioritize recovery steps to rebuild trust and improve outcomes?
 **Schools**	Educational Continuity / Psychological Recovery	How can schools support both academic recovery and mental health post-crisis?
 **Healthcare**	System Resilience	What systemic healthcare improvements are most critical after this outbreak?
 **Command & Coordination**	ICS Demobilization & Recovery Planning	- How does your agency formally transition from response to recovery in the ICS framework? - What systems ensure After-Action Review (AAR) insights are captured, shared, and implemented? - How will you rebuild trust with communities disproportionately affected during the outbreak?

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
Public Health	Risk Communication Under Scrutiny	How can we acknowledge community burdens while defending public health action?
Schools	Responsive Governance	How can schools rebuild trust with families after difficult enforcement actions?
Healthcare	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
 **Public Health**	Health Policy Advisory	What are the implications of tying education funding to immunization rates?
 **Schools**	Operational Equity	How will performance-based health funding affect underserved or low-access districts?
 **Healthcare**	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
 **Public Health**	Organizational Learning and Operational Resilience Trust and Interagency Partnership Building	“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?”
 **Schools**		
 **Healthcare**		“How can your organization strengthen its identity as a trusted partner—both within the community and across agencies—before the next crisis strikes?”
 **Command & Coordination**		What commitments or frameworks are needed to ensure regional collaboration continues beyond this outbreak?

ACTIVITY / BREAK

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"

Post-Exercise Evaluation Survey (Measles Tabletop 2025)

Call to Action-

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.

THANK YOU

CONE HEALTH
The Network for Exceptional Care

COUNTY OF GUILFORD
NORTH CAROLINA
1771

GUILFORD County Schools
SOAR TO GREATNESS

GUILFORD COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH

Atrium Health
Wake Forest Baptist

Community Shield: Strengthening Measles Preparedness- Tabletop 2025

Integrated Stakeholder Activities

Date: 2025

The purpose of this activity is to help participants understand how public health, schools, and healthcare providers must work together to manage a complex infectious disease outbreak. Each decision affects the others—your input reflects the reality of interdependent systems.

Integrated Activities

🔍 Instructions for All Groups – Integrated Preparedness Activity

📌 **Purpose**: The purpose of this activity is to help participants understand how public health, schools, and healthcare providers must work together to manage a complex infectious disease outbreak. Each decision affects the others—your input reflects the reality of interdependent systems.

🎯 **Goal**: To simulate coordinated decision-making during an outbreak by identifying priorities, coordination needs, and long-term improvements across your sector and partners.

✅ **Objective**: Participants will demonstrate awareness of how integrated response functions across all phases—initial detection, operational response, communication, and recovery—by completing targeted planning tasks and highlighting critical interagency touchpoints.

🛠️ General Instructions for Participants

1. Work in your assigned team based on stakeholder group (Public Health, Schools, or Healthcare).
2. Complete the activity scenario assigned to your group by using the provided worksheet or digital template. You will be asked to:
    - Make decisions based on realistic outbreak injects.
    - Identify interagency dependencies (i.e., coordination with another group).
    - Consider vulnerable populations and equity concerns.
    - Propose at least one long-term improvement based on your experience.
3. Be specific—your decisions should reflect your agency's **current capacity, gaps, and role** in a countywide response.
4. You have **10 minutes** to complete your responses. Stay focused and collaborative.
5. At the end of the activity, be prepared to briefly share one insight or challenge identified during your planning session.

🧩 Public Health Activity: Integrated Response and Recovery Dashboard

Stakeholder Group: Public Health 🚑

Estimated Time: 10 minutes

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

🛠️ Instructions

Step 1 – Setup

Distribute the **dashboard matrix template** (see below) to each team. Encourage teams to work collaboratively and **think strategically about each response phase.**

Step 2 – Complete the Matrix (in teams)

For each of the 3 phases:

- Identify **2–3 key public health metrics** to track.
- List **2–3 critical partners** and coordination actions.
- Craft **1 key public-facing message or theme.**
- Identify **1–2 indicators of successful recovery or improvement.**

Step 3 – Time Management

- Allow ~3 minutes per phase (Initial, Ongoing, Recovery)
- Reserve the final minute for a brief summary or sharing

💡 Suggested Metrics & Coordination Examples

Sample Metrics:

- Confirmed cases by age group
- Immunization rates (baseline vs. outbreak)
- Hotline call volume
- School absenteeism trends
- Community survey trust scores

Sample Partners:

- **Schools** – daily reports, exclusion coordination
- **Clinics/Providers** – immunization updates, patient education
- **Media/PIO** – consistent messaging
- **County Legal** – quarantine authority, data sharing

Participant Dashboard Matrix Template- Public Health

Use this table to track key metrics, partners, messages, and recovery indicators across each outbreak phase.

Phase	***Key Metrics to Track*** *(2-3)*	***Priority Partners*** *(2-3)*	***Public Message or Priority*** *(1)*	***Recovery/Improvement Indicators*** *(1-2)*
Initial Response (Days 0–3)	*e.g., # of confirmed cases, hotline calls*	*e.g., Schools – exposure alerts; EM – ICS activation*	*"We're responding quickly—stay home if symptomatic."*	*Public awareness of response protocols; hotline capacity met*
Ongoing Operations (Days 4–10)	*e.g., # of tests completed, vax uptake %*	*e.g., Clinics – MMR catch-up; Media – myth-busting messaging*	*"Vaccination is safe, free, and essential to school return."*	*Increased immunization rates; reduced misinformation inquiries*
Recovery & Improvement (Post-Day 10)	*e.g., AAR progress; policy change status*	*e.g., County Legal – policy updates; Boards – community engagement*	*"We've listened and are building a better system together."*	*Adoption of lessons learned; improved coordination protocols*

🧩 *School Activity: End-to-End Scenario Simulation*

Stakeholder Group: Schools 🏫
Estimated Time: 10 minutes
Goal: Simulate response and recovery decisions across a school outbreak timeline while reflecting on **coordination, equity, communication, and long-term improvement.**

🛠️ Instructions (Facilitator-Facing)

Step 1 – Setup

- Distribute one **school role card** per team (e.g., urban high school, rural elementary, charter).
- Provide the **packet of 4 injects**, each aligned with one phase of the outbreak lifecycle:
  - Inject 1 – *Initial Exposure & Coordination*
  - Inject 2 – *School Operations & Notifications*
  - Inject 3 – *Community Pushback & Policy Challenges*
  - Inject 4 – *Recovery & Community Accountability*

Step 2 – Simulation (Team Activity)
For each of the four injects, teams will:

- Log one core decision on the **Decision Tracker**.
- Note a **coordination dependency** (e.g., relying on public health, waiting on district legal).
- Identify one **equity/access challenge** (e.g., digital access for remote learning).
- Propose one **long-term improvement idea** (e.g., SOPs, school board policy, or mental health resource).

Step 3 – Report Out (Optional)

- Ask each group to summarize their most challenging inject and one top improvement idea.

🧩 Role Cards Examples

Each team should simulate from a distinct school perspective:

- **Urban Public K-12 School**- (elementary, middle, high school)
  - High diversity, gaps in language access, housing insecurity, tech.
- **Rural Public K-12 School-** (elementary, middle, high school)
  - Limited access to nearby healthcare services and a small administrative team. The school is a central hub in its community, often doubling as a meeting place or shelter during emergencies
- **Urban Charter School-** (grades K-8)
  - A public charter school located in a high-density urban area, serving grades 6–8. Operates independently from the local district with a smaller administrative team and mission-driven focus on equity and innovation
- **Rural Charter School-** (grades K-8)
  - Limited staff, strong community ties, minimal public health access
- **Private K-12 School-**
  - Large, independent private school. Tuition-based, high parental involvement, and an emphasis on autonomy in operational decision-making. Own board and medical advisor, but is not directly governed by the public school district

Participant Decision Tracker Template- Schools

Use this table to track key metrics, partners, messages, and recovery indicators across each outbreak phase.

Selected Role Card:					
Inject Phase	**Core Decision Made**	**Stakeholders Involved**	**Coordination Dependency**	**Equity/Access Consideration**	**Long-Term Improvement Idea**
Inject 1 – Initial Exposure & Coordination	*Ex: Close one grade level for 3 days*	*Principal, Nurse, PH Liaison*	*Awaiting exposure criteria from PH*	*Multilingual messaging for families*	*Create outbreak action flowchart*
Inject 2 – Ops & Notifications	*Ex: Switch to remote for affected classroom*	*Teachers, IT, Comms Officer*	*Tech team to deploy devices*	*Student internet access gaps*	*Pre-distribute remote learning kits*
Inject 3 – Community Pushback	*Ex: Hold a virtual town hall for transparency*	*Principal, Board Rep, PIO*	*Legal review of comments policy*	*Trust-building with vaccine-hesitant families*	*Develop a communications escalation guide*
Inject 4 – Recovery & Accountability	*Ex: Share lessons learned with parents*	*Staff, PTA, Superintendent's Office*	*Coordinating AAR with PH*	*Families with long-term absences due to exclusion*	*Propose a policy review on exclusion procedures*

🧩 Healthcare Activity: Cross-Phase Clinic Playbook Builder

Stakeholder Group: Healthcare 🏥

Estimated Time: 10 minutes

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

🛠️ Instructions (Facilitator-Facing)

Step 1 – Setup

Distribute the **blank clinic playbook template** to each team. The template includes four critical operational sections:

1. **Detection & First Contact** – (e.g., triage, screening, isolation)
2. **Operational Response** – (e.g., staffing, facility surge, PPE protocols)
3. **Public & Patient Communication** – (e.g., signage, education, hotline messaging)
4. **Recovery & Community Reassurance** – (e.g., follow-up care, trust-building, debriefs)

Step 2 – Team Tasking

For **each of the four playbook sections**, teams will:

- List **three core actions or decisions** they would take.
- Assign **two key staff roles** responsible for those actions.
- Identify **external coordination needs** (e.g., schools, LHDs, pharmacies).
- Propose **one improvement or resilience strategy** based on lessons learned from the outbreak.

Step 3 – Optional Report Out

Ask each team to highlight one innovative coordination or resilience strategy developed during their session.

📘 Optional Clinic Profiles (if you want role cards like schools)

- **Urban Pediatric Clinic** – High patient volume, low immunization rate
- **Suburban Family Practice** – Broad age range, moderate staffing
- **Rural Health Center** – Limited surge capacity, strong ties to the community
- **Hospital Emergency Department-** (large metropolitan population, high-volume ER)
- **Retail Urgent Care**- (commercial shopping area, high walk-in traffic, limited clinical staffing per shift, minimal PPE stockpile)

Participant Playbook Template- Healthcare

Use this table to track key metrics, partners, messages, and recovery indicators across each outbreak phase.

Selected Clinic Profile:				
Section	**Top 3 Actions or Decisions**	**Responsible Staff Roles**	**Coordination Needs**	**Improvement / Resilience Strategy**
Detection & First Contact	*Ex: Implement screening at intake, isolate febrile patients, notify PH*	*Charge Nurse, Infection Control Lead*	*Notify local health department (LHD) for reporting and guidance*	*Develop a standing triage protocol for outbreaks*
Operational Response	*Ex: Activate surge staffing, expand waiting area, deploy PPE stockpile*	*Clinic Manager, Supply Coordinator*	*Coordinate surge staffing with HR and temp agencies*	*Conduct quarterly surge drills with local partners*
Public & Patient Communication	*Ex: Update signage, activate phone tree, provide multilingual handouts*	*Communications Officer, Front Desk*	*Share messaging with LHD and hospital system*	*Create a joint media FAQ with local public health*
Recovery & Community Reassurance	*Ex: Call high-risk patients, hold staff debrief, provide updates to partners*	*Clinic Supervisor, Behavioral Health Lead*	*Schools and social services for follow-up care*	*Develop a patient-facing summary of outbreak response*

Community Shield: Strengthening Measles Preparedness- Tabletop 2025

Situation Manual

Date: 2025

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

Handling Instructions

1. The title of this document is **Community Shield: Strengthening Measles Preparedness Tabletop 2025 Exercise Situation Manual (SitMan).**
2. Information gathered in this SitMan is designated as For Official Use Only (FOUO) and should be handled as sensitive information that is not to be disclosed. This document should be safeguarded, handled, transmitted, and stored following appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Guilford County Division of Public Health is prohibited.
3. At a minimum, the attached materials will be disseminated strictly on a need-to-know basis and, when unattended, will be stored in a locked container or area that offers sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. For more information about the exercise, please consult the following points of contact (POCs):

Raul Gomez, MHA, CHPCP
PH Disaster Prep Manager
Public Health
336-641-6370 | m: 336 860-8575
rgomez@guilfordcountync.gov

Table of Contents

Exercise Overview

Name	**Community Shield: Strengthening Measles Preparedness- Tabletop 2025**				
Dates/Time	June 4, 2025	12:00 pm	To	June 4, 2025	5:00 pm
Location	Bur-Mil Conference Room, 5834 Bur-Mil Club, Greensboro, NC				
Exercise Type	Discussion: Tabletop (In-Person Delivery)				
Topic	Measles Outbreak in a School System				
Scope	Multi-agency response involving public health, healthcare, school systems, emergency management, and community stakeholders.				
Pathogen Overview	**Pathogen:** Measles virus (SS-enveloped RNA Virus) (genus Morbillivirus, family Paramyxoviridae). **Primary Mode of Transmission:** Highly contagious airborne transmission through respiratory droplets (coughing, sneezing) and direct contact with nasal or throat secretions. The virus can remain in the air and on surfaces for up to two hours after an infected person leaves the area. **Incubation Period:** Typically, 7–14 days (average of 10–12 days) from exposure to the onset of symptoms. The infectious period begins 4 days before and lasts 4 days after the appearance of a rash. **Primary Population at Risk:** • Unvaccinated individuals, especially children. • Infants under 12 months (too young for routine vaccination). • Immunocompromised individuals (e.g., cancer patients, transplant recipients). • Pregnant women (higher risk of complications). • People in crowded or close-contact settings (schools, childcare centers, healthcare facilities).				
Principle Objectives	1. **Evaluate the effectiveness of inter-agency coordination** to detect, confirm, and respond to an outbreak. 2. **Assess epidemiological investigation, case/contact management, and infection control strategies** 3. **Evaluate decision-making and policy implementation** for infectious disease containment. 4. **Examine risk communication strategies** to mitigate misinformation and community concerns. 5. **Identify gaps in preparedness plans, response logistics, and resource allocations.**				
Tested Public Health Domains & Capabilities	**DOMAIN**	**CAPABILITIES**			
	Community Resilience	1. Community Preparedness		2. Community Recovery	
	Incident Management	Choose an item.			
	Information Management	4. Emergency Public Info & Warning		6. Information Sharing	
	Surge Management	10. Medical Surge	Choose an item.	Choose an item.	Choose an item.
	Biosurveillance	13. PH Surveillance & Epidemiological Investigation		12. PH Laboratory Testing	
	Countermeasures & Mitigation	8. Med. Countermeasure Dispensing	Choose an item.	Choose an item.	Choose an item.
Planning Agencies	Guilford County Division Public Health Guilford County School District Cone Health System		Atrium Health Wake Forest Baptist		
Point of Contact	Raul Gomez, MPA, CHPCP PH Disaster Prep Manager Public Health 336-641-6370 | m: 336 860-8575 rgomez@guilfordcountync.gov				

Introduction

Purpose

This tabletop exercise is designed to promote open, collaborative discussion among public health, schools, healthcare, and emergency management partners in response to a simulated measles outbreak. The focus is not on evaluating Guilford County Division of Public Health operations, but on fostering shared understanding, identifying coordination opportunities, and strengthening our collective preparedness. Effective response during a crisis depends on all of us working together—and that collaboration begins here.

Core Points to Remember

- Reinforce knowledge of measles transmission, high-risk populations, and response protocols across roles and agencies

Top Lessons to Retain

- Prioritize early detection and cross-sector communication.
- Ensure clear, consistent public messaging.
- Understand legal authority around school exclusion and vaccination policies.

Clinical Knowledge Gains

- Apply practical outbreak investigation and containment strategies.
- Clarify roles across public health, education, and healthcare.
- Strengthen inter-agency coordination and equity-focused response.

Preparedness Improvements

- Identify gaps in current plans.
- Practice low-risk decision-making to build real-world confidence.
- Promote inclusive, community-centered recovery strategies

General Information

Exercise Timeline

Activity	Timeline
Registration	12:00 pm (15-30 min)
Welcome and Opening Remarks	12:30 pm to 1:00 pm (15-30 min)
Module 1: Measles Virus- Awareness, Impact & Prevention	1:00 pm to 1:15 pm (15 min)
Module 2: Initial Case Identification & Response Activation	1:15 pm to 1:45 pm (30 min)
Module 3: Escalation & Community Response	1:45 pm to 2:15 pm (30 min)
Break	Break (15 min)
Module 4: Control Measures	2:30 pm to 3:00 pm (30 min)
Module 5: Recovery	3:30 pm to 4:00 pm (30 min)
Activity / Break (TBD)	Activity/ Break (25 min)
Activity Follow-up (TBD)	4:25 pm to 4:35 pm (10 min)
Hot Wash / Closing Comments	4:35 pm to **4:45 pm** (10 min)
Conclusion	5:00 pm

Exercise Objectives & Capabilities

The exercise objectives outline expected outcomes for key participant groups—Public Health, School System, and Healthcare. Each objective is aligned with core capabilities essential to public health preparedness and selected by the Exercise Planning Team in coordination with elected and appointed officials.

Objective #	Exercise Objective	FEMA Mission Areas	CDC Domains	Core Capabilities
1	Evaluate the effectiveness of inter-agency coordination to detect, confirm, and respond to an outbreak.	Protection, Response	Incident Management, Biosurveillance	Operational Coordination, Situational Assessment, Planning
2	Assess epidemiological investigation, case/contact management, and infection control strategies.	Protection, Response	Countermeasures & Mitigation, Information Management	Public Health Surveillance, Community Resilience, Planning
3	Evaluate decision-making and policy implementation for infectious disease containment.	Protection, Response	Incident Management, Community Resilience	Planning, Operational Coordination, Mass Care Services
4	Examine risk communication strategies to mitigate misinformation and community concerns.	Public Information, Response, Recovery	Information Management, Community Resilience	Public Information & Warning, Community Resilience
5	Identify gaps in preparedness plans, response logistics, and resource allocations.	Recovery, Mitigation	Community Recovery, Information Management	Community Recovery, Planning, Operational Coordination, Logistics & Supply Chain Mgmt.

Exercise Guidelines

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

Exercise Assumptions and Artificialities

In any exercise, several assumptions and artificialities may be necessary to complete the exercise play in the time allotted. During this exercise, the following apply:

- The scenario for this exercise is artificial, however, it is plausible, and events occur as they are presented.
- There is no "hidden agenda" or any "trick questions."
- All players receive information at the same time.
- Assume cooperation and support from other responders, agencies, and organizational entities

Participant Roles and Responsibilities

Participants include all individuals involved in the exercise, with roles as follows:

- **Players** actively engage, responding to the scenario within their usual roles.
- **Observers** do not participate directly but may offer insights or ask questions.
- **Facilitators** guide the exercise, deliver updates, and support discussion.
- **Evaluators** document actions and assess alignment with established plans and policies.

Exercise Identification (If Applicable)

Exercise staff will be easily identifiable through badges, hats, or vests indicating their roles, while agency affiliation may be represented by uniform attire.

Group	Color
Controllers	[White]
Evaluators	[Red]
Support Staff	[Green]
Players	[Blue]
Safety Controller	[Orange]
Observer	[Gray]
Media	[Purple]
Actors	[Yellow]
VIP	[Black]

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, which are documented in Exercise Evaluation Guides (EEGs). Evaluators have EEGs for each of their assigned areas. Additionally, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR).

Exercise Planning Team

Planning Team: Measles Tabletop Exercise 2025		
Name	**Position**	**Agency**
Raul Gomez	Lead Planner	Guilford Public Health
Bethany Van Wyk	Planner	
LaTanya Pender	Planner	
Rimple Patel	Planner	
Tammy Koonce	Planner	
Sharain Carter	Planner	
Deirdre Moyer	Planner	Guilford County Schools
Thomas Gioello	Planner	Cone Health

Exercise Structure

Module Structure

This exercise consists of six modules, driving exercise progression:

1. Awareness, Impact & Prevention
2. Initial Case Identification & Response Activation
3. Escalation & Community Response
4. Control Measures & Community Resistance
5. Recovery & Systems Improvement
6. Integrated Activity
7. Hot Wash / Post-Exercise Evaluation Survey

Each module is designed following the core elements described below:

- **Scenario:** A brief, realistic situation that sets the stage for discussion and decision-making.
- **Group Specific Objectives:** The specific, measurable goals each group should achieve during the exercise.
- **Question Concept:** The core theme or idea guiding the discussion and challenges in each inject.
- **Key Questions:** Thought-provoking prompts designed to drive group discussion and decision-making.
- **Associated Critical Tasks:** Essential actions participants must perform to meet the objectives and demonstrate capability.

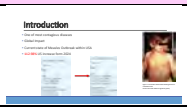
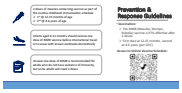
Integrated Preparedness Activity

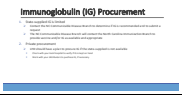
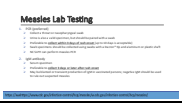
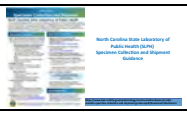
- **Purpose:** Build shared understanding of how public health, schools, and healthcare collaborate to manage complex outbreaks.
- **Goal:** Simulate coordinated decision-making, identify interdependencies, and generate actionable improvements.
- **Objective:** Participants complete planning tasks across response phases, demonstrate interagency coordination, and document key takeaways.

Panel Member Instructions

- The facilitator will direct each scenario's key question to the corresponding group (Public Health, Schools, or Healthcare).
- As a panel representative, you'll have **up to 2 minutes** to share your group's initial perspective.
- 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.
- **Respect all opinions** and maintain confidentiality—this is a **no-fault, solution-focused space**.
- Stay focused, engaged, and think **creatively**—your insights help drive meaningful discussion and learning.

Module 1: Awareness, Impact, and Prevention

Module	Slide	Topic	Objective / Key Points	Multimedia	Resource
Measles Virus (101) Awareness Impact Prevention *Presented by Epidemiology &/or Infectious Disease Expert*	1	Introduction	Raise awareness about measles, its risks, and prevention strategies. Highlight the current state of measles outbreaks and guidelines for control		
	2	What is Measles?	**Caused by:** Measles virus (Morbillivirus, Paramyxoviridae family). **Transmission:** Highly contagious airborne virus, spreads via respiratory droplets. **Incubation period:** 7-14 days before symptoms appear.		CDC Measles Fact Sheet (CDC Link)
	3	Symptoms & Complications	**Early Symptoms (3 C's):** Cough, Coryza (runny nose), Conjunctivitis (red eyes). **Other symptoms are high fever, sore throat, and** Koplik spots (white spots in the mouth). **Rash:** Appears 3-5 days after initial symptoms, spreads from face downward. **Complications:** Pneumonia, encephalitis (brain swelling), hospitalization, death (esp. in unvaccinated children).		
	4	Why It's a Public Health Concern	Measles is **one of the most contagious** infectious diseases (R_0 = 12-18). **Herd immunity requires ≥ 95% vaccination coverage.** Recent outbreaks are due to **declining vaccination rates** (e.g., misinformation, hesitancy). Unvaccinated individuals can trigger **school closures & hospital overloads**.		WHO Global Measles Report (WHO Link)
	5	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).		CDC Vaccination Guidelines (CDC Link)
	6	Prevention & Response Guidelines	**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		

	7	Presumptive Evidence of Immunity	Written Documentation, Laboratory Evidence, Laboratory Confirmation, Birth Year		
	8	Post Exposure Prophylaxis	Individuals exposed to measles who DO NOT have adequate presumptive evidence of immunity: If MMR is received within the recommended timeframe If (IG) is used for PEP Know where there may be pockets of un- or under-vaccinated individuals in your county		
	9	Immunoglobulin (IG) Procurement	State-supplied IG is limited Private procurement		
	10	Measles Lab Testing	PCR (preferred) IgM antibody		
	11	Testing Approval	Testing for measles, mumps, or rubella at SLPH must be pre-approved by the Communicable Disease Branch and will be based on risk factors: Please call the epi-on-call (9190733-3419)		
	12	Ordering Test & Supplies From SLPH	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 The NCSLPH Online Supply Ordering System NCSLPH website https://slphreporting.ncpublichealth.com/labportal/		
	13	NC SLPH Guidance			
	14	Resources	Share CDC, WHO, and local guidelines for reference.		**CDC Measles Overview:** https://www.cdc.gov/measles **WHO Global Measles Reports:** https://www.who.int/measles
	TBD	Pre-Assessment Quiz	**Purpose:** This quiz is designed as a pre-assessment tool to gauge foundational knowledge of measles epidemiology, prevention, and outbreak response & coordination components. The results help facilitators tailor tabletop discussions and identify potential knowledge gaps.		

Module 2: Initial Case Identification and Response Activation

FEMA Mission Areas: Protection, Public Information, and Warning

CDC Domains: Information Management, Community Resilience

Core Capabilities: Public Information & Warning, Situational Awareness, Community Resilience

Opening Scenario 2.0: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 1 hour of media attention, initiate a coordinated risk communication strategy and verify the suspected case.	Risk Communication	How should public health respond to rapidly spreading public concern based on unconfirmed reports without eroding trust?	Develop and issue a holding statement; initiate rumor tracking; verify suspected case through provider outreach; identify threshold for official notification.
Schools	Within 30 minutes of notification, initiate internal communication protocols and designate a spokesperson to prepare unified messaging.	Escalation Management	When does internal awareness become a public response, and how should schools calibrate that transition without inducing panic?	Confirm communication chain of command; notify leadership; assign spokesperson; prepare joint statement draft with health officials.
Healthcare	Within 15 minutes of identifying a symptomatic student, internal protocols should be initiated to evaluate and report suspected measles cases.	Early Detection	How can frontline clinicians ensure early recognition of measles amid a sea of routine viral illnesses?	Review recent patient symptoms; flag suspect cases; report to public health; document findings in patient records.
Command & Coordination	Establish unified awareness and activate coordinated response roles within 30 minutes of outbreak rumor verification.	Command & Coordination Incident Command Activation	- How are roles and responsibilities assigned under ICS during the earliest signs of a public health event across your agency? - What triggers your organization's initial incident response, and who has the authority to activate command functions? - How do you ensure situational awareness and consistent messaging when the incident has not yet been formally confirmed?	- Identify your agency's initial command staff (IC, PIO, Liaison). - Activate preliminary communication protocol across agencies. - Document rumor tracking, response thresholds, and early decisions.

Inject 2.1: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 1 hour of confirmation, validate the case, activate initial response measures, and notify priority partners.	Decision Thresholds	When should schools, media, and the public be formally notified of a confirmed case, especially when only one is identified?	Confirm lab results; update surveillance records; alert healthcare and school officials; initiate case investigation protocol.
Schools	Within 1 hour of confirmation, activate the internal outbreak response protocol and coordinate with public health.	Operational Readiness	What immediate protective actions should schools take while awaiting broader public health direction?	Alert school leadership and board; brief staff; review student attendance records; draft preliminary notices to families.
Healthcare	Within 30 minutes of the request, support the contact tracing process and provide clinical context to public health officials.	Interagency Collaboration	How can clinical providers contribute meaningfully to public health-led investigations without disrupting care workflows?	Retrieve vaccination records; identify close contacts; assist in interviews; refer additional patients for evaluation.

Inject 2.2: School Nurse Reports Cluster of 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 2 hours of the cluster report, conduct a preliminary assessment and initiate field investigation.	Epidemiologic Surveillance	How should public health balance urgency with scientific accuracy when responding to a suspected cluster with no lab confirmation?	Deploy epidemiological team; conduct symptom screening; collect absenteeism and exposure data; recommend provisional isolation.
Schools	Within 30 minutes of symptom onset in multiple students, initiate temporary containment procedures and notify parents.	Operational Readiness	What ethical and legal considerations exist for isolating students without a confirmed diagnosis?	Identify and prepare isolation space; ensure student supervision; notify guardians; communicate protocols to staff.
Healthcare	Within 1 hour of public health request, begin prioritized testing for symptomatic students and staff.	Testing Protocols	How can providers determine testing priority when resources are limited and demand is increasing?	Establish risk-based testing criteria; offer specimen collection on-site; communicate lab timelines to stakeholders.

Inject 2.3: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 30 minutes of media escalation, deliver a coordinated public statement and initiate community rumor tracking.	Risk Communication	How can public health maintain credibility while correcting misinformation and respecting patient privacy?	Activate PIO; issue joint press release with school partners; track online/social media sentiment; update FAQs.
Schools	Within 30 minutes of news coverage, activate joint communication plans and align messaging with public health.	Message Timing	Should schools proactively address media coverage, or defer to public health authorities to lead?	Prepare and send family communication; direct inquiries to health-led hotline; ensure spokesperson availability; sync messages with PIO.
Healthcare	Within 1 hour of media reports, prepare clinicians to address increased public concern with consistent messaging.	Message Consistency	What role should healthcare providers play in dispelling myths and calming public fears?	Distribute talking points to frontline staff; update triage decision trees; train clinic reception on referral scripts.

Module 3: Escalation and Community Response

Focus: Surge management, unified messaging, and cross-sector coordination

FEMA Mission Areas: Response, Protection, Situational Assessment

CDC Domains: Incident Management, Biosurveillance, Information Management

Core Capabilities: Operational Coordination, Community Resilience, Public Information & Warning

Opening Scenario 3.0: Surge in Cases & 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 2 hours of case surge confirmation, scale contact tracing and exposure notifications using surge protocols.	Surge Capacity	How can public health rapidly expand tracing and data entry without compromising accuracy or burnout?	Activate surge epidemiology team; utilize digital tracing platforms; prioritize high-risk exposures; establish a rapid data validation team.
Schools	Within 1 hour of notification, assess operational continuity and update school exclusion protocols.	Continuity Planning	What thresholds or data should drive decisions to shift to hybrid or remote learning?	Review absentee trends; identify operational impacts; prepare parent communication on learning options.
Healthcare	Within 30 minutes of surge recognition, implement triage protocols and resource prioritization to maintain care delivery.	Surge Management	How can facilities avoid system strain while providing equitable care to high-risk patients?	Establish alternate intake areas; activate surge staffing plan; increase PPE distribution; report patient trends to public health.
Command & Coordination	Expand operational coordination and implement surge information flow strategies to manage rising demands.	Multiagency Coordination & Crisis Operations	- How is your ICS structure adapting to manage multiple confirmed cases and simultaneous partner demands? - What systems are in place to coordinate and deconflict messaging across public health, schools, and healthcare? - How do you track and share real-time data to support operational decision-making?	- Expand or formalize Unified Command. - Establish Joint Information System (JIS)/PIO coordination. - Develop centralized data-sharing dashboard or mechanism.

Inject 3.1: Attendance Drops & Rumors Surge

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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 1 hour of rumor escalation, implement a media strategy to correct misinformation and calm public fear.	Media Strategy	When is it more effective to issue formal briefings rather than passive updates?	Conduct a press briefing with Q&A; update online resources; share myth-busting graphics on social media.
Schools	Within 30 minutes of panic calls, prepare staff to handle parental inquiries and respond with consistent information.	Staff Readiness	How can staff provide clear answers when they themselves feel uncertain or uninformed?	Provide scripts for office staff; host rapid staff huddles; distribute FAQ sheets aligned with public health messaging.
Healthcare	Within 1 hour of media escalation, ensure frontline staff are equipped with talking points and triage tools.	Provider Messaging	How should clinical staff address parent fears without overpromising or escalating concern?	Update clinical talking points; provide staff with triage scripts; train frontline staff on common concerns and referral pathways.

Inject 3.2: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 2 hours, issue formal return-to-school and isolation clearance criteria to guide providers and schools.	Policy Guidance	How can clearance criteria be designed to protect public health while remaining practical for schools & healthcare providers to implement?	Finalize and distribute clearance flowchart; open parent-provider hotline; update guidance as data evolves.
Schools	Within 30 minutes of receiving guidance, begin verifying medical clearance for returning students.	Operational Coordination	What internal systems are needed to track returning students and prevent gaps?	Train attendance staff; coordinate with school nurses; update exclusion tracking database.
Healthcare	Within 1 hour of school or family inquiry, clarify who needs testing and sign clearance forms.	Clinical Decision-Making	What ethical and operational issues arise when clinicians are pressured to "clear" students quickly?	Develop internal protocols for clearance decisions; assign pediatric liaison; document clearance justifications.

Inject 3.3: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 2 hours, launch public education campaign to reduce unnecessary care-seeking behavior.	Public Education	How can we inform the public without making them feel dismissed or ignored?	Release infographic on symptoms and care options; activate school nurse Q&A line; partner with faith leaders to distribute messaging.
Schools	Within 1 hour, support parents in navigating healthcare access without contributing to panic.	Community Support	How can schools provide steady, fact-based communication that helps reduce anxiety and restores a sense of normalcy for students and families?	Provide referral contact lists; train staff on available local resources; share public health guidance in multiple formats/languages.
Healthcare	Within 30 minutes, activate surge triage protocols to reduce ER overload.	Care Pathways	How do we distinguish between urgent cases and misinformation-driven visits?	Expand telehealth appointments; implement symptom-based intake screening; coordinate with urgent care centers.

Module 4: Control Measures & Community Resistance

Focus: Exclusion enforcement, vaccination equity, and community trust

FEMA Mission Areas: Protection, Response

CDC Domains: Countermeasures & Mitigation, Community Resilience

Core Capabilities: Community Resilience, Public Information & Warning, Mass Care Services

Opening Scenario 4.0: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 4 hours of case peak declaration, enforce exclusion orders consistently and legally while offering support services.	Ethical Decision-Making	How can exclusion policies be enforced without worsening community distrust or inequities?	Issue exclusion letters; provide wraparound support (food, tutoring); set up exclusion help desk; monitor for disparate impacts.
Schools	Within 2 hours of exclusion notification, implement continuity plans for excluded students.	Educational Equity	How can schools ensure excluded students are supported academically and emotionally?	Provide remote learning kits; assign staff mentors; conduct wellness check-ins; coordinate with social workers.
Healthcare	Within 24 hours of outbreak escalation, deploy accessible vaccination sites prioritizing high-need populations.	Health Equity	How can clinics reduce barriers and improve turnout among hesitant or underserved families?	Launch mobile clinics; extend hours to evenings/weekends; offer multilingual support and community-led outreach.
Command & Coordination	Sustain ICS operations while executing containment policies and managing public resistance.	ICS Integrity Under Pressure	- How is your ICS structure managing operational tempo while addressing noncompliance and public fatigue? - What strategies are in place to escalate command coordination when resistance complicates enforcement or continuity? - How are decision-makers balancing authority with empathy in enforcing health orders (e.g., exclusion, quarantine)?	- Reassess span of control and staff surge strategies. - Use Liaison roles to coordinate with legal, community leaders, and advocacy groups. - Conduct Just-in-Time Training on difficult enforcement scenarios.

Inject 4.1: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 1 hour of exclusion protests, ensure legal and privacy-compliant communication regarding student status.	Privacy & Legal	What privacy laws limit what public health can share with schools or the public?	Coordinate with legal counsel to clarify disclosure boundaries. Disseminate FERPA/HIPAA-compliant messaging templates. Train public health liaisons and school nurses on privacy protocols
Schools	Within 2 hours of appeal inquiries, implement a fair and transparent exclusion appeal process.	Procedural Justice	How do schools fairly manage exemption or appeal requests without delaying containment?	Convene a multidisciplinary appeals team (school admin, nurse, legal). Define clear timelines for review and decision-making. Provide families with plain-language forms and decision letters
Healthcare	Within 24 hours, ensure frontline providers understand exclusion protocols and support community compliance.	Provider Alignment	How can healthcare providers communicate exclusion policies in a way that validates parental concerns while promoting public health?	Distribute exclusion criteria to local providers and urgent care centers. Conduct quick provider briefings or circulate a FAQ. Ensure consistent messaging for patient-facing staff on school clearance and testing.

Inject 4.2: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 6 hours of clinic launch, identify underserved ZIP codes and reallocate resources to improve reach.	Surge Coordination	How can location and timing of clinics be adjusted to address equity gaps?	Map vaccination gaps; consult community partners; shift or add clinic locations based on turnout and need.
Schools	Within 12 hours of low attendance reports, implement trust-building strategies to increase participation.	Risk Communication	What community-driven methods can boost turnout and reduce resistance?	Recruit trusted messengers; share vaccine stories on local media; host Q&A sessions before clinic hours.
Healthcare	Within 1 school day, support public health by sharing clinic information and encouraging participation.	Family Engagement	How should schools promote clinics without appearing coercive?	Send home multilingual flyers; host info sessions with nurses; allow excused absences for vaccination.

Inject 4.3: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 2 hours of protest onset, implement community engagement strategies to defuse tensions and clarify policy rationale.	Community Engagement	How can we adapt messaging to address real fears and concerns respectfully?	Facilitate listening sessions with public health leaders; adjust communication tone; involve community influencers.
Schools	Within 1 hour of a protest notice, activate school safety protocols while ensuring student learning and rights are preserved.	Security & Rights	How do schools protect student safety and rights amid protest and conflict?	Coordinate with SROs/law enforcement; update parents on safety plans; de-escalation training for administrators.
Healthcare	Within 12 hours, prepare to address protest-related questions from patients/staff.	Provider Communication	What role should healthcare providers play in shaping or responding to community backlash?	Develop FAQ for providers; train staff on neutral responses; share unified messages with partners.

Module 5: Recovery & Long-Term Resilience

Focus: Recovery planning, mental health support, policy reform, long-term resilience

FEMA Mission Areas: Recovery, Mitigation

CDC Domains: Community Recovery, Information Management

Core Capabilities: Community Recovery, Public Information & Warning

Opening Scenario 5.0: Recovery & Long-Term Resilience

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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 30 business days of the final case, complete an After-Action Review and publish a Recovery Action Plan.	Recovery Management	How should public health prioritize recovery steps to rebuild trust and improve outcomes?	Facilitate AAR sessions; identify top 5 gaps and successes; publish recovery roadmap; host community recovery forums.
Schools	Within 2 weeks of outbreak's close, implement reintegration supports for students and staff.	Educational Continuity / Psychological Recovery	How can schools support both academic recovery and mental health post-crisis?	Launch academic recovery plans; increase school-based counseling; adjust grading/attendance for excluded students.
Healthcare	Within 30 days, assess internal response gaps & develop an AAR for clinical resilience	System Resilience	What systemic healthcare improvements are most critical after this outbreak?	Conduct clinical debriefs; revise infectious disease protocols; restock and expand vaccine supplies; update training curricula.
Command & Coordination	Transition from active response to recovery operations while initiating AAR and continuity efforts.	ICS Demobilization & Recovery Planning	- How does your agency formally transition from response to recovery in the ICS framework? - What systems ensure After-Action Review (AAR) insights are captured, shared, and implemented? - How will you rebuild trust with communities disproportionately affected during the outbreak?	- Conduct ICS demobilization checklist and transfer authority back to normal operations. - Schedule and structure AAR across all sectors. - Initiate stakeholder engagement forums to address community concerns.

Inject 5.1: 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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 48 hours, issue a coordinated response addressing concerns and reinforcing policy rationale.	Risk Communication Under Scrutiny	How can we acknowledge community burdens while defending public health action?	Draft public statement; coordinate messaging with legal counsel; use trusted messengers to explain decision-making
Schools	Within 72 hours, address parent concerns and provide transparency on school-level decisions.	Responsive Governance	How can schools rebuild trust with families after difficult enforcement actions?	Host virtual forums; create a Q&A portal; empower school leaders to hold listening sessions.
Healthcare	Within 1 week, support agencies by speaking on clinical necessity and community protection.	Professional Credibility	How can healthcare voices help reframe public understanding of the exclusion strategy?	Issue clinician statements; participate in interviews; provide data-driven infographics on outbreak prevention.

Inject 5.2: Policy Reform on School Entry Vaccinations

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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	Within 2 weeks, provide evidence and risk-benefit analysis to support informed debate.	Health Policy Advisory	What are the implications of tying education funding to immunization rates?	Develop an impact brief; convene an expert panel; offer alternatives such as community grant programs.
Schools	Within 5 business days, evaluate financial and ethical impacts on diverse school systems.	Operational Equity	How will performance-based health funding affect underserved or low-access districts?	Model potential funding impacts; gather principal feedback; recommend safeguards for equity.
Healthcare	Within 10 business days, share community health data to help contextualize immunization disparities.	Data-Driven Advocacy	How can healthcare communicate the root causes of vaccination disparities while fostering understanding and partnership across sectors?	Provide local vaccine coverage maps; host stakeholder briefings; recommend outreach-based solutions.

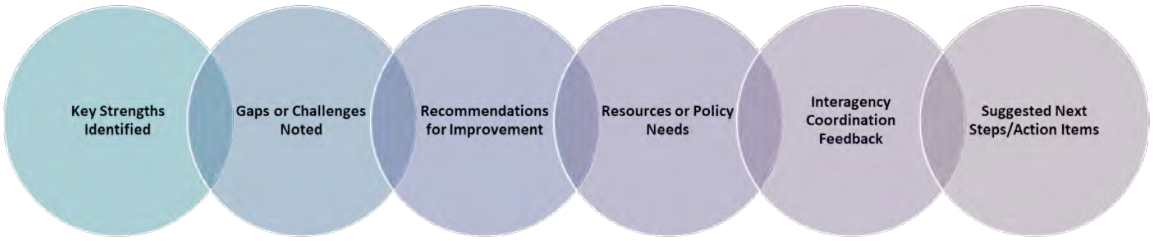
Inject 5.3: Regional Resilience Summit & Joint Press Briefing

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.

Group	Objectives	Concept	Key Questions	Associated Critical Tasks
Public Health	By the close of the summit, identify and commit to at least two actionable improvements that reflect institutional learning and enhance future outbreak readiness.	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?"	• Identify and prioritize key After-Action findings that require institutional follow-up. • Draft or update organizational policies and protocols to reflect lessons learned. • Develop a public-facing summary of improvements that builds transparency and trust. • Allocate or advocate for funding/resources to support sustained recovery actions. • Establish a timeline and responsibility matrix for implementing identified improvements. • Incorporate improvements into training, onboarding, or readiness exercises.
Schools **Healthcare**	By the end of the exercise, define a set of strategies to reinforce interagency collaboration and community trust, with at least one action to be implemented within the next six months.	Trust and Interagency Partnership Building	"How can your organization strengthen its identity as a trusted partner—both within the community and across agencies—before the next crisis strikes?"	• Identify existing gaps in trust or visibility based on community feedback or engagement efforts. • Collaborate with partner organizations to align messaging, policies, and engagement goals. • Develop or expand community outreach initiatives focused on preparedness and transparency. • Commit to recurring joint briefings, interagency drills, or summits that build visible unity. • Create or revise MOUs to strengthen interagency roles and responsibilities. • Designate agency liaisons or trust ambassadors to maintain community and cross-sector relationships.

Module 6: Hot Wash / Post-Exercise Evaluation Survey

Part 1: Facilitator-led discussion with participants should focus on the following key points



Part 2: Participant Post-Exercise Evaluation (complete before conclusion of exercise)
Purpose: Your feedback will help improve future exercises.
Instructions: Please rate the following statements using the scale provided.

https://forms.office.com/g/y6s4KNeyGG

End of Module Integrated Preparedness Activity

https://forms.office.com/g/rweebCAk7E

Appendix A: Resources

SITES

- CDC Han: https://www.cdc.gov/han/php/notices/han00522.html
- NC CD Manual Measles Resources: https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/other_diseases.html
- Measles cases and outbreaks in the U.S: https://www.cdc.gov/measles/data-research/index.html
- Child & Adolescent Immunization Schedule by Age: https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html
- Measles information for healthcare providers: https://www.cdc.gov/measles/php/guidance/index.html
- Interim Infection Prevention & Control Recommendations for Measles in Healthcare Settings: https://www.cdc.gov/infection-control/hcp/measles/
- NC Kindergarten Immunizations Dashboard: https://www.dph.ncdhhs.gov/programs/epidemiology/immunization/data/kindergarten-dashboard
- Guidelines for Isolation Precautions: https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html
- CDC's Infection Control in Healthcare Personnel Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/index.html
- CDC's Public Health Preparedness Checklist: https://www.cdc.gov/measles/media/pdfs/2025/02/CDC-Public-Health-Checklist_Sept18_FINAL-updatedlinks-508.pdf
- NC Dept. HHS: Measles Guidance for Schools: https://mcusercontent.com/79562c0637ffb85fb35458fd1/files/eb927cef-86d7-867e-4046-8cf2af5063ed/Summary_of_Measles_Guidance_for_Schools_2025.pdf
- Emory University-Serious Communicable Disease Program: "Measles: Updates & Challenges:" https://scdp.emory.edu/programs/echo-program/resources.html

PRESENTATIONS

- South Piedmont AHED-Navigating Measles/Essential Insights for Healthcare Professionals: https://vimeo.com/1075739971
- CDC Clinical Overview of Measles- Diagnosis, Laboratory Testing & Outbreak Response: https://www.youtube.com/watch?v=o6kEvlad-8E
- Emory University Measles: Updates & Challenges: https://www.youtube.com/watch?v=w8Ga-t1n9n8

Appendix B: Integrated Activities

🔍 Instructions for All Groups – Integrated Preparedness Activity

📌 Purpose

The purpose of this activity is to help participants understand how public health, schools, and healthcare providers must work together to manage a complex infectious disease outbreak. Each decision affects the others—your input reflects the reality of interdependent systems.

🎯 Goal

To simulate coordinated decision-making during an outbreak by identifying priorities, coordination needs, and long-term improvements across your sector and partners.

✅ Objective

Participants will demonstrate awareness of how integrated response functions across all phases—initial detection, operational response, communication, and recovery—by completing targeted planning tasks and highlighting critical interagency touchpoints.

🛠️ General Instructions for Participants

1. **Work in your assigned team** based on stakeholder group (Public Health, Schools, or Healthcare).
2. Complete the activity scenario assigned to your group by using the provided worksheet or digital template. You will be asked to:
    a. Make decisions based on realistic outbreak injects.
    b. Identify interagency dependencies (i.e., coordination with another group).
    c. Consider vulnerable populations and equity concerns.
    d. Propose at least one long-term improvement based on your experience.
3. Be specific—your decisions should reflect your agency's **current capacity, gaps, and role** in a countywide response.
4. You have **10 minutes** to complete your responses. Stay focused and collaborative.
5. At the end of the activity, be prepared to briefly share one insight or challenge identified during your planning session.

Facilitator Note: Encourage cross-group discussion during debrief to highlight dependencies (e.g., clinic-school clearance protocols, PH messaging impact on attendance). Each team should be prepared to share 1 key coordination success and 1 area needing system-wide improvement.

Integrated Activity Matrix Overview:

Stakeholder Group	Activity Title	Phases Covered	Key Tasks	Outputs & Deliverables
Public Health	Integrated Response & Recovery Dashboard	Initial Response Ongoing Ops Recovery	• Identify 2–3 metrics per phase • Name key partners & coordination tasks • Craft public messages • Define 1–2 recovery indicators	Completed 3-phase dashboard including metrics, coordination points, and messaging
Schools	End-to-End Scenario Simulation	**Inject 1 –** Initial Exposure **Inject 2 –** Ops & Notifications **Inject 3 –** Community Pushback **Inject 4 –** Recovery	• Log decisions on Decision Tracker • Note coordination dependencies • Flag equity concerns • Propose long-term improvement ideas	Decision Tracker with inject-specific decisions, challenges, and system improvements
Healthcare	Cross-Phase Clinic Playbook Builder	Detection Operational Response Communication Recovery	• List top 3 clinic actions per section • Assign 2 responsible staff roles • Note coordination needs • Identify 1 resilience strategy	Completed modular playbook with cross-phase response structure and coordination points

🧩 Public Health Activity: Integrated Response and Recovery Dashboard

Stakeholder Group: Public Health 🏥
Estimated Time: 10 minutes
Goal: Develop a quick-reference dashboard capturing **critical actions, partnerships, public messaging, and recovery indicators** across the full outbreak lifecycle—from response through recovery.

🛠️ Instructions

Step 1 – Setup
Distribute the **dashboard matrix template** (see below) to each team. Encourage teams to work collaboratively and **think strategically about each response phase.**

Step 2 – Complete the Matrix (in teams)
For each of the 3 phases:

- Identify **2–3 key public health metrics** to track.
- List **2–3 critical partners** and coordination actions.
- Craft **1 key public-facing message or theme.**
- Identify **1–2 indicators of successful recovery or improvement.**

Step 3 – Time Management

- Allow ~3 minutes per phase (Initial, Ongoing, Recovery)
- Reserve final minute for a brief summary or sharing

💡 Suggested Metrics & Coordination Examples

Sample Metrics:

- Confirmed cases by age group
- Immunization rates (baseline vs. outbreak)
- Hotline call volume
- School absenteeism trends
- Community survey trust scores

Sample Partners:

- **Schools** – daily reports, exclusion coordination
- **Clinics/Providers** – immunization updates, patient education
- **Media/PIO** – consistent messaging
- **County Legal** – quarantine authority, data sharing

🔍 Debrief Questions (Optional, if time permits)

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?

📝 **Participant Dashboard Matrix Template:** Public Health

Use this table to track key metrics, partners, messages, and recovery indicators across each outbreak phase.

Phase	Key Metrics to Track (2-3)	Priority Partners (2-3)	Public Message or Priority (1)	Recovery/Improvement Indicators (1-2)
Initial Response (Days 0–3)	e.g., # of confirmed cases, hotline calls	e.g., Schools – exposure alerts; EM – ICS activation	"We're responding quickly—stay home if symptomatic."	Public awareness of response protocols; hotline capacity met
Ongoing Operations (Days 4–10)	e.g., # of tests completed, vax uptake %	e.g., Clinics – MMR catch-up; Media – myth-busting messaging	"Vaccination is safe, free, and essential to school return."	Increased immunization rates; reduced misinformation inquiries
Recovery & Improvement (Post-Day 10)	e.g., AAR progress; policy change status	e.g., County Legal – policy updates; Boards – community engagement	"We've listened and are building a better system together."	Adoption of lessons learned; improved coordination protocols

🧩 Activity: End-to-End Scenario Simulation

Stakeholder Group: Schools 🏫
Estimated Time: 10 minutes
Goal: Simulate response and recovery decisions across a school outbreak timeline while reflecting on **coordination, equity, communication, and long-term improvement.**

🛠️ Instructions (Facilitator-Facing)

Step 1 – Setup

- Distribute one **school role card** per team (e.g., urban high school, rural elementary, charter).
- Provide the **packet of 4 injects**, each aligned with one phase of the outbreak lifecycle:
  - Inject 1 – *Initial Exposure & Coordination*
  - Inject 2 – *School Operations & Notifications*
  - Inject 3 – *Community Pushback & Policy Challenges*
  - Inject 4 – *Recovery & Community Accountability*

Step 2 – Simulation (Team Activity)

For each of the four injects, teams will:

- Log one core decision on the **Decision Tracker**.
- Note a **coordination dependency** (e.g., relying on public health, waiting on district legal).
- Identify one **equity/access challenge** (e.g., digital access for remote learning).
- Propose one **long-term improvement idea** (e.g., SOPs, school board policy, or mental health resource).

Step 3 – Report Out (Optional)

- Ask each group to summarize their most challenging inject and one top improvement idea.

🧩 Role Cards Examples

Each team should simulate from a distinct school perspective:

- **Urban Public K-12 School-** (elementary, middle, high school)
  - High diversity, gaps in language access, housing insecurity, tech.
- **Rural Public K-12 School-** (elementary, middle, high school)
  - Limited access to nearby healthcare services and a small administrative team. The school is a central hub in its community, often doubling as a meeting place or shelter during emergencies.
- **Urban Charter School-** (grades K-8)
  - A public charter school located in a high-density urban area, serving grades 6–8. Operates independently from the local district with a smaller administrative team and mission-driven focus on equity and innovation.
- **Rural Charter School-** (grades K-8)
  - Limited staff, strong community ties, minimal public health access
- **Private K-12 School-**
  - Large, independent private school. Tuition-based, high parental involvement, and an emphasis on autonomy in operational decision-making. Own board and medical advisor, but is not directly governed by the public school district.

💡 Facilitator Tips

- Encourage teams to **think like school leadership**, balancing safety, education, and community trust.
- Push teams to explore **realistic coordination friction** (e.g., waiting for PH guidance, school board approvals).
- Reinforce **equity thinking**: language, disability accommodations, economic barriers, etc.

🔍 Debrief Questions (Optional)

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?

📝 **Participant Decision Tracker Template:** Schools

Selected Role Card:					
Inject Phase	**Core Decision Made**	**Stakeholders Involved**	**Coordination Dependency**	**Equity/Access Consideration**	**Long-Term Improvement Idea**
Inject 1 – Initial Exposure & Coordination	*Ex: Close one grade level for 3 days*	*Principal, Nurse, PH Liaison*	*Awaiting exposure criteria from PH*	*Multilingual messaging for families*	*Create outbreak action flowchart*
Inject 2 – Ops & Notifications	*Ex: Switch to remote for affected classroom*	*Teachers, IT, Comms Officer*	*Tech team to deploy devices*	*Student internet access gaps*	*Pre-distribute remote learning kits*
Inject 3 – Community Pushback	*Ex: Hold a virtual town hall for transparency*	*Principal, Board Rep, PIO*	*Legal review of comments policy*	*Trust-building with vaccine-hesitant families*	*Develop a communications escalation guide*
Inject 4 – Recovery & Accountability	*Ex: Share lessons learned with parents*	*Staff, PTA, Superintendent's Office*	*Coordinating AAR with PH*	*Families with long-term absences due to exclusion*	*Propose policy review on exclusion procedures*

🧩 Healthcare Activity: Cross-Phase Clinic Playbook Builder

Stakeholder Group: Healthcare 🏥
Estimated Time: 10 minutes
Goal: Construct a cross-phase playbook outlining clinic-level response actions, partner coordination, and resilience strategies from detection to recovery.

🛠️ Instructions (Facilitator-Facing)

Step 1 – Setup
Distribute the **blank clinic playbook template** to each team. The template includes four critical operational sections:

1. **Detection & First Contact** – (e.g., triage, screening, isolation)
2. **Operational Response** – (e.g., staffing, facility surge, PPE protocols)
3. **Public & Patient Communication** – (e.g., signage, education, hotline messaging)
4. **Recovery & Community Reassurance** – (e.g., follow-up care, trust-building, debriefs)

Step 2 – Team Tasking
For **each of the four playbook sections**, teams will:

1. List **three core actions or decisions** they would take.
2. Assign **two key staff roles** responsible for those actions.
3. Identify **external coordination needs** (e.g., schools, LHDs, pharmacies).
4. Propose **one improvement or resilience strategy** based on lessons learned from the outbreak.

Step 3 – Optional Report Out

- Ask each team to highlight one innovative coordination or resilience strategy developed during their session.

📘 Optional Clinic Profiles (if you want role cards like schools)

- **Urban Pediatric Clinic** – High patient volume, low immunization rate
- **Suburban Family Practice** – Broad age range, moderate staffing
- **Rural Health Center** – Limited surge capacity, strong ties to the community
- **Hospital Emergency Department-** (large metropolitan population, high-volume ER)
- **Retail Urgent Care**- (commercial shopping area, high walk-in traffic, limited clinical staffing per shift, minimal PPE stockpile)

💡 Facilitator Tips

- Encourage teams to be realistic but forward-thinking—what would *actually* work in their facility?
- Reinforce that **coordination needs** go beyond public health: think EMS, local schools, pharmacies, and mental health.
- Push them to identify **gaps** they've seen in prior responses or drills and address those as improvements.

🔍 Debrief Questions (Optional)

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?

Participant Playbook Template: Healthcare

Selected Clinic Profile:				
Section	**Top 3 Actions or Decisions**	**Responsible Staff Roles**	**Coordination Needs**	**Improvement / Resilience Strategy**
Detection & First Contact	*Ex: Implement screening at intake, isolate febrile patients, notify PH*	*Charge Nurse, Infection Control Lead*	*Notify local health department (LHD) for reporting and guidance*	*Develop a standing triage protocol for outbreaks*
Operational Response	*Ex: Activate surge staffing, expand waiting area, deploy PPE stockpile*	*Clinic Manager, Supply Coordinator*	*Coordinate surge staffing with HR and temp agencies*	*Conduct quarterly surge drills with local partners*
Public & Patient Communication	*Ex: Update signage, activate phone tree, provide multilingual handouts*	*Communications Officer, Front Desk*	*Share messaging with LHD and hospital system*	*Create a joint media FAQ with local public health*
Recovery & Community Reassurance	*Ex: Call high-risk patients, hold staff debrief, provide updates to partners*	*Clinic Supervisor, Behavioral Health Lead*	*Schools and social services for follow-up care*	*Develop a patient-facing summary of outbreak response*

Community Shield: Strengthening Measles Preparedness- Tabletop 2025

Exercise Evaluation Guide

Date: 6.4.2025

An Exercise Evaluation Guide (EEG) as a tool to guide exercise observation and data collection, ensuring it aligns with exercise objectives and core capabilities. EEGs help identify relevant capability targets and critical tasks, enabling thorough assessments of participant organizations.

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Welcome & Thank You from Guilford County Division of Public Health

Dear Evaluator,

On behalf of the **Guilford County Division of Public Health (GCDPH)** and our multi-agency preparedness partners, thank you for serving as a valued evaluator in this measles outbreak tabletop exercise. Your role is essential in capturing critical insights, identifying performance strengths, and documenting meaningful areas for improvement that will help enhance our community's ability to respond to future public health emergencies.
This Exercise Evaluation Guide (EEG) has been designed in alignment with Homeland Security Exercise and Evaluation Program (HSEEP) best practices, the CDC's Public Health Preparedness Capabilities, and FEMA's Core Capabilities and Mission Areas. It is tailored to support structured observation and real-time documentation of objectives specific to each stakeholder group across multiple phases of this scenario, from escalation to recovery.

As an evaluator, your observations will inform our After-Action Review and directly contribute to the development of an Improvement Plan that strengthens public trust, operational coordination, and community resilience across Guilford County.

Thank you again for your commitment to excellence in public health preparedness and for supporting this collaborative learning environment. Your feedback will shape meaningful progress.

With appreciation,
Guilford County Division of Public Health-Preparedness and Response

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Exercise Evaluation Guide (EEG)- Instruction Guide

Name:	Community Shield: Strengthening Measles Preparedness	**Type:**	Tabletop Exercise (TTX)	**Groups**:	Schools, Public Health, Healthcare	**Date:**	June 4, 2025

EEG Purpose	**The Exercise Evaluation Guide (EEG) is a tool designed to help evaluators:** • Observe and assess performance during each phase of the exercise. • Document strengths, areas for improvement, and potential corrective actions. • Measure capability outcomes aligned with FEMA Core Capabilities, CDC Public Health Domains, and jurisdictional plans. • Each EEG is tailored to a specific stakeholder group and module of the exercise, focusing on relevant objectives and critical tasks.
Before the Exercise	**Review EEGs:** Evaluators should review their assigned EEGs in advance to understand: • The module scenario • The capability objectives • Associated critical tasks • Evaluation metrics (P/S/M/U/N/A)
During the Exercise	**Observe Interactions:** Evaluators should record: • How decisions are made • Whether key tasks are discussed or completed • Any delays, challenges, or best practices **Take Notes:** Document specific examples, quotes, or moments that support your ratings. This information is essential for the After-Action Report (AAR).
After the Exercise	• **Consolidate Ratings:** Complete your EEG ratings and write brief summaries for each objective. • **Submit Feedback:** Provide completed EEGs to the Exercise Lead or Evaluation Team Coordinator • **Participate in the Hot Wash:** Share observations during the immediate post-exercise debrief (Hot Wash). • **Contribute to the AAR/IP:** Your input will inform the After-Action Report and Improvement Plan.
Evaluator Tips	• Be neutral and objective—your role is to **observe**, not participate. • Focus on how participants **discuss, prioritize, and execute** key decisions/tasks. • Look for **interagency coordination**, clarity in roles, and gaps in planning or communication. • If a task is not performed, note **why** (e.g., confusion, lack of policy, technology failure).
Speaker Rules	• The facilitator will direct each scenario's key question to the corresponding group (Public Health, Schools, Healthcare, Command & Coordination). • As a panel representative, you'll have up to 2 minutes to share your group's initial perspective. • 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. • Respect all opinions and maintain confidentiality—this is a no-fault, solution-focused space. • Stay focused, engaged, and think creatively—your insights help drive meaningful discussion and learning.

Rating System

Ratings Key		Ratings Definitions
Performed without Challenges	**P**	The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Performed with Some Challenges	**S**	The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
Performed with Major Challenges	**M**	The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Unable to Perform	**U**	The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).
Not Applicable	**N/A**	

Module 2: Initial Case Identification and Response Activation

FEMA Mission Areas: Protection, Public Information, and Warning

CDC Domains: Information Management, Community Resilience

Core Capabilities: Public Information & Warning, Situational Awareness, Community Resilience

Opening Scenario 2.0: 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.

Inject 2.1: 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 2.2: School Nurse Reports Cluster of 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 2.3: 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.

2.0 Opening Scenario – Public Concern Sparks Early Alert

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 1 hour of media attention, initiate a coordinated risk communication strategy and verify the suspected case.	Risk Communication	How should public health respond to rapidly spreading public concern based on unconfirmed reports without eroding trust?	Develop and issue a holding statement; initiate rumor tracking; verify suspected case through provider outreach; identify threshold for official notification.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Schools	Within 30 minutes of notification, initiate internal communication protocols and designate a spokesperson to prepare unified messaging.	Escalation Management	When does internal awareness become a public response, and how should schools calibrate that transition without inducing panic?	Confirm communication chain of command; notify leadership; assign spokesperson; prepare joint statement draft with health officials.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Healthcare	Within 15 minutes of identifying a symptomatic student, internal protocols should be initiated to evaluate and report suspected measles cases.	Early Detection	How can frontline clinicians ensure early recognition of measles amid a sea of routine viral illnesses?	Review recent patient symptoms; flag suspect cases; report to public health; document findings in patient records.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Command & Coordination	Establish unified awareness and activate coordinated response roles within 30 minutes of outbreak rumor verification.	Command & Coordination Incident Command Activation	- How are roles and responsibilities assigned under ICS during the earliest signs of a public health event across your agency? - What triggers your organization's initial incident response, and who has the authority to activate command functions? - How do you ensure situational awareness and consistent messaging when the incident has not yet been formally confirmed?	- Identify your agency's initial command staff (IC, PIO, Liaison). - Activate preliminary communication protocol across agencies. - Document rumor tracking, response thresholds, and early decisions.	☐ P ☐ S ☐ M ☐ U ☐ N/A

Comments (If applicable):

Inject 2.1 – Pediatrician Confirms a Measles Case

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 1 hour of confirmation, validate the case, activate initial response measures, and notify priority partners.	Decision Thresholds	When should schools, media, and the public be formally notified of a confirmed case, especially when only one is identified?	Confirm lab results; update surveillance records; alert healthcare and school officials; initiate case investigation protocol.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 1 hour of confirmation, activate the internal outbreak response protocol and coordinate with public health.	Operational Readiness	What immediate protective actions should schools take while awaiting broader public health direction?	Alert school leadership and board; brief staff; review student attendance records; draft preliminary notices to families.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 30 minutes of the request, support the contact tracing process and provide clinical context to public health officials.	Interagency Collaboration	How can clinical providers contribute meaningfully to public health-led investigations without disrupting care workflows?	Retrieve vaccination records; identify close contacts; assist in interviews; refer additional patients for evaluation.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Comments (If applicable):					

Inject 2.2 – School Nurse Reports A Cluster of Ill Students

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 2 hours of the cluster report, conduct a preliminary assessment and initiate field investigation.	Epidemiologic Surveillance	How should public health balance urgency with scientific accuracy when responding to a suspected cluster with no lab confirmation?	Deploy epidemiological team; conduct symptom screening; collect absenteeism and exposure data; recommend provisional isolation.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 30 minutes of symptom onset in multiple students, initiate temporary containment procedures and notify parents.	Operational Readiness	What ethical and legal considerations exist for isolating students without a confirmed diagnosis?	Identify and prepare isolation space; ensure student supervision; notify guardians; communicate protocols to staff.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 1 hour of public health request, begin prioritized testing for symptomatic students and staff.	Testing Protocols	How can providers determine testing priority when resources are limited and demand is increasing?	Establish risk-based testing criteria; offer specimen collection on-site; communicate lab timelines to stakeholders.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Inject 2.3 – Parent Alert Sparks Media Involvement

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 30 minutes of media escalation, deliver a coordinated public statement and initiate community rumor tracking.	Risk Communication	How can public health maintain credibility while correcting misinformation and respecting patient privacy?	Activate PIO; issue joint press release with school partners; track online/social media sentiment; update FAQs.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 30 minutes of news coverage, activate joint communication plans and align messaging with public health.	Message Timing	Should schools proactively address media coverage, or defer to public health authorities to lead?	Prepare and send family communication; direct inquiries to health-led hotline; ensure spokesperson availability; sync messages with PIO.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 1 hour of media reports, prepare clinicians to address increased public concern with consistent messaging.	Message Consistency	What role should healthcare providers play in dispelling myths and calming public fears?	Distribute talking points to frontline staff; update triage decision trees; train clinic reception on referral scripts.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Comments (If applicable):					

Module 3: Escalation & Community Response

Focus: Surge management, unified messaging, and cross-sector coordination

FEMA Mission Areas: Response, Protection, Situational Assessment

CDC Domains: Incident Management, Biosurveillance, Information Management

Core Capabilities: Operational Coordination, Community Resilience, Public Information & Warning

Opening Scenario 3.0: Surge in Cases & 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.

Inject 3.1: Attendance Drops & Rumors Surge

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.

Inject 3.2: 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 3.3: 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.

3.0 Opening Scenario – Surge in Cases and Misinformation

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 2 hours of case surge confirmation, scale contact tracing and exposure notifications using surge protocols.	Surge Capacity	How can public health rapidly expand tracing and data entry without compromising accuracy or burnout?	Activate surge epidemiology team; utilize digital tracing platforms; prioritize high-risk exposures; establish a rapid data validation team.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Schools	Within 1 hour of notification, assess operational continuity and update school exclusion protocols.	Continuity Planning	What thresholds or data should drive decisions to shift to hybrid or remote learning?	Review absentee trends; identify operational impacts; prepare parent communication on learning options.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Healthcare	Within 30 minutes of surge recognition, implement triage protocols and resource prioritization to maintain care delivery.	Surge Management	How can facilities avoid system strain while providing equitable care to high-risk patients?	Establish alternate intake areas; activate surge staffing plan; increase PPE distribution; report patient trends to public health.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Command & Coordination	Expand operational coordination and implement surge information flow strategies to manage rising demands.	Multiagency Coordination & Crisis Operations	- How is your ICS structure adapting to manage multiple confirmed cases and simultaneous partner demands? - What systems are in place to coordinate and deconflict messaging across public health, schools, and healthcare? - How do you track and share real-time data to support operational decision-making?	- Expand or formalize Unified Command. - Establish Joint Information System (JIS)/PIO coordination. - Develop centralized data-sharing dashboard or mechanism.	☐ P ☐ S ☐ M ☐ U ☐ N/A

Comments (If applicable):

Inject 3.1 – Attendance Drops and Rumors Surge

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 1 hour of rumor escalation, implement a media strategy to correct misinformation and calm public fear.	Media Strategy	When is it more effective to issue formal briefings rather than passive updates?	Conduct press briefing with Q&A; update online resources; share myth-busting graphics on social media.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 30 minutes of panic calls, prepare staff to handle parental inquiries and respond with consistent information.	Staff Readiness	How can staff provide clear answers when they themselves feel uncertain or uninformed?	Provide scripts for office staff; host rapid staff huddles; distribute FAQ sheets aligned with public health messaging.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 1 hour of media escalation, ensure frontline staff are equipped with talking points and triage tools.	Provider Messaging	How should clinical staff address parent fears without overpromising or escalating concern?	Update clinical talking points; provide staff with triage scripts; train frontline staff on common concerns and referral pathways.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Inject 3.2 – Symptomatic Students & Testing Demand

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 2 hours, issue formal return-to-school and isolation clearance criteria to guide providers and schools.	Policy Guidance	How can clearance criteria be designed to protect public health while remaining practical for schools & healthcare providers to implement?	Finalize and distribute clearance flowchart; open parent-provider hotline; update guidance as data evolves.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 30 minutes of receiving guidance, begin verifying medical clearance for returning students.	Operational Coordination	What internal systems are needed to track returning students and prevent gaps?	Train attendance staff; coordinate with school nurses; update exclusion tracking database.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 1 hour of school or family inquiry, clarify who needs testing and sign clearance forms.	Clinical Decision-Making	What ethical and operational issues arise when clinicians are pressured to "clear" students quickly?	Develop internal protocols for clearance decisions; assign pediatric liaison; document clearance justifications.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Inject 3.3 – Healthcare Surge and Parental Panic

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 2 hours, launch public education campaign to reduce unnecessary care-seeking behavior.	Public Education	How can we inform the public without making them feel dismissed or ignored?	Release infographic on symptoms and care options; activate school nurse Q&A line; partner with faith leaders to distribute messaging.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 1 hour, support parents in navigating healthcare access without contributing to panic.	Community Support	How can schools provide steady, fact-based communication that helps reduce anxiety and restores a sense of normalcy for students and families?	Provide referral contact lists; train staff on available local resources; share public health guidance in multiple formats/languages.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 30 minutes, activate surge triage protocols to reduce ER overload.	Care Pathways	How do we distinguish between urgent cases and misinformation-driven visits?	Expand telehealth appointments; implement symptom-based intake screening; coordinate with urgent care centers.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Module 4: Control Measures & Community Resistance

Focus: Exclusion enforcement, vaccination equity, and community trust

FEMA Mission Areas: Protection, Response

CDC Domains: Countermeasures & Mitigation, Community Resilience

Core Capabilities: Community Resilience, Public Information & Warning, Mass Care Services

Opening Scenario 4.0: 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.

Inject 4.1: 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 4.2: Community Vaccinations 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 4.3: 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.

4.0 Opening Scenario – Peak Outbreak & Resistance

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 4 hours of case peak declaration, enforce exclusion orders consistently and legally while offering support services.	Ethical Decision-Making	How can exclusion policies be enforced without worsening community distrust or inequities?	Issue exclusion letters; provide wraparound support (food, tutoring); set up exclusion help desk; monitor for disparate impacts.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Schools	Within 2 hours of exclusion notification, implement continuity plans for excluded students.	Educational Equity	How can schools ensure excluded students are supported academically and emotionally?	Provide remote learning kits; assign staff mentors; conduct wellness check-ins; coordinate with social workers.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Healthcare	Within 24 hours of outbreak escalation, deploy accessible vaccination sites prioritizing high-need populations.	Health Equity	How can clinics reduce barriers and improve turnout among hesitant or underserved families?	Launch mobile clinics; extend hours to evenings/weekends; offer multilingual support and community-led outreach.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Command & Coordination	Sustain ICS operations while executing containment policies and managing public resistance.	ICS Integrity Under Pressure	- How is your ICS structure managing operational tempo while addressing noncompliance and public fatigue? - What strategies are in place to escalate command coordination when resistance complicates enforcement or continuity? - How are decision-makers balancing authority with empathy in enforcing health orders (e.g., exclusion, quarantine)?	- Reassess span of control and staff surge strategies. - Use Liaison roles to coordinate with legal, community leaders, and advocacy groups. - Conduct Just-in-Time Training on difficult enforcement scenarios.	☐ P ☐ S ☐ M ☐ U ☐ N/A

Comments (If applicable):

Inject 4.1 – Enforcement of Exclusion Orders for Unvaccinated Students

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 1 hour of exclusion protests, ensure legal and privacy-compliant communication regarding student status.	Privacy & Legal	What privacy laws limit what public health can share with schools or the public?	Coordinate with legal counsel to clarify disclosure boundaries. Disseminate FERPA/HIPAA-compliant messaging templates. Train public health liaisons and school nurses on privacy protocols	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 2 hours of appeal inquiries, implement a fair and transparent exclusion appeal process.	Procedural Justice	How do schools fairly manage exemption or appeal requests without delaying containment?	Convene a multidisciplinary appeals team (school admin, nurse, legal). Define clear timelines for review and decision-making. Provide families with plain-language forms and decision letters	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 24 hours, ensure frontline providers understand exclusion protocols and support community compliance.	Provider Alignment	How can healthcare providers communicate exclusion policies in a way that validates parental concerns while promoting public health?	Distribute exclusion criteria to local providers and urgent care centers. Conduct quick provider briefings or circulate a FAQ. Ensure consistent messaging for patient-facing staff on school clearance and testing.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Comments (If applicable)					

Inject 4.2 – Community Vaccination Clinics Launched

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 6 hours of clinic launch, identify underserved ZIP codes and reallocate resources to improve reach.	Surge Coordination	How can location and timing of clinics be adjusted to address equity gaps?	Map vaccination gaps; consult community partners; shift or add clinic locations based on turnout and need.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 12 hours of low attendance reports, implement trust-building strategies to increase participation.	Risk Communication	What community-driven methods can boost turnout and reduce resistance?	Recruit trusted messengers; share vaccine stories on local media; host Q&A sessions before clinic hours.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 1 school day, support public health by sharing clinic information and encouraging participation.	Family Engagement	How should schools promote clinics without appearing coercive?	Send home multilingual flyers; host info sessions with nurses; allow excused absences for vaccination.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Inject 4.3 – Community Pushback Against Exclusion Policies

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 2 hours of protest onset, implement community engagement strategies to defuse tensions and clarify policy rationale.	Community Engagement	How can we adapt messaging to address real fears and concerns respectfully?	Facilitate listening sessions with public health leaders; adjust communication tone; involve community influencers.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 1 hour of a protest notice, activate school safety protocols while ensuring student learning and rights are preserved.	Security & Rights	How do schools protect student safety and rights amid protest and conflict?	Coordinate with SROs/law enforcement; update parents on safety plans; de-escalation training for administrators.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 12 hours, prepare to address protest-related questions from patients/staff.	Provider Communication	What role should healthcare providers play in shaping or responding to community backlash?	Develop FAQ for providers; train staff on neutral responses; share unified messages with partners.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Module 5: Recovery and Systems Improvement

Focus: Recovery planning, mental health support, policy reform, long-term resilience

FEMA Mission Areas: Recovery, Mitigation

CDC Domains: Community Recovery, Information Management

Core Capabilities: Community Recovery, Public Information & Warning

Opening Scenario 5.0: Recovery & Long-Term Resilience

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.

Inject 5.1: 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 5.2: Policy Reform on School Entry Vaccinations

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 5.3: 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.

5.0 Opening Scenario – Declining Cases & Recovery

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 30 business days of the final case, complete an After-Action Review and publish a Recovery Action Plan.	Recovery Management	How should public health prioritize recovery steps to rebuild trust and improve outcomes?	Facilitate AAR sessions; identify top 5 gaps and successes; publish recovery roadmap; host community recovery forums.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Schools	Within 2 weeks of outbreak's close, implement reintegration supports for students and staff.	Educational Continuity / Psychological Recovery	How can schools support both academic recovery and mental health post-crisis?	Launch academic recovery plans; increase school-based counseling; adjust grading/attendance for excluded students.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Healthcare	Within 30 days, assess internal response gaps & develop an AAR for clinical resilience	System Resilience	What systemic healthcare improvements are most critical after this outbreak?	Conduct clinical debriefs; revise infectious disease protocols; restock and expand vaccine supplies; update training curriculums.	☐ P ☐ S ☐ M ☐ U ☐ N/A
Command & Coordination	Transition from active response to recovery operations while initiating AAR and continuity efforts.	ICS Demobilization & Recovery Planning	- How does your agency formally transition from response to recovery in the ICS framework? - What systems ensure After-Action Review (AAR) insights are captured, shared, and implemented? - How will you rebuild trust with communities disproportionately affected during the outbreak?	- Conduct ICS demobilization checklist and transfer authority back to normal operations. - Schedule and structure AAR across all sectors. - Initiate stakeholder engagement forums to address community concerns.	☐ P ☐ S ☐ M ☐ U ☐ N/A

Comments (If applicable):

Inject 5.1 – Public Sentiment & Media Criticism

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 48 hours, issue a coordinated response addressing concerns and reinforcing policy rationale.	Risk Communication Under Scrutiny	How can we acknowledge community burdens while defending public health action?	Draft public statement; coordinate messaging with legal counsel; use trusted messengers to explain decision-making	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 72 hours, address parent concerns and provide transparency on school-level decisions.	Responsive Governance	How can schools rebuild trust with families after difficult enforcement actions?	Host virtual forums; create a Q&A portal; empower school leaders to hold listening sessions.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 1 week, support agencies by speaking on clinical necessity and community protection.	Professional Credibility	How can healthcare voices help reframe public understanding of the exclusion strategy?	Issue clinician statements; participate in interviews; provide data-driven infographics on outbreak prevention.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Inject 5.2 – Legislative Proposal for Local Immunization

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	Within 2 weeks, provide evidence and risk-benefit analysis to support informed debate.	Health Policy Advisory	What are the implications of tying education funding to immunization rates?	Develop an impact brief; convene an expert panel; offer alternatives such as community grant programs.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools	Within 5 business days, evaluate financial and ethical impacts on diverse school systems.	Operational Equity	How will performance-based health funding affect underserved or low-access districts?	Model potential funding impacts; gather principal feedback; recommend safeguards for equity.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Healthcare	Within 10 business days, share community health data to help contextualize immunization disparities.	Data-Driven Advocacy	How can healthcare communicate the root causes of vaccination disparities while fostering understanding and partnership across sectors?	Provide local vaccine coverage maps; host stakeholder briefings; recommend outreach-based solutions.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Inject 5.3 – Regional Resilience Summit & Joint Press Briefing

Group	Objectives	Concept	Key Questions	Associated Critical Tasks	Rating
Public Health	By the close of the summit, identify and commit to at least two actionable improvements that reflect institutional learning and enhance future outbreak readiness.	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?"	• Identify and prioritize key After-Action findings that require institutional follow-up. • Draft or update organizational policies and protocols to reflect lessons learned. • Develop a public-facing summary of improvements that builds transparency and trust. • Allocate or advocate for funding/resources to support sustained recovery actions. • Establish a timeline and responsibility matrix for implementing identified improvements. • Incorporate improvements into training, onboarding, or readiness exercises.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**
Schools **Healthcare**	By the end of the exercise, define a set of strategies to reinforce interagency collaboration and community trust, with at least one action to be implemented within the next six months.	Trust and Interagency Partnership Building	"How can your organization strengthen its identity as a trusted partner—both within the community and across agencies—before the next crisis strikes?"	• Identify existing gaps in trust or visibility based on community feedback or engagement efforts. • Collaborate with partner organizations to align messaging, policies, and engagement goals. • Develop or expand community outreach initiatives focused on preparedness and transparency. • Commit to recurring joint briefings, interagency drills, or summits that build visible unity. • Create or revise MOUs to strengthen interagency roles and responsibilities. • Designate agency liaisons or trust ambassadors to maintain community and cross-sector relationships.	☐ **P** ☐ **S** ☐ **M** ☐ **U** ☐ **N/A**

Comments (If applicable):

Integrated Preparedness Activity Matrix

Purpose: Build shared understanding of how public health, schools, and healthcare collaborate to manage complex outbreaks.

Goal: Simulate coordinated decision-making, identify interdependencies, and generate actionable improvements.

Objective: Participants complete planning tasks across response phases, demonstrate interagency coordination, and document key takeaways.

Facilitator Note: Encourage cross-group discussion during debrief to highlight dependencies (e.g., clinic-school clearance protocols, PH messaging impact on attendance). Each team should be prepared to share 1 key coordination success and 1 area needing system-wide improvement.

Stakeholder Group	Activity Title	Phases Covered	Key Tasks	Outputs & Deliverables
Public Health	Integrated Response & Recovery Dashboard	Initial Response Ongoing Ops Recovery	• Identify 2–3 metrics per phase • Name key partners & coordination tasks • Craft public messages • Define 1–2 recovery indicators	Completed 3-phase dashboard including metrics, coordination points, and messaging
Schools	End-to-End Scenario Simulation	Inject 1 – Initial Exposure Inject 2 – Ops & Notifications Inject 3 – Community Pushback Inject 4 – Recovery	• Log decisions on Decision Tracker • Note coordination dependencies • Flag equity concerns • Propose long-term improvement ideas	Decision Tracker with inject-specific decisions, challenges, and system improvements
Healthcare	Cross-Phase Clinic Playbook Builder	Detection Operational Response Communication Recovery	• List top 3 clinic actions per section • Assign 2 responsible staff roles • Note coordination needs • Identify 1 resilience strategy	Completed modular playbook with cross-phase response structure and coordination points

Module 6: Hotwash

Group	Comments
Public Health	
Schools	
Healthcare	
Command & Coordination	
Comments (If applicable):	

Community Shield: Strengthening Measles Preparedness- Tabletop 2025

Summary: After-Action Report & Improvement Plan

Date: 2025

Point of Contact:

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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.

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

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)

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.

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:**

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)

Healthcare Providers & Systems

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

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)

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)