

MASSACHUSETTS REGION 4AB EMERGENCY DISPENSING SITE WORKSHOP WORKBOOK

June 6, 2019

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Objectives for the workshop include:

- 1) Describe guidance relative to six planning considerations for Emerging Infectious Disease (EID) and Emergency Dispensing Sites (EDSs):
 - Surveillance
 - Risk communication
 - Vaccine management
 - Personal protective equipment
 - Behavioral health
 - Critical staff dispensing
- 2) Identify strengths and gaps in jurisdictional EDS plans relative to these six planning considerations.
- 3) Collaborate with regional partners to identify promising practices that may be incorporated into jurisdictional EDS plans to these six planning considerations.
- 4) Contribute to the development of template plan content.

Disclaimer: Although there are a number of other considerations for EID, this workshop is focused solely on incorporating EID considerations into EDS Plans.

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MODULE 1: EMERGING INFECTIOUS DISEASE (EID) SURVEILLANCE

SCENARIO

July: For the past year, a highly pathogenic and novel influenza strain has been linked to sporadic outbreaks of severe respiratory illness in several countries globally. The World Health Organization (WHO), with assistance from the U.S. and other governments, has attempted to contain the outbreaks, but new cases continue to occur and spread to neighboring countries. In response, the U.S. government has begun to develop and evaluate a vaccine against the avian viral strain, but the vaccine is not yet ready. However, the Massachusetts Department of Public Health (MDPH) has advised towns to begin preparing for the activation of Emergency Dispensing Sites (EDSs) in the coming months. Over the last 6 weeks, small local outbreaks have been reported throughout the U.S. MDPH's latest influenza surveillance report shows increased flu activity in several communities across the state.

GUIDANCE

Disease Surveillance: Disease surveillance describes the collection, monitoring, analysis, and interpretation of health-related data. Surveillance is used to define baseline levels of disease, detect unusual occurrences or increased frequency of disease, and recommend control and prevention measures.

Surveillance Systems: There are multiple systems that are used to conduct surveillance for diseases that may require activation of an EDS for Medical Countermeasures (MCM) dispensing.¹ Among them is the Massachusetts Virtual Epidemiological Network (MAVEN), a web-based disease surveillance and case management system that is used to securely report and track public health, laboratory, and clinical data.² Electronic Laboratory Reporting (ELR) by hospitals and commercial laboratories is integrated into MAVEN. When an incident involving an MCM response is identified in MAVEN, notification is sent to designated Board of Health (BOH)/Health Department 24/7/365 contacts.

Influenza Surveillance Systems: During influenza season, the MDPH publishes weekly flu surveillance reports that document regional influenza-like illness (ILI) activity and the number of laboratory confirmed cases.

¹ MDPH, EDS Guidance for Local Health, 2.1 Surveillance, p. 19, October 2017.

² MDPH, EDS Guidance for Local Health, 2.1.1 MAVEN, pp. 19-20, October 2017.

Emergency Operations Center (EOC) Activation: EDS plans should document procedures for EOC activation that include activation triggers and specify who is authorized to activate the EOC.³

DISCUSSION QUESTIONS

1. What mechanisms does your community use to monitor for unusual infectious disease activity? Which plans/section of your plan describe these mechanisms?
2. How would your community notify municipal and/or state authorities of unusual infectious disease activity?
3. What positions are listed as the primary and secondary local contacts for disease surveillance for MAVEN in your plan?

³ CDC. Public Health Emergency Preparedness Operational Readiness Review Guidance: Budget Period 1 Supplement, July 1, 2018 – June 30, 2019, p. 48, September 2018.

4. When notified of an incident that may require EDS activation, who does your plan say your local public health contacts should notify? Who is authorized to activate the EOC?

5. What triggers might lead to EDS activation according to your plan? Who is authorized to activate the EDS?

RESOURCES

- MDPH Bureau of Infectious Disease and Laboratory Sciences Guide to Surveillance and Reporting, <https://www.mass.gov/handbook/guide-to-surveillance-reporting-and-control>
- MDPH Immunization Division, Massachusetts Department of Public Health Immunization Division advisories and alerts, <https://www.mass.gov/lists/massachusetts-department-of-public-health-immunization-division-advisories-and-alerts>
- MDPH, Influenza, <https://www.mass.gov/influenza>

MODULE 2: CRITICAL STAFF DISPENSING ELIGIBILITY AND NOTIFICATION

SCENARIO

Early September: The first doses of a new pandemic influenza vaccine are expected to become available in October. Despite full-scale production by manufacturers, supply will be limited for the next 3 to 6 months. Community-wide outbreaks begin to occur more frequently as children return to school and, by late September, outbreaks are occurring simultaneously throughout the country, including New England.

Initial assessments indicate a virus with high transmissibility and clinical severity.⁴ Overall, it is projected that about 30% of Americans will be infected by the new strain of influenza and 1% of those infected will die.

Based on a high severity initial assessment and vaccine availability, the Centers for Disease Control and Prevention (CDC) guidance recommends targeting all Tier 1 occupational groups for vaccination first. MDPH has advised municipalities to begin planning for vaccination of this target population in early October.

GUIDANCE

Critical Staff: EDS plans should define “critical staff” and document who is eligible for critical staff dispensing, the estimated number of critical staff and their immediate household members, and the method(s) for notifying critical staff of critical staff dispensing operations.⁵

The Department of Homeland Security (DHS) describes critical staff as any position that is needed to ensure the continuity of operations of critical infrastructure and to maintain and protect the health and safety of the community. DHS has identified 16 critical infrastructure sectors⁶ that are vital to national security, public health and safety, and the economy.

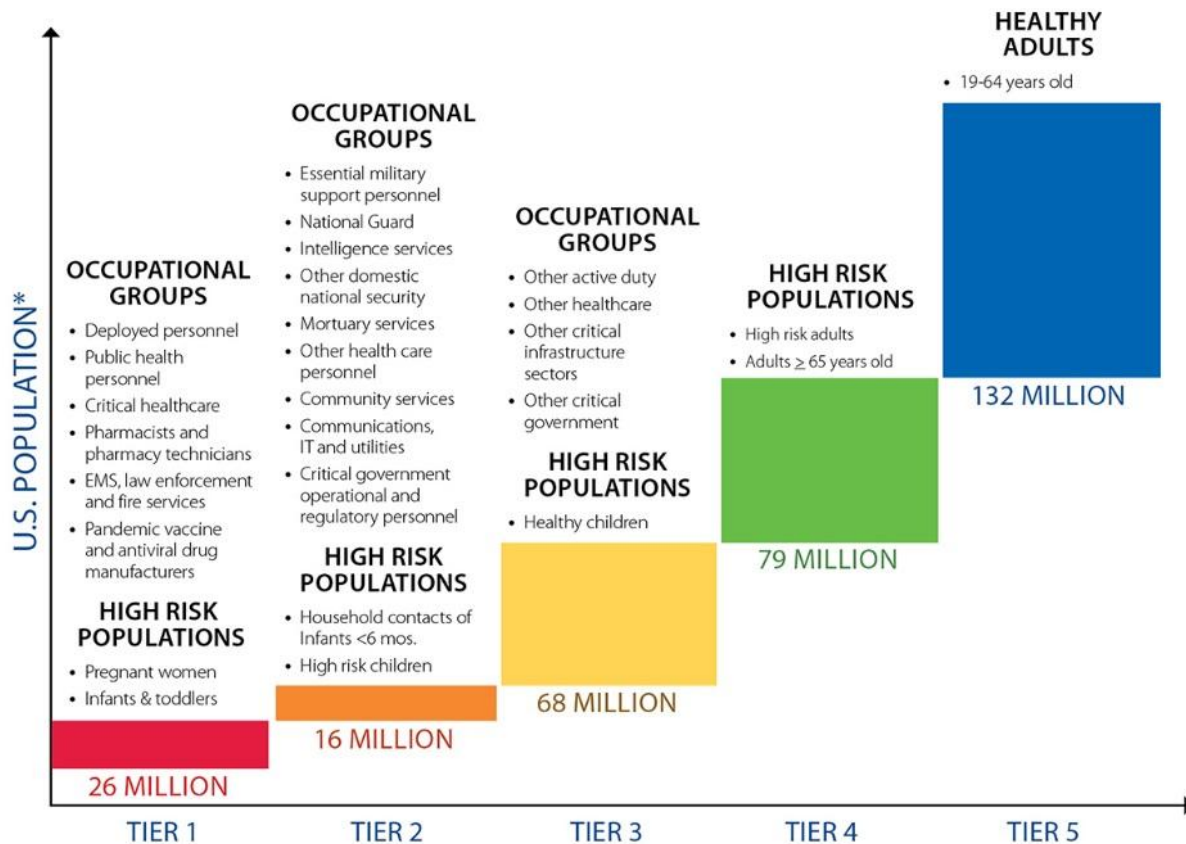
Vaccine Prioritization: The CDC has developed guidance for targeting pandemic influenza vaccine using population groups (e.g., occupational, high risk populations, healthy adults) that are organized into tiers.

⁴ CDC, [Pandemic Severity Assessment Framework](https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html), 2016, <https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>.

⁵ CDC, Public Health Emergency Preparedness Operational Readiness Review Guidance: Budget Period 1 Supplement, July 1, 2018 – June 30, 2019, pp. 65, 69-70., September 2018.

⁶ Department of Homeland Security, [Critical Infrastructure Sectors](https://www.dhs.gov/cisa/critical-infrastructure-sectors), July 2017, <https://www.dhs.gov/cisa/critical-infrastructure-sectors>.

Tier 1 is the highest priority group to receive vaccination if there is limited vaccine supply for any level of pandemic severity. During a high or very high level of pandemic severity, societal disruptions are likely and will require protection of local occupationally-defined groups that are essential to maintaining a functioning society.⁷ The CDC target seeks to complete vaccination of critical staff within 4 weeks of vaccine availability.



DISCUSSION QUESTIONS

1. Which type of agencies in your community have critical staff according to the Tier 1 criteria? Do these agencies also have an assigned or potential EDS role?

⁷ CDC, Interim Updated Planning Guidance on Allocating and Targeting Pandemic Influenza Vaccine During an Influenza Pandemic, pp. 10 – 11, 2019.

MODULE 3: CRITICAL STAFF DISPENSING STAFFING AND LOCATION

SCENARIO

Mid September: Planning is continuing for initial vaccination of Tier 1 occupational groups to begin in early October. Despite ongoing planning, police, fire, transportation services, utility companies, and health care facilities are reporting personnel shortages due to illness, the need to care for ill relatives, and fear of becoming infected in workplace settings. In addition, due to delays in vaccine production, recent guidance states that vaccine will not be available to family members of Tier 1 occupational groups unless they meet high risk population requirements (e.g., pregnant women, infants, toddlers).

GUIDANCE

Critical Staff Dispensing Sites: EDS plans should document the location where critical staff and their immediate household members will receive MCM, as well as the source(s) of staffing for critical staff dispensing operations.⁸

In Region 4AB, current EDS plans that have critical staff dispensing procedures document two potential locations: 1) the activated EDS (prior to opening to the at-risk population); or 2) a separate dispensing location, such as a town hall or public safety building.

Critical Staff Dispensing Staffing: Additionally, the current EDS plans document that critical staff dispensing will be conducted by those agencies and volunteer organizations that will staff the EDS for the at-risk population (e.g., Public Health Nurses, Medical Reserve Corps (MRC) volunteers). When critical staff dispensing occurs at the activated EDS, it is staffed by the first shift of EDS staff and volunteers. When critical staff dispensing occurs at a separate dispensing location, it is staffed by the BOH/Health Department or a mobile dispensing team that is deployed from the EDS, if activated.

⁸ CDC, Public Health Emergency Preparedness Operational Readiness Review Guidance: Budget Period 1 Supplement, July 1, 2018 – June 30, 2019, p. 65, September 2018.

DISCUSSION QUESTIONS

1. What are the potential benefits of conducting critical staff dispensing at the EDS prior to opening to the at-risk population as opposed a separate location? What are the potential drawbacks? When would each strategy make sense?
2. What are the potential benefits of conducting critical staff dispensing at a location that is separate from the EDS? What are the potential drawbacks?
3. Which location type is currently documented in you community's EDS plan?

RESOURCES

- NACCHO, Using Closed PODs to Protect Critical Infrastructure, <http://nacchopreparedness.org/using-closed-pods-to-protect-critical-infrastructure/>

MODULE 4: EID RISK COMMUNICATIONS

SCENARIO

Mid-September: A report from the CDC is released and widely publicized in the news media. Findings include updated data from communities hit first by the pandemic and report case-fatality rates upwards of 15%. Despite CDC's assurances that this data is from resource-poor settings without access to medical care, the public's anxiety reaches a new high. Local media sources and the public are demanding more information, including when vaccine will be available and why rumors are circulating that certain populations will get access to the vaccine first.

GUIDANCE

EDS Plan Requirements: EDS plans should document primary and backup staff assigned to the role of Public Information Officer (PIO). Plans should also document PIO position requirements and duties, roles and responsibilities, and qualifications, training, and skills.⁹

EDS PIO Role: During a response, the EDS PIO, as directed by the EDS Manager:

- Coordinates with partner agencies to activate public information notification systems
- Develops and seeks approval of risk and safety messages
- Disseminates risk and safety messages to partner agencies, the media, and the public in accessible formats
- Coordinates with partner agencies to ensure information consistency
- Provides regular updates to partner agencies, the media, and the public¹⁰

Message Development: To develop messages for the public information campaign, the EDS PIO should gather relevant information from trusted sources and verify its accuracy by consulting additional reputable sources, particularly as it relates to the clinical aspects of the incident.

When developing the messages, the EDS PIO:

- Determines limits on release of information (e.g., information potentially associated with a criminal investigation)
- Establishes a communications goal
- Identifies target audience(s)

⁹ CDC, Public Health Emergency Preparedness Operational Readiness Review Guidance: Budget Period 1 Supplement, July 1, 2018 – June 30, 2019, pp. 49, 62-64, September 2018.

¹⁰ MDPH, EDS Guidance for Local Health, 3.1 Public Information Mobilization & Operations, p. 27, October 2017.

- Identifies key messages and supporting facts, including rationale for tiered dispensing, location of EDSs, and legally-required vaccine-specific information¹¹

At the time of the incident, federal and state health officials will update or develop clinical messages that can be included in the local public information campaign. The EDS PIO should develop the messages related to local response actions and EDS operations.

Dissemination Strategies: Prior to an emergency, the local BOH/Health Department should document public information systems available through partner agencies in the community, including non-electronic systems for contingency situations (e.g., power or phone outages) and to reach individuals who may lack access to communication technologies (e.g., phone, internet). Additionally, local BOHs/Health Departments should develop a list of public information staff from partner agencies, including individuals assigned to the roles of agency PIO, spokesperson, and Subject Matter Experts (SME).¹²

Media Monitoring: As the response progresses, the EDS PIO should monitor local and statewide media for accuracy, content, possible responses, and to address rumors, including on social media. When information is found to be inaccurate, the EDS PIO should request that the media organization correct it. To address rumors or inaccurate information found on social media, the EDS PIO should provide accurate information to local and statewide media and respond directly using an official social media account. If a call center is being used, the EDS PIO should monitor trends in public information inquiries and adjust messaging and communication strategies (when needed).¹³

DISCUSSION QUESTIONS

1. What information would you expect to receive from the federal- or state-levels? How would you need to adapt this information prior to dissemination to your community? What other messages would you need to develop for your community?

¹¹ CDC, Vaccine Information Statements (VIS), <https://www.cdc.gov/vaccines/hcp/vis/index.html>

¹² MDPH, EDS Guidance for Local Health, 3.1.1 Public Information Systems & Staff, p. 27, October 2017.

¹³ MDPH, EDS Guidance for Local Health, 3.5.1 Public Information Monitoring, p. 40, October 2017.

2. How would you disseminate information to the public in a manner that is accessible to all? Which plans/section of plan describe this?

3. What resources are available for community members seeking additional information?

4. Who does the BOH/Health Department need to coordinate public information messages and dissemination with? How will this be done?

5. According to your plan, what are the requirements and duties, roles and responsibilities, and required qualifications/trainings for the PIO? Who are the primary and backup individuals to fill this role?

RESOURCES

- Boston Public Health Commission Office of Public Health Preparedness, DelValle Institute for Emergency Preparedness, <https://delvalle.bphc.org/>
- Boston University, Local Public Health Institute of Massachusetts, <http://sites.bu.edu/masslocalinstitute/>
- [CDC, Crisis and Emergency Risk Communication \(online training\), https://emergency.cdc.gov/cerc/index.asp](https://emergency.cdc.gov/cerc/index.asp)
- CDC, Vaccine Information Statements (VIS), <https://www.cdc.gov/vaccines/hcp/vis/index.html>
- FEMA, Public Information Officer Training, <https://training.fema.gov/programs/pio/>
- Health Map, Vaccine Finder, <https://vaccinefinder.org/>
- Immunization Action Coalition, Vaccine Information Statements, <http://www.immunize.org/vis/>
- MDPH, Fact Sheets on Infectious Diseases, <https://www.mass.gov/fact-sheets-on-infectious-diseases>
- MDPH, Influenza, <https://www.mass.gov/influenza>
- MDPH, Show Me, <https://www.mass.gov/service-details/show-me>

MODULE 5: EID VACCINE MANAGEMENT

SCENARIO

Late September: You are preparing to open your EDS in the coming week and your first order based on your allotment of vaccine will be delivered to your BOH/Health Department on Friday. In order to prepare for the delivery, you need to ensure you have adequate protocols in place for:

- Vaccine receipt (including transfer of custody); and
- Storage (including cold chain management and security).

GUIDANCE

Receipt of vaccine: EDS plans should document chain of custody procedures.¹⁴

For Strategic National Stockpile (SNS)-supplied vaccines, crews delivering medical materiel should be greeted by the EDS Manager (or designee) and a member of the security team. Both the EDS Manager and the security representative must sign a transfer of custody document for receipt of materiel. The EDS Inventory Management Unit should verify all incoming resources (receipts) and confirm that the vaccine inventory delivered matches the bill of lading by signing the bill of lading.

For deliveries of medical materiel from the manufacturer direct to a local BOH/Health Department, the BOH/Health Department should use established protocols to order, accept and track vaccine inventory.

Storage of vaccine: Local BOHs/Health Departments should have protocols for ensuring adequate freezer or refrigeration capabilities and for monitoring and maintaining the appropriate temperatures for vaccines at fixed locations.¹⁵ Staff participating in cold chain management should be trained, including the use of temperature monitoring equipment.¹⁶ The local BOH/Health Department is responsible for storage of vaccines that will be dispensed at the EDS and must identify secured cold chain storage for these vaccines.

¹⁴ CDC, Public Health Emergency Preparedness Operational Readiness Review Guidance: Budget Period 1 Supplement, July 1, 2018 – June 30, 2019, p. 56, September 2018.

¹⁵ CDC, Public Health Emergency Preparedness Operational Readiness Review Guidance: Budget Period 1 Supplement, July 1, 2018 – June 30, 2019, p. 55, September 2018.

¹⁶ CDC, Public Health Emergency Preparedness and Response Capabilities, Capability 9: Medical Materiel Management and Distribution, p. 85, January 2019.

Storage capacity: The MDPH EDS Guidance for Local Health provides the following estimates of necessary refrigerator capacity to store up to 2000 doses in a single refrigerated unit:

Estimated Refrigerated Vaccine Storage Capacity by Number of Doses of Vaccine¹⁷

Doses of Vaccine	Minimum Cubic Feet
1,000-2,000	40
900-1,000	36
801-900	21-23
701-800	17-19.5
400-700	16.7
100-399	4.9-6.7

Security and cold chain maintenance during transportation: EDS plans should include procedures for ensuring the physical security of vaccine while it is being transported to the EDS via establishment of Memoranda of Understanding with police or security contracts with private security. Additionally, local BOHs/Health Departments should ensure that necessary cold chain transport materials are accessible and that processes for monitoring and maintaining the appropriate temperatures during transport are documented.¹⁸

The local BOH/Health Department is responsible for maintaining the cold chain while the vaccine is being transported to and dispensed at the EDS.

DISCUSSION QUESTIONS

1. What vaccine chain of custody procedures does your BOH/Health Department currently have in place? How might these procedures need to change given this scenario?
 - Are your BOH/Health Department chain of custody procedures referenced in your plan? Which plans/section of plan describe this?

¹⁷ MDPH, EDS Guidance for Local Health, 1.4.5.2 Medication Storage and Handling, p. 18, October 2017.

¹⁸ CDC, Public Health Emergency Preparedness Operational Readiness Review Guidance: Budget Period 1 Supplement, July 1 2018 – June 30, 2019, pp. 55-56, September 2018.; CDC, Public Health Emergency Preparedness and Response Capabilities, Capability 9: Medical Materiel Management and Distribution, p. 82, January 2019.

RESOURCES

- Commonwealth of Massachusetts, Medical Materiel Transfer of Custody Form
- MDPH, Emergency Dispensing Sites: A Guide for Local Health on Planning for Medical Countermeasure (MCM) Dispensing Operations, <https://www.mass.gov/files/documents/2018/04/11/eds-planning-guide.pdf>
- CDC, Vaccine Storage and Handling Toolkit, <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>
- CDC, Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations, <https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>

MODULE 6: EID PERSONAL PROTECTIVE EQUIPMENT (PPE)

GUIDANCE

PPE and Workforce Protection: CDC recommends:¹⁹

- PPE recommendations for responders be developed in conjunction with partner agencies and risk-specific subject matter experts.
- Training/briefing personnel on how to use various types of PPE, including donning and doffing.
- Ensuring availability of PPE consistent with identified risks, associated job functions of public health response personnel, and federal and state guidance (e.g., gloves, respirators, surgical masks, and gowns).

PPE and workforce protection supplies most likely to be needed in an EDS include gloves, masks, hand hygiene supplies, sharps containers, and cleaning supplies.

Medical Waste: CDC recommends that plans include procedures for disposal of biomedical waste materials.²⁰

DISCUSSION QUESTIONS

1. Does your community have a cache of PPE that may be used in an EDS? Who maintains the cache? Where else would PPE be obtained from?

¹⁹ CDC, Public Health Emergency Preparedness and Response Capabilities, Capability 14: Responder Safety & Health, January 2019.

²⁰ CDC, Public Health Emergency Preparedness and Response Capabilities, Capability 9: Medical Material Management and Distribution, January 2019.

2. Who determines recommended PPE during dispensing operations? Where would you look for guidance? Who would provide training and ensure access to appropriate PPE in an EDS?

3. Does your community's EDS plan include Just-in-Time Training (JITT) on use of PPE?

4. How would the EDSs dispose of medical waste? Which plans/section of your plan describe these mechanisms?

RESOURCES

- MDPH, Responsibilities of Local Infectious Disease Coordinator – Checklist
<https://mrpcoalition.org/resources>
- MDPH, Checklist for Use of Personal Protective Equipment,
<https://mrpcoalition.org/resources>

- Commonwealth of Massachusetts, Department of Labor Standards, OSHA Consultation Program Bloodborne Pathogen Exposure Control Plan Template, <https://www.mass.gov/files/documents/2016/08/mw/bbp-first-aiders.docx>

MODULE 7: EID BEHAVIORAL HEALTH

SCENARIO

Late October: After several weeks of conducting vaccination clinics, the number of new cases has begun to decrease. However, the CDC warns that a second wave is expected in the coming months.²¹

Local partners are reporting an increase of new patients exhibiting mental health issues, including Post Traumatic Stress Disorder (PTSD), depression, grief, anxiety, stress-related to health costs, substance abuse, and suicidal ideation.²² Based on prior emergencies it is expected that 20% - 40% of the surviving general population will experience PTSD, with 10% experiencing long term depression. These numbers are likely to be even higher among health care workers, first responders, and EDS staff and volunteers.²³

GUIDANCE

EDS Behavioral Health Requirements: Behavioral Health requirements encompass the services that support an individual to maintain their emotional, psychological, and social well-being while working or receiving services at the EDS and after the MCM incident.

EDS Behavioral Health Role: To support the behavioral health of EDS clients and staff, it is recommended that Behavioral Health Staff be stationed throughout the EDS to identify those who need reassurance and emotional support. In addition, unaccompanied minors and clients exhibiting signs of stress should be referred to Behavioral Health.²⁴ Outgoing EDS staff should be given time within their shift to sign-out and debrief with Behavioral Health.²⁵

A quiet area somewhat removed from the dispensing process should be designated for Behavioral Health Staff to provide support services and de-escalate situations (when needed).

²¹ National Planning Scenarios, U.S. Department of Homeland Security, March 2006.

²² McFarlane, A. C., & Williams, R. Mental health services required after disasters: Learning from the lasting effects of disasters. Depression Research and Treatment, April 2012.

²³ Nickell, L. A., Crighton, E. J., Tracy, C. S., Al-Enazy, H., Bolaji, Y., Hanjrah, S., ... & Upshur, R. E. (2004). Psychosocial effects of SARS on hospital staff: Survey of a large tertiary care institution. Canadian Medical Association Journal, 170(5), 793-798.

²⁴ MDPH, EDS Guidance for Local Health, 1.4.1.1 Greeting, 1.4.1.3 Behavioral Health, p. 12, October 2017.

²⁵ MDPH, EDS Guidance for Local Health, 3.5.4 Staff Monitoring, p. 41, October 2017.

DISCUSSION QUESTIONS

1. What resources for behavioral health supports does your plan include? Do any plans include use of the MRC? Which plans/section of plan lists these resources?
2. Does your BOH/Health Department have a signed agreement with these resources to provide behavioral health support services at the EDS?
3. What additional organizations may be able to provide behavioral health support services at the EDS?

RESOURCES

- SAMHSA, Disaster Distress Helpline, www.samhsa.gov/find-help/disaster-distress-helpline

ACRONYM LIST



BOH – Board of Health

CDC – Centers for Disease Control and Prevention

DHS – Department of Homeland Security

EDS – Emergency Dispensing Site

EID – Emerging Infectious Disease

ELR – Electronic Laboratory Reporting

EOC – Emergency Operations Center

ILI – Influenza-like Illnesses

JITT – Just-in-Time Training

MAVEN – Massachusetts Virtual Epidemiological Network

MCM – Medical Countermeasures

MDPH – Massachusetts Department of Public Health

MRC – Medical Reserve Corps

PIO – Public Information Officer

PPE – Personal Protective Equipment

PTSD – Post Traumatic Stress Disorder

SME – Subject Matter Expert

SNS – Strategic National Stockpile

WHO – World Health Organization