



Department of
Community Health

LEGAL CONSULTATION MEETING

TABLETOP EXERCISE

FRIDAY, OCTOBER 12, 2007



Preface

- The purpose of the Situation Manual is to provide each participant with information to allow effective participation throughout the tabletop exercise.
- While a participant briefing will be immediately conducted before the exercise through various presentations, this manual will be your guide throughout the duration of the simulation.

Table of Contents

- Agenda
- Goal
- Objectives
- Concepts
- Assumptions
- Hypothetical Scenario
- Question Set I
- Question Set II
- Question Set III

Agenda

■ Morning

- 9:00 a.m. – 9:25 a.m. Introduction, Welcome, Overview
- 9:25 a.m. – 10:10 a.m. State and Local Health Powers
- 10:10 a.m. – 10:20 a.m. Questions
- 10:20 a.m. – 10:35 a.m. Break and Refreshments
- 10:35 a.m. – 11:10 a.m. Emergency Management Act
- 11:10 a.m. – 11:20 a.m. Questions
- 11:20 a.m. – 11:35 a.m. Federal Powers - CDC
- 11:35 a.m. – 11:45 a.m. Questions
- 11:45 a.m. – 11:50 a.m. Summary of Points of Law
- 11:50 a.m. – 12:00 p.m. Instructions, Questions & Answers

Agenda

■ Afternoon

- 12:00 p.m. – 1:00 p.m. Lunch
- 1:00 p.m. – 1:50 p.m. Tabletop Breakout
Scenario & Discussion of Question Set I
- 1:50 p.m. – 2:00 p.m. Identifying Strengths/Weaknesses/Gaps
- 2:00 p.m. – 2:35 p.m. Tabletop Breakout
Scenario & Discussion of Question Set II
- 2:35 p.m. – 2:45 p.m. Identifying Strengths/Weaknesses/Gaps
- 2:45 p.m. – 3:00 p.m. Break and Refreshments
- 3:00 p.m. – 3:50 p.m. Tabletop Breakout
Scenario & Discussion of Question Set III
- 3:50 p.m. – 4:00 p.m. Identifying Strengths/Weaknesses/Gaps
- 4:00 p.m. – 4:30 p.m. Lessons Learned with Discussion, Review,
& Closing Remarks

Goal

- To convene federal, state and local public health and emergency management officials, along with their legal counselors, to:
 1. Review state and local public health authorities for implementing social distancing measures to contain or reduce the transmission of pandemic influenza, such as:
 - a. Restricting the movement of persons
 - b. Closing public places
 - c. Limiting or prohibiting large gatherings of people
 2. Review state and local emergency management authorities
 3. Review the authorities of the CDC Quarantine Station and the relationship between federal, state and local authorities for the isolation and quarantine of airline passengers
 4. Assess the feasibility of applying these legal authorities in response to an influenza pandemic.

Objectives

- As a result of this exercise, participants will be able to:
 1. Describe the types of actions that may be considered in response to an increase in influenza-like illness reported from the airport, schools, physicians and hospitals in a metropolitan area.
 2. Determine who takes these actions
 3. Identify the legal authority to support these actions
 4. Identify the agency or agencies that will supply the resources necessary to take these actions; and
 5. Describe the procedural requirements, limitations, or conditions on taking these actions.
 6. Assess the feasibility of successfully applying law-based social distancing measures during an influenza pandemic, and
 7. Identify any areas of legal preparedness they believe warrant further attention.

Concepts of a Tabletop

- The Social Distancing Legal Preparedness Exercise will be a 3.5 hour tabletop discussion. This exercise will seat 8 participants at each table of which 1 participant will be a designated facilitator to assist in the discussion.
- Each participant will be given the Situation Manual to use as a guide. Each table will work through the process of reviewing, analyzing, assessing, discussing, and determining what, how, and if current laws, rules, and policies support social distancing measures during a federal, state, and local (declared and undeclared) public health emergencies.
- Each participant must focus on their respective jurisdiction's legal authority and how to implement and enforce social distancing measures or what actions should be taken to better prepare their respective jurisdictions in planning for and reacting to a potential influenza pandemic emergency.

Assumptions

- The scenario begins with multiple "novel and highly virulent strain of influenza A(H5N1)" outbreaks in multiple countries: World Health Phase 5 is assumed (US Gov Stage 2) initially.
- By time CDC notes strain in US (Nov 16) it is a "pandemic strain": assume **WHO Phase 6 and USG Stage 5 for the purposes of this exercise.**
- The Community Health Emergency Coordination Center (CHECC and State Emergency Operations Center) will be activated in WHO Phase 6/ USG Stage 5.
- CDC will have pre-deployed their antiviral resources, and any H5N1 vaccine stockpiles to the states.
- MDCH, with assistance from other agencies, will pre-deploy and deploy all resources, including antivirals, to pre-designated sites across the state.
- State Agency staff will be asked to review and/or activate their Continuity of Operations Plans and Pandemic Influenza Response Plans
- The Michigan Pandemic Influenza State Operational Plan (draft) will also be activated
- The lead agency in pandemic influenza response is MDCH, under ESF #8.
- All coordination of state response (coordinated also with federal and local resources) will be from the SEOC, under the Incident Command System.

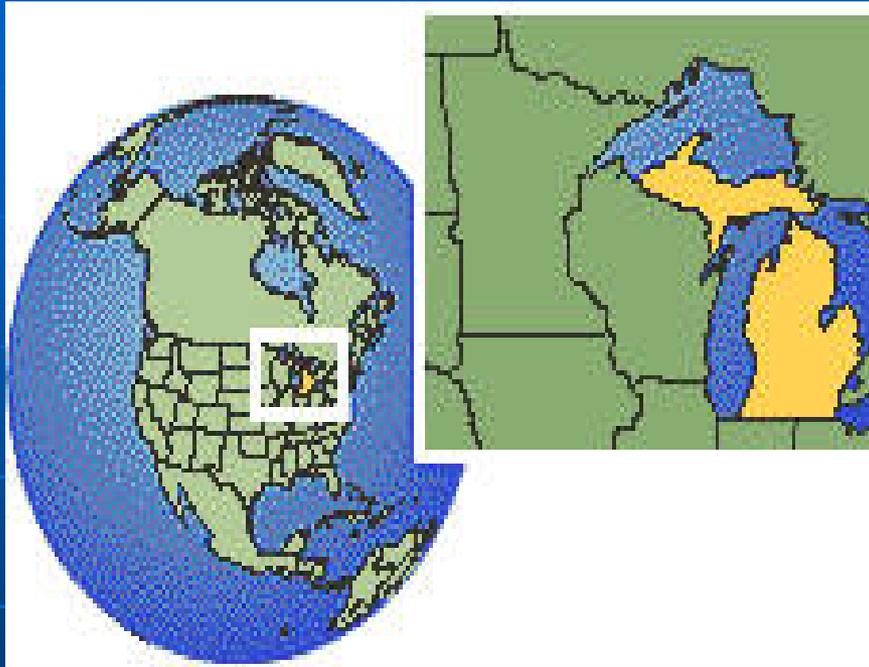
Hypothetical Scenario

Worldwide

- Last 30 days -World Health Organization and Centers for Disease Control and Prevention confirm novel, virulent influenza A (H5N1) on several continents
- November 16th - CDC confirms isolation of same strain from ill persons in several U.S. cities
- No cases in Michigan
- Symptoms - classical influenza, abrupt onset of fever, malaise, muscle aches, cough, runny nose
- 20% of cases - illness rapidly progresses to primary viral pneumonia, acute respiratory distress syndrome, and death
- At-risk populations - all age groups regardless of their previous health (good health and those with pre-existing chronic disease conditions)
- Average incubation period is approximately 36-48 hours (time from patient's exposure to an infected person to time of onset of initial symptoms)
- No information - on effectiveness of current influenza vaccine on prevention
- Marginal effectiveness seen with use of antivirals to weaken or prevent disease.



Hypothetical Scenario



Michigan

Activation of Michigan Department of Community (MDCH) Health Pandemic Influenza Plan for intensified morbidity, laboratory and mortality surveillance includes:

- Influenza Like Illness (ILI) reported from monitoring physicians throughout the state
- Surveillance of Symptoms:
 1. Emergency Room visits for ILI
 2. Sale of Over the Counter Medications for Influenza
 3. Requested Local Health Departments to report suspect cases electronically into Michigan Disease Reporting System

Hypothetical Scenario

Today- November 20th

- ILI reports in Metro Detroit and elsewhere in Michigan

- Notifications MDCH Surveillance Section:
 1. Dr. Corinne Miller, State Epidemiologist
 2. Dr. Gregory Holzman, Chief Medical Executive
 3. Janet Olszewski, Director of MDCH
 4. Governor Granholm

- State Emergency Operations Center activated

Hypothetical Scenario

Present Situation Detroit Metro Area

- **All Ages** - Small numbers of cases of ILI reported
- **Stepped-care facility** - a cluster of ILI cases reported in residents and staff at a large. This facility transfers patients daily to two acute-care hospitals for management of routine medical issues
- **Middle school** - a cluster of ILI cases reported
- **City bus drivers & transit workers** - a small cluster of ILI cases reported
- **Detroit Metro Airport** - 2 inbound transoceanic planes coming from locations with novel influenza have passengers with ILI. Estimated Time of Arrival: 1 and 2 hours from now



Hypothetical Scenario

Upcoming Events

- **Statewide pre-Thanksgiving school events**
- **Thanksgiving Family and Social gatherings**
- **Thanksgiving Day Parade** - downtown Detroit, expected to draw thousands of spectators along the parade route
- **Detroit Lions football game** - sold-out Thanksgiving Day (November 22) to be played in Ford Field in downtown Detroit
- **Movie Theaters** - opening of a new, nationally promoted blockbuster film the day following Thanksgiving
- **Malls** - Kickoff traditional post-Thanksgiving holiday shopping season across the state
- **Multi-Denominational Religious Services** - planned in memory of victims of a recent flood disaster Thanksgiving Eve includes a candlelight vigil and walk at 8:00 p.m. with gathering in front the Blessed Sacrament Cathedral, downtown Detroit

Hypothetical Scenario

The Governor , and state and local officials ask key agencies and staff to assess the situation and offer opinions

Discussion and Consider all Options

- **Social Distancing Measures**
- **State or local level laws**
- **Operational plans**

Consider

- **Types of actions needed to prevent the spread of a pandemic influenza virus at various stages of evolvment**

Question Set #1

1. What types of actions may be considered in response to an increase in ILI reported from Michigan hospitals in a metropolitan area?
2. Who takes these actions?
3. What is the legal authority to support these actions?
4. What (which) agencies will supply the resources necessary to take these actions?
5. Are there procedural requirements, limitations, or conditions on taking these actions?

Question Set #2

As a result of a notification that two airliners will be landing at Detroit Metro Airport within 2 hours and that each carries passengers from an area with documented cases of pandemic influenza who are symptomatic of the illness themselves:

1. Describe what actions, if any, should be taken in response to the captains' reports?
2. Who makes this decision?
3. Who implements the decision?
4. What is the legal authority to support these actions?
5. What (which) agencies will supply the resources necessary to take these actions?
6. Are there procedural requirements, limitations, or conditions on implementing these actions?

Question Set #3

Consider the upcoming events and large social gatherings

1. Describe threats or dangers to Michigan's residents, if any, that each event presents.
2. What responses/measures might be used to mitigate the potential danger or threat? (List each response or measure, include "do nothing" as one of the options)
3. For each response/ measure:
 - a. What is the legal authority for the response or measure?
 - b. Who has the legal authority to take the response or measure?
 - c. Who/how are decisions made when there is more than one governmental body or official with authority (i.e. concurrent jurisdiction)? "Who" is responsible for "what"?
 - d. How would the response or measure be implemented?
 - e. Are there procedural requirements, limitations, or conditions on implementing this response or measure? If so, describe.
 - f. How would the response or measure be enforced?
 - g. What are the pros for this response or measure (political, economic, health or other)?
 - h. What are the cons for this response or measure (political, economic, health or other)?
 - i. What do you recommend to the Governor?

WHO Phases and Federal Stages

WHO Global Pandemic Phases and the Stages for Federal Government Response

WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
PANDEMIC PERIOD			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

- *Stage 0: New Domestic Animal Outbreak in At-Risk Country*
- *Stage 1: Suspected Human Outbreak Overseas*
- *Stage 2: Confirmed Human Outbreak Overseas*
- *Stage 3: Widespread Human Outbreaks in Multiple Locations Overseas*
- *Stage 4: First Human Case in North America*
- *Stage 5: Spread throughout United States*
- *Stage 6: Recovery and Preparation for Subsequent Waves*

Public Health Measures

■ Isolation

- Ill persons with contagious diseases
- Usually in hospital, but can be in home or in a dedicated area

■ Quarantine

- Restriction of movement select exposed, not ill, person(s)
- Home, institutional, or other forms (“work quarantine”)
- Voluntary vs. compulsory

Public Health Measures

- **Social Distancing**: interventions to prevent contact:
 - School closures
 - Cancellation of public gatherings
 - Worksite closures (computing, etc)
- **Infection Control**: interventions to prevent transmission:
 - Masks
 - Hand hygiene



On a typical day in fiscal year 2006, U.S. Customs and Border Protection:

Processed—

- 1.1 million passengers and pedestrians, including 680,000 aliens
- 70,900 truck, rail and sea containers
- 240,737 incoming international air passengers
- 71,151 passengers/crew arriving by ship
- 327,042 in coming privately owned vehicles
- 85,300 shipments of goods approved for entry
- \$84,400,000 in fees, duties and tariffs.

Executed—

- 63 arrests at ports of entry
- 2,984 apprehensions between ports for illegal entry

Seized—

- 1,769 pounds of narcotics in 63 seizures at ports of entry
- 3,788 pounds of narcotics in 20 seizures between ports of entry
- \$157,800 in undeclared or illicit currency and \$646,900 worth of fraudulent commercial merchandise at ports of entry
- 4,462 prohibited meat, plant materials or animal products, including 147 agricultural pests at ports of entry

Refused entry of—

- 574 non-citizens at our ports of entry
- 63 criminal aliens attempting to enter the United States

Intercepted—

- 71 fraudulent documents
- 20 smuggled aliens
- 1.5 traveler for terrorism/national security concerns

Rescued—

- 8 illegal crossers in distress or dangerous conditions between our ports of entry

Deployed—

- 1,264 canine enforcement teams
- 8,075 vehicles, 260 aircraft, 215 watercraft, and 202 equestrian patrols

Protected more than—

- 5,000 miles of border with Canada
- 1,900 miles of border with Mexico
- 95,000 miles of shoreline

Employed approximately 42,000 employees—

- 18,000 officers
- 12,300 Border Patrol agents
- 2,000 agriculture specialists
- 650 air and marine officers

Managed—

- 326 ports of entry
- 20 sectors with 35 border checkpoints between the ports of entry

