

Communicable Disease Epidemiology Emergency Operations Annex



Version 5, December 2021
Current Version, Revised February 2023

Overview

This Communicable Disease Epidemiology Emergency Operations is part of the Emergency Operations Plan (EOP) for the Department of Public Health & Human Services (DPHHS) and supports the Emergency Support Function (ESF) #8: Public Health and Medical Services framework as assigned by the Montana Emergency Response Framework 2022 (MERF). This annex defines and guides the support functions that DPHHS could provide during response operations to any communicable disease event as a focused approach to intended to support the lives and safety of all Montanans.

DPHHS Emergency Operations Plans

The Department of Public Health and Human Services schedules a regular review of all Department Emergency Operations Plans, Supporting Annexes, Standard Operating Procedures, and other guidance documents used to respond to public health emergencies.

Public Comment:

DPHHS welcomes comment and feedback from the public. The Public Health Emergency Preparedness Section will make an electronic copy available upon request. To provide suggestions for future revisions, email MTPHEP@mt.gov or call 406-444-0919.

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Section I: Purpose, Scope, and Assumptions

The Montana Department of Public Health and Human Services (DPHHS) is mandated by statute to protect the public health, including collaborating with partners to address conditions of public health importance under the general powers and duties statute (MCA [50-1-202](#)). Conditions of public health importance may include communicable disease reports, outbreaks and other events of public health significance. This annex to the DPHHS Emergency Operations Plan (EOP) provides the framework to outline the roles, responsibilities and procedures used within DPHHS to respond to communicable disease reports and other events of public health significance. This annex also supports the Emergency Support Function (ESF) #8 Public Health and Medical Services plan as assigned to DPHHS by the Montana Emergency Response Framework 2011 (MERF).

All information in this annex and its subsequent operational documents is subject to the confidentiality provisions of the bureau confidentiality and security requirements as outlined in the *Communicable Disease Control and Prevention Bureau Security and Confidentiality Policy*.

Purpose

The Department's responsibility for coordinating and responding to reports of disease outbreak (suspected or actual) or other event of public health significance lies within the agency's Communicable Disease Control and Prevention Bureau (CDCPB). Within the bureau, the Communicable Disease Epidemiology Section (CDEpi) generally oversees outbreak response by coordinating reporting and outbreak teams in accordance with the disease control measures associated with specific diseases or situations. Depending on the type of event, other programs might also be involved and act as a lead or co-lead when appropriate. The response teams assemble to assist Local Health Jurisdictions (LHJ), coordinate efforts during multi-jurisdictional events, and implement other activities necessary to protect the public health. Inter and intra-agency coordination and cooperation is essential for prompt and effective response to these situations.

The purpose of this annex is to:

- Provide the structure for developing operations that reflect day-to-day procedures for the receipt and review of reportable conditions and events
- Outline the process for escalation from day-to-day reports to possible activation of team and surge activities to respond to outbreaks or events of public health significance
- Outline roles, responsibilities, and interactions between CDCPB sections, LHJs, and other partners to coordinate public health response activities to outbreaks or events of public health significance

Scope

Responsibility for the investigation of cases, outbreaks, or other events lies initially with the LHJ in statute and the Montana Administrative Rules (ARM) Communicable Disease Chapter and (ARM [37.114.314](#)). In addition, rules require that LHJs report to the Department (ARM [37.114.204](#)) and require local health officers to cooperate with DPHHS to control the spread of the disease in question when prevalence endangers areas outside of the jurisdiction where it first occurred (ARM [37.114.315](#)). Further, statute (MCA 50-1-202) provides the department with the authority to use personnel of the local public health agencies to assist in the administration of laws relating to public health services and functions; and may provide, implement, facilitate, or encourage other public health services and functions as considered reasonable and necessary.

This annex does not define or supplant any emergency operating procedures or responsibilities for any other agency or organization included herein. It is not a tactical plan or field manual, nor does it provide Standard Operating Procedures (SOP). Rather, it is a flexible and scalable

framework for organization and provides decision-making parameters that DPHHS can use against unknown and unpredictable threats in an all-hazards planning approach. This plan intentionally does not provide specific quantitative or qualitative thresholds for activation or demobilization of organizational structures or processes described herein. Such determinations are situation dependent and left to incident management.

Authorities

DPHHS is mandated to lead public health responses to communicable disease outbreaks by Montana Code Annotated (MCA) [50-1-202](#) and [MCA 50-1-202](#), as well as Administrative Rules (ARM), Communicable Disease Chapter, [37.114.314](#), [37.114.204](#), and [37.114.315](#).

Assumptions

Sections of the CDCPB respond to events daily. In general, most events are related to communicable disease reports coordinated by CDEpi. However, other areas of the CDCPB will follow the procedures outlined, when applicable, to respond to non-communicable disease events (e.g. product recalls, natural disasters, etc.). All events reported are continually evaluated to determine the appropriate level of response and assistance necessary to assist LHJs with response.

- Emerging and re-emerging human infectious diseases can occur at any time in Montana
- Some infectious diseases cause significant morbidity and mortality and require an immediate response to prevent further spread of disease
- A communicable disease incident might exhaust local health jurisdiction (LHJ) medical resources
- Healthcare facilities might become overwhelmed with ill patients and the “worried well”
- Assistance in maintaining the continuity of health and medical services will be required
- Disruption in communications and transportation might adversely affect availability of pharmaceutical and medical equipment supplies
- Sheltering of affected persons because of disruptions in public services might increase risk for communicable disease transmissibility

Access and Functional Need Populations

Emergency response operations for DPHHS includes coordinating reasonable modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods for Montana’s access and functional needs population. For the purpose of public health emergency preparedness in Montana, this population is defined as people having access or functional health (i.e., mental, behavioral, or medical) or physical (i.e., motor ability) needs beyond their capability to maintain on their own during an emergency. It also refers to the “at risk” or “special needs” populations described in the Pandemic and All-Hazards Preparedness Act, also known as PAHPA (PUBLIC LAW 109–417–DEC. 19, 2006) (reauthorized as PAHPRA in March, 2013, Public Law No. 113-5) and in the *National Response Framework (NRF)*(2013). It includes individuals who have medical and other functional needs before, during, and after an incident. Most recently it was rewritten and passed by the US Congress in June 2019 as the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), which strengthens the previous mandates, but also requires inclusion “at-risk individuals” needs for emergency and disaster preparedness efforts for of mitigation, planning, response, and recovery.

Section II: Concept of Operations

Protecting the health and safety of the residents and visitors in Montana means using effective, evidence-based epidemiologic investigation processes. Current information about the magnitude and scope of the situation is used to make the best possible decisions about prevention and control measures. This requires the coordination of surveillance activities with epidemiological analysis and timely communication.

Communicable Disease Investigation and Outbreak Response

A communicable disease investigation at the local or state level is guided by individual disease investigation guidelines, the Control of Communicable Diseases Manual, or other relevant guidance from trusted sources. On a daily basis, CDEpi responds to or coordinates multiple investigations. These processes within CDEpi SOPs ensure receipt, review, analysis, and response to reports.

Possible procedures in response to an escalated investigation include team activation, broadened notifications, implementation of the Incident Command System (ICS), and initiating formal surge operations.

CDCPB response activities focus on three core activities: Surveillance, Investigation and Control/Mitigation. The activities are designed to:

- Detect an event or events through disease surveillance and/or environmental monitoring
- Identify and protect the population(s) at risk
- Assess the public health, law enforcement, and cross-jurisdictional implications.
- Control and contain any possible threat to the public health (including providing guidance to tribal and local public health authorities)
- Collaborate to determine the source of the disease
- Augment public health and medical services when local response capabilities are overwhelmed
- In the case of a communicable disease: Identify the cause and prevent the recurrence of any potential resurgence, additional outbreaks, or further spread of disease

Full investigation and outbreak response procedures are located in [Appendix A](#).

Activation

Staff of the CDEpi program and other sections of the CDCPB conduct day-to-day review of reports and events and, as a result, the standard operating procedures that support this annex are always active. As conditions warrant, CDEpi will augment escalated operations with incident specific response activities.

Section III: Roles & Responsibilities

The following table lists the key partners and stakeholders that support the response and coordination activities for the activities outlined in this guide. A partner's participation in a response is always as able, and dependent upon their own priorities and mission. The entities listed here have participated in the process of developing this document and contribute to a response that the coordinating, primary, and supporting agencies collectively provide. Due to the unpredictable nature of emergencies and disasters, other response agencies not listed here may be employed to assist depending on the nature and occurrences of a specific event.

Roles and Responsibilities begin on the following page.

Organization	Roles & Responsibilities
Communicable Disease Epidemiology	<p>DPHHS is primary coordinating agency.</p> <p>CDEpi Section</p> <p>The CDEpi Section will respond to a communicable disease emergency with these activities.</p> <ul style="list-style-type: none"> • Conduct communicable disease investigation, including contact tracing, during disease outbreaks at the local or state level to collect, manage, and analyze epidemiological data to assist response operations and strategies • Maintain communications with MHERCC operations managers, the Healthcare Advisory Cell (HAC), and operational partners • Coordinate communications and message plan through the MHERCC with public information officer(s), Local Health Jurisdictions (LHJ), and other governmental and non-governmental entities • Coordinate with LHJ public health authorities • Coordinate information flow between the Public Health Laboratory, the MHERCC, the HAC, and LHJs • Provide public information about prevention of illness and promotes healthy behaviors
PHEP/MHERCC	<p>Public Health (Emergency Preparedness Office (PHEP))</p> <p>PHEP is located in the Communicable Disease Control and Prevention Bureau of the Public Health and Safety Division. It is the primary office responsible for coordinating all DPHHS responses to disasters and emergencies with health care implications in Montana. PHEP will activate, operate, and maintain the Montana Healthcare Emergency Response Coordination Center (MHERCC) to coordinate response operations through planning, logistics, and other incident management functions. PHEP also implements emergency annexes and SOPs when appropriate. The following lists PHEP's responsibilities.</p> <ul style="list-style-type: none"> • Coordinate and facilitate the State's response and support to incidents affecting the public's health and medical requirements • Coordinate risk communication and public information with DPHHS Public Information Office staff • Maintain a 24-hour on-call program to facilitate processing and responding to incoming incident, emergency, or disaster related calls • Provide emergency management expertise when public health and healthcare infrastructures are involved • Liaison with other state and local agencies with overlapping areas of involvement • Coordinate procurement and distribution of health and medical equipment and supplies, including activities related to the Strategic National Stockpile (SNS) if needed • Arrange for healthcare personnel surge activities • Manage DPHHS resource preparedness for emergency response (i.e., communications equipment) • Coordinate continuity of services for DPHHS during emergencies • Conduct exercises to practice and refine EOP elements
Healthcare Advisory Cell (HAC)	<p>Representative leadership and SMEs that gather to provide advice for direction and operations for the MHERCC. Formally known as ICAG, this group offers expert technical, scientific, and administrative assistance in support of the mission and objectives of an emergency response.</p> <ul style="list-style-type: none"> • Assess emergency situations involving public health and human services for response needs • Recommend operational actions and strategies • Recommend an operation activation level for a public health event • Select additional SMEs as necessary
Public Health Laboratory	<p>PHL is the lead for human laboratory testing and provides guidance on specimen collection and transportation, as well as coordinates shipping to other public health laboratories. Communication between CDEpi and</p>

<p>Environmental Health & Food Safety</p>	<p>MTPHL is crucial to disease identification and response (see the Public Health Laboratory Annex).</p> <ul style="list-style-type: none"> • Provide logistic oversight of laboratory support • Coordinate lab supplies/resources/materiel issues • Provide and coordinate specimen collection consultations • Serve as a technical resource regarding testing recommendations and interpretation. • Identify biological and chemical hazards through laboratory testing • Consults appropriate medical personnel about tests when appropriate • Advises jurisdictions and medical facilities for the safe transport of hazardous laboratory samples. <p>With assistance from CDEpi and LHJs, coordinates LHJ sanitarian activities in relation to environmental and food-based incidents where transmissible agents are implicated. Responsibilities include:</p> <ul style="list-style-type: none"> • Coordinate with local/county sanitarians • Organize recalls/Initiate trace-backs • Issue embargoes • Conduct inspections as needed
<p>Immunization</p>	<p>In vaccine preventable disease outbreaks, IZ will assist the response team by:</p> <ul style="list-style-type: none"> • Provide informational support related to State immunization infrastructures • Coordinate with local immunization staff to obtain specific data pertinent to an outbreak situation • Provide consultation on immunization specific issues related to control measures • Maintain immunization records and coordinates processing and shipping of vaccines • Provide expertise to vaccine providers • Promote mass vaccinations and ensures best practices during vaccination clinics
<p>EMS & Trauma Section</p>	<ul style="list-style-type: none"> • Assist MHERCC with coordinating assistance to medical facilities and local Emergency Medical Services (EMS) entities • Advises EMS entities about coordinating resources, personal protective equipment, and best practices
<p>DPHHS Divisions and Branches</p>	<p>All divisions and branches within DPHHS are responsible for supplying SMEs to the MHERCC for Specialized Services or to the HAC if there is a direct need for their expertise. These duties are outlined in Appendix A of the DPHHS EOP.</p>
<p>Disaster & Emergency Services (DES)</p>	<p>DES is the lead coordinating agency for all State disasters and emergencies. It manages resources and support to local, State, and non-governmental organizations (NGO).</p> <ul style="list-style-type: none"> • Activate and manage the State Emergency Coordination Center (SECC) • Coordinate other State ESF resources in response and recovery operations • Coordinate mutual aid and federal assistance, including Mutual Aid Agreements (MAA), Emergency Management Assistance Compact (EMAC), and federal assistance
<p>Montana Department of Livestock (DOL)</p>	<p>DOL is responsible for animal disease surveillance activities. CDEpi will work collaboratively with DOL to manage vector control activities.</p> <ul style="list-style-type: none"> • DOL will lead vector control activities involving livestock • CDEpi will assess the threat of vector-borne diseases, and provide technical assistance regarding protection against and treatment of vector-borne diseases <p>The Montana Veterinary Diagnostic Laboratory is the lead for animal testing</p>
<p>Montana Department of Environmental Quality (DEQ)</p>	<p>DEQ is responsible for environmental monitoring and environmental mitigation actions when a release occurs, including bacteria and viruses that lead to public health epidemics. DEQ will coordinate environmental site assessment and mitigation activities, as appropriate, for communicable disease incidents where environmental contamination represents a threat.</p>

<p>Montana Regional Healthcare Coalitions (RHCC)</p>	<p>Healthcare coalitions in Montana coordinate within their geographical boundaries for preparedness, response, and recovery issues. Although not response organizations themselves, the agreements amongst their member entities provide the framework for disaster and emergency response.</p> <ul style="list-style-type: none"> • Serve as a reference point for healthcare related resources • Advises local emergency managers regarding healthcare needs during disaster response operations • Maintains healthcare situational awareness during disaster and emergency responses • Coordinates information sharing with DPHHS <p>Local Health Care Facilities</p> <ul style="list-style-type: none"> • Maintain emergency operations plans as required of organizations that receive Medicaid funding • Coordinate the plans with their local disaster and emergency services representative • Maintain communication with State agencies and their Healthcare Coalition
<p>Local and Tribal Jurisdictions</p>	<p>All emergency and crisis incidents begin and end locally. Local and tribal authorities bear initial and continuing responsibility for incident response and are responsible for identifying and investigating public health events to report to DPHHS. They assist DPHHS in administering public health services and functions.</p> <p>DPHHS supports local authorities during emergencies when their resources are overwhelmed, or anticipated to be overwhelmed, while maintaining their statutory role to protect and promote public health and provide public assistance.</p> <p>Local and Tribal Jurisdictions</p> <ul style="list-style-type: none"> • Maintain and update their EOPs to include coordination with DPPHS during an emergency or disaster response • Maintain open communication with DPHHS to sustain situational awareness • Comply with PHEP grant requirements that build or sustain their jurisdictional capacities to meet or surpass the National Standards for Public Health Emergency Preparedness and Response Capabilities (2018)
<p>Non-Governmental Agencies Local Volunteer and Civic Organizations</p>	<p>Some volunteer and civic organizations, whether independent or chartered with national or state affiliations, may choose to offer assistance in response to disasters and emergencies. Local public health agencies or emergency managers may request their help as well. Some of these organizations have actively participated in community emergency planning and have agreed to certain roles such as donations management or volunteer management.</p>

Section IV: Maintenance

This annex is reviewed every two years to remain accurate and current. A review cycle is established to update and review internal directives and external rules and regulations for information that could impact this annex and the DPHHS EOP. The DPHHS CDEpi Section will perform this review to determine whether the response capabilities of the agency are sufficient and if it meets all essential factors identified in applicable State and Federal guidelines. PHEP will convene a preparedness planning review group to conduct an assessment of the annex on the two-year cycle.

The assessment will:

- Evaluate relevant procedures, equipment, systems, and training
- Verify or validate roles and responsibilities
- Ensure compatibility and coordination with related emergency preparedness documents

Minor corrections, edits, updates, or adjustments in this document do not need vetting by a review group. Changes are tracked in a versioning method and in the Record of Change log.

Exercises

This annex or any of its components could be exercised separately or in conjunction with other exercises. Exercises will be used under simulated, but realistic, conditions to validate policies and procedures for responding to specific emergency situations and to identify deficiencies that need to be corrected. Personnel participating in these exercises should be those who will make policy decisions or perform the operational procedures during an actual event (i.e. critical personnel). Exercises are conducted under no-fault pretenses.

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Appendix A:

Communicable Disease Investigation and Outbreak Procedures

Title:	RESPONSE STANDARD OPERATING PROCEDURE FOR COMMUNICABLE DISEASE INVESTIGATIONS, OUTBREAKS AND OTHER EVENTS OF PUBLIC HEALTH SIGNIFICANCE		
Effective Date:	1/1/2012	Last Review Date:	5/30/2018
Purpose:	To effectively respond to communicable disease reports and outbreaks of communicable disease		
Statute/Regulation Reference:	Montana Codes Annotated 50-1-202, Administrative Rules of Montana 37.114.101 through 37.114.595		

I Introduction

The Montana Department of Public Health and Human Services (DPHHS) is mandated by statute to protect the public health, including collaborating with partners to address conditions of public health importance under the General powers and duties statute (MCA [50-1-202](#)). Conditions of public health importance may include communicable disease reports, outbreaks and other events of public health significance. This standard operating procedure (SOP) outlines the roles, responsibilities and procedures used within DPHHS to respond to communicable disease reports and other events of public health significance.

This SOP is a component of the *Communicable Disease Epidemiology Annex* to the department *Emergency Operations Plan*. All Information communicated under this SOP is subject to the confidentiality provisions of the bureau confidentiality and security requirements as outlined in the *Communicable Disease Control and Prevention Bureau Security and Confidentiality Policy*.

Purpose

The Department's responsibility for coordinating and/or responding to reports of disease, suspected or actual outbreak or other event of public health significance lies within the agency's Communicable Disease Control and Prevention Bureau (CDCPB). Within the bureau, the Communicable Disease Epidemiology Section (CDEpi) generally oversees outbreak response by coordinating reporting and outbreak teams in accordance with the disease control measures associated with specific diseases or situations. Depending on the type of event, other programs may also be involved and act as a lead or co-lead when appropriate. The response teams assemble to assist LHJs, coordinate efforts during multi-jurisdictional events, and implement other activities necessary to protect the public health. Inter and Intra-agency coordination and cooperation is essential for prompt and effective response to these situations.

The purpose of this standard operating procedure is to:

- Outline day to day operating procedures for the receipt and review of reportable conditions and events,
- Outline the process for escalation from day to day reports to possible activation of response teams and/or surge activities to responds to outbreaks or events of public health significance,
- Outline roles, responsibilities and interactions between CDCPB sections, LHJs, and other partners to coordinate public health response activities to outbreaks or events of public health significance.

II Scope and Assumptions

Responsibility for the investigation of cases, outbreaks or other events lies initially with the Local Health Jurisdiction (LHJ) in statute and the Montana Administrative Rules (ARM) Communicable Disease Chapter and (ARM [37.114.314](#)). In addition, rules require that LHJs report to the Department (ARM [37.114.204](#)) and require local health officers to cooperate with DPHHS to control the spread of the disease in question when prevalence endangers areas outside of the jurisdiction where it first occurred (ARM [37.114.315](#)). Further, statute (MCA 50-1-202) provides the Department with the authority to use personnel of the local public health agencies to assist in the administration of laws relating to public health services and functions; and may provide, implement, facilitate, or encourage other public health services and functions as considered reasonable and necessary.

Assumptions

Sections of the CDCPB respond to events daily. In general, most events are related to communicable disease reports coordinated by CDEpi and will be the primary focus of this SOP. However, other areas of the CDCPB will follow the procedures outlined, when applicable, to respond to non-communicable disease events (e.g. product recalls, natural disasters, etc.). All events reported are continually evaluated to determine the appropriate level of response and/or assistance necessary to assist LHJs with response. Escalation from day to day response activities may occur in order to respond to an outbreak or other event of public health significance. Response activities performed by units of the CDCPB focus on three core activities: Surveillance, Investigation and Control/Mitigation. The activities are designed to:

- Detect an event or events through disease surveillance and/or environmental monitoring.
- Identify and protect the population(s) at risk.
- Assess the public health, law enforcement, and cross jurisdictional implications.
- Control and contain any possible threat to the public health (including providing guidance to tribal, and local public health authorities).
- Augment public health and medical services.
- In the case of a communicable disease,
 - collaborate to determine the source of the disease, and
 - Identify the cause and prevent the recurrence of any potential resurgence, additional outbreaks, or further spread of disease.

III Concept of Operations

In order to protect the health and safety of residents and visitors in Montana, it is important to use effective, evidence-based epidemiologic investigation processes. Current information about the magnitude and scope of the situation is used to make the best possible decisions about prevention and control measures. This requires the coordination of surveillance activities with epidemiological analysis and timely communication.

Activation of SOP

Staff of the CDEpi program and other sections of the CDCPB conduct day to day review of reports and events and, as a result, this SOP is always active. As conditions warrant, additional response activities may be implemented as outlined in this SOP.

Procedures - Day to Day Activities

A communicable disease investigation at the local or state level may be guided by individual disease investigation guidelines, the Control of Communicable Diseases Manual, or other relevant guidance from trusted sources. On a daily basis, CDEpi responds to or coordinates multiple investigations. The steps below outline processes within CDEpi to ensure receipt, review, analyze and respond to reports received.

1. Case Reports are submitted by a LHJ or laboratory primarily through the Montana Infectious Disease Information System (MIDIS). Case reports can also be received by mail, confidential fax, or telephone calls. Reports may be received during regular business hours, M-F, 8-5, or after business hours via the 24/7 communicable disease epidemiology On-Call program (attachment 1).
 - Mail is checked twice daily and delivered to CDEpi
 - Paper and electronic faxes are checked at a minimum every three hours during business hours
2. Case and laboratory reports are reviewed by DPHHS Communicable Disease Epidemiology staff within four hours of initial report during business hours and routed to the appropriate Subject Matter Expert (SME).
 - Reports received at the state level and not originating from LHJ are either faxed to confidential faxes at the local health jurisdiction responsible for investigating cases or called depending upon disease in question.
 - Disease reports are reviewed to determine the need for state level involvement for laboratory coordination, multi-jurisdictional oversight, or other information that may be of value to case investigation and response.
 - Analysis of disease reports occurs as needed, but no less than weekly, to identify trends or patterns that may require CDEpi involvement.
3. Subject matter experts/epidemiologists respond to phone calls and emails from local health jurisdiction staff, on a real time basis and no more than two hours to provide technical assistance, reference or case reporting materials and referrals in support of local jurisdiction investigations. Calls may be triaged based on urgency and severity during occasions when the number of phone calls are increased.
4. Subject matter experts/epidemiologists work with the Montana Public Health Laboratory (MTPHL), on an as needed basis, to coordinate local health jurisdiction laboratory specimen collection and testing in support of select disease investigations.
5. Subject matter experts/epidemiologists review laboratory and case reports information and consult with LHJs to monitor events of interest that have a potential to impact additional populations and/or jurisdictions. Other units of the CDCPB perform similar reviews of information received regarding food/product recalls, natural disasters, suspected terrorism events and other events of public health significance.

Procedure- Possible escalation to team activation

If, after review and/or analysis of a report or reports, an SME determines that an outbreak or event of public health significance exists, escalation to a team response may be considered. Such consideration may also occur after notification from a LHJ of an event or outbreak or other request for technical assistance.

Activities may include:

1. Subject matter experts/epidemiologists consults with affected LHJ(s) as soon as possible to review and analyze information to confirm the situation warrants a designation of an outbreak or public health event.
2. Subject matter experts/epidemiologists consult with program and/or bureau management. Additionally, supporting Centers for Disease Control and Prevention (CDC) epidemiologists may be consulted after discussion with the program and/or bureau management. Communications will include the creation of an email summary within two hours after the situation is identified to inform other section subject matter experts that may be affected by the emerging situation (e.g. food and consumer safety/immunizations/Bureau Chief). A list of email groups for use is included in attachment 1.
3. Subject matter experts/epidemiologists will analyze available information to assess need for further actions, including laboratory support, multi-jurisdictional coordination or need for other technical

assistance before the end of the work day.

4. Subject matter experts/epidemiologists communicate with LHJs before end of work day or as needed after hours to:
 - Provide an overview of required or potential actions during an outbreak,
 - Assess the need for activities such as conference calls between the State and the LHJ/activation of local “Epi Teams”/“HEAT Teams,” and/or onsite assistance,
 - Request submission of an outbreak reporting form from LHJs including compilation of line lists as indicated,
 - Provide technical assistance and resources as needed with LHJ response.
5. CDEpi, relevant sections and partners will determine if there is a need to activate a response team or whether additional monitoring will be implemented. LHJs will be notified of actions taken or recommended.

Criteria for Activation of a Response Team may include, but is not limited to the following:

- An event of public health significance is declared at state or national levels per protocols indicated in the DPHHS Emergency Operations Plan
- Illness is spread over more than one geographic jurisdiction
- Management of outbreak involves multiple entities (e.g. agriculture, livestock)
- An unusual or particularly pathogenic organism is suspected/involved
- An outbreak is known, or has potential, to be related to a commercially distributed item
- A large number of unexplained illnesses are involved
- Intentional elements of transmission are suspected
- When the outbreak cannot be controlled or may constitute a public health emergency beyond Montana borders

Procedure- Team Activation

The response to disease outbreak reports often requires the involvement of public health specialists within various sections of the bureau, other bureaus (e.g., Laboratory Services), local public health agencies, and other state and federal agencies. Intra-agency coordination and cooperation is essential for prompt and proper responses to these situations.

A team response can be initiated by any staff person who is a part of the team and receives the initial report. Response levels can range from internal CDEpi staff levels working with LHJs to involvement of the DPHHS Incident Command Advisory Group (ICAG) and/or activation of emergency operations plans at the state level.

A team response can also be initiated in conjunction with the DPHHS Emergency Operations Plan, procedures outlined in the Duty Officer Standard Operating Guide (SOG) or related Communicable Disease Epidemiology or Laboratory 24/7 emergency call systems. The most recent version of the Communicable Disease and Epidemiology On-Call Manual is available in the CDEpi Section of the Department SharePoint site and is updated quarterly.

Recommended Notifications/Actions

- (a) Inform Bureau Chief, or representative, of an outbreak situation or other event of public health significance
- (b) Provide a summary of the initial analysis of the situation
- (c) Identify team members beyond the CDEpi Section and DPHHS based upon specific disease (e.g. foodborne, or vector borne biological agents) or issues associated with outbreak if known
- (d) Communicate a summary of the situation and engage email group distribution lists for pertinent disease or situation per attachment 1
- (e) When necessary, establish an initial case definition based upon known information (e.g. symptoms/lab confirmation/reference materials reviewed) on an as needed basis

The team will initially be composed of a **core team** group of the following individuals:

- Communicable Disease Section Supervisor
- Enteric Disease Epidemiologist (foodborne and enteric illness outbreaks only)
- Disease Surveillance Epidemiologist
- Communicable Disease Nurse Consultant
- Public Health Laboratory Technical Supervisor
- Food and Consumer Safety Section Supervisor or designee (foodborne outbreaks only)
- Immunization Program Supervisor or designee (vaccine preventable diseases only)
- Public Health Emergency Preparedness (PHEP) Supervisor or designee (situational need)

Outbreak/Event Response Team Role & Objectives:

- Provide technical assistance to LHJs relative to disease control measures indicated
- Clarify roles and responsibilities specific to the incident
- Serve as a central point to share information from all sources and discuss findings including results of analysis and review of state level data
- Communicate outbreak response strategies and coordinate investigations among the partners, such as follow-up and improvement actions
- Identify resource needs and opportunities for sharing resources
- Establish priorities for response including (as needed):
 - Identifying resource/surge needs where critical resources are limited or constrained, and
 - Development of internal and external communication strategies in conjunction with the Department public information office and external partners.

Actions (As Needed depending on event type and with close coordination with LHJs impacted)

- (a) Review the Case Definition and formulate tentative hypothesis regarding source and transmission
- (b) Determine attack rates and epidemic curve
- (c) Communicate with LHJs as needed and coordinate multi-jurisdictional communications
- (d) Update and review data sources and collection tools as needed (e.g. local immunization records, survey instruments being utilized)
- (e) Develop notifications/alerts (e.g. HAN – local and state)
- (f) Establish situational communications protocol (periodicity of conference calls, internal e-mail distribution criteria, etc.)
- (g) Expand team or involve of other entities including state agencies or federal authorities or other pertinent agencies.
- (h) Recommend control measures to implement based upon information received and revise on a continuous basis as new information is received
- (i) Document the outbreak or event of public health significance as it progresses
- (j) Determine if escalation of response efforts is necessary and present information and recommendations to the ICAG regarding further activation of the DOC and the EOP.
- (k) Determine when the outbreak or event of public health significance is over to activate recovery operations
- (l) Evaluate response activities in accordance with the DPHHS After-Action Report/Improvement Plan Standard Operating Procedures and recommend improvements for future events. All events that arise to the level of a formal “outbreak response team” being activated will result in a formal After Action Review in collaboration with the Public Health Emergency Preparedness Section.

The Communicable Disease and Epidemiology (CDEpi) Section Supervisor will function as the head of the team when a disease threat is present. Other managers may serve in this role depending on the specific event. Additional public health specialists will be included as needed and determined by the core group based upon the specific response indicated. Bureau administration will be consulted with and kept

apprised at all times and will inform leadership as needed.

Upon notification of a public health incident the Incident Command Advisory Group (ICAG) will determine the need to raise the activation level of the department operations center and when to activate the Departments Emergency Operations Plan (EOP). The Public Health Emergency Preparedness Incident Management Standard Operating Guide establishes activation points for DPHHS department operations section (DOC) the table is below.

Specific Duties and Responsibilities of Team Members

Following is an outline of general activities of core team members to be performed during a team activation.

1. CDEpi Section Supervisor
 - (a) Oversight of the DPHHS response
 - (b) Initial communications to superiors and supporting staff (e.g. federal assignees, State Medical Officer, State Epidemiologist)
 - (c) Coordinate communications and message plan with public information officer(s), LHJs, and other governmental and non-governmental entities.

2. Disease Surveillance Epidemiologists/Nurse
 - (a) Data collection, management, and analysis
 - (b) Epidemiologic study design
 - (c) Coordinate with local/county public health authorities
 - (d) Coordinate information flow between laboratory and LHJs
 - (e) Advise on disease-specific control measures
 - (f) Outbreak incident report follow-up

3. Public Health Laboratory Technical Supervisor
 - (a) Logistic oversight of laboratory support
 - (b) Lab supplies/resources/materiel issues
 - (c) Specimen collection consultations
 - (d) Serve as a technical resource regarding testing recommendations and interpretation.

4. Food and Consumer Safety Supervisor (Foodborne Disease outbreaks)
 - (a) Coordinate with local/county sanitarians
 - (b) Organize recalls/Initiate tracebacks
 - (c) Issue embargoes
 - (d) Conduct inspections as needed

5. Immunization Supervisor (Vaccine Preventable Disease outbreaks)
 - (a) Provide information support related to state immunization infrastructures
 - (b) Coordinate with local immunization staff to obtain immunization specific data pertinent to an outbreak situation
 - (c) Provide consultation on immunization specific issues related to control measures

6. Public Health Emergency Preparedness (PHEP) Supervisor
 - (a) Provide expertise when emergency preparedness infrastructures are activated or involved
 - (b) Liaison with other state and local agencies with overlapping areas of involvement
 - (c) Provide guidance and potential leadership in accordance with National Incidence Management Systems activation in events with potential national significance (e.g. pandemic influenza/intentional disease transmission) where full Emergency Support Functions are engaged.

Response to Multiple, Simultaneous Events:

1. If day to day reports, outbreaks or other events of public health significance result in multiple events occurring simultaneously, the following actions will be implemented:
 - a. the CDEpi supervisor, CDEpi staff and, if relevant, other supervisors impacted, will meet to review activities and resources to ensure an adequate response is being maintained, reviews will include:
 - i. review of staff resources committed at the present time,
 - ii. what additional needs, staffing and other, are anticipated, and
 - iii. what recommendations are the consensus of the group.
 - b. if not included, the CDCPB Chief, or other appropriate Bureau Chief, will be updated regarding results of the review and any recommendations made by the team.
 - c. if determined necessary, the following steps may be taken:
 - i. Staff will be assigned as lead to specific events and given specific instructions regarding actions and frequency of reporting to the relevant supervisor,
 - ii. Mobilization and assignment of unrelated bureau staff, temporary services or student resources to assist with selected tasks/response or day to day activities.
 - d. daily reviews of events and response activities will be conducted by relevant supervisors to monitor response for escalation or de-escalation.

Initiating Formal Surge Activity:

1. In the event an outbreak or other event of public health significance may require additional support beyond the capabilities of the bureau, the following actions will be taken:
 - a. The relevant section supervisor or supervisors will review need with the CDCPB Chief or designee.
 - b. If in agreement, bureau administration will coordinate with Division Administration, Financial Operations, and other relevant partners to obtain the required resources. Activities may include:
 - i. Notification of the State Epidemiologist to obtain additional epidemiologist resources from other areas of the Division.
 - ii. Notification of division supervisors and messaging to staff to determine availability via email or other means,
 - iii. Procurement of temporary services under existing State contracts and/or procurement of other services needed for assistance,
 - iv. Activation of the Student Emergency Response Program (SERP), and
 - v. Activation of laboratory agreements to ensure rapid and accurate testing.

Communicable Disease Epidemiology (CDEpi) Outbreak Relevant Bureau and Department Email Lists

The email distribution lists below are utilized by CDEpi in relation to investigations, outbreaks and events of public health significance. These lists are to be utilized to communicate important case/event summaries to sections and individuals that are potential participants in outbreaks, or event so public health significance.

Shared Email Lists or Outbreaks or Events of Public Health Significance:

- **HHS VAX TEAM:** Includes key staff working with vaccine preventable disease; Lydia Bloom
- **HHS STDTEAM:** Includes key staff working with STDs; Lydia Bloom
- **HHS VECTORTEAM:** Includes key staff working with vector-borne disease; Lydia Bloom
- **HHS GITEAM:** Includes key staff working with enteric diseases; Lydia Bloom
 - **HHS CORE RESPONSE:** Includes key staff working with PHEP issues; Kayla Peck
- **HHS PAND FLU COORD CMTE:** Includes key staff working with Pan Flu; Lydia Bloom

Communicable Disease Epidemiology Internal Lists:

- **HHS CDEpi Staff:** Includes program staff of CDEpi; Lydia Bloom

December 2021

Appendix B: References

1. Administrative Rules of Montana (ARM) Communicable Disease Chapter
 - a. [37.114.314](#)
 - b. [37.114.204](#)
 - c. [37.114.315](#)
2. Montana Code Annotated
 - a. [50-1-202](#)
 - b. [50-1-204](#)
3. Control of Communicable Diseases Manual, 20th Edition
4. Guidelines for the Surveillance of Vaccine Preventable Diseases
5. CDC/CSTE Case Definitions for Surveillance
6. Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition
7. Red Book, 30th Edition
8. Control of Communicable Diseases in Childcare Settings, 4th Edition

Appendix C: Acronyms

ARI:	Acute Respiratory Illness
AGI:	Acute Gastrointestinal Illness
ARM:	Administrative Rules of Montana
CCDM:	Control of Communicable Disease Manual
CDC:	Centers for Disease Control and Prevention
CDCPB:	Communicable Disease Control and Prevention Bureau
CDEpi:	Communicable Disease Epidemiology Section
DES:	Disaster & Emergency Services
DPHHS:	Department of Public Health and Human Services
FCS:	Food and Consumer Safety Program
HAN:	Health Alert Network
HIPAA:	Health Insurance Portability and Accountability Act
ICAG:	Incident Command Advisory Group
ILI:	Influenza like illness
LHJ:	Local Health Department
MCA:	Montana Code Annotated
MIDIS:	Montana Infectious Disease Information System
MPHL:	Montana Public Health Laboratory
PHEP:	Public Health Emergency Preparedness Program
SNS:	Strategic National Stockpile
STD:	Sexually Transmitted Disease
TB:	Tuberculosis
VPD:	Vaccine Preventable Disease

Record of Distribution

The Public Health Emergency Preparedness Section will make an electronic copy available upon request. To provide comments and suggestions for future revisions, email mtphep@mt.gov or call 406-444-0919.

Date	Receiving Partner Agency/ Organization

Record of Change

Date	Description of Change	Initials
11/18/14	Formatting	LWF
12/3/15	Formatting, editing, and revisions made from planning group recommendations, updated R&R for DEQ.	LWF
2/7/17	Added Karl Milhon to reviewers	LWF
10/30/17	Inserted revised standard text to RoD, Public Comment, Scope, and placed R&R into a table format; changed to version 2.1	LWF
5/30/18	Updated staff reviewers, updated Administrative Rules of Montana, typo corrections, updated protocols in Attachment 1.	JF
3/13/20	Inserted Record of Review; edited footer; adjusted TOC; edited content and adjusted formatting.	LWF
4/15/20	Reviewed and fixed web links, inserted new cover page, checked accessibility.	LWF
12/13/21	Revised version date; updated reviewers; updated legal references and linked codes (p. 22); updated email teams (p. 21); created navigable in-document links.	LWF
9/20/23	Updated to new format; edited for grammar.	LWF
11/1/23	Added forgotten word in Scope	LWF
3/19/24	Created accessible version; added AFN subsection under Section 1; inserted link to Appendix A in Section 2; Grammar edits in Section 2; added Local and Tribal Jurisdictions to Roles & Responsibilities.	LWF