AMERICAN ACADEMY OF PEDIATRICS
CENTERS FOR DISEASE CONTROL AND PREVENTION

Pediatric and Public Health Tabletop Exercise

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Executive Summary

The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) convened an inaugural Pediatric and Public Health Tabletop Exercise in January 2016. The Exercise Planning Team included representatives from the AAP Disaster Preparedness Advisory Council, the CDC National Center for Birth Defects and Developmental Disabilities, and the CDC Office of Public Health Preparedness and Response. Participants formed state teams to address a threat of smallpox that would impact children and require the use of supplies from the Strategic National Stockpile (SNS). The state teams included public health representatives and pediatricians from AAP chapters in five Region VI states: Arkansas, Louisiana, Oklahoma, New Mexico and Texas. Although the Exercise Planning Team selected smallpox as the infectious disease threat to children, the state teams were asked to consider approaches, processes, and communication strategies to improve children's preparedness, response, and recovery in a different illness outbreak, or even a natural disaster or other type of public health emergency (PHE). The purpose of the exercise was to 1) improve connectedness between public health preparedness professionals and pediatricians, 2) strengthen pediatrician knowledge of preparedness and response specific to PHEs, and 3) enhance the understanding of public health professionals about the needs of children in disasters and the role of pediatricians. Exercise discussions reinforced concepts raised at the AAP/CDC Enhancing Pediatric Partnerships to Promote Pandemic Preparedness meeting, which were: including pediatric care providers in state-level decision-making, promoting strategic communications and systematic messaging, and prioritizing within and among high-risk groups. Meeting Proceedings are available on the AAP Pediatric and Public Health Tabletop Exercise Web page. About 100 strategies were identified to guide those who wish to implement pediatric Tabletop Exercises or improve state pediatric preparedness planning.

Objectives

The agreed-upon exercise objectives and evaluation measures were to:

1. Identify at least 10 collaborative strategies that AAP chapters, pediatric clinicians and public health leaders could implement to advance pediatric preparedness at state and local levels.
2. Determine at least 5 steps that states could take to improve communications, specific to children's issues, between public health and pediatric leaders during a response to a PHE to sufficiently address the needs of children.
3. Discuss and evaluate strategies to optimize plans for the distribution and dispensing of medical countermeasures (MCMs) that would be suitable for pediatric care and relevant to the infectious disease threat outlined in the Tabletop Exercise scenario.

Process

The exercise schedule included welcoming remarks from AAP and CDC leaders; exercise ground rules; presentations on children's preparedness, smallpox, communication strategies, and distribution of vaccines through the SNS; state team deliberations in response to the tabletop exercise that involved an evolving scenario posing multiple challenges and; a call to AAP leadership to discuss response strategies, and opportunities for continued collaboration; as well as a feedback/evaluation and review of action steps for state teams. During each portion of the exercise, state teams considered and reported on the various state plans and procedures that would apply in this scenario and how they would respond.

Key Discussion Points

Throughout the exercise, several themes arose that could potentially improve pediatric preparedness and response and exercises focused on children:

Obtain Needed Expertise:

During an emergency or exercise, pediatric and threat-specific subject matter experts are needed. For this exercise, the pediatric and public health representatives on the state teams had not met each other before, and most were not aware of preparedness efforts occurring in other disciplines. To effectively address gaps in pediatric preparedness planning, it is recommended that the pediatrician and public health experts who work to improve disaster planning and response meet in person to get to know each other and understand the assets/expertise that each can bring to the table.

Leverage Communication Vehicles:

Utilizing connections to individuals and groups that already have the capacity to disseminate information quickly in an emergency is the ideal approach. Individuals and groups caring for children in a disaster should plan ahead for emergency communications to be circulated by the AAP chapter, state health department, governor's office, hospital leadership, and media spokespersons. The AAP organizational connections should be used to distribute messages to health care disciplines beyond the pediatric community. Steps are needed to improve the distribution of Health Alert Network (HAN) messages, which typically only reach "top-level" officials as well as infectious disease physicians during a crisis. A plan should be put in place to monitor social media postings, take steps to improve accuracy and prevent the delivery of inaccurate information. Messaging should be from a single/trusted source (e.g., CDC or Department of Public Health) and should be customized for various audiences, including clinicians and the public. Plans might include a toll-free hotline to disseminate information (or pre-scripted messages) to community leaders/public and efforts to assist those who may have been affected to connect with public health.

Enhance Infection Control/Vaccination Strategies:

In an emergency, consultation with human resources, legal personnel, and others is advised to address issues such as review of state sanitary codes, voluntary versus mandated quarantine process, staff benefits, and quarantine monitoring options. The legislative or legal authority to

mandate vaccination of health care providers caring for infected patients should be considered up front. In situations where a vaccine is available, the influenza model could be replicated. For example, health care providers who are vaccinated would have a recognizable sticker on their hospital badges, while those who are not immunized would be required to wear a mask for the duration of the emergency. Questions will arise as to whether parents can remain with their children who are potentially exposed to or diagnosed with the particular infectious disease. Whether adult caregivers or parents are immune or were vaccinated prior to exposure should be taken into consideration. Any new guidelines should emphasize the message that parents are an integral part of the care team for children affected by [infectious agent]. States should work collaboratively across pediatric/public health disciplines to identify the best site for vaccine delivery. After selecting the vaccine delivery site, town hall meetings could be convened to disseminate key messages and share answers to frequently asked questions. Providing physicians with scientific data is critical (e.g., "No absolute contraindications have been identified for vaccination" or "The two vaccines in the SNS have a high efficacy rate of ≥95%"). Messaging also would offer clear information regarding the adverse events associated with vaccination, the administration route, and necessary monitoring post-vaccination to document uptake.

Feedback and Evaluation

The "hotwash", a live evaluation session immediately following the exercise, allowed an opportunity for participants to reflect on their individual experiences during the Tabletop Exercise; review key points raised during discussions; highlight effective strategies and lessons learned; propose suggestions to improve future children's preparedness efforts; and describe practical changes that will be made in states as a result of the Tabletop Exercise. An electronic evaluation survey was distributed to collect additional feedback after the exercise. Participants reported that the exercise was beneficial as it offered opportunities to:

- Have pediatricians and state public health officials together in the same room.
- Collaborate with pediatric professionals in each state with regard to an emergency situation and lay the groundwork to collaborate in the future.
- Improve knowledge of the SNS.
- Learn about what other states are working on and how they encouraged change over time.
- Hear ideas and experiences from other states.
- Discuss various levels of response during an emergency, including how to reflect pediatrician input into the planning and response phases.
- Identify gaps in the knowledge base on each side of the table (not just clinical knowledge, but rather the resources available at the time).
- Spend time with in-state partners and work with them to strengthen the state's response systems.

Suggestions for future exercises:

- Include more individuals from public health with the specific skill sets to assist in the scenario response and make the discussions even more robust.

- Expand discussions to address setting up Points of Dispensing (PODs) and determine strategies to dispense pediatric doses of medical countermeasures.
- Provide opportunities that would allow participants to continue to build on the relationships within the state.
- Fund state or other meetings to allow stakeholders to come together and work on some of the specific gaps identified.

Follow-up Actions

The 1-month follow-up with state teams revealed that:

- State teams are facilitating opportunities for their public health colleagues to attend and present at AAP Chapter annual meetings.
- Participants were collaborating to respond to recent weather events and the Zika virus outbreak.
- One state is developing a state disaster plan, based on a template shared at a recent meeting.
- States had added team member participants to HAN and/or advisory group meetings.
- Efforts are proceeding to replicate the Tabletop Exercise at state and regional levels.
- Some participants are working together to add pediatric injects into existing exercises or to initiate planning for new exercises/drills.
- Participants were incorporating content learned at the Tabletop Exercise into presentations and materials.
- Individuals were connecting with those they met at the exercise to follow-up on related activities (pediatric screening forms, current pediatric protocols, guidance for children with special needs, etc.).

Follow-up at 3-month and 6-month intervals is planned with state teams. Draft articles for publication are being developed. Based on the outcomes and overall success of the Tabletop Exercise, the Exercise Planning Team will conduct follow-up in the states and work toward designing a virtual exercise so that other states can learn from this experience and participate remotely.

For further information, e-mail DisasterReady@aap.org.