ARIZONA DEPARTMENT OF HEALTH SERVICES

PREPAREDNESS

Zika on the Border Tabletop Exercise

Situation Manual: Facilitator Guide

June 20, 2017

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PREFACE

The Zika on the Border Tabletop Exercise (TTX) is sponsored by the Arizona Department of Health Services (ADHS). This Situation Manual (SitMan) was produced with the help, advice, and assistance of the Zika on the Border TTX planning team. It provides exercise participants with all the necessary tools for their roles in the exercise. The exercise design team followed the guidance set forth by the Federal Emergency Management Agency (FEMA) and the Homeland Security Exercise and Evaluation Program (HSEEP).

This exercise is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

All exercise participants should use appropriate guidelines to ensure proper control of information within their areas of expertise and protect this material in accordance with current jurisdictional directives. Public release of exercise materials to third parties is at the discretion of ADHS.

EXERCISE OVERVIEW

Exercise Name	Zika on the Border Tabletop Exercise
Exercise Dates	June 20, 2017
Mission Area(s)	Response
Core Capabilities	Public Health, Healthcare, and Emergency Medical Services, Health and Social Services, Public Information and Warning, Intelligence and Information Sharing
Objectives	**Objective 1:** Discuss procedures, capabilities and readiness of the whole community and recognize and respond to presentations by potential infectious disease patients. **Objective 2:** Review and discuss plans, capabilities, and authorities for responding to a high-risk infectious disease for emergency. **Objective 3:** Examine and demonstrate public notification procedures. **Objective 4:** Examine and demonstrate public notification and information sharing procedures to address messaging and coordination with stakeholders.
Threat or Hazard	Zika Virus Disease
Scenario	Zika on the Border
Sponsor	Arizona Department of Health Services
Participating Organizations	State and local public health, vector control, epidemiology staff, and public information officers
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GENERAL INFORMATION

Introduction

This Zika on the Border Tabletop Exercise (TTX) is designed to establish a learning environment for players to exercise emergency response plans, policies, and procedures as they pertain to response and recovery efforts associated with a Zika outbreak. To ensure an effective exercise, subject matter experts (SMEs) and representatives from numerous State and Local agencies have taken part in the planning process and will participate in the exercise conduct and evaluation.

Confidentiality

The Zika on the Border Tabletop Exercise is an unclassified exercise. Control of exercise information is based on public sensitivity regarding the nature of the exercise rather than the actual exercise content. Some exercise material is intended for the exclusive use of exercise planners, controllers, simulators, and evaluators, but players may view other materials deemed necessary to their performance.

All exercise participants should use appropriate guidelines to ensure the proper control of information within their areas of expertise and protect this material in accordance with current ADHS directives.

Any inquiries concerning the authorized use of this document or any other exercise-related materials should be directed to the Exercise Director, Antonio Hernandez (see contact information above).

Purpose

The purpose of the ADHS sponsored Zika on the Border Tabletop Exercise is to evaluate the public health and vector control response to a Zika outbreak.

Exercise Objectives and Core Capabilities

The following exercise objectives in Table 1 describe the desired outcomes for the exercise. The objectives are linked to core and preparedness capabilities, which are distinct critical elements necessary to achieve the specific mission area(s). The objectives and aligned core capabilities were selected by the Exercise Planning Team.

Exercise Objective	FEMA Core Capabilities	Public Health Preparedness Capabilities
Objective 1: Discuss procedures, capabilities and readiness of the whole	**Public Health, Healthcare, and Emergency Medical Services** Provide lifesaving medical	**Community Preparedness** Community preparedness is the ability of communities to

Exercise Objective	FEMA Core Capabilities	Public Health Preparedness Capabilities
community and recognize and respond to presentations by potential infectious disease patients.	treatment via Emergency Medical Services and related operations and avoid additional disease and injury by providing targeted public health, medical, and behavioral health support, and products to all affected populations.	prepare for, withstand, and recover — in both the short and long terms — from public health incidents.
Objective 2: Review and discuss plans, capabilities, and authorities for responding to a high-risk infectious disease emergency.	**Health and Social Services** Restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.	**Emergency Operations Coordination** Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.
Objective 3: Examine and demonstrate public notification procedures.	**Public Information and Warning** Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.	**Emergency Public Information and Warning** Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.
Objective 4: Examine and demonstrate public notification and information sharing procedures to address	**Intelligence and Information Sharing** Provide timely, accurate, and actionable information resulting from the planning, direction,	Information Sharing Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of

Exercise Objective	FEMA Core Capabilities	Public Health Preparedness Capabilities
messaging and coordination with stakeholders.	collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning physical and cyber threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by local, state, tribal, territorial, Federal, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among government or private sector entities, as appropriate.	health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Table 1. Exercise Objectives and Associated Core and Preparedness Capabilities

Exercise Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted and/or account for logistical limitations. Exercise participants should accept that assumptions and artificialities are inherent in any exercise, and should not allow these considerations to negatively impact their participation. During this exercise, the following apply:

- The exercise is conducted in a no-fault learning environment wherein capabilities, plans, systems, and processes will be evaluated.
- The exercise scenario is plausible, and events occur as they are presented.
- All players receive information at the same time.

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players**. Players are personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.

- **Facilitators**. Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
- **Evaluators**. Evaluators are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.
- **Observers**. Observers do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.

Exercise Structure

This exercise will be a discussion-based, facilitated exercise. Players will participate in the following two modules:

- Module 1: Initial Notification
- Module 2: Suspected Local Transmission

Each module begins with an update that summarizes key events occurring within that time period. After the updates, participants review the situation and engage in a group discussion of appropriate response issues.

Exercise Ground Rules

The following exercise ground rules have been developed to ensure that the objectives are met in a reasonable amount of time and that the TTX runs smoothly.

- Keep the Exercise's Objectives in mind throughout the exercise.
- Treat the scenario incidents as real events. Play your appropriate role.
- Participate openly and focus discussions on appropriate topics. Asking questions, sharing thoughts, and offering forward-looking, problem-solving suggestions are strongly encouraged, as these actions will enhance the exercise experience.
- Keep your comments focused and consider the time constraints. The discussions will explore policies, decisions, actions, and key relevant issues, which will require participants to respect the observations, opinions and perspectives of others.
- Issues and procedures flowing from each module presented will be discussed.
- After reviewing each scenario, participants will have a few minutes to answer each question and consider the appropriate processes, decisions, and courses of action. Following this, a facilitated general discussion of response issues and actions related to this scenario will be conducted.

Exercise Guidelines

- This exercise will be held in an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response efforts. Problem-solving efforts should be the focus.

Exercise Control

The exercise will be controlled and guided by the facilitator. The facilitated TTX uses a scenario-based approach to create the decision-making environment for participants to act in their potential operational roles. This is a no-fault exercise that focuses on the identification and analysis of issues of common concern.

During the TTX, an objective facilitator will lead participants through the activities surrounding the scenarios. The facilitator is responsible for keeping discussions on track with exercise objectives and ensuring that all issues are explored (time permitting).

Exercise Evaluation

Exercise evaluation is an essential element of a successful exercise program. A good evaluation is part of a progressive exercise program where exercises are planned, conducted, and evaluated as building blocks to competency in incident management for the long–term. The evaluation portion of the exercise program is aligned with the established program metrics.

Evaluations provide an objective assessment of the participants' discussions. They have been designed to support an assessment of exercise objectives and capabilities. The goal of evaluation is to validate strengths and identify opportunities for improvement among participating organizations. Evaluations help to identify ways to build on strengths and improve capability. The evaluation methodology for this TTX focuses on the adequacy of and familiarity with the jurisdiction's plans, policies, procedures, resources, and interagency/inter-jurisdictional relationships that support the performance of critical tasks required to respond to a Zika outbreak.
During the TTX, an Evaluation Team will be listening for themes in discussion and issues. These issues will then be reviewed during the Hot Wash. Lessons learned during the exercise will allow participants to update their current response plans and strategies as needed.

ZIKA PRIMER

Zika virus infection is a viral disease primarily spread to people through bites of infected mosquitoes. Sexual and maternal-fetal transmission has also been documented. Mosquitoes become infected by feeding on infected persons. Zika virus is transmitted primarily by *Aedes aegypti* (Yellow fever mosquito) and *Aedes albopictus* (Asian tiger mosquito) mosquitoes.

About 80% of people who are infected do not become sick. For the 20% who do become sick, the most common symptoms include fever, maculopapular rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild and the symptoms typically last several days to a week.

Evidence from case reports, and experience from related flavivirus infections, indicate that the incubation period for Zika virus disease is likely 3–14 days. This means that symptoms are likely to occur from 3 to 14 days after exposure to Zika virus.

While initial symptoms (if any) of Zika virus disease are mild, scientists at the Centers for Disease Control and Prevention (CDC) have concluded, after careful review of existing evidence, that Zika virus is a cause of microcephaly and other severe fetal brain defects. Microcephaly describes a baby or child with a smaller than normal brain and head. Current evidence suggests that birth defects will occur in approximately 1 in 10 infants exposed to Zika virus during pregnancy. The risk appears greatest if infection occurs during the first trimester.

Transmission

Zika virus is mainly spread in a mosquito-person-mosquito cycle. An infected mosquito bites a person. The person infected by the mosquito will have Zika virus in their blood, especially in the first week of illness. If/when another mosquito bites that infected person, the new mosquito can become infected. This newly infected mosquito can then go on to infect additional people. People who do not display symptoms may still pass the virus on to mosquitoes that bite them. Zika virus can also spread from mother to baby during pregnancy or during or around the time of birth. Zika virus can also be spread through sexual transmission by an individual to their sexual partners, even if the individual is asymptomatic.

Prevention

There is no vaccine to prevent Zika virus infection. Infections can be prevented by avoiding mosquito bites. This includes wearing an EPA-registered insect repellent, wearing long-sleeved shirts and long pants, using permethrin to treat clothing and gear (such as hats or boots), using air conditioning or window/door screens to keep mosquitoes outside, and eliminating standing water from containers in yards (including bird baths, flower pots, buckets) to stop mosquito breeding.

Treatment

There is no specific treatment for Zika virus infection. Healthcare providers primarily provide supportive care to relieve symptoms. This may include rest, fluids, and use of over-the-counter medicine. Non-steroidal inflammatory drugs (NSAIDs) and aspirin should be avoided until dengue infection has been ruled out due to an increased risk of bleeding.
Individuals who have been infected or may have been exposed to Zika virus should avoid mosquitoes for at least 3 weeks. This will prevent the person from infecting mosquitoes, who could spread Zika to others in the community.

Information provided by the Centers for Disease Control and Prevention.

MODULE 1: PART 1: INITIAL NOTIFICATION

It is the first week of August, and the Director of the Arizona Department of Health Services (ADHS) receives a call from the Ministry of Health Officials in Sonora, Mexico. They have detected 3 cases of Zika virus infection in Town X that appear to be locally-acquired. Town X lies on the Mexico-Arizona border and serves as a major border crossing for travelers and daily commuters.

If the jurisdiction is not on the border (and does not have a population that frequently travels to Sonora, Mexico), ask them to consider the following:

- *Would any level of transmission in Mexico be a concern for your jurisdiction?*
- *What about transmission is another neighboring jurisdiction (for example, California or New Mexico)?*
- *What about transmission in some place in Arizona (for example, transmission in Phoenix or Tucson for a northern county)?*

Use one of these scenarios to inform the remainder of the discussion.

Question 1: What information would you want to know from Sonoran Officials at this point?

- *What case finding measures have been implemented?*
- *Does Sonora think these are isolated cases, or indicative of larger spread?*
- *What vector control actions have been implemented?*
- *Do any of the cases have known travel to Arizona?*

Question 2: What messaging, if any, would you release to healthcare providers? What messaging, if any, would you release to the public?

- *Would you release a HAN to healthcare providers?*
- *Has the message changed for healthcare providers and/or the public?*
- *What are the pros and cons of calling out Town X in messaging?*
- *Are there some "softer" ways of releasing messaging?*

Question 3: Would you consider initiating enhanced vector surveillance or control efforts in Arizona? What efforts would you support based on the above information?

- *Who are the stakeholders for determining that enhanced vector efforts are appropriate? (i.e., elected officials, health departments, etc.)?*
- *Are there any boundary issues that may come into play?*
  - ✓ *What if Town X is bordering another jurisdiction (different county or sovereign tribal lands)? How would you coordinate vector surveillance activities?*
- *Do you anticipate having sufficient capacity (people, equipment, money) to implement enhanced vector activities?*
  - ✓ *Would there be difficulty in prioritizing vector control along the border with ongoing activities within the jurisdiction?*
  - ✓ *If you would support additional trapping or testing of mosquitoes, are there additional partners that you would need assistance from? Does your jurisdiction perform your own mosquito identification and testing?*

MODULE 1: PART 2: ADDITIONAL CASE DETECTION

In the course of their investigation, Sonora has identified an additional 18 cases of locally-acquired Zika virus in Town X. Sonoran Officials are reporting that several households with cases are clustered in a neighborhood 0.5 miles south of the Arizona border. Several additional households outside of the cluster report at least one family member that traveled to the neighborhood for work or recreational activities. Eleven (11) of the eighteen (18) cases report living in or traveling to the neighborhood.

Question 4: Would you support ground and/or aerial spraying on the Arizona side of the border based on this cluster of cases along the border?

- *Are there any jurisdictional issues that may come into play?*
- *Does aerial or ground spraying already occur in your jurisdiction or would this be a new activity? What is the threshold for ground and aerial spraying in your jurisdiction?*
- *What stakeholders would be involved in the decision to spray?*
- *How would you respond to the general public or stakeholders if there was resistance to spraying?*
- *How might you message to the public about the choice to (or not to) spray?*

Question 5: Would you expand recommendations for testing for Zika virus in Arizona? What population would you target?

- *What are some of the pros and cons of expanding testing recommendations (e.g., increased case detection, increased surveillance, exceeding laboratory capacity, delay in test results, false positives, etc.)?*
- *Where should tests be performed (state or commercial lab)?*
- *Why are you focusing on that group (i.e., pregnant women, symptomatic individuals) to target?*

Question 6: What messaging would you release to healthcare providers and the general public at this point?

- *Are there specific actions healthcare providers and/or the general public should be taking?*
- *What are the best ways of distributing this messaging?*
- *Is there messaging that you might prepare but not yet release?*

Question 7: Would your jurisdiction declare a Zika active transmission (red) or cautionary (yellow) area based on this information?

- *Would this meet the threshold to declare an active or cautionary area in the U.S.?*
- *Would any level of transmission in a neighboring jurisdiction trigger you to declare a Zika area (e.g., transmission in a neighboring state, county, or sovereign tribal lands)?*
- *What are the pros/cons of declaring a Zika area? For example: increasing public awareness and education, economic concerns, managing public expectations, etc.*

MODULE 2: PART 1: SUSPECTED LOCAL TRANSMISSION

On Friday, August 18th, a healthcare provider calls the Local Health Department (LHD). She has a pregnant patient (11 weeks) presenting with maculopapular rash, fever, and conjunctivitis, and the provider suspects Zika virus. The patient has no travel history, but reports a family member had a history of Zika virus. The family member visited approximately 2 weeks prior, while experiencing a slight fever, and was later diagnosed with Zika virus in Mexico (family member is a Zika case from Town X). The patient tests positive by PCR at the Arizona State Public Health Laboratory.

Question 8: What partners should be notified of the local case?

- *Local elected officials? Neighboring jurisdictions? Staff within the department?*
- *What are the notification processes for each stakeholder?*
- *What is the expected timeframe for notification for each stakeholder?*
- *Is there a necessary order in which people need to be notified?*

Question 9: What vector control actions would you implement at this time? What would be the target area?

- *What is the process for notifying vector control of a local (or suspect local) case?*
- *Would you focus on home, work, and/or recreation areas?*
- *What is the boundary (i.e., 150 feet, 500 feet, 3 miles) to target around each potential exposure area?*
- *What are the limiting factors in selecting areas to target?*
- *How quickly would you expect vector control to be implemented?*

Question 10: What messaging would you release at this time? Who would be the target population?

- *What are the top three messages that are important to release at this time?*
- *What are the target populations?*
- *What are the methods to target each specific group?*

Question 11: What additional actions (i.e., what epidemiologic case investigations) would you implement? What would be the target area?

- *How would you identify any additional cases?*
- *How far out from the suspected exposure would you target?*
- *What are some of the resources you would anticipate needing (e.g., staff, funding, etc.) to support these efforts?*
- *What kinds of additional support would you be requesting and from whom?*

MODULE 2: PART 2: ADDITIONAL CASES IN ARIZONA

The LHD, ADHS, and CDC have implemented case finding and rapid response efforts. During these efforts, an additional 10 Zika virus cases that appear to be locally-acquired are identified. Cases are highly clustered in Neighborhood A, with 7 of the 11 cases living or working in the 1.5 sq. mile area. Several of the cases are symptomatic and onsets range from 8/7/2017 through 8/22/2017. The other 4 cases do not report living, working, or recreating in Neighborhood A. They are scattered throughout the 5 mile area surrounding Neighborhood A.

Question 12: Would your jurisdiction declare a Zika active transmission (red) or cautionary (yellow) area based on this information?

- *Who would be involved in the decision to define a Zika area?*
- *Who would need to be notified of this decision?*
- *Would there be a lag time between notifying partners and notifying the general public? What are some of the pros and cons of notifying partners before the public?*

Question 13: What vector control actions would you initiate at this time? Would you support ground or aerial spraying?

- *What area would you target?*
- *How would you select which vector control products to use?*
- *Do you currently test for insecticide resistance? How quickly would you be able to initiate resistance testing?*
- *Do you have individuals in your jurisdiction that can identify and test mosquitoes? If not, where do these activities take place? How might that impact your response?*

Question 14: How is vector control handled if Neighborhood A is on or near (within 1 mile of) sovereign tribal lands?

- *How would you coordinate vector control activities?*
- *How would communication take place?*
- *Would MOU/MOAs be needed to coordinate vector control actions? Are such agreements already in place?*
- *How would issues be handled if one jurisdiction (county or tribe) was planning on spraying and the other wasn't? (Especially if there was the potential for drift across jurisdictional lines)?*

Question 15: How would you message to the public and healthcare providers about these areas? What is the message for pregnant women versus the general public?

- *How would you reach the target audiences?*
- *How do you message the sense of urgency?*
- *How do you convince the public that the entire risk area had been identified?*
- *How do you address any delays in detecting transmission (e.g., if transmission is suspected to have started occurring a month prior to detection)?*

Question 16: How do you answer the question "Is it safe to travel to Arizona?" How does this change if a major transportation hub (e.g., a major airport) is located within the Zika area?

- *Is the message different for different populations?*
- *What messaging strategies would you use?*
- *How do you address the concerns of tourist destinations that are not near the Zika areas?*

Question 17: How do you communicate with businesses that are located within these areas? What about medical providers (e.g., OB/GYNs or hospitals) that are within these areas?

- *What might some of the concerns of traditional businesses in the Zika area be?*
- *How do you communicate with businesses about the potential loss of revenue from telling individuals not to go to the area?*
- *How would you ensure continuation of care if medical providers are affected?*
- *How do you ensure that women can deliver safely if a major labor and delivery facility is included in the red area?*

MODULE 2: PART 3: NO NEW CASES

It is now November 27th, no new locally-acquired cases have been identified since October 9th (49 days prior). Mosquito surveillance is reporting a decrease in the number of *Aedes aegypti* trapped in the previous Zika areas.

Question 18: Would your jurisdiction remove any of the Zika transmission or cautionary areas based on this information?

- *What partners would be involved in this decision?*
- *Do you anticipate any trepidation from stakeholders about removing the Zika areas?*
- *How do you educate stakeholders about the triggers on an off for Zika active and cautionary areas?*

Question 19: How would you message to the general public and healthcare providers about what removing a Zika area means?

- *Are there any dangers to announcing an area "free" of Zika (e.g., people stopping mosquito avoidance measures)?*
- *Are there steps that the general public should still take?*
- *What level of concern should the general public still have after a Zika area designation is removed?*

Question 20: What steps would you take through the winter to prepare for the next mosquito season?

- *What is considered the "off" season for mosquito surveillance in your jurisdiction?*
- *Is there the potential for over-wintering mosquitoes?*
- *What kind of changes would you anticipate needing to make to your vector control and surveillance program after such an event?*

APPENDIX A: INTERNET RESOURCES

Resource Title	Link
Arizona Arboviral Handbook for Chikungunya, Dengue, & Zika Viruses	http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/mosquito-borne/arboviral-handbook.pdf
Arizona Interim Zika Testing Algorithms for Healthcare Providers	http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/mosquito-borne/zika/zika-healthcare-provider-algorithms.pdf
ADHS Zika Prevention Counseling for Clinicians	http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/mosquito-borne/zika/zika-summary-handout.pdf
ADHS Zika Virus Home Page	azhealth.gov/zika
Arizona State Public Health Laboratory—Zika Virus	http://www.azdhs.gov/preparedness/state-laboratory/index.php#zika-virus
ADHS Mosquitoes of Arizona	http://www.azdhs.gov/preparedness/epidemiology-disease-control/mosquito-borne/index.php#mosquitoes-of-arizona
CDC Zika Interim Response Plan	https://www.cdc.gov/zika/public-health-partners/cdc-zika-interim-response-plan.html
CDC Zika Virus Homepage	https://www.cdc.gov/zika/index.html
CDC MMWR Zika Reports	https://www.cdc.gov/mmwr/zika_reports.html
CDC: Surveillance and Control of Aedes aegypti and Aedes albopictus in the United States	https://www.cdc.gov/chikungunya/pdfs/surveillance-and-control-of-aedes-aegypti-and-aedes-albopictus-us.pdf
CDC: Testing for insecticide resistance: CDC Bottle Bioassay	http://www.cdc.gov/parasites/education_training/lab/bottlebioassay.html

APPENDIX B: ACRONYMS

Acronym	Description
ADHS	Arizona Department of Health Services
CDC	Centers for Disease Control and Prevention
FEMA	Federal Emergency Management Agency
HSEEP	Homeland Security Exercise and Evaluation Program
LHD	Local Health Department
NSAID	Non-Steroidal Inflammatory Drug
OB/GYN	Obstetrics/Gynecology
PCR	Polymerase Chain Reaction
SitMan	Situation Manual
SME	Subject Matter Expert
TTX	Tabletop Exercise
WMD	Weapon of Mass Destruction