

EPIDEMIOLOGICAL SURVEILLANCE AND INVESTIGATION

Capability Definition

The Epidemiological Surveillance and Investigation capability is the capacity to rapidly conduct epidemiological investigations. It includes exposure and disease (both deliberate release and naturally occurring) detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, and communication with the public and providers about case definitions, disease risk and mitigation, and recommendation for the implementation of control measures.

Outcome

Potential exposure to disease is identified rapidly by determining exposure and mode of transmission and agent; interrupting transmission to contain the spread of the event; and reducing number of cases. Confirmed cases are reported immediately to all relevant public health, food regulatory, environmental regulatory, and law enforcement agencies. Suspected cases are investigated promptly, reported to relevant public health authorities, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. An outbreak is defined and characterized; new suspect cases are identified and characterized based on case definitions on an ongoing basis; relevant clinical specimens are obtained and transported for confirmatory laboratory testing; the source of exposure is tracked; methods of transmission identified; and effective mitigation measures are communicated to the public, providers, and relevant agencies, as appropriate.

Relationship to National Response Plan Emergency Support Function (ESF)/Annex

This capability supports the following Emergency Support Function (ESF)/Annexes:

- ESF#8: Public Health and Medical Services
- Biological Incident Annex
- Terrorism Incident Law Enforcement and Investigation Annex

Preparedness Tasks and Measures/Metrics

Activity: <i>Develop and Maintain Plans, Procedures, Programs, and Systems</i>	
Critical Tasks	
ProB1a 1.1	Develop plans, procedures, and protocols for investigating a potential disease outbreak
ProB1a 1.1.1	Develop procedures for identification of disease, vector and epidemic
ProB1a 1.1.2	Develop guidelines or procedures for properly conducting a coordinated outbreak investigation
Pro.B1a 1.1.4	Develop and maintain efficient surveillance systems supported by information systems that comply with PHIN functional requirements for <i>Early Event Detection, Outbreak Management and Countermeasure and Response Administration</i> to facilitate early detection, mitigation and evaluation of expected and unexpected public health conditions

Pro.B1a 1.1.5	Distinguish on the State list of notifiable conditions between select conditions that require immediate reporting to the public health agency (at a minimum, Cat A agents), and conditions for which a delay in reporting is acceptable	
ProB1a 1.2	Develop plans and procedures to respond to a disease outbreak	
ProB1a 1.2.1	Develop policies and procedures to respond appropriately to positive notifications of medical hazards	
Pro.B1a 1.2.1.1	Describe time frames for notification for conditions where a delay in reporting is acceptable,	
ProB1a 1.2.2	Develop plans, procedures and protocols for the provision of medical personnel, equipment, laboratories, and pharmaceuticals and supplies	
ProB1a 1.2.3	Plan and prepare for pandemic influenza, particularly for the stage when vaccine either is non-existent or in severely short supply	
ProB1a 1.2.4	Develop plans, procedures and protocols to inventory medical supplies, equipment, ambulance services, hospitals, clinics and first aid units	
ProB1a 1.2.5	Develop communications to physicians and hospitals regarding use of testing of symptomatic and non-symptomatic patients during epidemic	
ProB1a 1.2.6	Develop an integrated response plan that directs how public health, hospital-based, environmental, food, veterinary and agricultural laboratories will respond to a bioterrorism incident	
Preparedness Measures		Metrics
Epidemiological and laboratory emergency plans are in place		Yes/No
Epidemiological plans identify the conditions (e.g., trigger points) for initiating the investigation		Yes/No
Epidemiological emergency response plans delineate the epidemiological investigation steps for identifying the population at risk		Yes/No
Epidemiological emergency response plans address surveillance – ongoing and event-specific collection of health data		Yes/No
Epidemiological emergency response plans include steps for comparison of cases to the baseline and confirmation of diagnosis		Yes/No
Epidemiological emergency response plans include steps for case finding – actively searching for cases		Yes/No
Epidemiological emergency response plans include steps for managing data that warrants public health attention (e.g. detect through pattern recognition and compile, analyze, and report surveillance data)		Yes/No
Epidemiological emergency response plans include steps for contact tracing		Yes/No
Epidemiological emergency response plans identifying/developing information systems to support the epidemiological investigation that comply with PHIN functional requirements for Outbreak Management and Countermeasure and Response Administration including a protocol for management/flow of data		Yes/No
Epidemiological emergency response plans include steps for development of descriptions of cases through interviews, medical record review and other mechanisms (person, place and time)		Yes/No
Epidemiological emergency response plans include steps for generating possible associations		Yes/No

of transmission, exposure and source	
Epidemiological emergency response plans include steps for coordinating with environmental investigation	Yes/No
Epidemiological emergency response plans include steps for performing and analyzing definitive studies	Yes/No
Epidemiological emergency response plans include steps for sharing with and reporting appropriate information to key Federal, State, and local public health partners	Yes/No
Epidemiological emergency response plans address monitoring the containment of diseases (e.g. outbreak course and population characteristics, effectiveness of mitigation steps, status of those exposed from identification through disposition, etc.).	Yes/No
Epidemiological emergency response plans include steps for evaluating therapeutic outcome	Yes/No
Epidemiological emergency response plans include steps for monitoring adverse reactions to public health interventions	Yes/No
Epidemiological emergency response plans include communication requirements (e.g., dissemination of accurate, timely, and accessible information to the public, media, and support agencies)	Yes/No
Chain of evidence and chain of custody protocols are followed according to SOP – zero loss of evidence or specimens	Yes/No
Information tracking systems (e.g., registries of exposed or potentially exposed persons, systems to support investigating, describing, understanding events).	Yes/No
State notifiable conditions list distinguishes between select conditions that require immediate reporting to the public health agency (at a minimum, Cat A agents), and conditions for which a delay in reporting is acceptable	Yes/No

Activity: <i>Develop and Maintain Training and Exercise Programs</i>	
Critical Tasks	
ProB1a 2	Develop and implement training and exercises for epidemiological surveillance and investigation
ProB1a 2.1	Develop and implement training programs epidemiological surveillance and investigation
ProB1a 2.1.1	Support training on various types and models of equipment likely to be used in an emergency situation through government grants and industry sponsored workshops
ProB1a 2.2	Develop and implement exercises for epidemiological surveillance and investigation
Preparedness Measures	Metric
Staff are trained on activities required to conduct epidemiological surveillance and detection including exposure and disease detection, surveillance, analysis, reporting, and use of equipment	Yes/No
HSEEP-compliant exercises to evaluate epidemiological surveillance and detection are routinely conducted	Yes/No

Performance Tasks and Measures/Metrics

<p>Activity: <i>Direct Epidemiological Surveillance and Investigation Operations</i></p> <p>Definition: Coordinate, maintain, enhance, analyze, and provide efficient surveillance and information systems to facilitate early detection and mitigation of disease.</p>															
<p>Critical Tasks</p>															
Pro.B1a 3.3.2	Identify applicable laws, policies, and implementation procedures for public health reporting and notification														
Pro.B1a 3.3.1	Maintain public health communication channels supported by information systems that comply with the PHIN functional requirements for <i>Partner Communications and Alerting</i>														
Pro.B1a 3.3.3	Provide Public Health information to emergency public information for release														
Pro.B1a 3.2.3	Coordinate resources needed to respond to public health concern														
Pro.B1a 3.1	Lead public health investigations to determine source of disease in collaboration with law enforcement														
Pro.B1a 3.2.2	Identify all stakeholders and agency representatives or liaisons for public health response														
Pro.B1a 4.5.1	Report instances of disease that raise the index of suspicion of terrorist or criminal involvement to FBI Headquarters (National Response Plan)														
Pro.B1a 3.3.4	Make public health recommendations for prophylaxis and other interventions														
Pro.B1a 3.2.4	Coordinate examination of deceased suspect patients with the medical examiner and/or coroner														
<table border="1"> <thead> <tr> <th>Performance Measures</th> <th>Metric</th> </tr> </thead> <tbody> <tr> <td>Time in which State informed local or local informed State of receipt of notice of a case with a high index of suspicion of an immediately notifiable condition</td> <td>Within 1 hour from receipt</td> </tr> <tr> <td>Time in which information was issued to the public that acknowledged the event, provided status, and committed to continued communication</td> <td>Within 1 hour from implementation of response plan</td> </tr> <tr> <td>Time in which case finding and public health instruction was disseminated to all hospitals in jurisdiction through the Health Alert Network (HAN) whose supporting information systems comply with the PHIN functional requirements for <i>Partner Communications and Alerting</i>.</td> <td>Within 12 hours from case definition</td> </tr> <tr> <td>Percent of public health epidemiological staff with sufficient equipment (e.g., PPE, IT, communication, clinical sampling equipment, specimen collection material) to conduct investigation</td> <td>100%</td> </tr> <tr> <td>Time in which knowledgeable public health professional answered a call of urgent public health consequence 24/7/365</td> <td>Within 15 minutes from call</td> </tr> <tr> <td>Time in which message was approved and authorized for distribution of public health and medical information to clinicians and other responders</td> <td>Within 1 hour from finalization of message</td> </tr> </tbody> </table>		Performance Measures	Metric	Time in which State informed local or local informed State of receipt of notice of a case with a high index of suspicion of an immediately notifiable condition	Within 1 hour from receipt	Time in which information was issued to the public that acknowledged the event, provided status, and committed to continued communication	Within 1 hour from implementation of response plan	Time in which case finding and public health instruction was disseminated to all hospitals in jurisdiction through the Health Alert Network (HAN) whose supporting information systems comply with the PHIN functional requirements for <i>Partner Communications and Alerting</i> .	Within 12 hours from case definition	Percent of public health epidemiological staff with sufficient equipment (e.g., PPE, IT, communication, clinical sampling equipment, specimen collection material) to conduct investigation	100%	Time in which knowledgeable public health professional answered a call of urgent public health consequence 24/7/365	Within 15 minutes from call	Time in which message was approved and authorized for distribution of public health and medical information to clinicians and other responders	Within 1 hour from finalization of message
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Activity: Surveillance and Detection	
Definition: Collect ongoing and event-specific health data to recognize events of public health significance	
Critical Tasks	
Pro.B1a 4.5.4	Facilitate reporting consistent with disease reporting laws or regulations
Pro.B1a 4.3	Compile surveillance data
Pro.B1a 4.4	Analyze surveillance data
Pro.B1a 4.2.1	Detect suspected outbreak through pattern recognition
Pro.B1a 4.3.3	Maintain chain of custody
Pro.B1a 4.3.2	Have or have access to PHIN compliant information systems to support detecting events of public health significance and tracking of chain of custody
Performance Measures	Metric
Data warranting public health attention were received, reviewed, and analyzed	Yes/No
Time in which epidemiological investigation was initiated following report to health department	Within 3 hours from report
Time in which epidemiological investigation was completed following report to health department	Within 36 hours from report

Activity: Conduct Epidemiological Investigation	
Definition: Investigate a disease and its determinants in a population; characterize and classify a case; identify the source of the public health event; and define the population at risk	
Critical Tasks	
ProB1a 5.1	Dispatch public health personnel to location of suspected contamination
ProB1a 5.2	Conduct epidemiological investigations to identify potential exposure and disease
Pro.B1a 5.3	Confirm the outbreak using lab data and disease tracking data
Pro.B1a 5.2.1	Define case characteristics
Pro.B1a 5.3.1	Search actively for cases (case finding)
Pro.B1a 5.3.2	Create registries of ill, exposed, and potentially exposed persons
Pro.B1a 5.4	Conduct contact tracing
Pro.B1a 5.4.1	Analyze and interpret epidemiological investigation data in coordination with data from Counter-Terror Investigation and Law Enforcement
Pro.B1a 5.4.2	Analyze and confirm origin of outbreak
Pro.B1a 5.5.1	Recommend control measures for outbreak
Pro.B1a 5.6	Draft and disseminate initial report of epidemiological investigation

Pro.B1a 5.6.1	Have or have access to information systems to support investigating, describing and understanding events of public health significance that comply with the PHIN Functional Area <i>Outbreak Management</i>	
Performance Measures		Metric
Time in which public health epidemiologist initiated initial investigation		Within 3 hours from initial notification
Time in which recommendation for public health intervention was provided		Within 6 hours from first identification of agent
Time in which suspect case was sent to key Federal, State, and local public health partners (e.g., CDC, FBI, law enforcement, State, and local)		Within 3 hours from identification
Time in which case definitions were created		Within 12 hours from confirmation of index case
Time in which a health alert that describes the initial report of an indexed case along with known cases, possible risk factors, and initial public health interventions to be distributed via multiple means such as: Epi-X, Health Alert Network (HAN), fax, and e-mail was developed		Within 12 hours from initiation of case investigation
Time in which active case findings in all affected States was initiated		Within 24 hours from established working case definition.
Time in which law enforcement was notified of initial laboratory confirmation of high priority diseases or events with suspicion of terrorism		Within 1 hour from laboratory confirmation.
Time in which clinical diagnostic specimens/samples were received at the laboratory response network (LRN) after epidemiologist acquisition		Within 6 hours from acquisition
Time in which 75 % of known suspected cases (or proxies) were contacted/interviewed for more detailed epidemiologic follow-up		Within 48 hours from identification of the index case
Time in which an initial report describing all suspected cases by person, place, and time was produced		Within 60 hours from identification of the index case

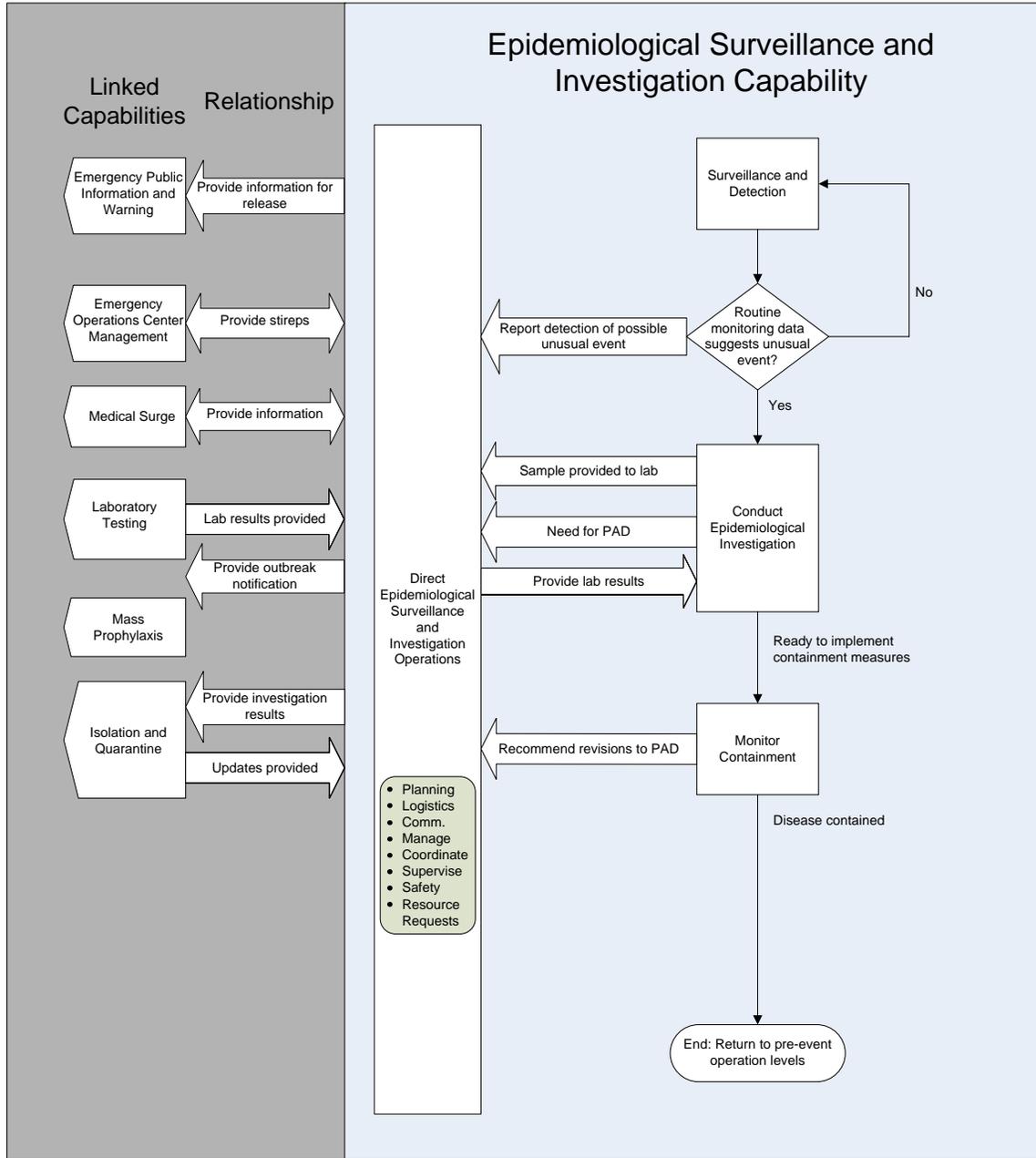
Activity: <i>Monitor Containment</i>	
Definition: Based upon the extent of the population at risk and recommendations for outbreak control, assess the effectiveness of disease containment measures	
Critical Tasks	
Pro.B1a 6.1.1	Monitor the course and population characteristics of a recognized outbreak
Pro.B1a 6.2	Have or have access to information systems that support administration of outbreak control and that comply with the PHIN functional requirements for <i>Countermeasure and Response Administration</i> .
Pro.B1a 6.1	Monitor effectiveness of mitigation steps
Pro.B1a 6.4	Conduct an after action debriefing (hotwash) to identify deficiencies that require corrective actions in areas such as personnel, training, equipment, and organizational structure
Pro.B1a 6.3.2	Conduct special studies of critical public health issues

Performance Measures	Metric
Percent of known cases and exposed successfully tracked from identification through disposition to enable follow-up	100%

Linked Capabilities

Linked Capability	Relationship
Emergency Public Information and Warning	Epidemiological Surveillance and Investigation provides information for release to Emergency Public Information and Warning.
Emergency Operations Center Management	Epidemiological Surveillance and Investigation and Emergency Operations Center Management both contribute to situation reports.
Medical Surge	Epidemiological Surveillance and Investigation and Medical Surge both provide situation reports.
Laboratory Testing	Epidemiological Surveillance and Investigation receives lab results from Laboratory Testing.
Mass Prophylaxis	Epidemiological Surveillance and Investigation provides outbreak notification to Mass Prophylaxis.
Isolation and Quarantine	Epidemiological Surveillance and Investigation provides investigation results to Isolation and Quarantine, while Isolation and Quarantine provides containment updates to Epidemiological Surveillance and Investigation.

Capability Activity Process Flow



Resource Element Description

Resource Elements	Components and Description
Local Health Department-based Surveillance Team	Team to track suspect case reports (reportable diseases) within their jurisdiction; personnel (per 12-hour shift): 1 supervisor (MD, DVM, or PhD level), 2 epidemiologists, 1 IT staff, and 1 statistician. The team is led by a local health department, but staff may be drawn from local, State, and/or Federal resources.
Investigation Epidemiologist	Personnel: 1 Epidemiologist (or public health nurse or public health advisor) to interview cases and perform investigation
Active Surveillance/Case Finding Epidemiologist	Personnel: 1 epidemiologist (or public health nurse or public health advisor) per 12 hour shift per facility (e.g. hospital ER in affected region) to find to cases in hospitals and the community.
Special Studies Team	Team to undertake focused scientific investigations of interest; personnel: 1 epidemiology supervisor (MD, DVM, or PhD), 5 epidemiologists or scientists, 1 public health advisor, 1 subject matter expert, 1 interviewer per 10 persons, and 1 statistician
CDC Department Emergency Operations Center (DEOC) Surge Team	Team to coordinate CDC response to an incident at a location. Personnel: 1 senior epidemiology supervisor, 1 Federal-State liaison epidemiologist per affected State, 5 support epidemiologists, 1 public health advisor (PHA), 1 data entry manager, 10 data entry staff
State/Local EOC Surge Team	EOC personnel to coordinate the response to the incident. Personnel: 1 epidemiology incident commander, 1 senior epidemiology supervisor per 12 hour shift, 1 Bioterrorism coordinator, 5 support epidemiologists per 12 hour shift, 1 PHA per 12 hour shift, 1 Database manager, 1 programmer, 2 analysts, 2 transport teams (each with 1 driver), 1 clerical staff member, 1 IT person
Personal Equipment Cache	1 Blackberry/cell phone, PPE, and appropriate equipment cache per person
Laptop computers/printers	1 laptop per 2 persons deployed; 1 printer per 10 laptops (1 printer per 20 persons deployed)

Planning Assumptions

Scenario-Specific

- Although applicable to several of the 15 National Planning Scenarios, the capability planning factors were developed from an in-depth analysis of the Anthrax and Pandemic Influenza scenarios. Other scenarios were reviewed to identify required adjustments or additions to the planning factors and national targets.
- Estimates are made of the needs for communities to respond to this emergency once identified and for baseline resources needed for timely initial detection
- *B. anthracis* spores added directly to product without aerosolization
- Ground beef was sent to San Diego, Seattle, and Phoenix
- Orange juice was sent to Albuquerque, Las Vegas, and Palm Springs
- Patient presentations involved gastrointestinal, oropharyngeal, and cutaneous forms of anthrax.
- Clinical and laboratory confirmation (LRN) occurred between days 2 and 5 after index case presentation

- Production facilities and distribution system mechanisms will be contaminated until formally decontaminated
- Cases will continue sporadically following public health intervention due to consumers and retailers failing to discard/return/destroy contaminated product
- No simultaneous disasters are occurring during the same time
- There will be an unprecedented level of public concern, anxiety, and fear as a result of this incident
- Assume field investigation will last 10 days at full personnel strength and then another 20 days at 50 percent personnel strength.
- Assume a concurrent law enforcement investigation
- Assume health departments and Emergency Operation Centers (EOC) will require 100 percent surge staffing for 30 days in 10 cities (6 affected cities and 4 neighboring areas that have high levels of anxiety/concern) and at CDC.
- Staff requirements, detailed in this worksheet, represent existing local, State, and Federal resources that are devoted to routine (baseline) public health activities.
- Assume that staff at the local level may include Federal or State employees; assume that staff at the State level may include Federal employees.
- Assume that for every case interviewed, 10 ill persons with diseases other than anthrax will need to be interviewed in a more abbreviated manner. Assume these “non-case” interviews will take half the time of a case interview. Given that 2,300 cases are indicated in the scenario, this means that 25,300 total interviews will need to be conducted.
- Assume 100 percent of cases and 50 percent of non cases will be interviewed during first 10 days. The remaining 50 percent of non-cases will be interviewed during the next 20 days.
- Assume there will be 100 facilities (hospital emergency departments) requiring active surveillance in 10 locations.
- Assume 10 special studies will be conducted. Each study will require 50 interviews.
- The food contamination scenario explored would be considered a national response that involves local, State and Federal resources.
- To provide 24 hour coverage for the first 10 days, the national response described in this scenario would require a staff of 110 epidemiology supervisors, 451 epidemiologists, 60 data entry staff, 40 IT staff, 30 statisticians, 60 public health advisors, 10 occupational/environmental epidemiologists, 50 non-epidemiologist interviewers, 10 subject matter experts and 10 State bioterrorism coordinators.
- Over the next 20 days of the investigation, staffing could be reduced to 70 epidemiology supervisors, 270 epidemiologists, 31 data entry staff, 30 IT staff, 30 statisticians, 40 public health advisors, 10 occupational/environmental epidemiologists, 50 non-epidemiologist interviewers, 10 subject matter experts and 10 State BT coordinators.
- The percent of staff contributions to the investigation from the State and local levels is dependent on baseline availability of resources. It should be noted that the Council of State and Territorial Epidemiologists (CSTE) *2004 National Assessment of Epidemiology Capacity: Findings and Recommendations* sites a 40 percent deficiency of trained public health epidemiologists nationally.
- Due to potentially unforeseen delays in the identification of a non-naturally occurring epidemiological event, detection of disease outbreaks may not occur until large numbers of victims are affected, particularly when the agent has a long incubation period.

Planning Factors from an In-Depth Analysis of a Scenario with Significant Demand for the Capability (Anthrax and Pandemic Influenza)

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
Local Health Department-based Surveillance Team	One team can track diseases at one location per 12 hour shift.	Assume 24 hour/day staff needs for 30 days at 10 locations	All 30 days – need 20 teams nationally Each location needs 2 teams (1 per shift)
Investigation Epidemiologist	One epidemiologist can conduct investigations at 5 locations during first 10 days	Assume 100 facilities requiring active surveillance in 10 locations (cities) during first 10 days	<u>Nationally:</u> 200 epidemiologists for first 10 days 100 epidemiologists for next 20 days
Active Surveillance/Case Finding Epidemiologists	One epidemiologist per shift can conduct surveillance/case finding at 1 health facility during first 10 days. For 24-hour surveillance, need 2 epidemiologists per day at each facility.	Assume 100 facilities requiring active surveillance across 10 locations (cities) during first 10 days.	<u>Nationally:</u> 200 epidemiologists for first 10 days; 100 epidemiologists for next 20 days 2 Epidemiologist per health facility
Special Studies Team	One team (comprising personnel in Resource Element Description Table) can conduct one study	Assume 10 special studies conducted, each requiring 50 interviews	All 30 days – need 10 Teams nationally
CDC Department Emergency Operations Center (DEOC) Surge Team	100% surge staffing for first 10 days, and 50% staffing for next 20 days at CDC EOC. Assume 1 surge team can support response for one affected location per 12 hour shift	Assume 10 affected locations (6 with cases + 4 additional) requiring 24 hour/day response	Nationally – 20 Surge Teams
State/Local EOC Epidemiology Surge Personnel Team	Assume 100% staff needs for first 10 days, and 50% staffing for next 20 days at each location Assume 1 surge team can support response for one affected location per 12 hour shift	Assume 10 affected States (6 with cases + 4 additional)	2 Surge Teams per State EOC for 1 st 10 days; then 1 Surge Team for 20 days.
Personal Equipment Cache	Blackberry/cell phone; PPE and appropriate equipment cache per person – 1 per person deployed;	Assume 511 people deployed during first 10 days; 341 people next 20 days	<u>First 10 Days:</u> 511 Blackberry/cell phones/PPE/appropriate equipment cache <u>Next 20 Days:</u> 341 Blackberry/cell phones/PPE/appropriate

Resource Organization	Estimated Capacity	Scenario Requirement Values	Quantity of Resources Needed
			equipment cache
Laptop computers/printers	1 laptop for every 2 people deployed; 1 printer for every 10 laptops (or 10 laptops and 1 printer for every 20 people deployed)	Assume 511 people deployed during first 10 days; 341 people next 20 days	<u>First 10 Days:</u> 256 laptops, 26 printers <u>Next 20 Days:</u> 171 laptops, 17 printers

Approaches for Large-Scale Events

Pandemic Flu – For all teams, the work force will be diminished by one-third. The need for epidemiologic investigation will be far reduced relative to surveillance needs; resource needs for pandemic flu are orders of magnitude greater.

Target Capability Preparedness Level

Resource Element Unit	Type of Element	Number of Units	Unit Measure (number per x)	Lead	Capability Activity supported by Element
Local Health Department-based Surveillance Team	Personnel	2	Per affected county	Federal/State/Local	Monitor Containment Surveillance and Detection
Investigation Epidemiologist	Personnel	1	Per affected county	Local (County)	Conduct Epidemiological Investigation
Active Case Finding/ Surveillance Epidemiologist	Personnel	1	Per affected county	Local (County)	Conduct Epidemiological Investigation Monitor Containment Surveillance and Detection
Special Studies Team	Personnel	10	Nationally	Federal/ State/ Local	Conduct Epidemiological Investigation Monitor Containment Surveillance and Detection

Resource Element Unit	Type of Element	Number of Units	Unit Measure (number per x)	Lead	Capability Activity supported by Element
CDC Department Emergency Operations Center (DEOC) Surge Team	Federal Resource Organization	10	Nationally	Federal (HHS/CDC)	Direct Epidemiological Surveillance and Investigation Operations
State/Local EOC Epidemiology Surge Personnel Team	Resource Organization	2	Per State	State	Direct Epidemiological Surveillance and Investigation Operations
Personnel Equipment cache	Equipment	511	Nationally	Federal/State/Local	All Activities
Laptop computers/printers	Equipment	256	Nationally	Federal/State/Local	All Activities

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