

BOULDER COUNTY  
PUBLIC HEALTH

# Community Infectious Disease Emergency Response (CIDER)



**Spring Regional Staff/EPR Meeting  
Epi Breakout Session  
April 27, 2016**

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# Infectious Disease Emergency Response (IDER)



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# What is the IDER Plan?

- Infectious Disease Emergency Response Plan
- NACCHO Advanced Practice Centers
  - <http://apc.naccho.org/Products/APC20102190/Pages/IDER.aspx>
- IDER is the toolbox which organizes the tools available to public health



# IDER Plan

- Provides a framework and standardized approach to infectious disease planning



**Public Health**  
Prevent. Promote. Protect.



# Why an IDER Plan?

- Lessons learned
- Situational awareness
- Engage technical expertise from the community
- Community trust and assurance
- Build upon relationships and create a forum

# All-Hazards Approach for IDER

- Risk analysis
  - Assign priorities and resources
  - Focuses on community vulnerability to specific hazards
- Functional planning
  - Capacity to deal with multiple hazards
  - Best use of limited resources

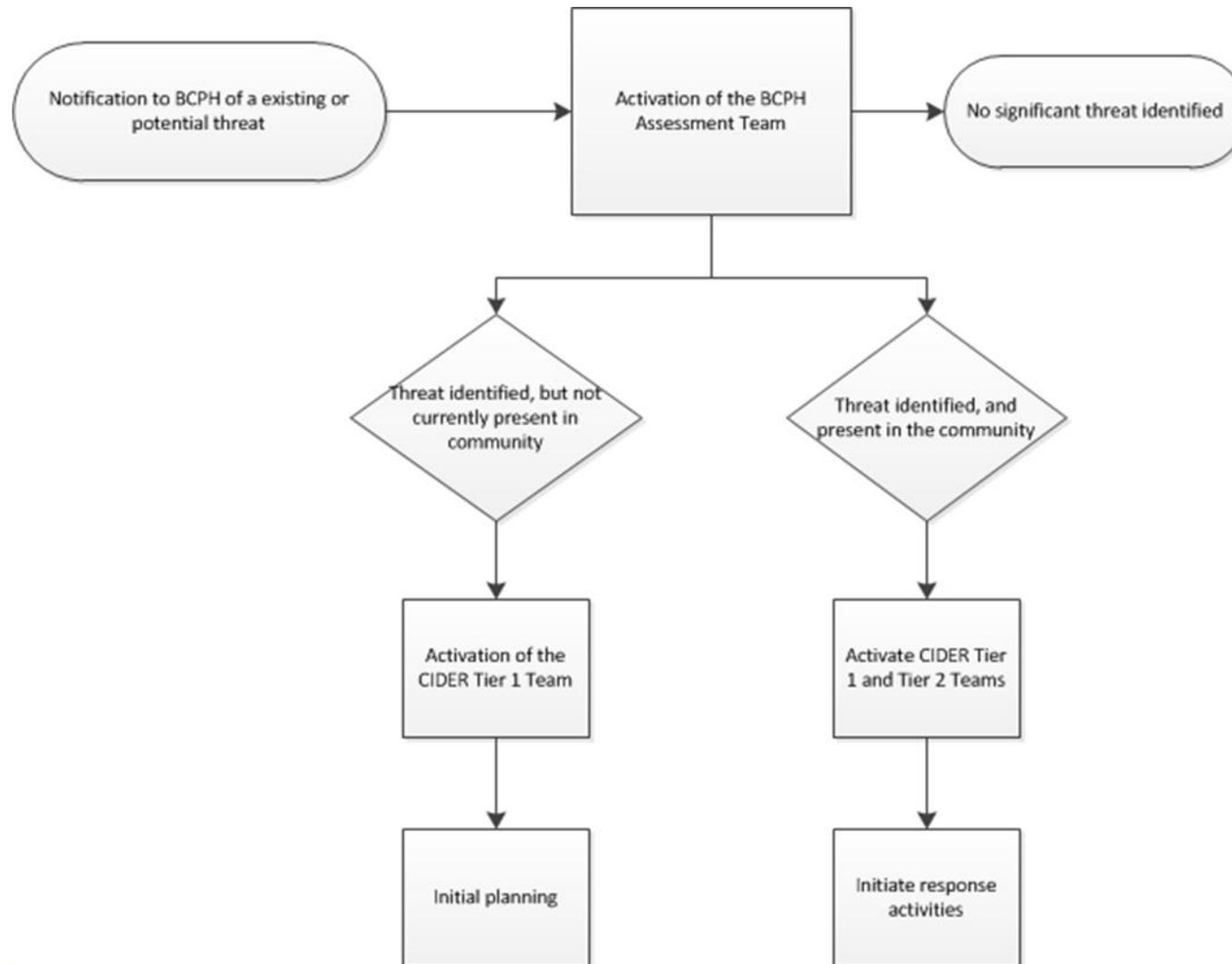
# When is the IDER Plan Used?

*“IDER Plan is intended to be used for any infectious disease emergency that requires a response that exceeds the normal disease control capacity of the CDEM Division, or presents a significant threat to the community. The IDER Plan is intended to be used for any infectious disease emergency that requires a response or planning initiative.”*

# Who is Involved in the IDER Plan?

- BCPH Internal Assessment Team
- Community Infectious Disease Emergency Response (CIDER) Teams
  - Tier 1: Planning and Technical Expertise
  - Tier 2: Response Implementation

# How Does the IDER Plan Work?



# CIDER Tier 1 Team

- Role:
  - Input to the planning process
  - Participation in events and trainings
  - Serve as a conduit to their organizations and peers
  - Facilitate bidirectional communication
  - Annual meeting

# Community Infectious Disease Risk Assessment



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# CD Risk Assessment

- Key elements:
  - Probability of occurrence
  - Severity
  - Spread
  - Intervention
- Ranked by discussed value totals

Rank	Disease threat
1	<b>Respiratory Aerosols</b> e.g. Measles, Pneumonic Plague, Active TB in congregate setting, MERS-CoV, Pandemic Flu
2	<b>ABX Resistant Disease</b> e.g. MRSA / VRSA, C. Difficile, CRE / VRE, Shigella
3	<b>Bioterrorism</b> e.g. Inhalation Anthrax, Botulism, Tularemia, Smallpox
4	<b>Emerging Zoonoses</b> e.g. Mosquito-borne, Ebola
5	<b>Invasive Meningitis in Congregate Setting</b>
6	<b>Blood-borne pathogen</b> e.g. Drug diversion/medical error, IDU Hep C/HIV outbreak
7	<b>Extensive food outbreak</b>
8	<b>Pathogen in water</b>
9	<b>Sexually Transmitted Infections</b> e.g. Gonorrhea/Chlamydia/HPV

# Respiratory Aerosolized Transmission (RAT) Annex



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# RAT Annex

- Communicable Disease Manual
  - <https://www.colorado.gov/cdphe/communicable-disease-manual>
- Respiratory Aerosolized Threats Table
  - Manifestation
  - Control Measures
  - Key Communication Messages

# Communication Map



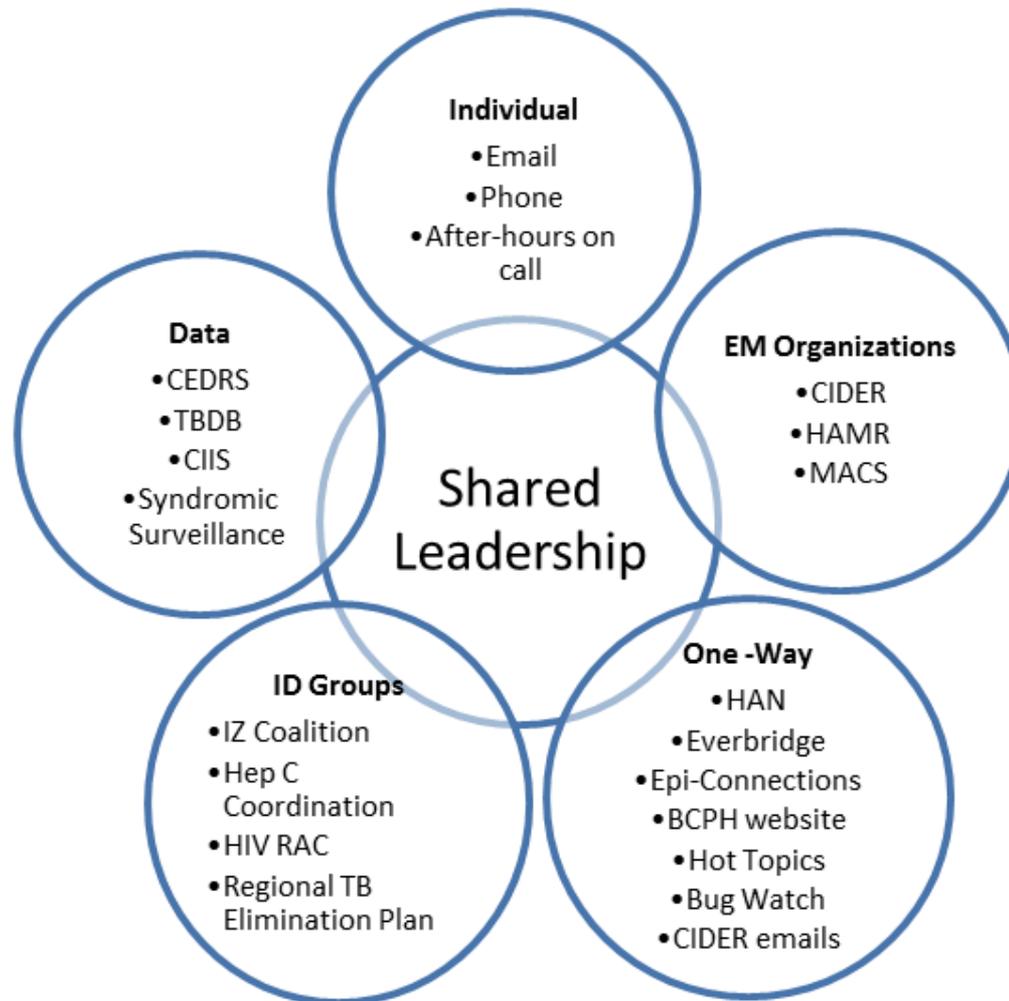
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## Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

<i>Outreach</i>	<i>Consult</i>	<i>Involve</i>	<i>Collaborate</i>	<i>Shared Leadership</i>
<p><i>Some Community Involvement</i></p> <p><i>Communication flows from one to the other, to inform</i></p> <p>Provides community with information.</p> <p>Entities coexist.</p> <p>Outcomes: Optimally, establishes communication channels and channels for outreach.</p>	<p><i>More Community Involvement</i></p> <p><i>Communication flows to the community and then back, answer seeking</i></p> <p>Gets information or feedback from the community.</p> <p>Entities share information.</p> <p>Outcomes: Develops connections.</p>	<p><i>Better Community Involvement</i></p> <p><i>Communication flows both ways, participatory form of communication</i></p> <p>Involves more participation with community on issues.</p> <p>Entities cooperate with each other.</p> <p>Outcomes: Visibility of partnership established with increased cooperation.</p>	<p><i>Community Involvement</i></p> <p><i>Communication flow is bidirectional</i></p> <p>Forms partnerships with community on each aspect of project from development to solution.</p> <p>Entities form bidirectional communication channels.</p> <p>Outcomes: Partnership building, trust building.</p>	<p><i>Strong Bidirectional Relationship</i></p> <p>Final decision making is at community level.</p> <p>Entities have formed strong partnership structures.</p> <p>Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.</p>

Reference: Modified by the authors from the International Association for Public Participation.

# Communication Map



# Community Containment



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# Community Containment

- Individual based actions
  - Volunteer agreements vs public health orders
  - Patient Isolation and Quarantine
- Community wide actions
  - Quarantine of exposed groups and/or at risk populations
  - Snow days and self shielding
  - Closure of offices, buildings, services, etc.
  - Widespread/geographic quarantine

# Additional Planning Elements

- Establishing a clear decision making process
- Implementation of community wide orders
- Legal considerations
- Educate partners and political officials

# Quarantine Support

- Developed for Ebola monitoring
- Multi-agency collaboration
  - Community Services
  - Housing and Human Services
  - Mental Health Partners
  - Public Health
- Exercise scheduled for July

# Next Steps



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# Moving Forward

- Antibiotic Resistance/Hospital Acquired Infections ranked second in RA
  - Next IDER annex
  - Input and participation for key informant interviews
  - Action planning
  - Potential funding opportunities

# Questions?



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