FY19 Epi-Tech Surveillance Training

Friday, October 05, 2018 - Monday, September 30, 2019
DCS, APG, MD

Provided By
U.S. Army Medical Command

Activity ID | Course Director | CME Planner
---|---|---
2018-1656 | John Ambrose | Mimi C. Eng

Accreditation Statement
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of U.S. Army Medical Command and ARMY PUBLIC HEALTH CENTER. The U.S. Army Medical Command is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation
The U.S. Army Medical Command designates this Live Activity for a maximum of 5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This is a required handout. It must be disseminated to each learner prior to the start of the activity.
Statement of Need/Gap Analysis
The purpose of this CME activity is to address the identified gap(s):
1. Disease identification - verification of disease by established case definitions have been utilized by the local health departments, Centers for Disease Control and Prevention, World Health Organization, and the Department of Defense. With the every changing list of reportable medical events and new emerging infections, case definitions change rapidly. Army epidemiologist conduct verification studies that monitor the efficiency of reporting by local public health experts and have concluded that completeness percentages for reportable medical events range as low as 35% for select diseases.

2. Outbreak reporting - Recent evidence have demonstrated that outbreak reporting and communication between public health agencies is poor. In fact, the Army failed to report six outbreaks in the DRSi between June 2016 and September 2016.

3. Surveillance techniques - Surveillance of common communicable diseases continues to be a problem among local MTFs. In fact, cases of campylobacter were not investigated in 2015 for PACOM MTFS, while 2016 cases of salmonella were not investigated. Civilian public health agencies are required to conduct investigations into all reportable medical events. However, DoD facilities often do not take initiative to conduct this investigation.

Learning Objectives
1. Based on case presentation, enhance your ability to improve case finding and surveillance practices within your local MTF.

Target Audience / Scope of Practice
Target Audience: The intended audience for this educational activity includes preventive medicine physicians, community health nurses, public health nurses, and epidemiology technicians.

Scope of Practice: This activity will improve the performance of preventive medicine personnel who conduct surveillance activities in inpatient and outpatient settings.
Disclosure of Faculty/Committee Member Relationships
It is the policy of the U.S. Army Medical Command that all CME planning committee/faculty/authors disclose relationships with commercial entities upon invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation.

**Faculty Members**

Clemmons, Nakia - No information to disclose.
Gilmore, Jessica - No information to disclose.
Graham-Glover, Bria - No information to disclose.
Kebisek, Julianna - No information to disclose.
Macdonald, Bob - No information to disclose.
Riegodedios, Asha - No information to disclose.
Ruiz, Stefani - No information to disclose.
Russell, Jamaal - Employment/Salary: Abbvie (spouse)
Webber, Bryant - No information to disclose.
White, Duvel - No information to disclose.

**Committee Members**

Ambrose, John - No information to disclose.
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Eng, Mimi - No information to disclose.
Gibson, Kelly - No information to disclose.
Graham-Glover, Bria - No information to disclose.
Holbrook, Victoria - No information to disclose.
Kebisek, Julianna - No information to disclose.
Riegodedios, Asha - No information to disclose.
Rudiger, Courtney - No information to disclose.

Acknowledgement of Commercial Support
There is no commercial support associated with this educational activity.
Announcements

• All participants MUST register for the Monthly Disease Surveillance Trainings:
  – Log-on or request log-on ID/password: https://tiny.army.mil/r/zB8A/CME
  – Register at: https://tiny.army.mil/r/EQk1/EpiTechFY19

• Confirm attendance:
  – Enter your full name/location/email into the DCS chat box to the right or email your service hub
  – If you are attending as a group, please list all attendees
  – You will receive a confirmation email within 48 hours with your attendance record; if you do not receive this email, please contact your service hub

• Reminder:
  – Mute your phones by pressing the mute button or pressing *6
  – DO NOT press the “hold” button as the rest of the conference will hear the hold music

• Contact:
  – Communicate with your service hub to ensure you get information on future trainings and past recordings
Medical Risk Communication

MAJ BRYANT WEBBER, PREVENTIVE MEDICINE CONSULTANT

USAF/AFSAM/PHR, 27 AUGUST 2019
Disclosure Information
Tri-Service DCS
Maj Webber

- The views expressed are those of the author and do not necessarily reflect the official policy or position of the Air Force, the Department of Defense, or the U.S. Government.

- Most of the upcoming material is from
  - CDC's Crisis & Emergency Risk Communication
    https://emergency.cdc.gov/cerc/manual/index.asp
  - NMCPHC’s A Risk Communication Primer
Objectives

• Recognize five ways to fail at risk communication

• Recognize five ways to succeed at risk communication

• Explain how people respond differently to crises
Risk as Function of Hazard and Outrage

Outrage Management | Crisis Communication
---|---
Outrage | Hazard
Stakeholder Relations | Public Relations
High | High

Adapted from Dr. Peter Sandman; for more info see [https://www.psandman.com/col/4kind-1.htm](https://www.psandman.com/col/4kind-1.htm)
Why Discuss Risk Communication?
So You are Ready *When* a Crisis Occurs

- A communicable disease outbreak
- A medical malpractice issue
- An environmental concern
- A natural or manmade disaster
So You Can Reduce Morbidity and Mortality

“The right message at the right time from the right person can save lives”

- Right message: correct information clearly communicated
- Right time: getting the information to the intended audience before they come to you
- Right person: someone who is credible, empathetic, sincere, confident, and not defensive
- Save lives?: in some contexts, the audience needs to take action, or refrain from taking action; this can literally save lives, as well as reduce psychological harms
So You and Your Organization Don’t Look Foolish
What Constitutes Good Risk Communication?
Five Ways to Fail

- Paternalism
- Mixed Messages
- Late Release
- Not Countering Rumors
- Public Power Struggles
Five Ways to Succeed

1. Develop a Plan
2. Be First
3. Express Empathy
4. Show Expertise
5. Remain Open and Honest
Communication Plans

- Determine your communication goal: Is it to raise awareness, educate, change behaviors, build partnerships, or something else?
- Messages should be short, concise, and at 6th-grade level (NMCPHC says 6–8 grade)
- Action steps should be delivered in the positive, not negative (e.g., “boil water” is better than “do not drink tap water”)
- Repeat your key message(s) over and over, but have backup points
- Give critical action steps in threes, in a rhyme, or in an acronym
- Use personal pronouns for the organization (e.g., “We stand committed…”), but do not speak for higher authority unless you are authorized to do so
- Avoid technical jargon, unneeded detail, speculation, condescension, promises, humor
- Consult with public affairs…and rehearse with them, too!
Message Maps (1)

<table>
<thead>
<tr>
<th>Key Message 1</th>
<th>Key Message 2</th>
<th>Key Message 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox spreads slowly compared to other diseases.</td>
<td>The slow spread of smallpox allows time to find those infected.</td>
<td>People infected with smallpox can be vaccinated to prevent illness.</td>
</tr>
<tr>
<td>Supporting Information 1-1</td>
<td>Supporting Information 2-1</td>
<td>Supporting Information 3-1</td>
</tr>
<tr>
<td>People are only infectious when the rash appears.</td>
<td>The time period before smallpox symptoms appear is 10–14 days</td>
<td>People who have never been vaccinated are the most important to vaccinate.</td>
</tr>
<tr>
<td>Supporting Information 1-2</td>
<td>Supporting Information 2-2</td>
<td>Supporting Information 3-2</td>
</tr>
<tr>
<td>Smallpox typically requires hours of face-to-face contact.</td>
<td>Resources are available for Finding people who may have become infected with smallpox.</td>
<td>Adults who were vaccinated for smallpox as children may still have some immunity.</td>
</tr>
<tr>
<td>Supporting Information 1-3</td>
<td>Supporting Information 2-3</td>
<td>Supporting Information 3-3</td>
</tr>
<tr>
<td>There are no smallpox carriers without symptoms.</td>
<td>Finding people who have been exposed to smallpox and vaccinating them has proved successful in the past.</td>
<td>Adequate smallpox vaccine is on hand.</td>
</tr>
</tbody>
</table>

Message Maps (2)

<table>
<thead>
<tr>
<th>Stakeholder: The Public</th>
<th>Question or Concern: How can I avoid contracting West Nile Virus?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Key Message 1:</th>
<th>Key Message 2:</th>
<th>Key Message 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove Standing Water</td>
<td>Wear Protective Clothing</td>
<td>Use Insect Repellent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Information 1-1:</th>
<th>Supporting Information 2-1:</th>
<th>Supporting Information 3-1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unused swimming pools</td>
<td>Long sleeves</td>
<td>Containing DEET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Information 1-2:</th>
<th>Supporting Information 2-2:</th>
<th>Supporting Information 3-2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flower pots and bird baths</td>
<td>Long pants</td>
<td>At least 23%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supporting Information 1-3:</th>
<th>Supporting Information 2-3:</th>
<th>Supporting Information 3-3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckets and cups</td>
<td>At dusk and dawn</td>
<td>Medically proven effective</td>
</tr>
</tbody>
</table>

From NMCPHC, adapted from the EPA (http://www.epa.gov/nhsrc/news/news040207.html)
Communication Throughout the Crisis

**Preparation**
- Provide open and honest information
- Emphasize the process

**Initial**
- Do not over-reassure
  - Acknowledge uncertainty
  - Be consistent with messaging

**Maintenance**
- Acknowledge fears / shared misery
- Express wishes
- Help people be proactive
- Give anticipatory guidance
- Address the “what if” questions
- Be a role model

**Resolution**
- Acknowledge failures
Understanding the Psychology of a Crisis (1)

Mental States in a Crisis

• Uncertainty
• Fear/anxiety/dread
• Hopelessness/helplessness
• Denial
• Panic

Behaviors in a Crisis

• Seeking special treatment
• Negative vicarious rehearsal
• Stigmatization
• Harmful actions generated by lack of mental clarity
Reducing Risk Perception

- Voluntary (vs Involuntary)
- Familiar (vs Exotic)
- Neutral Origin (vs Manmade)
- Reversible (vs Permanent)
- Endemic (vs Epidemic)
- Affects Adults (vs Children)

- Fairly Distributed (vs Unfairly Distributed)
- Generated by Trusted Institution (vs Mistrusted Institution)
- Personally Controlled (vs Controlled by Others)
- Understood Benefit (vs Questionable Benefit)
## Engaging the Community

<table>
<thead>
<tr>
<th>Low Engagement</th>
<th>Medium Engagement</th>
<th>High Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Social media update</td>
<td>• Newsletter</td>
<td>• Advisory group</td>
</tr>
<tr>
<td>• Website update</td>
<td>• Email blast</td>
<td>• Community forum</td>
</tr>
<tr>
<td>• Press release</td>
<td>• Teleconference</td>
<td>• Hotline</td>
</tr>
<tr>
<td></td>
<td>• Webinar</td>
<td>• Press conference</td>
</tr>
<tr>
<td></td>
<td>• Scheduled social media chat</td>
<td>• Town hall</td>
</tr>
</tbody>
</table>
The Media

- The media can be your most important ally in the time of a crisis
- Try to establish good relationships with them before the crisis hits
- When speaking with the media (as opposed to the public), use bridging statements to get from their question to your key message
  - “However, the real issue here is…”
  - “Before we continue, let me emphasize that…”
  - “That is a worse case scenario, but right now we are focused on…”
- Never guess, never say “no comment,” and never think you are “off the record”
In Summary

• Be first
• Be right
• Be credible
• Show empathy
• Give action steps
• Understand risk perception
• Map your message beforehand
• Be a fellow human being…not a jerk, robot, or egomaniac
Questions?
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