



University of Michigan Academic Center for Public Health Preparedness
Communicable Disease Tabletop Exercise
Part One

Sunday - Day 0 – 6:00 pm:

Mr. Ray, a 38 year-old male, is delivered by ambulance to the emergency room (ER) at Memorial Hospital (100 bed), located in Birmingham, Michigan. He has a three-day history of high fever (100.1 °F-102.5 °F), malaise, body aches, vomiting and a one-day history of rash on his hands and feet. His family reports that he has a slight cough from a recent upper respiratory infection, and is a heavy smoker with a history of heart disease. His family believes Mr. Ray may have chickenpox. He had been exposed two weeks earlier to a niece with chickenpox and remarked at the time that he had no recollection of ever having chickenpox as a child. In the past few weeks, all hospitals in southeastern Michigan have been extremely busy with influenza and other upper respiratory patients. Memorial's ER is overwhelmed with cases. Thus, Mr. Ray is held in the ER for several hours until a room is available, during which time, many patients and hospital staff have entered and subsequently left the ER. After several hours, an emergency physician sees Mr. Ray, is alarmed by the rash and admits him, suspecting chickenpox. Because of the high volume of patients in the hospital, Mr. Ray is put in a room with an elderly gentleman, Mr. Loftus. A consult is requested from the Detroit Medical Center (DMC) - (Memorial Hospital is a part of the DMC system) with an infectious disease physician and a dermatologist, in order to further review the rash. The DMC is located 18 miles southeast of Birmingham, thus consultation is not expected until Monday.

Monday - Day 1 – 11:00 am:

Mr. Ray's condition has worsened. The dermatologist from DMC arrives at Memorial for the consult. She visits Mr. Ray and expresses concern about the rash, which has now become pustular and has spread from the hands to his forearms. The dermatologist is concerned about the nature of Mr. Ray's lesions, particularly because she has not been vaccinated as part of the U.S. National Smallpox Vaccination Program. The dermatologist agrees with the emergency physician that the rash could be atypical chickenpox rash; however, she wants Mr. Ray to be seen by an infectious disease (ID) specialist. The dermatologist calls the ID physician for the DMC Smallpox Response Team, who is not available, so she attempts to notify an ID physician who has participated in the Michigan Smallpox Vaccination Program. After several phone calls, an ID physician from the University of Michigan Health Systems is contacted and agrees to see the patient, but will not be available until after he finishes his rounds for the day.

Monday - Day 1 – 6:00 pm:

The ID physician from the University of Michigan arrives at Memorial and makes a preliminary diagnosis of the rash as smallpox. To provide confirmation, he orders a digital photograph and specimens from the lesions to be sent to the Michigan Department of Community Health (MDCH) for laboratory study. Phlebotomists from the Department of Emergency Medicine alert medical technicians in the hospital laboratory that Mr. Ray is suspected of having smallpox. The lab notifies the hospital's Infection Control Department and informs them that the lab staff is not vaccinated and is unwilling to handle the specimen.

Monday - Day 1 – 7:00 pm:

The ID physician telephones the MDCH Director with regard to the digital photograph and specimens from the lesions. The MDCH Director alerts the Oakland County Health Division and all other local health departments and MDCH agencies of the situation via the Michigan Health Alert Network. Information is cited highly confidential and not for further distribution. MDCH also contacts the Weapons of Mass Destruction (WMD) Coordinator at the FBI's Detroit office.

At the same time, physicians in the ER at Sunshine Community Hospital in Washtenaw County suspect a case of smallpox. After much discussion, they decide that because there is not sufficient information to confirm its presence, they do not need to report the possible case to MDCH or the Washtenaw County Health Department.

Memorial's Infection Control Department explains to MDCH laboratory staff that the hospital's laboratory will not handle the specimen, and they discuss how best to confirm the suspicion that the sample is indeed smallpox.

In the meantime, Mr. Ray's roommate, Mr. Loftus, has begun to develop a rash. Memorial Hospital administrators begin to panic and close the ER pending further testing of the specimens from Mr. Ray's lesions. The administrators begin lockdown measures and close the hospital. Patients and their families waiting in the ER are told they may not leave. Ambulances are diverted to other hospitals over 60 miles away. Several hospital workers, a number of them single parents, are demanding that they be allowed to go home. Many hospital workers and ER patients who were exposed to Mr. Ray over the past 24 hours had gone home prior to the lockdown of the ER and the hospital. They are instructed to stay home as the hospital has been shut down.

Tuesday – Day 2 – 9:00 am:

The Oakland County Health Officer is concerned that the index case of a major outbreak of smallpox is occurring in her jurisdiction, and dispatches a team of communicable disease nurses to Memorial Hospital to interview the patient and his family. A vaccinated FBI agent requests permission to participate in the interviews, as previously agreed upon between MDCH and FBI. The nurses and FBI agent obtain the following information, and share it with MDCH and the FBI WMD Coordinator:

It is learned that Mr. Ray had attended the Detroit Travel Agency Convention ten days ago in downtown Detroit. This convention was attended by hundreds of travel agents from across the State of Michigan. Last Monday night Mr. Ray and his wife, who is pregnant in her third trimester, rode the "People Mover" to have dinner with several attendees of the convention. During the interview, Mrs. Ray recalled that while the group of travel agents and their spouses were riding on the "People Mover," they noticed a gentleman in the front of their car who took what appeared to be an aerosol inhaler and subtly sprayed a fine mist over his shoulder toward her husband and his colleagues. During the interview, Mr. Ray recalls two other travel agency personnel who were also on the "People Mover." Mr. Adam was from the Flint area, and Miss Morton was from Ann Arbor.

The nurses relay this information to the Oakland County Health Officer, who is alarmed about the potential number of people that could have been exposed to the contents of the aerosol inhaler. The Health Officer immediately tries to contact Mr. Adam, who cannot be located, so she contacts the Genesee County Health Officer to alert him of this possible case. She also calls Miss Morton, who admits to having an unusual rash, but refuses to give her any additional information and hangs up on her. The Oakland County Health Officer telephones the Washtenaw County Health Officer to alert him of Miss Morton's attendance at the convention, and to encourage him to investigate this possible case.

A patient who was supposed to be discharged from Memorial Hospital awakens to learn that the hospital has been closed, due to the possible case of smallpox. She telephones her husband, who is an investigative reporter for Channel 7. He is extremely concerned about his wife, and begins widely reporting that a terrorist has released smallpox in Michigan.

Within hours, media across the State become aware of the potential for a positive smallpox specimen in Michigan. Television trucks report live from the scene at Memorial Hospital on the 12:00 noon news. Using the Freedom of Information Act, the media request information from Memorial Hospital, MDCH and the Oakland County Health Division. They want any and all documents, notes, memos, recordings, and e-mails (including trash) associated with smallpox occurring after day 0. They request this information be provided as soon as possible, and ask that costs be waived.

Tuesday - Day 2 – 2:00 pm:

Through existing mutual aid agreements, communicable disease nurses from several local health departments in the region are called to the Oakland County Health Division to assist in contacting individuals who attended the Detroit Travel Agency Convention. Additional FBI agents are called in to assist with the interviews.

The Detroit Travel Agency Association – which hosted the recent convention -- refuses to release names of those attending the convention. The Oakland County Health Division Public Information Officer (PIO) asks the media to assist in identifying attendees at the convention who rode on the "People Mover." The FBI demands that the Oakland County Health Division and

MDCH not release information about the location of the alleged incident, believing that it will compromise their investigation.

After multiple inquiries from state and now national media, officials from Memorial Hospital, the Oakland County Health Division and MDCH hold a press conference and issue a joint press release notifying the public of suspected smallpox in the Detroit area, but also emphasizing that tests are preliminary and not conclusive. The Oakland County Health Officer requests that those members of the public who attended the Detroit Travel Agency Convention and rode the “People Mover” on the day of the incident at 6:00 p.m. to contact local public health authorities, and she releases the name of the patient with suspected smallpox, as well as the name of the convention, to help identify additional contacts. The Detroit Travel Agency Association notifies the Oakland County Health Division and MDCH that it will sue as their name is now associated with the incident and they are receiving numerous calls and cancellations of travel plans.

Tuesday - Day 2 - 4:00 pm:

The MDCH lab rules out chickenpox, and has a preliminary identification by electron microscopy of an orthopox virus. The State lab also runs a PCR (polymerase chain reaction) which will provide a more specific identification. However, since this is the first positive tested by MDCH, MDCH arranges to have the specimen flown to CDC for confirmation. CDC sends a plane to Michigan to pick up the specimen with an expected arrival time, in Michigan, of two hours.

Tuesday - Day 2 – 6:00 pm:

The CDC arrives to collect the sample and returns to Atlanta for testing.



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Wednesday – Day 3 – 9:00 am:

Mr. Adam, who attended the convention and rode the “People Mover” with Mr. Ray, watches the morning edition of Channel 7 Action News and learns about the possible smallpox case. He reports to the Genesee County Health Department, but because he is not showing symptoms he refuses to be examined by a physician. He is told that he and his family must remain in their home and not come into contact with anyone. He refuses, saying that he needs groceries and must go to work. He wants to know how he will be compensated, and who will get him groceries, if he agrees to stay home. In addition, he does not want to tell his employer that he is at all associated with a potential case of smallpox, and believes he will be fired if he is away from his job for too long.

Health officers from Oakland, Wayne, Genesee and Washtenaw counties convene a conference call with MDCH to discuss the implementation of a ring vaccination strategy (Michigan has 4,600 doses of smallpox vaccine) for travel agents who attended the convention in Detroit and their close contacts, as well as family members, Memorial hospital, and ambulance personnel. MDCH consults with CDC. It is recommended that Mr. Ray’s wife (in her third trimester) receive the vaccine, as well as a travel agency employee who is HIV positive.

Mr. Adam refuses vaccination. Some employees at Memorial Hospital are refusing vaccination, including a pregnant woman in her first trimester and a Christian Scientist. Mr. Loftus’s rash has worsened, however, he refuses vaccination.

In the meantime, more than 200 hospital workers have been locked in Memorial Hospital since Monday evening. Two of them threaten to leave, citing pets and elderly parents requiring care. Further, a newly married woman refuses to stay out of the hospital, where her husband had been treated for exhaustion following a softball game, and she threatens to break a window to enter the hospital to see her husband.

Wednesday – Day 3 – 11:00 am:

CDC confirms that the specimen is smallpox.

Sixteen new cases of smallpox are suspected among others who have attended the Detroit Travel Agency Convention. Twelve cases are suspected in Wayne County; three cases are suspected in Ingham County. Physicians at the Sunshine Community Hospital realize that the case they suspected as smallpox is likely to be confirmed as smallpox.

The media continue to widely report the situation, and the public is beginning to show signs of panic. People are demanding more information about the cases, and some demand the smallpox vaccine. Emergency rooms across southeastern Michigan are full of people concerned that they may have contracted smallpox.

Health officials urge Governor Granholm to declare a state of emergency.

Wednesday - Day 3 – 2:30 pm:

Governor Granholm declares a state of emergency. She activates the State Emergency Operations Center.

MDCH receives a call from the Kent County Health Officer stating that three cases of smallpox are suspected in Grand Rapids. Further, the Traverse County Health Officer reports that five employees of the Traverse City Travel Agency who attended the convention in Detroit are showing symptoms of smallpox.

The Governor seeks advice from CDC on the possibility of conducting a mass vaccination of all citizens of the State of Michigan. The Super Bowl is being hosted in Detroit the following weekend. A request is made by Detroit city and county officials that the Governor not implement mass vaccination fearing that hysteria will prevent people from coming to Detroit to attend the game. Tens of millions of dollars of revenue are expected in Michigan during the Super Bowl weekend. City officials support a ring vaccination strategy to assure citizens that officials are in control of the situation and there is no threat to them.



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Part Three

Thursday Day 4 – 9:00 am:

Governor Granholm, upon consultation with MDCH officials, decides to implement mass vaccination across Michigan. Governor Granholm directs MDCH officials to hold vaccination clinics in school gymnasiums and in public community centers.

Kroger reports to MDCH that all milk, cheese, bread and other staple products have been purchased and stockpiled by customers. Kroger distributors are refusing to make deliveries to Michigan stores, citing fear of contracting smallpox. The Better Business Bureau and Attorney General's office are receiving calls of gasoline price gouging at service stations. It appears that the price increases are caused by the fear of another terrorist incident. Local authorities are receiving reports of hijacked gasoline delivery trucks. Vendors of hospital supplies refuse to enter the State, citing concerns of contracting smallpox. Communicable disease nurses and other professionals report shortages of needles and other vaccination supplies.

Hospitals across Michigan report that their employees will not come to work. They notify MDCH that there are shortages of licensed and trained health care personnel. The Red Cross is contacted for its volunteer capacity; however, as the general public has not been vaccinated for smallpox, few Red Cross volunteers surface. A group of Boy Scout troop leaders volunteer to assist in the mass vaccination plan. Hospital workers and volunteers are concerned about liability.
