

AFTER ACTION REPORT

*Cross Sector Tabletop Exercise
Brucellosis Outbreak
May 2014*

Collaborative assessment by

_____,
_____,
_____,

MONTH DAY, YEAR

I. Executive Summary

[Fill in a quick, short summary of events...include timeline, pathogen, who was impacted, and what steps were taken to mitigate impact]

II. Objectives

- a. Identify **roles and responsibilities** your agency would provide during a zoologic biological incident/outbreak
- b. Characterize and identify gaps and opportunities to improve **biorisk management** during sample
 1. Collection
 2. Package & Transport
 3. Storage
 4. Analysis
 5. Disposal
- c. Delineate cross-sector **biological incident risk communication**
 1. Describe communication pathways
 2. Identify strengths and gaps in communication
 3. Practice principles of biological incident risk communication

III. Event Summary

0800 March 10 2014 Economic News EAST JAVA NEWS RADIO

Farmers shared concerning news this week that health issues among local dairy cows may impact the growing dairy industry in the Parsuran area of East Java.

The head of the local dairy cooperative (KUD) tells our reporter that many dairies have experienced unprecedented numbers of late-term abortions and retained placentas as well as a number of cows having trouble walking.

East Java is home to the largest dairy sector in Indonesia, with over 230,000 cattle and over 530,000 tonnes of fresh milk produced annually.

One local dairy herder says families should expect rising dairy costs if the health issues continue.

0800 May 16 2014 Health Report EAST JAVA NEWS RADIO

Soedarsano General Hospital has reported 15-month old has died from bronchopneumonia (acute inflammation of walls of the bronchioles) from an unknown cause.

The baby presented to the local hospital with an intermittent fever, vomiting and respiratory distress. Hospital physicians report that bloodwork and physical examination were consistent with infectious disease.

Seven adults from the same rural, farming community are currently hospitalized, but stable, with intermittent fevers, body aches and sweating. One of the adult men, who declined to be interviewed, presented with swollen testicles. It is unknown if other in the community have similar illness.

Tune in tomorrow, when we hope to be able to let you know how the patients are doing and whether you need to take any special precautions at home.

1830 May 16 2014 JAKARTA TV NIGHTLY NEWS

Health professionals are on alert tonight after three people working in the hospital laboratory fell ill with symptoms of fever, sweat, headaches and muscle pain. Over the past two days, over two dozen persons have presented with similar symptoms. So far, preliminary tests for a pandemic influenza are negative.

SAMPLE AFTER ACTION REPORT - INDONESIA TTX MAY JANUARY 2014

We will continue to monitor the situation and provide updates on the morning news.

1830 May 17 2014 East Java News Radio

Investigations continue in Parsuran to identify the cause of ill dairy cows. This reporter has learned that veterinarians are ruling out moldy food and toxins as the cause of the cow abortions and reproductive issues. One of the local dairies had imported several hundred new head of cattle earlier this year to improve herd genetics and is concerned that the loss of milk production from this outbreak may bankrupt his farm. Veterinarians explain that samples sent out yesterday to the laboratory did not arrive and are concerned that the samples may have been stolen from the courier's vehicle during transport. They advise anyone with information on this to contact the regional animal and public health offices and not to touch the containers as this may be a disease that could make people sick as well.

1830 May 17 2014 East Java News Radio

Soedarsano General Hospital has reported that East Java is experiencing a rare outbreak of *Brucella abortus*—or *brucellosis*—particularly among rural, farming residents. The bacteria was identified in antibody tests from patients who had presented with intermittent fevers, aches and swollen testicles. Most of the hospitalized adults with fevers and symptoms of unknown origin have returned home after beginning antibiotic treatment. One 15 month old is the only confirmed death in this outbreak.

IV. Participants in Response (lead agency marked with **)

| Agency | Roles/Responsibilities | Contact Person (number/email) |
|--------|------------------------|----------------------------------|
| ** | | |
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V. Evaluation methods

In May 2014, staff from participant agency involved in the response convened to discuss the successes and areas identified as needing improvement.

A systematic assessment of the response was done by looking at objectives (see Section II) and capabilities critical to meeting each of these objectives.

The assessment was conducted in an informal format. Participants were asked to go through an evaluation of each of the capabilities listed below and to share their thoughts with the group. Prior to commencing the assessment, ground rules were provided to explain that no judgment, personal criticisms would be allowed and that any comments made would not be attributable to the party mentioning them.

A qualitative assessment of the most common themes was determined after collection of assessments and was included within this report as “key strengths” and “critical gaps.”

[This is just an example. Note that you can include epidemiologic data, lab findings, other data elements within your evaluation of the AAR, you can include written evaluations, key stakeholder interviews, focus group conversations, or any other format you would like.]

VI. Results

Objective 1

Identify roles and responsibilities your agency would provide during a zoologic biological incident/outbreak

Assessment of Objective 1

Were the roles and responsibilities related to disease detection, reporting, investigation, communication, biosecurity and biosafety addressed for each of the following stakeholders?

[Fill out chart on the following page]

Any Additional General Comments about Roles and Responsibilities

SAMPLE AFTER ACTION REPORT - INDONESIA TTX MAY 2014

Table 1. Roles and Responsibilities Assessed During the Response

Please put a check mark (✓) in the box if the roles and responsibilities were addressed

| | Disease Detection | Disease Investigation | Communication | Biorisk Management |
|---|-------------------|-----------------------|---------------|--------------------|
| Health Provider / Hospital | | | | |
| Public Health Laboratory- Local, Regional | | | | |
| Public Health Laboratory- National | | | | |
| Epidemiology (Human Health) | | | | |
| Public Health Agency- Local, Regional | | | | |
| Public Health Agency- National | | | | |
| Veterinarian / Animal Health Provider | | | | |
| Animal Health Laboratory- Local, Regional | | | | |
| Animal Health Laboratory- National | | | | |
| Epidemiology (Animal Health) | | | | |
| Animal Health Agency- Local, Regional | | | | |
| Animal Health Agency- National | | | | |
| External: NGO, International Entities | | | | |

VI. Results (continued)

Objective 2

Characterize and identify gaps and opportunities to improve biorisk management during sample collection, transport, package storage, analysis, & disposal.

Assessment of Objective 2

Were the strengths and opportunities to improve biorisk management prioritized during the scenario?

Any Additional General Comments

SAMPLE AFTER ACTION REPORT - INDONESIA TTX MAY 2014

Table 2A. Strengths in Biorisk Management

| | Sample Collection | Sample Package & Transport | Sample Storage | Sample Analysis | Sample Disposal |
|--|-------------------|----------------------------|----------------|-----------------|-----------------|
| Top Strengths for Animal Health | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| | | | | | |
| Top Strengths for Human Health | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| | | | | | |
| Top Strengths for Epidemiology | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| | | | | | |
| Top Strengths for Laboratory | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

SAMPLE AFTER ACTION REPORT – INDONESIA TTX MAY 2014

Table 2A. Gaps in Biorisk Management

| | Sample Collection | Sample Transport | Sample Storage | Sample Analysis | Sample Disposal |
|-----------------------------------|-------------------|------------------|----------------|-----------------|-----------------|
| Top Gaps for Animal Health | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| | | | | | |
| Top Gaps for Human Health | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| | | | | | |
| Top Gaps for Epidemiology | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| | | | | | |
| Top Gaps for Laboratory | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

VI. Results (Continued)

Objective 3

Delineate cross-sector biological incident risk communication

1. Describe communication pathways
2. Identify strengths and gaps in communication
3. Practice principles of biological incident risk communication

Assessment of Objective 3

1) Did we identify areas of existing cross-sector communication during this outbreak?

2) Did we identify and prioritize areas of need for improved cross-sector communication during this outbreak?

3) Did we practice cross-sector communication during different steps of the outbreak using the principles of biological incident risk communication?

[Fill out chart on the following page]

Any Additional General Comments

Table 3. Strengths and Gaps in Cross Sector Communication

| Top Strengths |
|----------------------|
| |
| |
| |
| Top Gaps |
| |
| |
| |

VII. Recommendations

[These are examples for categories to organize recommendations.

We also would recommend identifying agencies to take a lead on each of these and assigning a timeline for completion]

1. Capabilities

- a. Staff needs
- b. Equipment needs
- c. Training Needs
- d. Logistical Support Needs
- e. Communication Supplies
- f. Lab Capacity
- g. Clinical Capacity

2. Need for Standard Operating Procedures or Standardized Plans

3. Updates to Current Response Plans

- a. Operations
- b. Communications
- c. Logistics
 - i. Transportation
 - ii. Biosafety
 - iii. Biosecurity
- d. Planning
 - i. Additional planning staff
 - ii. Standard Operating Procedures

VIII. Acknowledgements

[If partners help in a response but do not participate in the AAR- it is always nice to thank them formally for their assistance. You can also put a references section if you refer to outside expertise from journals, websites, etc.]