## Infectious Disease Incident Annex

### Coordinating Agency

Mississippi State Department of Health (MSDH)

### Primary Agencies

Mississippi State Department of Health (MSDH)
University of Mississippi Medical Center (UMMC)

### Support Agencies

Mississippi Board of Animal Health (MBAH)
Mississippi Department of Education (MDE)
Mississippi Department of Environmental Quality (MDEQ)
Mississippi Emergency Management Agency (MEMA)
Mississippi Department of Finance and Administration (DFA)
Mississippi Department of Human Services (MDHS)
Mississippi Department of Mental Health (DMH)
Mississippi Department of Public Safety (MDPS)
Mississippi Department of Transportation (MDOT)
Mississippi Wireless Communications Commission (WCC)
Mississippi Military Department (MMD)
    Mississippi National Guard (MSNG)
Mississippi Institutions of Higher Learning (IHL)
Mississippi Community College Board (MCCB)
Office of the State Medical Examiner (SMEO)

### Federal Support Agencies

Federal Emergency Management Agency (FEMA)
United States Department of Agriculture (USDA)
United States Food and Drug Administration (FDA)
United States Department of Health and Human Services (HHS)

This page left blank intentionally.

# *Table of Contents*

## Infectious Disease Incident Annex

**1. INTRODUCTION**. The Mississippi State Department of Health (MSDH) is the lead human disease prevention and control agency. MSDH responds to numerous infectious disease outbreaks of varying types and magnitudes during normal operations. If an event presents an imminent threat to the public or exceeds MSDH's day-to-day capacity, the Mississippi Emergency Management Agency (MEMA) may, at the discretion of the Governor, activate the State Comprehensive Emergency Management Plan (CEMP). Upon activation, MEMA and MSDH will coordinate state-level emergency management activities and engage with other stakeholders, including state, tribal, and local governments, non-governmental organizations, other states, the federal government, and the private sector.

**a. Purpose**. This Annex aims to establish a framework for a coordinated state response to one or more suspected or confirmed cases of a highly infectious disease within the state. This Annex replaces the previously published CEMP Pandemic, Ebola Virus, and Biological Incident Annexes. MSDH retains the Pandemic, Ebola Virus, and Biological Incident Plans to support this Annex. See Section 10, *Authorities and References*, for additional supporting plans.

**b. Scope**. In conjunction with the CEMP, this Annex establishes specific policies and guidelines for the state and counties when responding to a:

**(1)** Monitored traveler(s) who became symptomatic for a highly infectious disease.

**(2)** Contact of a suspect(s) or confirmed highly infectious disease patient(s), or

**(3)** Suspected or confirmed case(s) of a highly infectious disease.

This Annex provides structures for implementing state-level policy and operational coordination. It can be partially or fully implemented, anticipating a significant event or response to an incident. The selective implementation allows for a scaled response, delivery of the needed resources, and coordination appropriate to the incident. It is also used when Mississippi's capabilities are exceeded and a federal government response is requested.

**2. DEFINITIONS**. To help guide the reader through this Annex, a few medical definitions used in this document are listed below.

**a. Pathogen**. A bacterium, virus, or other microorganisms that can cause disease.

**b. Infection**. An infection is the successful colonization of a host by a microorganism. Infections can lead to disease, which causes signs and symptoms resulting in a deviation from the normal structure or functioning of the host.

**c. Disease**. A disease is any condition in which the normal structure or functions of the body are damaged or impaired. Physical injuries or disabilities are not classified as a disease. Still, there can be several causes for disease, including infection by a pathogen, genetics (as in many cancers or deficiencies), noninfectious environmental causes, or inappropriate immune responses.

**d. Infectious Disease**. An infectious disease is any disease caused by the direct effect of a pathogen. A pathogen may be cellular (bacteria, parasites, and fungi) or acellular (viruses, viroids, and prions). Some infectious diseases are also communicable, meaning they are capable of being spread from person to person through either direct or indirect mechanisms. Some infectious communicable diseases are also considered contagious diseases, meaning they are easily spread from person to person.

**e. Influenza**. Influenza (Flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness and sometimes lead to death.

**f. Novel Virus**. A novel virus is a virus that hasn't been found in humans in the past.

**g. Biological Agent**. Biological agents include bacteria, viruses, fungi, other microorganisms, and their associated toxins. They have the ability to adversely affect human health in a variety of ways, ranging from relatively mild allergic reactions to serious medical conditions—even death.

**h. Biological Threat**. Biologic threats may spread naturally, as in a worldwide flu outbreak, or be released intentionally in a bioterrorism attack. Anthrax was intentionally released in 2001 to cause harm.

**i. Epidemic**. An epidemic is the rapid spread of disease to a large number of hosts in a given population within a short period of time. For example, in meningococcal infections, an attack rate in excess of 15 cases per 100,000 people for two consecutive weeks is considered an epidemic.

**j. Pandemic**. An epidemic occurring on a scale that crosses international boundaries, usually affecting people on a worldwide scale. A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious.

**3. SITUATION OVERVIEW**. Infectious diseases are illnesses caused by harmful agents (pathogens) entering your body. The most common causes are viruses, bacteria, fungi, and

parasites. Infectious diseases usually spread from person to person through contaminated food or water and bug bites. Some infectious diseases are minor, and some are very serious.

**a. Types of Infectious Diseases**. Infectious diseases can be viral, bacterial, parasitic, or fungal infections.

**(1) Viral infections**. Viruses are a piece of information (DNA or RNA) inside of a protective shell (capsid). Viruses are much smaller than your cells and have no way to reproduce on their own. They get inside your cells and use your cells' machinery to make copies of themselves. Examples include the common cold, influenza (flu), COVID-19, stomach flu, Hepatitis, and respiratory syncytial virus (RSV).

**(2) Bacterial infections**. Bacteria are single-celled organisms with instructions written on a small piece of DNA. Bacteria are all around us, including inside our body and on our skin. Many bacteria are harmless or even helpful, but certain bacteria release toxins that can make you sick. Examples include Strep throat, Salmonella, Tuberculosis, Whooping cough, E. Coli, Urinary tract infections, and sexually transmitted infections (STI).

**(3) Fungal infections**. Like bacteria, there are many different fungi. They live on and in your body. You can get sick when your fungi get overgrown or harmful fungi into your body through your mouth, nose, or skin cut. Examples include Ringworm (like athlete's foot), fungal nail infections, yeast infections, and Thrush (mouth infection).

**(4) Parasitic infections**. Parasites use the bodies of other organisms to live and reproduce. Parasites include worms (helminths) and some single-celled organisms (protozoa). Examples include Giardiasis, Hookworms, and Pinworms.

**b. Infectious Disease Transmission**. Depending on the type of infection, there are many ways that infectious diseases can spread. Fortunately, in most cases, there are simple ways to prevent infection. Your mouth, nose, and skin cuts are common places for pathogens to enter your body. Diseases can spread:

**(1)** From person to person when you cough or sneeze. Droplets from coughing or sneezing can sometimes linger in the air.

**(2)** From close contact with another person, like kissing or sex.

**(3)** By sharing utensils or cups with other people.

**(4)** On surfaces like doorknobs, phones, and countertops.

**(5)** Through contact with poop from a person or animal with an infectious disease.

**(6)** Through bug (mosquito or tick) or animal bites.

**(7)** From contaminated or improperly prepared food or water.

**(8)** From working with contaminated soil or sand (like gardening).

**(9)** From a pregnant person to the fetus.

**(10)** From blood transfusions, organ/tissue transplants, or other medical procedures.

**c. Treatment for Infectious Diseases**. Treatment depends on what causes the infection. Sometimes, healthcare providers will recommend monitoring symptoms rather than taking medication.

**(1)** Bacterial infections can be treated with antibiotics. The proper antibiotic depends on what bacteria causes the infection.

**(2)** Viral infections can be managed with over-the-counter medications for symptoms until better. Certain viral infections have special medications to treat them, like antiretroviral therapy for HIV.

**(3)** Fungal infections can be treated with antifungal medications. They can be taken orally or put on the skin where the fungus is.

**(4)** Parasites can be treated with antiparasitic drugs.

**d. Outcome of Infectious Diseases**. With treatment, most people get better after being sick with an infectious disease. Sometimes, there can still be serious complications, especially with respiratory illnesses. People with compromised immune systems are more at risk for serious complications, but they can happen in healthy people, too. Some diseases, like HIV and hepatitis B, can't be cured, but medications can help prevent serious complications. Sexually transmitted infections can cause infertility or lead to cancer.

## 4. ASSUMPTIONS.

**a.** State agencies and non-governmental organizations will develop plans, policies, and procedures to accomplish the roles and responsibilities in this Annex.

**b.** There are sufficient statutory authorities to enact appropriate isolation and quarantine measures as needed.

**c.** Every licensed hospital in the state will have sufficient personal protective equipment (PPE), trained staff, policies, processes, and procedures to identify a potentially highly infectious patient, isolate that patient, properly handle any medical waste, and contact the MSDH for further guidance.

**d.** The State Joint Information Center (JIC) will be activated to provide the timely release of accurate information coordinated across involved agencies should the state identify a suspected or confirmed case of a highly infectious disease.

**e.** In a large disease outbreak, state, tribal, county, and municipal officials require a highly coordinated response to public health and medical emergencies. The outbreak may also affect other states/regions and involve extensive coordination with the federal government.

**f.** Disease transmission can occur via environmental contacts such as atmospheric dispersion, person-to-person contact, animal-to-person contact, insect vector-to-person contact, or contaminated food or water.

**g.** A biological incident may be distributed across multiple jurisdictions simultaneously, requiring a nontraditional incident management approach. This approach could require managing multiple "incident sites" from a centralized Emergency Operations Center (EOC) in coordination with multiple county and municipal jurisdictions.

**h.** The introduction of biological agents, both natural and deliberate, is often first detected through clinical or hospital presentation. However, detection may be through environmental surveillance technologies such as BioWatch and syndromic surveillance.

**i.** No single entity possesses the authority, expertise, and resources to act unilaterally on the complex issues that may arise in response to a disease outbreak and loss of containment affecting a multijurisdictional area. The state response requires close coordination between numerous agencies at all government levels and the private sector.

**j.** State government supports affected tribal, county, and municipal health jurisdictions as requested or required. The response by MSDH and other state agencies is flexible and adapts as necessary as the outbreak evolves.

**5. OBJECTIVES**. The broad objectives of the State of Mississippi's response to a biological terrorism event, pandemic influenza, emerging infectious disease, or novel pathogen outbreak are to:

**a.** Detect the event through disease surveillance and environmental monitoring.

**b.** Identify and protect the population(s) at risk.

**c.** Determine the source of the outbreak.

**d.** Quickly frame the public health and law enforcement implications.

**e.** Control and contain any possible epidemic (including guiding county and municipal public health authorities).

**f.** Augment and surge tribal and public health and medical services.

**g.** Track and defeat any potential resurgence or additional outbreaks.

**h.** Coordinate the assessment of the extent of residual biological contamination and coordinate decontamination procedures as necessary. In some cases, state-level resources might be inadequate.

**i.** The unique attributes of this response require separate planning considerations tailored to specific health concerns and effects of the disease (e.g., terrorism versus natural outbreaks; communicable versus non-communicable).

**6. CONCEPT OF OPERATIONS**. This Annex incorporates the concepts and requirements found in federal and state laws, regulations, and guidance. It considers the regulations and guidelines in the state CEMP, National Response Framework (NRF), and National Incident Management System (NIMS). Furthermore, this Annex identifies the responsibilities and actions required to protect lives, property, and the environment related to a highly infectious disease.

This plan considers the involvement of various federal, state, tribal, and local government agencies, non-governmental organizations, and the private sector that should develop, exercise, and maintain individual emergency operations plans.

**a. Activation.** Once notified of a threat or disease outbreak that requires or potentially requires significant public health and/or medical assistance, MSDH convenes a meeting of the ESF #8 organizations to assess the situation and determine the appropriate public health and medical actions. The Mississippi Office of Homeland Security (MOHS) coordinates all nonmedical, law enforcement support, discussions, and response actions for intentional or terrorism-related incidents.

The immediate task following any notification is to identify the population affected and at risk and the geographic scope of the incident. The initial public health and medical response includes some or all of the following actions:

**(1)** Targeted epidemiological investigation (e.g., contact tracing).

**(2)** Intensified surveillance within healthcare settings for patients with certain clinical signs and symptoms.

**(3)** Intensified collection and review of potentially related information (e.g., contacts with nurse call lines, laboratory test orders, school absences, and over-the-counter pharmacy sales).

**(4)** Organization of state public health and medical response assets (in conjunction with local officials) to include personnel, medical supplies, and materials.

**(5)** MEMA will mobilize state resources to assist state, tribal, and local response efforts and coordinate requests for additional support from federal and interstate resources.

**(6)** MSDH will coordinate response operations and work within existing coordination and communication structures as appropriate. However, a request may be made for the Governor to declare a state of emergency (MS Code 33-15-11) to enact emergency powers and enhance the ability to support response operations for any of the following reasons:

**(a)** The scope of coordination exceeds the capacity of MSDH to manage it, requiring the activation of the State Emergency Operations Center (SEOC).

**(b)** The response scope becomes, or is anticipated to evolve, too costly to accommodate with existing funds.

**(c)** The response includes significant federal involvement requiring specific coordination systems to be in place.

**(d)** There is a need for agencies and/or individuals to operate outside of existing rules/regulations temporarily.

**b. Infectious Disease Response.** The critical elements of an effective infectious disease response include (in nonsequential order):

**(1)** Rapid detection of the outbreak.

**(2)** Swift pathogen/agent identification and confirmation.

**(3)** Identification of the population at risk.

**(4)** Determination of how the pathogen/agent is transmitted, including assessing the transmission efficiency.

**(5)** Determination of susceptibility of the pathogen to treatment.

**(6)** Definition of the public health, medical, and mental health implications.

**(7)** Control and containment of the epidemic.

**(8)** Decontamination of individuals, if necessary.

**(9)** Identification of the law enforcement implications/assessment of the threat.

**(10)** Augmentation and surging of local health and medical resources.

**(11)** Protection of the population through appropriate public health and medical actions.

**(12)** Dissemination of information to enlist public support.

**(13)** Assessment of environmental contamination and clean-up/decontamination of bioagents that persist in the environment.

**(14)** Tracking and preventing secondary or additional disease outbreaks.

**c. Suspicious Substances.** Field tests for biological, chemical, and/or radiological agents may be performed. All suspected bioterrorism samples are transported to a Laboratory Response Network (LRN) laboratory, where expert analysis is conducted using established Department of Health and Human Services (HHS)/Centers for Disease Control and Prevention (CDC) protocols/reagents. If necessary, a significant component of this process is establishing and maintaining the law enforcement chain of custody and arranging transport. The following initial actions are followed:

**(1)** Notify ESF#8 Operations and request assistance from the 47th Civil Support Team (CST) through the Mississippi Military Department (MMD) to test suspicious substances.

**(2)** MSDH will provide the resources to transport biological samples to an LRN laboratory.

The following additional actions occur if the LRN obtains a positive result on an environmental sample submitted by the state or other designated law enforcement personnel:

**(3)** The LRN immediately notifies the local Federal Bureau of Investigation (FBI) of the positive test result.

**(4)** The FBI Field Office makes local notifications and contacts the FBI Headquarters Weapons of Mass Destruction Directorate (WMDD).

**d. Determination of a Disease Outbreak.** The initial indication of a major disease outbreak, intentional or naturally occurring, may be the recognition by public health and medical authorities that a significantly increased number of people are becoming ill and presenting to local healthcare providers. Therefore, the most critical decision-making support requires surveillance information, identification of the causative biological agent, and determining whether the observations are related to a naturally occurring outbreak and the population(s) at risk.

**e. Laboratory Confirmation.** During the evaluation of a suspected disease outbreak, laboratory samples are distributed to appropriate laboratories. During a suspected terrorist incident, sample information is provided to state law enforcement for investigative use and public health and emergency response authorities for epidemiological use and agent characterization to facilitate and ensure timely public health and medical interventions. If the incident begins as an epidemic of unknown origin detected through local health surveillance systems or networks, laboratory analysis is initiated through the routine public health laboratory network.

**f. Identification (Analysis and Confirmation).** The samples collected and the analyses conducted must be sufficient to characterize the cause of the outbreak.

**g. Notification.** Information about threats to the public's health is communicated to the MSDH through a variety of sources: public health and emergency management authorities at all levels of government; disease surveillance systems; law enforcement agencies; intelligence channels; agricultural, industrial, and environmental agencies; and media sources, as well as other local, district, state, or federal sources.

For the State Health Officer (SHO) to maintain constant awareness, the MSDH Public Health Command/Coordination Center (PHCC) has identified the telephone number (601) 576-8085 as the notification point within the agency for public health threats and emergencies. Any information regarding a threat or public health emergency received within the agency should be transmitted immediately to the MSDH PHCC. If, for any reason, contact cannot be made with the MSDH PHCC, then the notification should be made to the State Emergency Operation Center (SEOC) at Mississippi Emergency Management Agency (MEMA), (601) 933-MEMA or 1-800-222-MEMA

(6362). The MSDH PHCC and/or the SEOC at MEMA will notify the primary or designee agency Emergency Coordinating Officers (ECO), who will inform the SHO and other ECOs.

Additional notification procedures are detailed in the MSDH Concept of Operations (CONOPS), MSDH policy documents, and support the ESF#8 (Public Health and Medical Services) Annex and the notification requirements contained in the Mississippi CEMP Base Plan.

## 7. CONTROLLING AN EPIDEMIC.

**a. Contain and Control.** The following steps are required to contain and control an epidemic affecting large populations:

**(1)** MSDH will assist local and public health and medical authorities with epidemic surveillance and coordination.

**(2)** MSDH assesses the need for increased surveillance in the outbreak and notifies the appropriate public health officials with recommendations should increased surveillance in these localities be needed.

**(3)** MSDH coordinates with MOSH (as needed) and local officials on the messages released to the public to ensure consistent and accurate communications. Messages should address anxieties, alleviate any unwarranted concerns or distress, and enlist cooperation with necessary control measures. A recognized health authority should communicate public health and medical messages to the public.

**(4)** Starting at the local level, the public health system must initiate appropriate protective and responsive measures for the affected population, including first responders and other workers engaged in incident-related activities. These measures include mass vaccination or prophylaxis for at-risk people and populations not already exposed but at risk of exposure from a secondary transmission or the environment. An overarching goal is to develop, as early as possible in the management of a biological incident, a dynamic, prioritized list of treatment recommendations based on epidemiologic risk assessment and the biology of the disease/microorganism in question linked to the deployment of the Strategic National Stockpile (SNS) and communicated to the general public.

**(5)** MSDH evaluates the incident with its partner organizations and makes recommendations to the appropriate public health and medical authorities regarding the need for quarantine, shelter-in-place, or isolation to prevent the spread of disease. HHS coordinates closely with MOHS regarding recommendations for medical needs met by the National Disaster Medical System (NDMS) and the HHS/U.S. Public Health Service (USPHS) Commissioned Corps.

**(6)** The Governor of Mississippi implements isolation and/or social-distancing requirements using state/local legal authorities. To prevent the interstate spread of disease, MSDH may take appropriate state actions using the authorities granted by U.S.C. title 42, 42 CFR parts 70 and 71, and 21 CFR 1240. State, tribal, and local assistance with implementing and enforcing isolation and/or quarantine actions is utilized if federal authorities are invoked.

**(7)** Where the source of the epidemic has been identified as originating outside the United States, whether the result of terrorism or a natural outbreak, MSDH works in a coordinated effort with MOHS and the Department of Homeland Security (DHS)/Customs and Border Protection (CBP) to identify and isolate persons, cargo, mail, or conveyances entering the State of Mississippi that may be contaminated. MSDH provides information and training, as appropriate, to MOHS and DHS/CBP personnel on identifying biological hazards and employing "first responder" isolation protocols.

**(8)** The scope of the outbreak may require mass isolation or quarantine of affected or potentially affected persons. Depending on the event, food, animals, and other agricultural products may need to be quarantined to prevent the further spread of disease. In this instance, MSDH and, as appropriate, the Department of Agriculture and Commerce (MDAC) work with local health and legal authorities to recommend the most feasible, effective, and legally enforceable methods of isolation and quarantine.

**b. Decontamination.** For certain types of biological incidents (e.g., anthrax), assessing the extent of contamination and decontaminating victims, responders, animals, equipment, buildings, critical infrastructure (e.g., public transportation, water utilities), and large outdoor areas may be necessary. Such decontamination and related activities are consistent with the roles, responsibilities, resources, capabilities, and procedures in the ESF #8 and ESF #10 (Oil and Hazardous Materials Response) Annexes, Hazardous Material Incident Annex, and Terrorism Incident Annex.

**8. BIOTERRORISM CONSIDERATIONS**. Detection of a bioterrorism act against the civilian population may occur in several different ways and involve several different modalities:

**a.** An attack may be covert, in which case the first evidence of dissemination of an agent may be the presentation of disease in humans or animals. This could manifest either in clinical case reports to domestic or international public health authorities or in unusual patterns of symptoms or encounters within state or health surveillance systems.

**b.** Initially, a terrorist-induced infectious disease outbreak may be indistinguishable from a naturally occurring outbreak; moreover, depending upon the particular agent and associated symptoms, several days could pass before public health and medical authorities even suspect that

terrorism may be the cause. In such a case, criminal intent may not be apparent until after recognizing illnesses.

**c.** Environmental surveillance systems may detect the presence of a biological agent in the environment and trigger directed environmental sampling and intensified clinical surveillance to rule out or confirm an incident. If a case is confirmed, then these systems may allow for the mobilization of a public health, medical, and law enforcement response in advance of the appearance of the first clinical cases or a quick response after the first clinical cases are identified.

**d.** The United States Postal Service (USPS) may detect certain biological agents within the U.S. postal system. Detection of a biological agent in the mail stream triggers specific response protocols outlined in agency-specific standard operating procedures.

## 9. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES.

**a. Local and Tribal Government.** Local and Tribal governments are responsible for emergency actions, direction, control, and coordination through their elected and appointed officials. Tribal, county, and municipal governments will function in an infectious disease event in accordance with local laws and community requirements. To prepare for an infectious disease event, these jurisdictions and public health entities are responsible for coordinating healthcare activities within the community. They should work with local hospitals and other local ESF-8 partners to:

**(1)** Improve information sharing and communication with medical care providers and healthcare organizations.

**(2)** Ensure managers of 9-1-1 Public Safety Answering Points (PSAPs), Emergency Medical Services (EMS) Agencies, EMS systems, law enforcement agencies, fire service agencies, and other responding agencies review the most current Centers for Disease Control and Prevention (CDC) and MSDH guidance for infectious diseases.

**(3)** Conduct contingency planning, training, and exercises for an infectious disease event.

**(4)** Monitor costs associated with an infectious disease event.

**(5)** Coordinate with MEMA consistent with the Concept of Operations in the CEMP Base Plan.

**(6)** In the event of a suspected or confirmed infectious disease patient, the local or tribal government is primarily responsible for the safety and security of the residents and properties related to the patient. This includes decontamination settings where an individual with a confirmed

infectious disease has been known to have spent time while symptomatic and the sheltering, housing, and support needs for any contacts of the infectious disease patient that MSDH identifies.

**b. State Overall.**

**(1)** Various state agencies and non-governmental organizations are tasked to offer support and resources for preparedness, response, and recovery from an infectious disease event.

**(2)** The Governor is responsible for declaring that a state of emergency exists and, at such time, directs all available state and local resources, as reasonably necessary, to cope with the event utilizing NIMS and the Incident Command System (ICS) doctrine. This includes the designation of a state-level Incident Commander (IC) as needed.

**(3)** The State of Mississippi is responsible for assisting any political subdivision that requests emergency assistance.

**(4)** The MEMA will coordinate and mobilize state resources as needed.

**(5)** The MEMA Executive Director will execute intrastate and interstate agreements and compacts as needed.

**(6)** The MEMA Executive Director will work with the Office of the Governor to request federal or state funding as required.

**(7)** MSDH will coordinate response operations and work within existing coordination and communication structures as appropriate.

**(8)** MSDH will coordinate all operational components of the infectious disease event, including assistance with fatality management. Coordination functions and command responsibilities related to public health operations will be accomplished at the MSDH Public Health Command and Coordination Center (PHCC) and liaised with the SEOC.

**(9)** The University of Mississippi Medical Center (UMMC) will provide standardized, safe, quality care to Mississippians suspected or confirmed with an infectious illness and other emerging infectious diseases.

**c. State Preparedness**.

**(1) Mississippi State Department of Health Preparedness**.

**(a)** Plan, recruit, train, and exercise personnel to include traveler and contact monitors, coordination teams, transportation teams, and fatality management teams.

**(b)** Review and upgrade capabilities and capacities as needed.

**(2) University of Mississippi Medical Center Preparedness**.

**(a)** Plan, recruit, train, and exercise personnel to care for a suspected or confirmed infectious disease patient.

**(b)** Review and upgrade capabilities and capacities as needed.

**d. State Pre-Incident**.

**(1) Mississippi State Department of Health Pre-Incident**.

**(a)** Ensure current MSDH All-Hazard Response Plan, Concept of Operations, Infectious Disease Response Preparedness Plans, Emergency Operating Guidelines, Job Action Sheets, Protective Equipment Checklists, and Response Policies are available and consistent with current federal guidance.

**(b)** Conduct information-sharing sessions on infectious diseases with the Mississippi ESF#8 Healthcare Coalition, local and state Emergency Management, Mississippi First Responders (Fire, Law Enforcement, EMS), 9-1-1 Managers, Hospitals, Healthcare Providers, Education institutions, Coroners, Funeral Home Directors, ESF Emergency Coordinating Officers (ECOs) and other governmental, non-governmental and private sector partners.

**(c)** Develop guidance for various audiences, including recommendations for personal protective equipment.

**(d)** Be prepared to support tribal and local jurisdictions, healthcare providers, healthcare facilities, and coroners for issues and unmet needs.

**(e)** Begin active monitoring of international travelers from countries identified by the CDC to have current outbreaks of infectious diseases. Investigate and actively monitor any contact with suspected or confirmed infectious disease cases.

**(f)** Be prepared to coordinate the transportation, medical care, clean-up of patient residence, and handling of pets of any suspected or confirmed infectious disease case.

**(g)** Review weekly for public information through media and the MSDH website:

- "Frequently Asked Questions" (FAQ);
- Infectious Disease Hotline Guidance;
- MSDH Guidance on infectious diseases.

**(h)** Prepare and coordinate strategic communications plans for infectious diseases and develop messages.

**(i)** Update contact information for all local, state, tribal, and federal partners.

**(j)** Notify and request support agencies and organizations to participate in ESF #8 Public Health Command and Coordination Center activities as needed.

**(2) University of Mississippi Medical Center Pre-Incident.**

**(a)** Prepare to receive suspected or confirmed infectious disease patients as identified by the MSDH.

**(b)** Identify surge capacity and resources for additional patients.

**(c)** Support MSDH by providing HOTLINE resources for inquiries from the public, first responders, healthcare providers, and healthcare facilities.

**e. State Response.**

**(1) Mississippi State Department of Health Response.**

**(a)** Execute Health Officer Orders for controlled movement or quarantine as needed.

**(b)** Investigate and actively monitor any contact with suspected or confirmed infectious disease cases.

**(c)** Deploy coordination and transportation teams to transport the suspected or confirmed infectious disease patient to an appropriate healthcare facility.

**(d)** As required, provide technical assistance and coordination to support agencies, partners, and hospitals.

**(e)** Arrange or provide for confirmatory testing of MSDH-suspected infectious disease patients.

**(f)** Conduct information-sharing sessions with the Mississippi ESF#8 Healthcare Coalition, local and state Emergency Management, Mississippi First Responders (Fire, Law Enforcement, EMS), 9-1-1 Managers, Hospitals, Healthcare Providers, Education institutions, Coroners, Funeral Home Directors, ESF ECOs, and other governmental, non-governmental and private sector partners.

**(g)** Support local jurisdictions, healthcare providers, healthcare facilities, and coroners for issues and unmet needs.

**(h)** Coordinate public information and activate the SEOC JIC as required.

**(i)** Request federal resources as needed to support the response.

**(2) University of Mississippi Medical Center Response.**

**(a)** Provide medical care to suspected or confirmed infectious disease patients as identified by MSDH.

**(b)** Support MSDH quarantine orders for suspected or confirmed infectious disease patients.

**(c)** Activate surge capacity and resources for additional resources as needed.

**(d)** Draw specimens for analysis by the designated laboratory.

**(e)** Provide medical control to authorized ambulance services contracted via Memorandum of Agreement (MOA) and state transportation teams.

**(f)** As appropriate, assist in medical communications through the Mississippi Medical Communication and Coordination Center (MED-COM).

**e. State Support Agencies.**

| Agency | Functions |
|---|---|
| **Mississippi Board of Animal Health (MBAH)** | • In coordination with MSDH, identify pets and other household animals (e.g., service animals) that may have been exposed to a suspected or confirmed infectious disease case. |

| Agency | Functions |
|---|---|
| **Mississippi Board of Animal Health (MBAH) cont.** | • Identify and coordinate with ESF#7 (Logistics) for suitable locations and resources for the safe quarantine and care of exposed or potentially exposed animals.<br>• Coordinate with ESF#7 for the cremation or disposal of animal carcasses.<br>• Organize according to NIMS to ensure rapid response to animal care needs.<br>• Coordinate the development, education, and activation of the Mississippi Animal Response Team (MART). |
| **Mississippi Department of Education (MDE)** | • In coordination with MSDH, maintain a plan to deliver timely and accurate information to public and private elementary and secondary education systems throughout the state. |
| **Mississippi Department of Environmental Quality (MDEQ)** | • In coordination with MSDH, develop guidance to ensure the safe decontamination of vehicles transporting suspected or confirmed infectious disease patients and homes or quarantine settings that have housed a confirmed infectious disease patient.<br>• Coordinate with ESF#7 to identify contractors to provide necessary decontamination services.<br>• Coordinate with the Mississippi Department of Transportation (MDOT) to secure appropriate permits to transport infectious disease medical waste to an approved incinerator facility.<br>• Provide technical assistance to wastewater treatment plants. |
| **Mississippi Emergency Management Agency (MEMA)** | • Activate the SEOC and ESFs as required.<br>• Assist in coordinating federal, state, tribal, and local assets, as required.<br>• Assist in the coordination of state and regional Medical Needs Shelters.<br>• Assist in the procurement and distribution of medical commodities, as required.<br>• Support Strategic National Stockpile (SNS) and Strategic State Stockpile (SSS) POD functions.<br>• Provide warehousing, support management, and distribution of the SNS and SSS. |

| Agency | Functions |
|---|---|
| **Mississippi Department of Finance and Administration (DFA)** | • Expedite the identification and procurement of logistics and supplies.<br>• Coordinate needs with ESF#7. |
| **Mississippi Department of Human Services (MDHS)** | • In coordination with ESF#7, support the request for resources in establishing support services for contacts of suspected or confirmed infectious disease patients. |
| **Mississippi Department of Mental Health (DMH)** | • In coordination with MSDH, provide mental health services to infectious disease patients following treatment, families, contacts, and responders, including crisis counseling. |
| **Mississippi Department of Public Safety (MDPS)** | • In coordination with MSDH, assist in site security and transportation of a suspected or confirmed infectious disease patient.<br>• Liaise with local law enforcement. |
| **Mississippi Department of Transportation (MDOT)** | • Coordinate appropriate permits for transporting infectious disease waste to an approved incinerator with the federal Department of Transportation (DOT) and the Mississippi Department of Environmental Quality (MDEQ). |
| **Mississippi Wireless Communications Commission (WCC)** | • In coordination with ESF#7, provide additional encrypted radio equipment to facilitate the coordinated transportation of suspected or confirmed infectious disease patients. |
| **Mississippi Military Department (MMD)/Mississippi National Guard (MSNG)** | • In coordination with ESF#7 and MSDH, provide an isolation capability for persons identified by MSDH, including lodging, food, laundry, and other support needs.<br>• Coordinate with MSDH supporting roles and responsibilities of the 47$^{th}$ CST. |

| Agency | Functions |
|---|---|
| **Mississippi Institutions of Higher Learning (IHL)** | • Coordinate processing of travel requests for students traveling to or from a country identified by the CDC to have a current outbreak of an infectious disease with the MSDH.<br>• Provide multilingual support as needed. |
| **Mississippi Community College Board (MCCB)** | • Coordinate processing of travel requests for students traveling to or from a country identified by the CDC to have a current outbreak of an infectious disease with the MSDH. |
| **Office of the State Medical Examiner (OSME)** | • In coordination with MSDH, work with hospitals, coroners, and Funeral Home Directors on the safe cremation of deceased infectious disease patients. |

**f. Federal.** The federal government's role in an infectious disease event will differ in many respects from its role in most other natural or manmade events. The federal government will bear primary responsibility for certain critical functions, including the support of disease containment efforts overseas and limitation of the arrival of an infectious disease high-risk contact or patient to our shores; provision of clear guidance to local, state, and tribal entities, the private sector and the public on protective measures and responses.

MSDH will request federal assistance with coordination by MEMA through the structures identified in the CEMP Base Plan. As the situation warrants, teams of infection control specialists, epidemiologists, resources of the SNS, and/or additional support staff may be requested to include but not limited to:

**(1) Centers for Disease Control and Prevention (CDC).** Promote a coordinated, networked approach for hospital preparation: frontline healthcare facilities, infectious disease assessment hospitals, and infectious disease treatment centers.

**(2) CDC Strategic National Stockpile (SNS).** Personal Protective Equipment (PPE) cache that can be deployed to support a suspected or confirmed case of infectious disease.

**(3) Department of Defense Medical Support Team.** Twenty critical care nurses, five doctors trained in infectious disease, and five trainers in infectious disease protocols are deployed to provide medical care if a hospital needs staff augmentation.

**10. AUTHORITIES AND REFERENCES**. The procedures in this Infectious Disease Incident Annex are built on the core coordinating structures of the CEMP and references listed below. Specific operational guidelines developed by organizations responsible for the unique aspects of a particular disease or planning consideration will supplement this Annex and assist federal, state, tribal, local, and municipal public health and agriculture authorities.

The specific responsibilities of each department and agency are described in the respective ESF, Incident, and Support Annexes, internal agency plans, policies, and procedures. See the CEMP Base Plan or the MSDH ECO for a comprehensive list of Authorities and References.

**a.** Robert T. Stafford Disaster Relief and Emergency Assistance Act; amended the Disaster Relief Act of 1974, PL 93-288.
https://www.fema.gov/sites/default/files/2020-03/stafford-act_2019.pdf

**b.** Public Law 98-473, Emergency Federal Law Enforcement Assistance Act, October 1984
https://uscode.house.gov/view.xhtml?path=/prelim@title34/subtitle5/chapter501&edition=prelim

**c.** United States Code, Title 18, Section 1385 (Posse Comitatus Act)
https://www.govinfo.gov/content/pkg/USCODE-2011-title18/pdf/USCODE-2011-title18-partI-chap67-sec1385.pdf

**d.** Public Law 104-321, October 1996 (EMAC)
Public Law 104-321, October 1996

**e.** MS Code, Ann. Â§ 33-15(1972): Mississippi Emergency Management Act of 1995, Title 33-15, et al. [Successor to Mississippi Emergency Management Law of 1980]
MS Code 33-15

**f.** MS Code, Title 45, Chapter 18 Emergency Management Assistance Compact (EMAC)
Mississippi Code of 2018, Title 45, Chapter 18

**g.** National Preparedness Goal, Second Edition, September 2015
https://www.fema.gov/media-library/assets/documents/25959

**h.** National Incident Management System, Third Edition, October 2017
https://www.fema.gov/media-library/assets/documents/148019

**i.** National Preparedness System
https://www.fema.gov/emergency-managers/national-preparedness/system

**j.** National Response Framework, Fourth Edition, October 2019
https://www.fema.gov/sites/default/files/2020-04/NRF_FINALApproved_2011028.pdf

**k.** National Protection Framework, Second Edition, June 2016
https://www.fema.gov/sites/default/files/2020-04/National_Protection_Framework2nd-june2016.pdf

**l.** National Prevention Framework, Second Edition, June 2016
https://www.fema.gov/sites/default/files/2020-04/National_Prevention_Framework2nd-june2016.pdf

**m.** FEMA National Incident Support Manual, Change 1, January 2013
https://www.fema.gov/sites/default/files/2020-04/FEMA_National_Incident_Support_Manual-change1.pdf

**n.** FEMA Incident Action Planning Guide, July 2015
https://www.fema.gov/sites/default/files/2020-07/Incident_Action_Planning_Guide_Revision1_august2015.pdf

**o.** FEMA Developing and Maintaining Emergency Operations Plan, Comprehensive Preparedness Guide (CPG) 101, Version 3.0, September 2021
https://www.fema.gov/sites/default/files/documents/fema_cpg-101-v3-developing-maintaining-eops.pdf

**p.** MEMA Response Framework, March 2021
MEMA Downloads/MEMA Publications

**q.** Supporting State Plans:

**(1)** Pandemic Influenza Plan, Functional Annex 7.01

**(2)** Highly Infectious Disease Plan

**(3)** Ebola Virus Disease (EVD) Plan

**(4)** Biological Incident Plan

**(5)** Livestock Disaster Plan

**(6)** Low Pathogen Avian Influenza (LPAI)

**(7)** Joint Zoonotic Disease Response Plan (MBAH & MSDH)

The MEMA reference repository, containing the CEMP base plan, associated annexes, appendices, and other supporting documents, can be found at MEMA Downloads.

Most Mississippi emergency management stakeholders have access to the MEMA Downloads site. However, non-registered stakeholders may gain access to the repository by submitting an e-mail request to preparedness@mema.ms.gov.

**11. REVIEW AND MAINTENANCE**. This Annex will be continuously reviewed and exercised to evaluate the state's and political subdivisions' ability to execute response and recovery operations and support tribal, local, and municipal emergency management agencies. Directors of primary state agencies are responsible for maintaining SOGs, SOPs, checklists, internal plans, and resource data to ensure a prompt and effective response to a disaster in support of this plan. For training purposes and exercises, the MEMA Executive Director may activate this plan as deemed necessary to ensure high operational readiness.

MEMA will revise this plan on a biennial basis. The revision will include testing, reviewing, and updating the document and its procedures. This plan will be updated every two years, or as necessary, to incorporate new presidential or state directives, legislative changes, and procedural changes based on lessons learned from exercises and actual incidents. This plan will be rewritten every five (5) years.

MEMA coordinates updates, modifications, and changes to the plan. Heads of state agencies with ESF coordinator responsibility will periodically provide information regarding changes with available resources, personnel, and operating procedures. Recommended changes will be submitted to MEMA for approval and distribution. Submit recommendations via e-mail to preparedness@mema.ms.gov.

This plan applies to all state agencies, state boards, state commissions, and state departments assigned emergency responsibilities and to all elements of local government in accordance with current law and Executive Orders (EOs).