PHX and Maricopa County Public Health – Partners in Preparedness
Disclaimer

The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention.
Maricopa County, Arizona

- 3rd largest local public health jurisdiction in the US after NYC and LA County
- > 4.2 million residents
- 60% of Arizona population
- > 9,200 square miles
- 25 cities & towns
- 5 tribal reservations
PHX Sky Harbor Airport

- City of Phoenix: PHX-DVT-GYR & IWA Airports
- 120,000 daily passengers
- Served by 17 airlines

- Top 10 busiest airports in US
- Named best airport in America - 2016
- Over 57,000 airport jobs
- $106 million daily economic impact
- $38 billion total economic impact
Airports & Icebergs?
You Don’t See Most Of It!
Objectives

• Communicable Disease Response Plan (CDRP) background
• Discuss the incident that led to the revision of the PHX CDRP
• Discuss Maricopa County Department of Public Health (MCDPH) role in CDRP
• Discuss challenges and successes with the revised CDRP
• Discuss PHX Emergency Communications Plan and key stakeholders
Purpose:
Guidelines for preventing introduction and spread of communicable diseases from foreign countries into U.S.

Triggers:
Include but are not limited to:

- Response to quarantinable illness
- Infectious Tuberculosis
- Response to any communicable disease of public health concern
Communicable Disease Response Plan

- Unified Command Team (UCT) leads response
  - PHX Fire / PD / Aviation / MCDPH / affected airline
- Incident Commander: PHX Fire B/C
- AZ covered by CDC San Diego Quarantine Station (SDQS)
- Local EMS & MCDPH act as designated alternates to CDC
Joint effort between Sky Harbor & primary partners:
• MCDPH (lead agency)
• CDC
• CBP

Initially released in 2010; revised in 2014; and when determined by CDC / MCDPH
CDRP

Responders
Processes
Guidance (flight crews, etc.)
Precautions
Facilities and locations (aircraft isolation areas)
Notification / communication
Secure stakeholder distribution
The Phone Call

- On Saturday, November 30, 2013 at 16:00 hours
- TSA notified Airport Command Center (ACC) that a flight in route to PHX from AUS had a passenger on board with suspected tuberculosis (TB)
- CDC notified LAX Quarantine Station & LA public health of passenger; but not initially aware of connection in PHX
- MCDPH was not alerted of situation
PHX Response

• CC notifies Fire, PD, and Operations
• TSA indicated they were notified by CDC of passenger after aircraft departed AUS
• Ops / Fire units coordinated for buses and remote aircraft parking
• PHX Fire confirms with their Medical Chief that other passengers were not contagious
Timeline

• **14:25** Scheduled departure time for flight from AUS-PHX

• **15:37** TSA contacted CDC saying individual was landing in 20 minutes

• **16:00** TSA notified Airport Command Center of flight in route with a TB infected passenger onboard
Public Health Contacted

- **16:37** First attempt to contact MCDPH DOC
- **16:53** Doc on call (DOC) reached and informed that suspected TB patient on flight, despite being on Do Not Board (DNB) list, and about to land in PHX – call TSA for more information – no patient information
Timeline

• **17:00** Aircraft lands and is held away from gate; PHX Fire, PD, & Ops responds
  – “TB Case” removed from aircraft first and held by PD until public health arrived
  – Other passengers briefed by PHX Fire

• **17:08 – 17:21** DOC called
  – TB Control Officer
  – MCDPH Director
  – Arizona Dept of Health Services (ADHS) to notify and to get more information from CDC
Timeline

• **17:49** DOC connected with CDC – obtained history of patient suspected of TB diagnosis and determined call needed with local, state PH and CDC

• **18:08** Multi-agency Conference call with CDC, ADHS and MCDPH – learned full history, laboratory tests and discussed action plan to interview patient, determine symptoms and provide options of further testing vs. renting a car and going back to AUS

• **18:42** CDC e-mailed DNB / Look Out addition notification letter to MCDPH DOC
Timeline

• **18:44** Contact with PHX PD
  – Advised of plan to evaluate passenger at airport
  – PD raised concerns regarding authority to hold patient
  – CDC had jurisdiction to hold individual at the airport, but logistics to hold passenger outside the airport was unclear

• **19:03** DOC e-mailed DNB letter to PHX PD

• **19:10** MCDPH DOC and TB Control Officer arrived at airport and met PHX Police to interview patient
First Media Request

• 19:12 MCDPH PIO began receiving calls from media that passengers had been told there was a person with TB on the flight and they were advised to see their doctors for testing

• 19:26 Patient interviewed and plans arranged to admit to MIHS for further testing to rule out TB

• 21:00 Second conference call with CDC – informed of plan to admit patient and obtain further testing

• Total Response Time: 5 hours
Summary of Issues

• Suspected TB case was not listed on TSA system until 40 minutes AFTER departure.
• CDC coordinated response with LAX because they were not initially aware of the PHX connection.
• Notification of CDC (32 min) airport (55 min), and MCDPH (1.5 hours).
• 2.75 hours between initial local public health contact, and receipt of specific passenger health information to develop action plan.
Summary of Issues cont.

• MCDPH on-call system is not designed for rapid in-person response with single point of failure
• Lack of clarity regarding law enforcement authority to hold individual at airport
• National media attention complicated messaging
Lessons Learned

• Full itineraries should be confirmed, to include all domestic and international legs
• It is difficult to control point of entry of communicable disease information
• Avoid single points of failure in the communications plan
• It’s critical to get all stakeholders on a conference call ASAP to share all available information and plan coordinated response
Lessons Learned

• Airport first responders are the best public health “boots on the ground” but require guidance from local public health

• Address jurisdictional issues with law enforcement ahead of time

• It is best to provide exposed passengers with contact information of public health in case they have additional questions
Outcome

- Further TB testing obtained at hospital successfully ruled out active tuberculosis
- The passenger was re-booked to his final international destination
- PHX revised the CDRP to include
  - Public health response call down list
  - Clarifications regarding law enforcement authority
  - Designated areas to hold exposed individuals if needed
CDRP Revisions

**Incoming Information:**
Command Center learns of Communicable disease of PH significance suspected at PHX

**Initial Contact:**
Fire Dispatch/EMS; Airport Police; OPS and PS&S
Unified Command initiated to verify travel history, symptoms, etc.

**If Real Threat:**
Everbridge notification and conference call to include CDC, MCDPH, CBP, various airport responders (PIO, etc.)
CDRP Revisions

Response:
Aircraft /subject met by PHX Fire/EMS, PD, OPS, PS&S, MCDPH (domestic flights), and/or CBP (international flights) to assess Communicable Disease threat to Public Health

If No:
Ill person(s) released and/or transported if necessary

If Yes: Isolation and/or quarantine determined by MCDPH/CDC
- Communicable Disease Response Plan implemented
  - Hospital notified by MCDPH and/or EMS
- EMS to transport ill person(s), and diagnosed at hospital
  - Physician notifies local Public Health Department
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Questions / Comments?