Emerging Public Health Threats: Pandemic Influenza Preparedness – A Public Health Perspective

Summary Report

April 18-20, 2005
Vancouver, British Columbia

Alaska
Alberta
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Idaho
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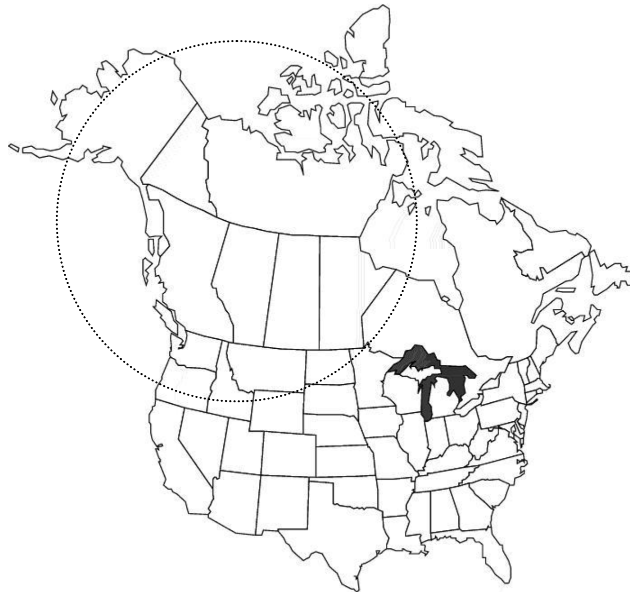

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Summary Report

April 18-20, 2005

Vancouver, British Columbia

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Forward

The British Columbia Ministry of Health Services wishes to extend its most sincere appreciation to the binational planning committee, facilitators, speakers, and cross-border public health partners for your support and commitment to working towards establishing a seamless cross-jurisdictional public health system that can quickly and efficiently track acts of bioterrorism and emerging pathogen threats across the US/Canada international border.

We wish to thank the Public Health Agency of Canada, the Centers for Disease Control and Prevention and the Washington State Department of Health for providing financial assistance to conduct this important cross-border activity.

It was most evident that participants felt the Cross-Border Workshop must continue as an annual event to ensure the continued progress on the various action items identified over the past two years. This is particularly important in terms of developing formal protocols for cross-border operational coordination and information exchange. As the outcomes of this workshop has resonance and implications for our respective national response systems, it will be important that all participants continue to support this initiative.

Acknowledgements (Continued)

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// Acknowledgements (Continued)

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Executive Summary

On April 18-19, 2005, the British Columbia Ministry of Health Services hosted the second annual cross-border workshop in Vancouver, British Columbia entitled *Emerging Public Health Threats: Pandemic Influenza Preparedness – A Public Health Perspective*.

The workshop was designed to build upon the work begun during the first cross-border workshop held in Bellingham Washington on August 10-11, 2004 entitled, *Emerging Public Health Threats: Tracking Infectious Disease Across Borders*, by focusing on the public health threat of pandemic influenza. This was accomplished by providing a forum where cross-jurisdictional public health partners could meet, build relationships, and establish working networks through face-to-face meetings, planning activities and participation in pandemic preparedness exercises. The workshop brought together cross-border public health partners in disciplines of epidemiology surveillance and investigation, public health laboratories, emergency management and first response, ethics and law, and risk communication. More than 225 invited public health professionals attended from Canada (Alberta, British Columbia, Canada Federal Government and Yukon Territories), Native American Tribes and the United States (Alaska, Idaho, Montana, North Dakota, Oregon, the United States Federal Government and Washington).

Pre-workshop field-specific meetings in disciplines of epidemiology, public health laboratories, emergency management, law, and communications were held on April 17, 2005 to provide a setting for the cross-border counterparts in these fields to discuss issues relating to pandemic influenza preparedness in preparation for the April 19-20 workshop. Attendees also discussed the status and next steps for implementing action initiatives identified during the cross-border workshop held in Bellingham, Washington on August 10-11, 2004.

On the first day of the workshop, plenary presentations described: the Canadian federal role in preparing for emerging threats; avian influenza H5N1; and the influenza vaccine challenge. The plenary session presentations, coupled with the field-specific workshops served as a prelude to the pandemic influenza thematic breakout sessions in the areas of: surveillance; infection control; surge capacity; risk communication; and border quarantine. The purpose of the thematic breakout sessions was to provide a setting where professionals from multiple cross-border public health disciplines could discuss their varied perspectives relative to their assigned session and meet breakout session objectives, which were:

<u>Objective #1</u> - To develop an understanding of the public health system of preparedness and response to pandemic influenza on each side of the border as it relates to each theme based on pandemic influenza plans

<u>Objective #2</u> – To identify commonalities and obstacles ("show-stoppers") to a seamless cross border public health response to pandemic influenza

<u>Objective #3</u> – To identify essential key policies (options to resolve the "show-stoppers") that need to be developed to enhance a seamless approach to pandemic influenza preparedness and response across borders

From these discussions, obstacles and next steps were identified for each of the thematic areas as follows:

Surveillance – Legal issues were highlighted as a primary obstacle to sharing of confidential information across borders.
Recommendation: Needs and barriers be identified by staging a mock exchange of data across borders testing the 24/7 contact list that was developed following the Bellingham workshop.

Infection Control – Lack of cross-border consistency was identified as a primary obstacle in a) plans addressing facial membrane protection and body wear for a novel influenza virus; b) language relating to patient isolation; c) community containment strategies; d) respiratory hygiene/cough etiquette language.
Recommendation: A bi-national workgroup be convened to review literature and current research and work towards developing consistent recommendations for procedures and standardized language.

Surge Capacity – Resource shortages and cross-border integration were highlighted as obstacles in areas of a) staffing/workforce, b) medication and medical equipment, and c) treatment capacity.
Recommendation: A planning working group be convened to focus on a) developing a plan for surge management and a system for staffing resources, b) defining an approach for management of drugs and supplies and a plan to define and develop high level governmental connection with this issue, and c) developing a common interpretation of terms used (e.g., "bed capacity").

Risk Communication – The lack of common messages across borders, and within jurisdictions, was identified as an obstacle to communication. A goal is to develop consistent communications to the public with an objective of creating circumstances in which citizens of both countries would receive, trust, and act on information from public health authorities.
Recommendation: A communications forum be established to a) develop contact channels (listserve and directory), b) identify and share best practices and messages, c) address and reconcile policy differences between provincial and state pandemic influenza plans, d) formalize a process for rapid activation and coordination of public information, and e) clarify roles and responsibilities of different levels of government.

Border Quarantine – The group identified a) advancing national discussions to harmonize lists of diseases of concern, b) working to harmonize SOPs and ICS roles and functions, and c) training border health personnel collaboratively as opportunities for improvement.
Recommendation: Establish a workgroup with leads taken by the CDC Seattle Quarantine Station, Canada PHAC Quarantine Services, and Vancouver Airport to advance these issues to a) discuss roles of quarantine across borders, b) increase coordination across borders of local-local, state-province, and hospital policy on quarantine, c) collaborate on training exercises with public health, custom & immigration officers, d) develop communications training for public health and customs officials, and e) develop a common listing of diseases for which quarantine might be considered.

Workshop attendees subsequently had the opportunity to examine cross-border pandemic influenza issues through two tabletop exercises conducted on Day 2. Additional issues were raised during the tabletop exercises that have been incorporated into the action plan. The need to establish formalize informal communication/collaboration through agreements or memoranda of understanding between US and Canadian public health partners was emphasized, and commitment was made to continue that work.

From this workshop, cross-border workgroups will continue the work with the goal of developing a seamless system for tracking and responding to pandemic influenza across borders.

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Electronic Copies of Workshop Materials

Electronic copies of workshop materials, including this report, the available speaker presentations in Acrobat Reader format, tabletop exercises, agreement examples and an updated participant list in Microsoft Excel may be obtained on compact disk (CD) by contacting Wayne Dauphinee, British Columbia Ministry of Health Services at (250) 952-1700 or by email at wayne.dauphinee@gov.bc.ca.

Introduction

The threat of pandemic influenza is currently in the forefront of public health concern. US states and Canadian provinces and territories are developing preparedness and response plans in anticipation of this potentially deadly public health event. While jurisdictional borders may exist for political purposes, such borders are transparent to the spread of communicable diseases. Because of this, the public health partners across borders must be ready to quickly and seamlessly respond to such events.

To address this need, the second Pacific Northwest bi-national cross-border workshop entitled "*Emerging Public Health Threats: Pandemic Influenza Preparedness – A Public Health Perspective*" was held in Vancouver, British Columbia during April 2005. Hosted by the British Columbia Ministry of Health Services, with assistance from the Washington State Department of Health, the workshop's purpose was to continue the ongoing bi-national infectious disease surveillance and response collaborative efforts started during the Bellingham workshop, but with a focus on pandemic influenza preparedness and response.

Background

Bellingham Workshop – A first step in formally addressing cross-border epidemiologic surveillance and response took place during the summer of 2004. The Washington State Department of Health, funded by the US Department of Health and Human Services (HHS), hosted the first Pacific Northwest cross border workshop in Bellingham, Washington entitled *Emerging Public Health Threats: Tracking Infectious Disease across Borders* [1]. The goal was to begin formally establishing a system that could quickly and efficiently track acts of bioterrorism and emerging pathogen threats across local, state, provincial and the United States/Canada international borders. More than 225 professionals in the fields of epidemiology, public health laboratories, emergency management, and law came from Alaska, Alberta, British Columbia, Idaho, Montana, North Dakota, Oregon, Washington, Yukon Territories, both the Canadian and US federal government and tribes. Participants were charged with: building and strengthening strong professional relationships across our borders; developing a framework for formal agreements in tracking infectious disease across borders; and developing a work plan which describes next steps to complete and execute the agreements.

The leading five priority issues identified during the Bellingham workshop were in the areas of communication (initial and on-going), jurisdiction, surveillance system compatibility, resources (human and material), and law. Frameworks for future memoranda of understanding to help guide this work among partners were also developed. To maintain their momentum, participants committed to five immediate initiatives: formalizing workgroups and timelines; developing a 24/7 contact list/directory; planning and executing cross-border exercises, joint training and systems of continuous improvement; advocating for public health preparedness at appropriate policy levels; planning the next annual conference on cross-border preparedness. Follow-up work products from the Bellingham workshop are presented in Appendix A.

Workgroups from each of the field-specific areas were established and periodically meet to continue work on these initiatives. To continue momentum, this second workshop was conducted in Vancouver, British Columbia.

Vancouver Workshop – The second Pacific Northwest bi-national cross-border workshop entitled "*Emerging Public Health Threats: Pandemic Influenza Preparedness – A Public Health Perspective*" was held in Vancouver, British Columbia during April 2005. As in Bellingham, over 200 participants attended from fields of communicable disease epidemiology, information technology, public health laboratories, hospitals and health authorities, public health law, risk communications, health emergency management, paramedics/first responders and law enforcement from both Pacific Northwest jurisdictions and US and Canada federal agencies.

To build upon efforts begun during the Bellingham workshop, the Vancouver workshop focused on achieving three goals:

1. Build and strengthen strong professional relationships across our borders.

2. Develop a framework for a formal agreement which defines the major policy areas and guides our work together in tracking infectious disease across borders.

3. Develop a work plan which describes next steps in assuring that the protocols and procedures are in place to execute the agreement.

The agenda (Appendix B) structured the workshop combining formal presentations, informal opportunities for dialogue and facilitated thematic sessions leading to specific and concrete outcomes. More than 200 invited professionals in the fields of epidemiology, public health laboratories, emergency management, and law came from Canada (Alberta, British Columbia, Canada Federal Government and Yukon), Native American Tribes and the United States (Alaska, Idaho, Montana, North Dakota, Oregon, the United States Federal Government and Washington) (Appendix C and H). Participants were charged with working towards meeting the workshop's goals (Appendix D). The sessions were facilitated by a team of public health professionals (see acknowledgements). The outcome from specific sessions is provided in the appendices and next steps identified. Each session is summarized in the following sections.

Pre-Workshop Meetings

Pre-workshop field-specific meetings in disciplines of epidemiology, public health laboratories, emergency management, law, and communications were held on April 17, 2005 to provide a setting for the cross-border counterparts in these fields to discuss issues relating to pandemic influenza preparedness in preparation for the April 19-20 workshop. Attendees also discussed the status and next steps for implementing action initiatives identified during the cross-border workshop held in Bellingham, Washington on August 10-11, 2004.

Speaker Presentations and Panel Discussions

Three plenary speaker presentations were conducted during the morning of Day 1 to elicit ideas and challenges for the work to come. Dr. Paul Gully, Deputy Chief Public Health Officer for Canada, conducted a presentation entitled *The Federal Role in Preparing for Emerging Threats: Leadership and Partnership*. Dr. Danuta Skowronski of the British Columbia Centre for Disease Control provided an overview of the avian influenza challenge in her presentation entitled "*Influenza H5N1 In Asia: A Viral Tele-Tsunami In Waiting?* This was followed by a presentation from Dr. David Scheifele of the University of British Columbia entitled *The Vaccine Challenge*.

On Day 2, following the tabletop exercises, a plenary panel discussion entitled *"The Avian Influenza Factor"* was conducted. Panelists *were* Dr. Andrew Larder, MD, BC Fraser Health Authority, Dr. Ron Lewis, DVM, BC Animal Health Branch, Dr. Mira Leslie, DVM, Washington State Department of Health, and Dr. Leonard Eldridge, Washington State Department of Agriculture. Each panelist provided a presentation, which was followed by comments and discussion from the plenary group.

Recommendations for "next steps" for the Pacific North West partners to consider were drawn from notes from several of the presentations, panel and plenary group discussions. These next step suggestions included the following:

- Develop consistent communications to the public with an objective of creating circumstances in which the publics of the 2 countries would receive, trust, and act on information from public health authorities

- Re pandemic preparation, communications need to start soon. Bring the public into the discussion of how the decisions are being made re vaccine and anti-viral distribution

- Create a seamless system to track infectious disease across the border. Aspects might include
    - Renewal of compacts
    - Action relative to the agreements
    - PIOs talking to each other on a consistent, routine basis
    - Creating a process for higher level policy discussion/policy making (in Canada, with the "Network")

- Consider how we work with the public in emergency preparedness in the context of older, much more significant "old" diseases (TB, HIV, malaria)

- Consider a social and economic assessment of the potential impact of a pandemic; this will be a civic emergency, not a medical or public emergency

- Consider working together to address relative risk and ethical issues relative to
    - Short lead times
    - Quarantine being ineffective/not feasible

- Begin working together to prepare
    - A global perspective
    - Advice to travelers
    - Methods for early detection & intervention

Speaker biographical sketches are presented in Appendix F. Electronic copies of the available speaker presentations are available either electronically (email) or on CD-ROM from the BC Ministry of Health Services (see contact information at the bottom of page vi).

Tabletop Exercises

Two concurrent tabletop exercises involving a pandemic influenza scenario were developed and moderated by Paul Cox, BC PHSA, and Dr. Eric Sergienko, WA DOH. Each had the following objectives:

1. Identify functions where interdependent cross border actions are essential. Discuss associated vulnerabilities and impediments.

2. Establish a mechanism to create a standard case definition

3. Define differences and similarities in isolation and quarantine at the each level of government

4. Develop a system to ensure a coordinated risk communication strategy such that all agencies send a consistent message

5. List and prioritize public health functions that may be disrupted. Develop a clear understanding of differences in priorities

Participants were asked to address the question "What efforts can we engage in that will minimize the effects of a pandemic:
- When it starts somewhere else?
- When it arises in the region?

Suggestions of issues to address were recorded from participant comments during the tabletop exercises. These issues are identified as follows:

- Develop a communications matrix, listing who is contacted by whom, by whom, and when in the pre-pandemic phases

- Define what the risk communications messages/approaches in the context of a pandemic? Connect with other efforts involved with US-Canada border.

- Establish triggers for activation of EOCs and expanded communication, and work toward standardization

- Improve connection between Emergency Management and Public Health

- Expand involvement of other states in region

- Identify process for deciding travel advisories across borders

- Obtain commitment from respective leadership to assure that process is in place to generate progress on issues from this conference, and is reported back next year

- Define a process by which cross-border conflicts in interpreting science can be addressed and resolved

- Check legal authorizations re releasing confidential information across borders

- Clarify roles of respective federal governments
- Address process to assure smooth, formal transitions in information sharing/policy development between Federal, Province/state, Regional, and Local levels, and then across borders. (Formalize communication and practice it)
- Assure there is ongoing, current information about national stock piles and how they are to be distributed. (Very different systems between countries)
- Develop intersection of science and public health as it relates to policy making, ethics, and public discourse (idea: hard decisions exercise for elected officials re who gets anti-virals)
- Continue getting together with broad range of professionals/perspectives (including the epidemiologists). The dialogue is invaluable. Interdisciplinary multilevel multifaceted participants.
- Plan next year with broad matrix of participants.
- Expand understanding of agreements that are in place, including 1) Emergency Management Assistance Compact (EMAC) and 2) Pacific Northwest Emergency Management Arrangement (PNEMA)

The unedited flipchart output of the recorded issues identified by the participants in the tabletop exercise group is presented in Appendix E (Tabletop Scenario Flipchart Output). Electronic copies of the tabletop exercises are available on CD-ROM from the Department of Health (see contact information at the bottom of page vii).

Thematic Breakout Group Work Sessions

The plenary session presentations, coupled with the field-specific served as a prelude to the pandemic influenza thematic breakout sessions in the areas of: surveillance; infection control; surge capacity; risk communication; and border quarantine. The purpose of the thematic breakout sessions was to provide a setting where professionals from multiple cross-border public health disciplines could bring their varied perspectives (cross-pollination) to each thematic discussion. The format followed by each thematic group is identified in Appendix D. Participants were charged to meet the following objectives:

<u>Objective #1</u> - To develop an understanding of the public health system of preparedness and response to pandemic influenza on each side of the border as it relates to each theme based on pandemic influenza plans

<u>Objective #2</u> – To identify commonalities and obstacles (“show-stoppers”) to a seamless cross border public health response to pandemic influenza

<u>Objective #3</u> – To identify essential key policies (options to resolve the “show-stoppers”) that need to be developed to enhance a seamless approach to pandemic influenza preparedness.

Thematic Workgroup Action Plans

The thematic groups identified the following pandemic influenza-related obstacles and next step actions:

Thematic Initiative 1 – Surveillance

Obstacle - Legal issues regarding communication

Next Steps -
- Identify needs and barriers by staging a mock exchange of data across borders
- Test the 24/7 contact list that was developed following the Bellingham workshop

Initiative Leads -
- Canadian Lead – Dr. David Patrick, Director, Epidemiology Services, BC Centre for Disease Control
- US Lead - Dr. Jo Hofmann, State Epdemiologisti for Communicable Disease, WA State Dept of Health
- Staff – Judy May, Bioterrorism Surveillance and Epidemiology Program Manager, WA State Dept of Health

Thematic Initiative 2 – Infection Control

Obstacle - Lack of cross-border consistency in:
- Guidance addressing facial membrane protection and body wear for a novel influenza virus;
- Guidance relating to: a) patient isolation; b) community containment strategies; and c) respiratory hygiene/cough etiquette.

Next Step - Convene a bi-national workgroup to review literature and current research and work towards developing consistent recommendations for procedures and standardized language. Include teaching tools for risk and settings.

Initiative Leads -
- Canadian Lead – Dr. Elizabeth Bryce, MD, Vancouver Hospital & Health Sciences Centre
- US Lead – Jeanne Cummings, Infection Control Professional, Harborview Medical Center, and Donna Duffy, Epidemiologist, WA State Dept of Health
- Staff – Wayne Turnberg, Public Health Advisor, WA State Dept of Health

Thematic Initiative 3 – Surge Capacity

Obstacle - Resource shortages and cross-border integration in areas of: staffing/workforce; medication and medical equipment; and treatment capacity.

Next Step -Convene a workgroup to focus on:

- Developing a plan for surge management and a system for staffing resources,
- Defining an approach for management of drugs and supplies and a plan to define and develop high level governmental connection with this issue, and
- Developing a common interpretation of terms used (e.g., “bed capacity”).

Initiative Leads -
- Canadian Lead – Wayne Dauphinee, Executive Director, BC Ministry of Health Services
- US Lead – TJ Harmon, Region 1 Emergency Preparedness and Response Coordinator, Snohomish Health District, Washington
- Staff – Valerie Munn, State Emergency Response Consultant, WA State Dept of Health

Thematic Initiative 4 – Risk Communication

Obstacle - The lack of common messages across borders, and within jurisdictions.

Goal - To develop consistent communications to the public with an objective of creating circumstances in which citizens of both countries would receive, trust, and act on information from public health authorities.

Next Steps - Form a communications forum to:
- Develop contact channels (listserve and directory),
- Identify and share best practices and messages,
- Address and reconcile policy differences between provincial and state pandemic influenza plans,
- Formalize a process for rapid activation and coordination of public information, and
- Clarify roles and responsibilities of different levels of government.

Initiative Leads -
- Canadian Lead – Dr. Perry Kendall, Provincial Health Officer, BC Ministry of Health Services
- US Lead – Laura Blaske, Communications Systems Manager, WA State Dept of Health
- Staff – Laura Blaske

Thematic Initiative 5 – Border Quarantine

Obstacles -Three obstacles were identified:
- Advancing national discussions to harmonize lists of diseases of concern
- Working to harmonize SOPs and ICS roles and functions, and
- Training border health personnel collaboratively as opportunities for improvement.

Next Steps - Create a workgroup with leads taken by the CDC Seattle Quarantine Station, Canada PHAC Quarantine Services, and Vancouver Airport to advance these issues to:
- Discuss roles of quarantine across borders,
- Increase coordination across borders of local-local, state-province, and hospital policy on quarantine,
- Collaborate on training exercises with public health, custom & immigration officers,
- Develop communications training for public health and customs officials, and
- Develop a common listing of diseases for which quarantine might be considered.

Initiative Leads -
- Canadian Lead – Thomas Kind, Quarantine Supervisor, Public Health Agency of Canada
- US Lead – Dr. Peter Houck, Quarantine Medical Officer, CDC Seattle Quarantine Station
- Staff – Dr. Eric Sergienko, MD, EIS Officer, CDC/WA State Dept of Health

Thematic Group Timelines – Staff assigned to each of the five Thematic Initiative Groups will work with the group leads to establish a working group and timelines to move each initiative forward, recognizing the following parameters:

- Staff will contact the thematic group leads by July 22, 2005 to 1) develop a strategy and timeline for next steps, and 2) to identify individuals to serve on each thematic group session.
- Group leads will identify and contact team members, with assistance from the designated staff member by August 1, 2005.
- Group leads will schedule the first thematic group meeting by August 15, 2005; and
- During the first meeting, thematic group teams will develop a plan and timeline to address the issues identified during the BC Workshop.

Building Written Agreements

The need to establish written agreements between US and Canadian public health partners was emphasized during the BC Workshop, and commitment was made to continue the work begun during the Bellingham Workshop in August 2004. To meet this need, the five field-specific workgroups, combining or interacting with the five Thematic Workgroups, will continue their work to develop formal agreements relating to cross-border infectious disease surveillance and response.

At the federal level, the Pacific Northwest Emergency Management Arrangement (PNEMA) was adopted by the governments of the states of Alaska, Idaho, Oregon and Washington, the Province of British Columbia and the Yukon Territory with an effective date of April 1, 1996. The agreement formally establishes a cooperative and coordinated approach to emergency preparedness, response and recovery measures for *natural and technological emergencies or disasters, and for declared or undeclared hostilities including enemy attack* with contiguous national and international jurisdictions. The PNEMA established the Western Regional Emergency Management Advisory Committee (W-REMAC) which includes one member appointed from each signatory jurisdiction. As of this writing, the W-REMAC is completing the PNEMA Implementing Procedures (Annex B) which is expected to be adopted shortly. The purpose of the implementing procedures is *to provide specific procedures, agreed to by the signatory, for implementing PNEMA*.

A new public health-focused annex to PNEMA is now being considered. The public health annex considers *the dissemination of individual and population (epidemiological) health data, obligations with respect to persons transferred between signatories and the duties and privileges of healthcare personnel moving between signatories to render assistance*. This agreement will be addressed over the next several months between US/Canada state/provincial/territorial, and federal/national governmental entities.

Next Meeting

The meeting attendees agreed that the Pacific North West Cross-Border recognizing the need to maintain the current momentum toward achieving a seamless cross-border is tentatively scheduled to be held in Washington State.

It was suggested during the concluding plenary session remarks that the list of attendees be expanded to include representatives from the following fields:

- Law Enforcement
- Elected Officials
- Local Medical Clinicians/Acute care sector
- Medical examiners & coroners
- Municipalities
- Schools & Colleges
- Ethicists
- Media
- Customs & Border protection
- Coast Guard
- Task Groups & Commissions

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Appendix A

Follow-Up Work Products from the Bellingham Workshop

Initiative 1: Formalizing Workgroups and Timelines for Development of Agreements

Epidemiology/Surveillance

Prior to the workshops, many of the workgroup members frequently collaborated on multi-jurisdictional outbreak and disease investigations in the Pacific Northwest. A 24/7 emergency contact list for regional communicable disease epidemiologists was updated and circulated to state and provincial contacts in Alaska, Idaho, Montana, Oregon, Washington and British Columbia. Workgroup members from the British Columbia Centre for Disease Control (BCCDC) have been added to the US Centers for Disease Control and Prevention's (CDC) Epi-X electronic alerting system and in addition, BCCDC is working to develop connectivity between Epi-X and the Canadian alerting application under CNPHI (Canadian Network for Public Health Intelligence), CIOSC (Canadian Integrated Outbreak Surveillance Centre). In the next several months, adjacent states and provinces will be added to the Washington SECURES electronic health alert network.

Washington epidemiologists strengthened connections with Canada by visiting BCCDC in February 2005 to discuss BC systems for communicable disease surveillance and alerts and for management of laboratory data including their web-based system for results of dead bird and mosquito testing for West Nile virus. BCCDC epidemiologists and environmental health specialists shared their experience with recent outbreaks of avian influenza in the Fraser Valley and *Cryptococcus gattii*, an unusual strain of fungus recently found on Vancouver Island. Washington staff also toured the BCCDC lab and met with BC public health emergency managers to discuss surveillance plans for the 2010 Olympics in Whistler and the use of the Incident Command System in public health.

In October 2005, the annual West Coast Epidemiology Conference will take place in Portland; this will be another opportunity for regional communicable disease epidemiologists to share experiences, give updates, and discuss current topics, including response to pandemic influenza.

Communications

There was no formal Risk Communications Group at the Bellingham conference, so activities centered on forming a workgroup and identifying/prioritizing planning issues. Risk Communication Workgroup members focused on adding Risk Communication to the formal agenda of the next conference (Vancouver, 2005) and on providing assistance with conference planning and facilitation. Team leads from Washington and British Columbia collaborated on issues and presentations for both pre-conference and break-out sessions. All team members participated in regular conference calls and planning sessions. Plans for 2005-2006 call for an expanded Cross-Border Risk Communication Workgroup, shared resources, establishment of protocols and, as possible, joint message development.

Public Health Laboratory

The April, 2005 Cross Border Workshop included pre-workshop sessions which provided an opportunity for laboratory representatives from Alaska, Oregon, Idaho, British Columbia and Washington to meet. This session was a time to share laboratory concerns but also afforded an opportunity to get to know our border partners better. Future plans include possible collaboration with Pacific Northwest binational cross-border colleagues around molecular diagnostic testing for *Noravirus* and *M. tuberculosis,* and developing a general Memorandum of Understanding (MOU) which will facilitate working together around communicable diseases including agents of bioterrorism. The Memorandum of Understanding will have the potential to be more specific when the US Centers for Disease Control and Prevention (CDC) grants Laboratory Response Network (LRN) status to the British Columbia Centers for Disease Control (BC-CDC). As stated in a recent letter to Charles Schable, Director, Coordinating Office of Terrorism Preparedness and Emergency Response at CDC, inclusion of BC-CDC in the LRN was requested. "Including BC-CDC in the LRN network will formalize our cross-border capacity and allow a common set of protocols and information sharing." This will allow laboratories on either side of the border to serve as surge capacity labs having the ability to use standard protocols, testing methods and reagents provided under the guidance of the LRN.

The existing joint MOU with Alaska, Idaho, and Oregon is being expanded to include chemical terrorism response capability and collaboration. The Washington Department of Health Public Health Laboratories is in the process of developing a similar MOU with California around chemical terrorism response. This MOU is being reviewed by our contracts office at this time.

Legal/Emergency Response

A new public health-focused annex to PNEMA is now being considered. The public health annex considers *the dissemination of individual and population (epidemiological) health data, obligations with respect to persons transferred between signatories and the duties and privileges of healthcare personnel moving between signatories to render assistance*. This agreement will be addressed over the next several months between US/Canada state/provincial/territorial, and federal/national governmental entities.

Initiative 2: Developing a 24/7 Contact List Directory

Workgroup members from WA, OR, AK, ID, and BC have distributed a contact list for 24/7 communicable disease response in their jurisdictions. The list has been narrowed to make updating easier with the assumption that each jurisdiction has its own 24/7 contact list for emergency response, quarantine, laboratory, local, regional and tribal agencies, and law enforcement. Members from all these jurisdictions already participate in Washington's communicable disease listserv, WA-Comdis.

Initiative 3: Planning and Executing Cross-Border Exercises, Joint Training and Systems of Continuous Improvement

Paul Cox, BC Ministry of Health and Eric Sergienko, MD, EIS Officer for the Washington State Department of Health developed two tabletop exercises relating to an influenza pandemic scenario. These tabletop exercises were conducted during the BC Cross-Border Workshop on April 19, 2005.

Initiative 4: Advocating for Public Health Preparedness at Appropriate Policy Levels

Dr. Perry Kendall, Provincial Health Officer, BC Ministry of Health Services and Mary Selecky, Secretary of Health, Washington State Department of Health are engaged in on-going discussions on cross border communicable disease epidemiology preparedness and response matters.

Initiative 5: Planning the Next Workshop

The BC Ministry of Health Services, with assistance from the Washington State Department of Health, conducted the second annual cross border workshop in Vancouver, British Columbia on April 18-20, 2005.

Appendix B

Emerging Public Health Threats: Pandemic Influenza Preparedness – A Public Health Perspective

April 18-20, 2005

Agenda

Pre-Workshop Activities: April 18, 2005

1:30-4:00 **Pre-Workshop Field-Specific Meetings**

- **Epidemiology**
  - Canadian Lead: Dr. David Patrick, BC Centre for Disease Control
  - US Lead: Dr. Jo Hofmann, Washington State Department of Health
- **Public Health Laboratories**
  - Canadian Lead: Mike Davisson, Washington State Department of Health
  - US Lead: Dr. Muhammad Morshed, BC Centre for Disease Control
- **Emergency Managers**
  - Canadian Lead: Wayne Dauphinee, BC Ministry of Health Services
  - US Lead: TJ Harmon, Washington State Region 1 RERC
- **Legal Issues**
  - Canadian Lead: Paul Bailey, BC Ministry of Health Services
  - US Lead: Joyce Roper, JD, Washington State Attorney General's Office
- **Communications**
  - Canadian Lead: Brenda Bains, BC Public Affairs Bureau (Health)
  - US Lead: Laura Blaske, Washington State Department of Health

4:00-7:00 Early Registration

6:30-8:30 Meet and Greet Mixer

Pre-Workshop Field-Specific Meetings Purpose: To provide a forum for professionals to discuss issues relating to pandemic influenza preparedness in preparation for the April 19-20 workshop. Attendees may also discuss the status and next steps for implementing action initiatives identified during the cross-border workshop held in Bellingham, Washington on August 10-11, 2004. All are invited to attend the pre-workshop meetings. Participants are encouraged to attend a meeting in their field of expertise

Day 1: April 19, 2005

7:30-8:30 **Registration / Continental Breakfast**

Morning Session

8:30-9:00 **Welcome and Introduction,** Dr. Perry Kendall, Provincial Health Officer, British Columbia (Presiding) and Mary Selecky, Secretary of Health, Washington State Department of Health

9:30-10:00 ***The Federal Role in Preparing for Emerging Threats: Leadership and Partnership*** – Dr. Paul Gully, Deputy Chief Public Health Officer for Canada

10:00-10:30 **Health Break**

10:30-11:15 ***Avian Influenza H5N1 In Asia: A Viral Tele-Tsunami In Waiting*?** – Dr. Danuta Skowronski, British Columbia Centre for Disease Control

11:15-12:00 ***The Vaccine Challenge*** – Dr. David Scheiflie, University of British Columbia School of Medicine

12:00-1:00 **Lunch** (Provided)

1:00-1:30 **Plenary Session** – Bellingham 2004 Cross-Border Workshop Initiatives Update

- Wayne Dauphinee, Ministry of Health Services
- John Erickson, Washington State Department of Health

1:30-3:30 **Thematic Breakout Sessions**

❖ **Track 1: Surveillance**
- Canadian Subject Matter Expert: Dr. David Patrick, British Columbia Centre for Disease Control
- US Subject Matter Expert: Dr. Jo Hofmann, Washington State Department of Health
- Facilitator: Julie Graham

❖ **Track 2: Infection Control**
- Canadian Subject Matter Expert: Dr. Elizabeth Bryce, Vancouver Hospital & Health Sciences Center
- US Subject Matter Expert: M. Jeanne Cummings, Harborview Medical Center, Seattle, Washington
- Facilitator: Shari Mattson-Cooper

❖ **Track 3: Surge Capacity**
- Canadian Subject Matter Expert: Wayne Dauphinee, British Columbia Ministry of Health Services
- US Subject Matter Expert: Dr. Jack Bunn, Washington State Department of Health
- Facilitator: Jennifer Ekstrom / Scott France

- **Track 4: Risk Communications**
  - Canadian Subject Matter Expert: Dr. Perry Kendall, Provincial Health Officer, Ministry of Health Services
  - US Subject Matter Expert: Laura Blaske, Washington State Department of Health
  - Facilitator: Laura Blaske

- **Track 5: Border Quarantine**
  - Canadian Subject Matter Expert: Thomas Kind, Health Canada, PHAC Quarantine Services, Vancouver Airport
  - US Subject Matter Expert: Dr. Peter Houck, CDC Seattle Quarantine Station, SeaTac, Washington
  - Facilitator: Jo Ellen Warner

3:30-3:45 **Health Break**

3:45-4:30 **Plenary Session** - Thematic Session Reports (Facilitated Discussion)

5:00-7:00 **Network Reception**

Day 2: April 20, 2005

7:30-8:00 **Networking / Continental Breakfast**

8:00-10:30 **Table Top Exercise Pandemic Scenarios**

- Tabletop Scenario Group 1
  - Presenter: Paul Cox, British Columbia Provincial Health Services Authority
- Tabletop Scenario Group 2
  - Presenter: Dr. Eric Sergienko, Washington State Department of Health

10:30-11:00 **Networking Break**

11:00-12:00 **Plenary Panel Discussion "The Avian Influenza Factor"**

Moderator:

- Dr. Aleina Tweed, British Columbia Centre for Disease Control

Panelists:

- Dr. Andrew Larder, MD, British Columbia Fraser Health Authority
- Dr. Ron Lewis, DVM, British Columbia Animal Health Branch
- Dr. Mira Leslie, DVM, Washington State Department of Health
- Dr. Leonard Eldridge, Washington State Department of Agriculture

12:00-1:00 No Host Lunch

1:00-2:00 **Plenary Work Session** – Table Top Exercise: Lessons Learned

2:00-3:00 **Next Steps/Work Plan**

- Wayne Dauphinee, British Columbia Ministry of Health Services
- John Erickson, Washington State Department of Health

3:00-3:30 **Workshop Wrap-Up**

- Dr. Perry Kendall, Provincial Health Officer, British Columbia
- Mary Selecky, Secretary of Health, Washington State Department of Health

3:30 **Workshop Adjournment**

Appendix C

Workshop Announcement

Emerging Public Health Threats:
Pandemic Influenza Preparedness: A Public Health Perspective
(Attendance by Invitation Only)

Dates	April 18, 2005 Pre-Meeting Working Group Meetings (1:30-4:00 PM) Meet and Greet Mixer (6:30-8:30 PM) April 19-20, 2005 Cross Border Workshop
Location	Coast Plaza Hotel & Suites 1763 Comox Street Vancouver, British Columbia V6G 1P6 Room Reservations/Information 1-800-663-1144 or www.coasthotels.com
Target Audiences	*Communicable Disease Epidemiologists, Information Technology, Public Health Laboratories, Hospitals and Health Authorities, Public Health Lawyers, Risk Communications, Health Emergency Managers, Paramedics/First Responders and Law Enforcement*
Participating Jurisdictions	***United States***: Federal, tribal, state and local representation. Invited states include Washington (state, local and tribal), Idaho, Alaska, Oregon, Montana, and North Dakota ***Canada***: Federal, provincial/territorial and regional representation. Invited provinces/territories include British Columbia, Alberta and Yukon.
Workshop Objectives	To provide a forum where cross-jurisdictional public health partners can meet, build relationships, and establish working networks through face-to-face meetings, planning activities and participation in pandemic preparedness exercises, focusing on the following cross border disciplines: • Epidemiology Surveillance and Investigation • Public Health Laboratories • Emergency Management & First Response • Ethics & Law • Risk Communication

Appendix D

Workshop Charge to Participants

- **Build and strengthen strong professional relationships across our borders.**

- **Develop a framework for formal agreements that defines the major policy areas and guides our work together in responding to pandemic influenza across our borders.**

- **Develop a work plan that describes next steps in assuring that the protocols and procedures are in**

Appendix E

Thematic Breakout Session Approach

GOAL: TO LINK PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE ACTIVITIES ACROSS BORDERS FROM THEMES OF SURVEILLANCE, INFECTION CONTROL, SURGE CAPACITY, RISK COMMUNICATION, AND BORDER QUARANTINE

Objective #1 – To develop an understanding of the public health system of preparedness and response to pandemic influenza on each side of the border as it relates to each theme based on pandemic influenza plans

<u>Objective #2</u> – To identify commonalities and obstacles ("show-stoppers") to a seamless cross border public health response to pandemic influenza

<u>Objective #3</u> – To identify essential key policies (options to resolve the "show-stoppers") that need to be developed to enhance a seamless approach to pandemic influenza preparedness and response across borders

METHOD:

<u>First Hour</u>: Within each breakout group an expert from each side of the border will describe how their pandemic influenza plan addresses the breakout group theme. These 15-minute presentations will be expanded upon by the participants from all jurisdictions in order to achieve a solid understanding of the commonalities and barriers to a seamless cross border response to pandemic influenza.

<u>Second Hour</u>: Each breakout group will be facilitated to reach consensus on a clear articulation of the "show-stoppers" identified during the first hour, including a working definition, a list of recommendations, and a general sense of priority for the issue.

Through facilitated discussion, each thematic group will jointly draft the framework for a plan to address the top three to five "show-stoppers." The draft plan should include at a minimum the following: 1) the desired outcome, 2) goals/objectives of the activity, 3) areas of cross-functional integration, 4) expected participants in the response, 5) reasonable timeframes, 6) measures of success, and 7) evaluation plan/methods of continuous improvement.

<u>Remaining Time</u>: Prepare report to be presented in the Plenary session.

Appendix F

Tabletop Scenario Flipchart Output

Following is a listing of issues identified during each of the tabletop exercises:

Communication

- Initial notification
  - Assure consistency of communication – feds
  - US – Talk between CDC & HHS to determine initial action; ask EOCs to standby
  - Trans US-Canada: Coordinate communication. Standardize communication templates (fed**)**
  - Notify clinical provider community & local health depts. (state), based on alerts from feds, providing clinical information
  - Trans communication between emergency managers
  - Health Canada take lead in Canada for coordination; connect with FEMA, US fed agencies, regional offices
  - Locals sharing info with local partners, and within organization, sharing info available and likely consequences
  - Locals work with hospital Information Officers, and preparing for media information, to share level of preparedness
  - State emergency mgmt discussing with partners
  - CDC begin consider educating border folks about what to watch for
  - CDC work with airline community re what to watch for, transmission among workers...
  - Begin asking acute facilities to ramp up surveillance
  - Local medical providers need to discuss with themselves what is expected among colleagues within the state/province
  - Determine early on who is to communicate what
  - Feds probably start the communications to the public during alert stage, prior to activation stage.
  - Be aware that Promed and other rapid communications will be out there as well
  - Military will coordinate with state/province
  - After first cases, in full response mode, briefing people 2x/day, communications center set up.

- Risk communication
  - Determine who is to tell whom what
  - Notify medical offices what to look for, and who is to make that communication
  - Help local medical providers have information needed to communicate within their communities
  - Guidance to be shared across borders between govt. re cruise ships (this is cruise ship season)
  - Need early guidance about who is to say what about cross border travel shortly after first case.
  - Pandemic will put risk communication on its head, as the situation presents more unknowns than knowns...including warning rather than reassurance; unlike anything we have ever faced before. Can talk about responding but not about being in control.
  - Cross border sharing needed to develop messages

- Vertically, horizontally
  - Health Intelligence information needed up and down the line early. Send out ILI alerts to all physicians, Emergency mgmt agencies, emergency rooms, etc.
  - Set up EOC and begin discussion of what's needed
  - Compare protocols to determine if the ILI is indeed H5N1, manage ILI
  - Promed and other systems providing information outside formal channels, beginning early on...can be a concern
  - State has mechanism to declare emergency, but at this level, still just planning, nothing being activated.
  - Determine in advance respective responsibilities of different levels of government for communications. Feds lead, support state/provincial Agencies, and work with international audience. In US, primary authority is state and locals.
  - Assure populace understand that leadership is in place and working on response
  - Local jurisdictions will be inundated by communications after first cases. Need standardized communication model to get info to public efficiently, especially in context of Internet information going out from a variety of sources.
  - Epi staff across borders would be talking after first cases, discuss restrictions in travel; Decision between state health officer and province medical officer re actual declaration about travel.

- News/media
  - Begin preparing for press releases, coordinating messages
  - In Canada, province still speaking to press after first cases, leading information re self help, treatment, etc. Reinforced at a regional level and by websites.
  - Messaging to prevent panic, limit food hoarding, etc.
  - After 11 cases, heavy into media discussion in states, and with PIOs across borders. Have all media calls directed to communications office.
  - Need to be out very early with as much info as possible to prevent violence, food hoarding, panic, etc.

Resources

- Workforce
  - Emergency managers look at staffing issues
  - Man emergency support function as needed early
  - Begin discussing manning issues with senior mgmt in emergency management
  - During alert stage, specific planning for workforce begins, assess # tests can perform, well into testing before first confirmed case.
  - After first case, begin gearing up for the storm that is to follow
  -

- Material
  - Testing began before confirmed case, and supplies being depleted; need to obtain supplies when depleted
  - Need to get drugs and vaccines to regional centers after first case to make sure first responders are protected.
  - Stockpiles ready to go out in US; but only enough drug in stockpile to cover small portion of population. No advice re use of antivirals re treatment of prophylaxis. Each state will get only a small amount if pandemic hits.
  - Meds in stockpile of limited use, but supplies of high utility.

- States planning on making decisions on who gets what. No access to stockpile until have used up current supplies, so need dynamic inventory.
- In Canada, have national emergency stockpile system, depot in Ottawa; pre-positioned resources (NESS). Federal depots include bulk supplies, like generators, isolation units, etc. needs regional determination of what goes where. Re: antivirals, each jurisdiction in Canada has acquired some within 9 identified priority groups (only enough to cover the top 3 groups). Sole source provider, so international queue for drug.

Data

- Case definition
  - Surveillance will begin after pandemic declared by WHO (but before case in country), with military who have members around the world
  - Labs well prepared to identify cases from isolates; would have been testing from H5 early on during alert stage

- Collection, analysis, mgmt, communicating

Coordination

- Chain of command, leadership, governance
  - Coordinate with International organizations - Fed
  - Coordinate with other Federal agencies to assure all are engaged and singing from same song sheet
  - US – CDC coordinate with HHS
  - Consider cruise ships (floating Petri dishes)
  - Health Canada takes lead; specific health knowledge must be connected to health decisions
  - Begin discussion of standing up EOC
  - Discuss across borders screening protocols and information releases
  - Coordinate sending of isolates for typing, not relying on hospital labs
  - Strategies for surveillance, infection control
  - Begin meeting with pandemic influenza workgroup
  - Begin setting up Emergency Response center.
  - Talk early on to determine who is responsible for what, especially re local providers.
  - Need to think 6 months ahead after first case, as will be long lasting event, and need to protect the responders

- Setting priorities and negotiating differences
  - Health Canada determine priorities for resource sharing

Legal

- Medical, criminal, confidentiality

- Transport of people/materials across borders
  - Secretary of HHS to determine if the virus is level 1, allowing quarantine
  - Early is the alert state; declaration of pandemic waits until case found
  - PRIVY Counsel Office in Ottawa would determine transportation limits, based on advise from health and EM folks; in US. Decision made at DHHS in consultation with CDC. Interim decision could be made at local level in US for ships and other conveyances

- Even with legal determination at fed level, with local cases, locals/med providers would be giving advice to population about NOT traveling
- In states, daily or weekly conversations with local health officers, including discussion of transport advice and policy. Will have communicated with Canada in advance
- Hopefully, there will be paper agreements in advance re transport decisions and messages
- There will be panic after cases; is it ethical to tell people they can't leave BC if cases are here? Probably a moot point, and maybe not worth trying.
- WHO may provide advisories re border crossing; same with CCDC and CDC

Systems

- Quarantine/other public health measures
    - Emergency Medical Systems need to be set up (Canada) to case find, respond.
    - Think about most vulnerable populations (dependent on the strain of virus)
    - Think about hard-to-reach populations; address in PH messaging and reach this and the above population to allay fears and decrease potential for violence
    - Prevent cruise ships from departing US ports (fed has authority in US; in Canada authority is somewhat limited, but Health Canada can recommend and notify that US will stop cruise when ship reaches US; have authority to prevent docking)
    - Need to assure surveillance continues; add ILI as reportable disease
    - Reduce contacts to help reduce transmission
    - Communicate with public re measures they can take to limit exposure (respiratory etiquette, etc.)

- Interagency protocols, surveillance

Emergency Management

- Communication
    -
- Critical infrastructure maintenance
    - Systems activate shortly after first cases found
    - Argue that after first case, in a full-blown emergency, and the centers need to have been set up and fully operational, and that local surveillance should be running for ER visits, deaths from respiratory illness; recommendations to local councils, making decisions about what to tell the public re school attendance, etc.
    - Set up working group shortly after first cases to get talking going re travel restrictions, trying to set up communications between Emergency Management and Public Health.

- Consequence management
    - Business continuity of importance early on after first cases; public works, sewer systems, electrical supply need to be tended to. In pandemic, could create severe staffing shortages. Need to have figured out ahead of time who might get vaccines/antivirals to keep essential business running
    - Need to have conversation about closing schools in spring (near year end)

Anti-Viral

- Priority groups
    - Preplanning stage to determine utility of antivirals;
    - Need evidence that antivirals will be of any help for people already sick with H5N1.

- Amantadine resistance would probably develop very quickly. Atamavir resistance would take longer. Efficacy not certain
- Need to consider addressing critical staff

- Distribution
  - Need place to do testing for efficacy early after first cases
  - Time compressed so need infrastructure in place immediately to assure timely distribution of drugs.

Vaccine

- Priority groups
  - People who help assure essential infrastructure (medical, business, etc)

- Distribution
  - Last year's vaccine won't help and would drain resources, so shouldn't be used

Surge Capacity

- Acute care capacity
- Utilization of non-traditional sites
- Home/self care
- Corpse management

Appendix G

Speaker Biographies

(In Order of Appearance on the Agenda)

Dr. Perry Kendall

Dr. Kendall has been the Provincial Health Officer for the province of British Columbia since May 3, 1999. He has more than 25 years of experience practicing public health and community medicine in Ontario and British Columbia at both the municipal and provincial levels of government.

Dr. Kendall has served as Medical Officer of Health for the Capital Health Region in British Columbia and the City of Toronto in Ontario, has spent time as Special Advisor to the Deputy Minister in Ontario, was President and CEO of the Ontario Addiction Research Foundation for three years and spent one year as Vice President for Seniors Health in the Capital Health Region. Dr. Kendall has served on numerous Federal/Provincial/Territorial Advisory Committees.

Mary C. Selecky

Mary Selecky was appointed Secretary of the Washington State Department of Health by Governor Gary Locke in March 1999. Before her appointment, Mary served for 20 years as administrator of the Northeast Tri-County Health District in Colville, Washington.

Throughout her career, Mary has been a leader in developing local, state and national public health policies that recognize the unique health care challenges facing both urban and rural communities. As Secretary of Health, Mary has made reducing tobacco use a top priority. She also leads the state's public health emergency preparedness efforts. Mary has worked in local government for 25 years and is known for bringing people and organizations together to improve the public health system and the health of people in Washington State.

Mary has served on numerous boards and commissions; she is President of the *Association of State and Territorial Health Officials* and is past president of the *Washington State Association of Local Public Health Officials.* A graduate of the University of Pennsylvania, she's been a Washington State resident for 30 years.

Dr Paul Gully

Dr. Gully is the Deputy Chief Public Health Officer, Public Health Agency of Canada. He joined Health Canada in 1990 and subsequently held a number of positions within the former Laboratory Centre for Disease Control, Health Protection Branch. In July 2000, he was appointed the first Director General of the new Centre for Infectious Disease Prevention and Control, and in March 2002, he was appointed Senior Director General of the Population and Public Health Branch.

Dr. Gully is a physician with specialty training in public health in the United Kingdom and Canada. Prior to training in public health, he worked in the United Kingdom (UK), Zambia, Vancouver and the Northwest Territories. Before joining Health Canada, Dr. Gully was attached to the UK Communicable Disease Surveillance Centre. Dr. Gully has written several publications on infectious disease epidemiology and has held honorary and adjunct academic positions in the UK and Canada. He was past-president of the National Specialty Society for Community Medicine.

Dr. Danuta Skowronski

Danuta Skowronski is physician epidemiologist and acting associate director of epidemiology services at BC Centre for Disease Control. She is responsible for surveillance, policy recommendations, outbreak investigation and research initiatives related to influenza for the province of BC. She was pivotal in recommending control options to minimize human health implications during the avian influenza outbreak in the Fraser Valley of British Columbia in 2004.

Dr. David Scheifele

Dr. Scheifele holds the CIHR/Wyeth Chair in Clinical Vaccine Research at the University of British Columbia and serves as Director of the Vaccine Evaluation Center at BC Children's Hospital. He is a pediatric infectious diseases specialist. He currently chairs the Canadian Association for Immunization Research & Evaluation (CAIRE) and is a past chair of the National Advisory Committee on Immunization. He has published extensively on a range of aspects of immunization

Wayne Dauphinee

Wayne Dauphinee has been the Executive Director, Emergency Management Branch, Ministry of Health Services since April 2003. He is a qualified health services administrator, strategic planner and educator with 35 years experience in the field of health emergency management. He is responsible for the ministries corporate emergency management process, including: disaster preparedness planning; and guiding the development, implementation and management of disaster management policies and practices. During an emergency or disaster his responsibilities include providing functional direction, coordination and support to regional Health Authorities. He is Chair of the Federal/Provincial/Territorial (F/P/T) Council of Health Emergency Management Directors and is a member of the British Columbia Inter-Agency Emergency Preparedness Council.

John Erickson

John Erickson is a Special Assistant with the Washington State Department of Health and director of the Public Health Emergency Preparedness and Response program. In this role he coordinates the overall agency work on emergency preparedness. He also administers the bioterrorism cooperative agreements with the Centers for Disease Control and Prevention and the Health Resources and Services Administration. As such he is involved in all aspects of

biological, chemical and radiological emergency planning with Washington State's hospitals, local public health agencies, and other federal, state and local partners.

Prior to this he was the director of the Department's Division of Radiation Protection. John joined the Washington program in 1982 as an environmental health physicist. He moved up through the ranks within the Division becoming the director in 1996. John received his training at the University of California at Los Angeles and the University of Washington. He holds an MS degree in nuclear chemistry.

Paul Cox

Paul Cox is the Corporate Manager, Emergency Management, British Columbia, Provincial Health Services Authority. Paul has over ten years emergency management experience and prior to assuming his present position he was the Provincial Pandemic Influenza Planning Coordinator.

Dr. Eric Sergienko

Eric Sergienko is the Epidemic Intelligence Service Officer assigned to the Communicable Disease Epidemiology Section, Washington State Department of Health. He is an emergency physician on assignment from the Navy to the CDC and has experience in hospital and regional emergency planning and response. Currently, Eric is on the DOH 's Pandemic Influenza Working Group and the exercise design team for the state-level bioterrorism exercise.

Appendix H

Workshop Evaluation

Emerging Public Health Threats: Pandemic Influenza Preparedness – A Public Health Perspective

April 18-21, 2005
Vancouver, British Columbia

Workshop Evaluation

(Response Dates: 4/26/05 – 5/4/05)

Q: Where is your work location?

Response	# of Responses	% of Participants
1: Alberta	2	1.43%
2: British Columbia	64	45.71%
3: Yukon Territory	1	0.71%
4: Alaska	1	0.71%
5: Idaho	4	2.86%
6: Montana	1	0.71%
7: North Dakota	3	2.14%
8: Oregon	3	2.14%
9: Washington	56	40.00%
10: Canada First Nation / Tribal Lands	0	0.00%
11: US First Nation / Tribal Lands	1	0.71%
12: Other:	4	2.86%

Q: What type of organization/agency do you work for?

Response	# of Responses	% of Participants
1: Local/Regional Government	31	22.14%
2: State/Provincial/Territorial Government	57	40.71%
3: Federal/National Government	17	12.14%
4: Hospital or Community Clinic	8	5.71%
5: Military	2	1.43%
6: First Nation / Tribal Affiliation	1	0.71%
7: College or University	3	2.14%
8: Business	3	2.14%
9: Other:	17	12.14%

Q: What days of the workshop did you attend?		
Response	# of Responses	% of Participants
1: Monday, April 18, 2005 (Pre-Workshop Field Specific Meetings)	68	48.57%
2: Tuesday, April 19, 2005 (Workshop Day 1)	138	98.57%
3: Wednesday, April 20, 2005 (Workshop Day 2)	128	91.43%
4: I did not attend the workshop	1	0.71%

Q: What pre-workshop field-specific meeting did you attend?		
Response	# of Responses	% of Participants
1: Epidemiology	24	17.14%
2: Public Health Laboratories	8	5.71%
3: Emergency Managers	16	11.43%
4: Legal Issues	10	7.14%
5: Communications	14	10.00%
6: I did not attend a pre-workshop field-specific meeting	64	45.71%

Q: The pre-workshop meeting that you attended provided a valuable forum for discussing pandemic influenza among your field-specific cross-border partners.		
Response	# of Responses	% of Participants
1: Strongly Agree	22	15.71%
2: Agree	32	22.86%
3: Undecided	15	10.71%
4: Disagree	3	2.14%
5: Strongly Disagree	1	0.71%
6: I did not attend a pre-workshop field-specific meeting	60	42.86%

Q: Overall, Tuesday morning's plenary speaker presentations were valuable and informative.		
Response	# of Responses	% of Participants
1: Strongly Agree	69	49.29%
2: Agree	62	44.29%
3: Undecided	1	0.71%
4: Disagree	2	1.43%
5: Strongly Disagree	0	0.00%
6: I did not attend Tuesday morning's plenary speaker presentations	4	2.86%

Q: What breakout track session did you attend during the workshop?		
Response	# of Responses	% of Participants
1: Track 1: Surveillance	34	24.29%
2: Track 2: Infection Control	21	15.00%
3: Track 3: Surge Capacity	24	17.14%
4: Track 4: Risk Communication	23	16.43%
5: Track 5: Border Quarantine	31	22.14%
6: I did not attend a thematic breakout session	7	5.00%

Q: The thematic breakout session that you attended was useful in defining the major barriers (showstoppers) needing to be addressed to enhance a seamless cross-border response to pandemic influenza.		
Response	# of Responses	% of Participants
1: Strongly Agree	25	17.86%
2: Agree	67	47.86%
3: Undecided	24	17.14%
4: Disagree	16	11.43%
5: Strongly Disagree	1	0.71%
6: I did not attend a thematic breakout session	6	4.29%

Q: What tabletop exercise did you attend during the workshop?		
Response	# of Responses	% of Participants
1: Session 1 (Cox)	59	42.14%
2: Session 2 (Sergienko)	69	49.29%
3: I did not attend a tabletop exercise	12	8.57%

Q: The tabletop exercise that you attended was effectively presented in a manner that raised questions and issues from the player audience.		
Response	# of Responses	% of Participants
1: Strongly Agree	20	14.29%
2: Agree	75	53.57%
3: Undecided	19	13.57%
4: Disagree	12	8.57%
5: Strongly Disagree	2	1.43%
6: I did not attend a tabletop exercise	11	7.86%

Q: The tabletop exercise that you attended was useful in identifying cross-border policy issues needing to be clarified or resolved.		
Response	# of Responses	% of Participants
1: Strongly Agree	20	14.29%
2: Agree	63	45.00%
3: Undecided	29	20.71%
4: Disagree	13	9.29%
5: Strongly Disagree	2	1.43%
6: I did not attend a tabletop exercise	12	8.57%

Q: The plenary panel discussion entitled "The Avian Influenza Factor" was valuable and informative.		
Response	# of Responses	% of Participants
1: Strongly Agree	52	37.14%
2: Agree	61	43.57%
3: Undecided	4	2.86%
4: Disagree	0	0.00%
5: Strongly Disagree	1	0.71%
6: I did not attend "The Avian Influenza Factor" plenary panel discussion	22	15.71%

Q: This workshop was useful in strengthening professional relationships across borders.		
Response	# of Responses	% of Participants
1: Strongly Agree	74	52.86%
2: Agree	56	40.00%
3: Undecided	6	4.29%
4: Disagree	3	2.14%
5: Strongly Disagree	0	0.00%

Q: This workshop was useful in developing a framework for a formal agreement that guides our work together in responding to pandemic influenza across borders.		
Response	# of Responses	% of Participants
1: Strongly Agree	28	20.00%
2: Agree	58	41.43%
3: Undecided	46	32.86%
4: Disagree	8	5.71%
5: Strongly Disagree	0	0.00%

Q: This workshop was useful in identifying next steps that guide our work in developing a seamless cross-border response to pandemic influenza.		
Response	# of Responses	% of Participants
1: Strongly agree	26	18.57%
2: Agree	81	57.86%
3: Undecided	29	20.71%
4: Disagree	3	2.14%
5: Strongly disagree	0	0.00%

Q: What did you like most about this workshop?		
	# of Responses	% of Participants
	116	82.86%

Respondent 1	The tabletop exercise was interactive, interesting, and provided a great deal of information from agencies on both sides of the border. It was the most interesting and useful session for me.
Respondent 2	Meeting others involved in planning for pan flu event. Hearing informational update from public health experts. Knowing that Washington St officials are working through the challenges of multi-jurisdictional response as we are in B.C.
Respondent 3	I enjoyed networking with people and the opportunity to hear the challenges on both sides of the border. I also enjoyed the session on the on Avian Flu which gave a scientific base to the past pandemic and how quickly this can become a concern! The physician presenting it did a great job!
Respondent 4	The obvious enthusiasm, interest and support from the many people involved in regards to future working opportunities together; Opening many doors to cross-border communication. Meeting our partners and neighboring counterparts; mutual interest in emergency planning, response, and business continuity planning; workshops were very successful in focusing on specific learning outcomes; Learning the history and potential risks of the influenza; The set-up was great; as part of the host group, I appreciated the “Preferred Planners” group and the hotel staff.
Respondent 5	Great Location, great opportunity to meet colleagues from other jurisdictions
Respondent 6	
Respondent 7	Ability to network with broad group of attendees.
Respondent 8	Info about avian flu. Info about issues of pandemic influenza and the barriers to protect and provide treatment to the public. Ethical issues.
Respondent 9	I liked the lectures given by the Subject Matter Experts, especially on the influenza strains.
Respondent 10	The opportunity to meet with colleagues and discuss common issues.
Respondent 11	The opportunity to meet and discuss emerging issues with others in public health was very useful.
Respondent 12	Interaction of public health professionals of all stripes.
Respondent 13	Opportunity to network face-to-face.
Respondent 14	The discussions about public impact - psycho social
Respondent 15	The opportunity to meet cross-border counterparts as well as others involved in pandemic planning across the province.
Respondent 16	I enjoyed the “tabletop” scenario and the format and process. good way to have audience participation and to air issues in a controlled and thorough manner

Respondent 17	Great opportunity to meet with and exchange ideas with emergency management professionals in the health field for the pacific northwest, regarding cross border coordination for a “seamless” response.
Respondent 18	Then plenary sessions were very informative and the accommodations were well suited for the event. Overall, I think it went pretty smoothly
Respondent 19	Networking with regional and state colleagues.
Respondent 20	Interaction with people I had only “known” previously by e-mail or teleconferences.
Respondent 21	
Respondent 22	Discussion of BC's actual experience with the AI outbreak in the Frazier Valley.
Respondent 23	Tuesday morning speaker (Avian Flu). Time to network. Dialogue.
Respondent 24	
Respondent 25	The opportunity to connect with folks from many jurisdictions and agencies in both countries.
Respondent 26	Opportunity to meet others in Canada and the US
Respondent 27	Well-organized, relevant, moved along nicely.
Respondent 28	Great speakers. Great information presented in a decent amount of time.
Respondent 29	That it was task oriented - action plans created
Respondent 30	The chance to form relationship with Canadian counterparts
Respondent 31	Strong Plenary Session.
Respondent 32	Chance to meet peers from other agencies that will be part of our next pandemic
Respondent 33	group meeting to discuss surveillance issues
Respondent 34	I liked the continued commitment on the part of everyone there to work towards a better process for being able to offer and provide assistance to our region across the national borders.
Respondent 35	Updates on pandemic, information sharing, and networking
Respondent 36	I thought the interaction between Canada/US was very good.
Respondent 37	The opportunity to get to know counterparts in other states, provinces, regions and federal agencies.
Respondent 38	The informational sessions were great, learning more about the H7N3 outbreak in Canadian poultry and how they got it contained, learning more about influenza in general, etc.
Respondent 39	
Respondent 40	Since I am working on a national pandemic influenza plan, communications issued raised during this workshop will, accordingly, help inform message development and strategy. The presentations were relevant and unrushed. The conference ran on time and audience participation was appropriate and enlightening.
Respondent 41	
Respondent 42	Briefing on avian flu and on responses to bird flu outbreaks.
Respondent 43	The integration of legal issues into all subject areas.
Respondent 44	The ability to network with other public health people from either side of the border.
Respondent 45	

Respondent 46	Networking/ the infection control table top / Dr. Danuta's talk/ learning the Fraser Valley experience
Respondent 47	Hearing from people in other occupations.
Respondent 48	Talking with our colleagues from other jurisdictions.
Respondent 49	Networking with US counterparts. Specific presentations on AI (Skowranski), the vaccine challenge (Schieflie), Plenary Session “The Avian Influenza Factor”
Respondent 50	Meeting / networking with peers from other jurisdictions
Respondent 51	Explanation of BC's influenza preparedness efforts. Avian influenza panel. Spectacular location.
Respondent 52	
Respondent 53	Workshops, Plenary sessions Excellent hotel meeting site.
Respondent 54	The talks about the avian flu outbreak in BC. The specifics of how it was dealt with and lessons learned were very helpful.
Respondent 55	
Respondent 56	Networking and becoming more aware of cross border practices that are close to ours and those that are dramatically different.
Respondent 57	
Respondent 58	Opportunity to meet our American partners working on the same topic, opportunity to learn what others are doing regarding pandemic
Respondent 59	
Respondent 60	Great opportunity to build relationships. Also appreciated that communications was recognized as being vital to a seamless cross-border response.
Respondent 61	Making connections. Dr. Danuta was fantastic!
Respondent 62	To see our (State & Provincial) leaders join hands and make a strong statement about the commitment to work together was very powerful. I hope that those leaders from the federal government have taken notice and will at some point also make a serious commitment to a more global approach to protecting the public's health. I am always very proud of our State leaders in these types of settings. Our legislators should be made aware of the very important work that is being done so that stable funding is appropriated.
Respondent 63	Danuta Skowronski's talk
Respondent 64	The opportunity for networking and discussing epidemiologic considerations with individuals/ organizations that have dealt with a zoonotic outbreak
Respondent 65	Panel on avian flu
Respondent 66	As a note, I attended Tabletop Session 1, but it was run by Eric Sergienko. The networking between sessions was perhaps the most valuable to me for future communications. I also really valued Danuta's presentation on the virology of avian flu as well as the panel on the 2004 outbreak in BC. Also, the location was awesome.
Respondent 67	Net working with people and plenary speakers
Respondent 68	Multiple agencies from US and Canada meeting at the same time, at the same place.

Respondent 69	The opportunity to here a different view of how things could or should work to address public health emergencies.
Respondent 70	The opportunity to meet with counterparts in Canada and other states.
Respondent 71	The cross fertilization of disciplines and public health authorities represented. Excellent opportunity to meet and establish solid working relationships. Very high quality of presentations... the topic was very timely and ensured we were all engaged
Respondent 72	Opportunity to connect with colleagues across the border.
Respondent 73	The time to discuss issues with people with my responsibilities (legal). Also, the presentation on pandemic flu (Tsunami) on day two was excellent.
Respondent 74	Even though the workshop was very weak in my area, laboratory, I find it extremely important for making connections and networking.
Respondent 75	Danuta was a powerful speaker. I was very interested in the Fraser Valley situation.
Respondent 76	inaction with colleagues
Respondent 77	
Respondent 78	The networking. Seeing what others have done. I thought it was a great conference. Thanks to all involved in planning and pulling it off. You all did a great job.
Respondent 79	
Respondent 80	All presentations were informative and gave a clear understanding of what happened and what needs to be done.
Respondent 81	Excellent attendance by many of the key people on both sides of the border. Excellent forum for networking. Right about of time and excellent plenary speakers.
Respondent 82	location
Respondent 83	
Respondent 84	Networking. Table-top session. Sharing the common concerns. Finding out about each others policies/procedures. Sharing information
Respondent 85	Avian influenza presentation on the morning of the 19th. Excellent. Thank you all, very much.
Respondent 86	The opportunity to discuss cross-border issues.
Respondent 87	Did not attend much of it, but whenever you have key repetitive meeting face to face to discuss the issues and exchange ideas, it's a win.
Respondent 88	
Respondent 89	Opportunity to network and to spend concentrated time on one specific topic
Respondent 90	Getting to know colleagues in border jurisdictions. Creating improved awareness of international pandemic flu issues and proposals as to how to deal with them.
Respondent 91	1. Networking with other states 2. tour of BC CDC
Respondent 92	
Respondent 93	I liked the fact that there were specific tracks for the thematic breakout sessions so each person could participate in the track most directly related to there actual job.

Respondent 94	Networking and gathering of information relating to how folks in U.S. do Health Emergency Management
Respondent 95	The open communications between all participants. The identified action items.
Respondent 96	The workshop was well-organized and run and the presentations were on topic and timely (and there were no weak presenters). The tabletop I was in was also well-run and facilitated.
Respondent 97	Location. Attendee diversity. concept of building collaborations.
Respondent 98	Opportunity to get to know relevant individuals that would become critical in the event of a major bio-disaster.
Respondent 99	I met people working on this field and will be able to connect with them if necessary
Respondent 100	the cross section of people and variety of professions/disciplines attending
Respondent 101	Networking
Respondent 102	A chance to meet American counterparts.
Respondent 103	
Respondent 104	
Respondent 105	Opportunity to learn about the other countries' perspective and the issues they anticipate. This was a very good, well organized and well-paced conference - Thanks!
Respondent 106	Table-top was well done by Eric Sergienko, with good participation from players and the floor. Meeting and interacting with professionals from the U.S. very valuable.
Respondent 107	Opportunities for sharing perspectives and learning from the American colleagues' experience.
Respondent 108	The mix of EM and health managers/professionals. The X-border mix. The “new” info on Pandemic Flu as given by Dr Flu who (once again) scared the bejesus out of everyone.
Respondent 109	networking, hearing about others plans
Respondent 110	Networking
Respondent 111	Exploring the similarities within the dissimilarities of our respective cultures. How we approach topics...how we deliver health care -- however different, the bottom line is a desire to protect the populace. The ability of both sides of the table to establish goals for the next level of planning and preparation. An astute mix of professionals who stayed on task and grappled effectively/efficiently with the issues at hand. One had to listen only a moment to realize these were people who were intensely involved in the subject-at-hand and articulate in delivering their messages and ideas. They were also able to listen well and address how someone else's ideas might fit well into their strategies. The colorful idiomatic expressions and terminology that have to be explained before moving ahead in a discussion.
Respondent 112	Opportunity to work with colleagues from across the border
Respondent 113	Danuta's talk and, Mr. Cox's tabletop management
Respondent 114	
Respondent 115	Very informative speakers.

Respondent 116	interesting mix
Respondent 117	The plenary sessions were very informative and laid groundwork for the breakout sessions and the tabletop.
Respondent 118	Learning about the planning and initiatives in BC
Respondent 119	Vancouver
Respondent 120	Contacts established.
Respondent 121	
Respondent 122	Thematic break outs
Respondent 123	Networking, great location. Danuta's presentation.
Respondent 124	
Respondent 125	
Respondent 126	Networking opportunities. Table Top Exercise. Guest speakers.
Respondent 127	
Respondent 128	Networking with other individuals involved in this issue.
Respondent 129	
Respondent 130	Meeting other public health staff working on pandemic influenza preparedness, in U.S. and Canada. The speakers from Canada were very good. The first plenary on April 19th was excellent--Dr. Skowronski is an excellent speaker; she took a somewhat well-known topic for the audience and added new twists and interesting points. Dr. Gully and Dr. Scheiflie also gave very good presentations. I was also very impressed by the excellent and informative presentation by Canadian speakers during “The Avian Influenza Factor” plenary, on how the avian influenza outbreak among chickens in B.C. and how surveillance and disease control among humans were implemented. Overall, I think it is helpful and beneficial to have this workshop. Thanks for planning.
Respondent 131	Hearing what issues each side of the border faces and realizing that some are very similar and some are very different. Just learning about Canada and its health system was very informative.
Respondent 132	The opportunity to meet counterparts from different jurisdictions
Respondent 133	The location; opportunities to meet people from other states & provinces; plenary sessions, particularly the discussion of Avian Flu pandemic issues.
Respondent 134	
Respondent 135	1. Networking 2. Subject matters were all relevant 3. Presenters knew their stuff 4. format of workshop
Respondent 136	The workshop gave us an opportunity to meet and work with our cross-border / cross-jurisdictional partners.
Respondent 137	1. Danuta's presentation 2. That this meeting occurs 3. Meeting the cross-border contacts 4. Meeting the folks from Montana
Respondent 138	Networking and information exchange

Respondent 139	The fact that we're having them, committed to them. The networking is amazing. The location was great (have it there every year!) The content was great
Respondent 140	I appreciated the opportunity to meet with others in the field to discuss problems and solutions that were common to us all.

Q: How could this workshop have been improved?		
	# of Responses	% of Participants
	98	70.00%

Respondent 1	
Respondent 2	We didn't get time to share experiences on planning to date and challenges of working with multi-jurisdictions with our respective state or province.
Respondent 3	I would have like pre reading assignments. Also the information given on the Flu could have been presented in a fact sheet to take away> This would help me in educating our staff.
Respondent 4	Possibly a day longer would have enabled: even more communication between partners, input from audience participants who did not directly contribute in workshops (on April 20th). More interest group involvement and inclusion, including Border Security, poultry farmers, airline representative, etc.
Respondent 5	
Respondent 6	
Respondent 7	One more breakout session with laboratory partners; could have been done on Tuesday afternoon.
Respondent 8	some smaller groups for discussion
Respondent 9	I feel it is important we learn from experience. The Panelists', (Dr's Larder, Lewis, Leslie and Eldridge) experience and knowledge during the Avian Influenza was important to acknowledge what was effective and what was not effective in such an event. I felt not enough time was allocated to this specific learning event. It would have been an ideal opportunity for continuous learning and development of roles, responsibilities and procedures. Although the tabletop exercise tried to address this, I did not think it was effective.
Respondent 10	We may need to stop discussing formal cross-border arrangements and focus on strategies to get our national governments to pay attention to the need to address the border-barrier issues. These sessions undoubtedly contribute to this larger agenda, but perhaps we need to become more focused on policy makers who can make a difference. We have a considerable reservoir of goodwill among the NW jurisdictions, but it is hard to translate goodwill and positive relationships into meaningful international actions when few (none?) of us have the mandate to do so.
Respondent 11	I think it would be beneficial to look beyond traditional public health and healthcare professions to include social and behavioral scientists, as well as international studies experts, in the discussion on issues such as a pandemic influenza outbreak where there will be problems that are not directly related to the influenza but still could pose as great a threat to the public's health during an outbreak. One major issue that will need to be address is how to help people to understand that the disease is not ethnic-specific and will be spread equally by anyone who has contracted the illness. Understanding cultural and emotional issues that will arise during such a time of widespread stress will be as important as understanding how to control (to the extent possible) the spread of the disease.
Respondent 12	Need a legal consultant in most breakouts to help explain international limitations.
Respondent 13	Tabletop exercise was somewhat disorganized.

Respondent 14	Less clinical response discussions and more emergency management discussions. Note that the workshop was useful in providing information and linkages that support the existing PNEMA agreement. I hope that other supporting formal agreements are sought if necessary to guide responding to pandemic influenza across borders.
Respondent 15	We need more time for the thematic break-out session to fully discuss the issues ...
Respondent 16	
Respondent 17	Presentations outline the respective national and state/provincial planning objectives for response to a pan flu outbreak would have been useful during the day 2 plenary. This would have provided the basis against which the discussion and workshops could have been compared. There seemed to be a lack of reference to such plans, as the guide to coordinating the preparatory and response actions. There seemed to be a lack of recognition/acknowledgement of formal "country to country" relations (federal level), when attempting to establish cross border linkages and plans.
Respondent 18	The tabletop session seemed more as if it was a bunch of mini presentations about the anticipated role of the participants' agencies, rather than an interactive discussion between the active participants. I am sure this was at least partially due to the majority of the people in the room being observers. Maybe this could be rectified by minimizing the # of observers, which in my opinion would make the exercise more effective.
Respondent 19	For the table top exercise the participants need to be encouraged to play the game - not just give a testimony about their particular agency.
Respondent 20	Clear ground rules to players and observers for conducting a tabletop exercise and devising better ways for the observing audience to interact. Too many comments were inaudible and too many "side bar" conversations were going on in the room.
Respondent 21	
Respondent 22	I would like to see some focus on a joint written statement that would identify areas of common interest, areas where there are disagreements to be resolved, and areas where shared standards or protocols could be employed to smooth cross-border relationships. It all seems very vague right now and a written statement would give us something to focus on and direct future workshops.
Respondent 23	More time for breakouts with ability to hear from more diverse partners Expand participation to include more states, use this as an opportunity to address border issues within the US as well
Respondent 24	
Respondent 25	

Respondent 26	More control of the Tabletop Exercise - Too many observers providing comments - should only be players. Also, with the focus totally on Pan Flu it was easy to assume that was the scenario. So, participants tended to react like they new it was coming before it arrived. Also, with the focus completely on Pan Flu, it left little room for us in the US to provide quality input where pan flu has not been the primary focus. We, of course, have the mandate to focus on BioT and other all-hazards, of which Pan Flu is one of many.
Respondent 27	
Respondent 28	
Respondent 29	Invite more “stakeholders” from the community
Respondent 30	Tabletop Session needed to be co-facilitate, one from the US and one from Canada. The setup in tabletop one worked against the participants, and the room was way too small.
Respondent 31	
Respondent 32	Appeared to be a lot of rehashing of issues discussed at the previous gathering.
Respondent 33	Less plenary discussions and more group work.
Respondent 34	Have representatives who can actually make treaties, laws, or senior policy decisions which are needed to enable our collaborative efforts to move forward.
Respondent 35	The pre-workshops were a bit disappointing in the information or lack of information provided and unorganized
Respondent 36	Perhaps more time for the desk top.
Respondent 37	It seemed as though the times on the agenda weren't always accurate (or the meetings didn't stick to the schedule).
Respondent 38	I feel there need to be some fun activities to enable us all to get to know our cross-border partners in a low-stress, non-goal-oriented environment. I don't feel we have as good a basis for working together until we get to know each other personally. The group activities I was involved in were all high-stress and very goal-oriented. It feels like we're putting the cart before the horse. “Meet and greets” are nice but a lot of people are not that comfortable mixing with strangers in a “cocktail party” setting (and of course it doesn't help when almost no one shows up from one side of the border). I sensed a subtle resistance to cooperation from some players and I think this would dissipate if people got to know each other as people, as opposed to “Americans” or “Canadians.”
Respondent 39	
Respondent 40	The table top exercise was not especially helpful, in my estimation. That time might be better spent with additional break-outs.
Respondent 41	
Respondent 42	This is a great forum for giving out information and networking. From my perspective, it is not a great forum for problem solving and developing programs.
Respondent 43	Have only one tabletop exercise so that appropriate players can be drawn from all attending.
Respondent 44	Development of more measurable objectives and assignment at the end of the conference
Respondent 45	

Respondent 46	Less conceptual; more plan sharing suggestions and pass out already created education and communications info (why reinvent the wheel). Major question like ? use reg mask or n95 for novel virus needs to be resolved.
Respondent 47	
Respondent 48	The goals of the workshop seemed to me to be a bit off-match with the participants - at my level (medical health officer) the international protocols are important but not an area in which I'd expect to have much input (except maybe as reviewer and provider of suggestions.) I would hope to have extensive participation in the nuts and bolts of how to deal with pandemic disease - i.e., the science, the response components - but this workshop seemed to be much less about that than it was about identifying and linking up key players. As a health authority medical health officer, I'm not a key player in setting up international agreements.
Respondent 49	The table top exercise could have been “pushed” further to get participants to discuss very specific actions they would do; the scenario could have been advanced further, all the way to resolution of the pandemic; only thing I got out of it was that people would “communicate with each other” There was not enough specific detail in how the US and Can. responses to Pan-flu would be the same or different; there seemed to be reluctance to admit that while we would share knowledge and communicate with each other, there would be little or no sharing of resources across the border
Respondent 50	See Q12
Respondent 51	Full description of entities public health and healthcare system. Focus on how there would be interaction between entities. Less focus on border quarantine.
Respondent 52	
Respondent 53	Acronyms were flying around without explanation, different between jurisdictions. I'd suggest asking that any slides with acronyms have the full phrase in footnote location; on paper pages, the same.
Respondent 54	Less plenary sessions, more specific sessions.
Respondent 55	Perhaps try open space technology next time?
Respondent 56	I would have liked a breakout track for emergency managers.
Respondent 57	The breakout session I attended needed more structure. We really did not focus on cross-border quarantine issues.
Respondent 58	
Respondent 59	The role and expectations of attendees not affiliated with WA State and BC CDC was completely unclear, not specified and unapparent. No attempt was made to introduce to network locals with their counterparts. As a local public health participant I felt my participation was irrelevant. There was no new information presented.
Respondent 60	More time for thematic planning sessions.
Respondent 61	The tabletops were useless-poor design, difficult to hear, did not keep on track or even follow the basic design on a tabletop(sticking to the actual injects-participants went straight to worst case speculation and were not brought back by facilitator)

Respondent 62	I think it is important for facilitators to feel comfortable in their roles. There are very strong personalities at these events and it is important to encourage everyone's input to get the most out of the small group sessions.
Respondent 63	
Respondent 64	The ideas generated were good, but without some kind of infrastructure and funding, it may be for naught because of lack of time or resources in implementing the new ideas.
Respondent 65	If WA DOH TT players had followed the State Pan flu plan
Respondent 66	Some of the tabletop panel was quite good. It highlighted the differences across borders. Some seemed less sure of what protocols were. I don't feel like I left with many concrete ideas on what local health needed to do to prepare best. The message seemed to be “wait for further direction from the state” A smaller issue: the breakfast was limited -- too many bread products, no fruit or yogurt or other options. the lunch was great though.
Respondent 67	More structured tabletop exercise
Respondent 68	
Respondent 69	More opportunity for small group discussions.
Respondent 70	The tabletop didn't seem to progress. Would like to see events unfold, as a “real” event or a false alarm, rather than continue to drift on the one day.
Respondent 71	More organization for the breakouts on Tuesday.. a bit scattered and not clear what we were supposed to do..but that is always hard to get organized when all are volunteers - but a bit more up front planning would have really helped them - they were frustrated at times.
Respondent 72	I do not recall there being a decision to host a 2006 session. I think the continued opportunity to liaise with colleagues from other areas is critical.
Respondent 73	Post meeting structured time with colleagues, similar to pre-meeting, so we could solidify what we heard and experienced during the conference related to our work. Speaker and time specific to legal issues, like someone from the Department of State and the Canadian equivalent (if there is one) on national legal issues re MOU's.
Respondent 74	The laboratory should have a stronger presence. Also, it would be more realistic to have local representation at the table top because that is where it starts. It seems we were starting from the top down.
Respondent 75	Policy issues at the highest levels of government were discussed. Those of us who came from front line didn't gain a lot of practical advice on interrelating with our neighbors. We are 50 miles from the Canadian border - the impression is that only the upper levels converse.
Respondent 76	More concrete objectives
Respondent 77	
Respondent 78	Fresh fruit and yogurt.
Respondent 79	
Respondent 80	
Respondent 81	
Respondent 82	Healthier food options please
Respondent 83	

Respondent 84	Need to provide more direction to the breakout sessions. The information provided to both the facilitator and the participants was incomplete and led to confusion. The identified IC sessions did not reflect the issues. One included enough to talk about for days and there was repetition. It's not really clear where we go from here and who is going to work on what.
Respondent 85	More specific instructions for the breakout session.
Respondent 86	The composition of the tabletop exercise
Respondent 87	
Respondent 88	Response will depend on the local level's ability to act. The conference had considerable theory, but little to address the issue of how local public health authorities will make it happen.
Respondent 89	
Respondent 90	
Respondent 91	1. A mixture of representatives from different states on the panels, not just Washington. 2. More involvement with the front line individuals. The panel missed a very important aspect of the discussion. It is likely the news of a new influenza strain will start at the lab level and work its way up the ladder to epi, state level, national level...not the other way around.
Respondent 92	
Respondent 93	In the future it would be nice to see the workshop less focused on only BC and WA. One suggestion is to have more tabletop exercises with smaller groups of border states. For example, Washington and Idaho with BC and Alberta; Montana and North Dakota with Saskatchewan and Manitoba; and Minnesota, Wisconsin and Michigan with Ontario. This would allow each border area to meet their counterparts and discuss issues specific to their border area.
Respondent 94	More specific goals and objectives next time rather than the generic. Get levels of government in the picture and actually sign some agreements rather than build our collaborative “ empire” on something that doesn't / won't really exist. (i.e. commitment from governments to act collaboratively)
Respondent 95	Excellent workshop!
Respondent 96	The workshop underlined that a pandemic influenza outbreak would not just be a health emergency but a national/international emergency, raising issues around education, commerce, tourism, border flow etc. Given this fact, I think future workshops should give consideration to looking at a pandemic from a national perspective--how we are set up to coordinate amongst federal depts, between federal govts and states/provinces, and cross-border at the national and regional levels. This would involve broadening the participant base to include federal reps from national capitals from non-health organizations, particularly DHS and PSEPC.
Respondent 97	
Respondent 98	Find a way to involve more front-line health professionals for their perspectives, perhaps union leadership?

Respondent 99	Workshop format was OK. I anticipated that there will be a Lab breakout track since it was on the pre meeting session. Lab was embedded in other tracks including in Epidemiology. Secondly, I think we should form subcommittee on different disciplines e.g. lab, epid, infection control etc. and work on advancing this program rather than waiting for another meeting in next year
Respondent 100	
Respondent 101	Find people who can actually facilitate. Just because somebody is an “expert” in their field does NOT make them effective at facilitating a session; i.e. Surge Capacity facilitators were POOR at best.
Respondent 102	
Respondent 103	
Respondent 104	Perhaps a poster session or table display session where people could formally see what agencies are up to. Create a directory of who does what and responsibilities
Respondent 105	Either have the networking sessions after the dinner hour, or have better food at the dinner-hour networking sessions!
Respondent 106	More discussion of cross-border issues. Good sessions and tabletop, but not enough focus on cross-border issues.
Respondent 107	
Respondent 108	Specific questions should have been raised to be answered for the AI and Pandemic events. Some of these were answered indirectly but it needs a bit more definition. The ancillary questions will come out of directed responses.
Respondent 109	Table top was awkward
Respondent 110	Should have a “fun” night or local tours
Respondent 111	I would have appreciated seeing a few more in-the-trenches hospital and clinic representatives from both sides of the border. It was clear that the doctor in my group afforded another perspective that would definitely need to be considered when creating policy.
Respondent 112	
Respondent 113	It was great
Respondent 114	
Respondent 115	Could have been more focused on specific topics in the pre-conference workshop for Emergency Managers.
Respondent 116	
Respondent 117	More specific questions to be answered during the breakouts.
Respondent 118	Focusing less on national, state, province level and more on regional/local level interventions.
Respondent 119	There was very little discussion on rural cross border issues - it was dominated by I-5 corridor issues
Respondent 120	More local/coal face involvement in all phases of the presentations.
Respondent 121	
Respondent 122	Greater representation from BC. More time to expand upon communication issues/next steps.

Respondent 123	I felt like the tabletop session could have been improved by involving more of the audience (i.e. breaking up into smaller groups and allowing more people to participate on some level) OR by at least setting up the room so that all of the 'participants' are visible to the audience. Since all of the participants were in a circle formation it was difficult to see most of them. I felt like the thematic session could have been a little better organized. I felt the showstopper remarks following the breakout thematic sessions went on too long.
Respondent 124	
Respondent 125	
Respondent 126	It was a great introduction to cross border issues - so for me I found it to be a great opportunity to attend the workshop. In the near future - I would like to have opportunity for the Surveillance "group" to meet as a workshop on its own.
Respondent 127	
Respondent 128	
Respondent 129	Our breakout session should have broken into smaller groups to facilitate discussion. It never got passed the large group.
Respondent 130	The breakout session I attended was not very helpful or informative (infection control). The goals of the breakout session were not made clear to us and so the session was not very helpful. Also, "infection control" with mostly hospital staff on the panel made this session seem more like a hospital-based session, not really addressing the bigger issue of disease control and containment, both hospital- and community-based. Although the Canadian speakers on "The Avian Influenza Factor" plenary were quite good, I was disappointed in the talk (not really a presentation) given by WA panelists, particularly Dr. Eldridge. Dr. Eldridge's "informal" talk was not useful at all, especially compared to presentations by his Canadian counterpart. I was left with the feeling that if an event occurs in U.S. locally, WSDA will not be able to address problem in same way that BC Animal Health Branch did. This worries me.... Also, little involvement of LHJ staff at this event, except for some from Canada (Fraser Valley). In the future, I suggest having more LHJ involvement at workshop, presenting and participating in panels. For example, have at least one or two health officers from LHJs actively participate in tabletops, exercises.
Respondent 131	Being from North Dakota, I would have liked to have our partners in Manitoba and Saskatchewan at the conference. The conference was very informative, but focused too much on Washington state and British Columbia. I would have liked to be able to make connections with the partners that border my state.

Respondent 132	It seemed that this year most of the issues raised were specific to one side of the border or the other - not really cross border issues. I'm not sure this can be entirely avoided. The border quarantine thematic session was an example of this. We did identify some cross border issues but much of the discussion was either US or Canada specific. Sure, both Quarantine Programs are in a similar state of revitalization and we have many issues to work out on our own side of the borders, as well as , for both sides our Quarantine focus is more on overseas threats rather than cross border - more of a continental security perspective.
Respondent 133	More time for breakout sessions
Respondent 134	
Respondent 135	1. organize conference so that we can attend more than one breakout session 2. make available presentation handouts
Respondent 136	We could have used more time during the thematic breakout sessions to discuss cross-border “showstopper” issues.
Respondent 137	1. Materials that constitute foundation for building on these contacts actual network
Respondent 138	A third day
Respondent 139	Round tables are not conducive being put together for working as a group. This was evident during the pre-meeting on Monday and during the Wednesday table top, i.e., the tabletop participants were not facing each other and thus did not interact as they should have been able to given a better set up. Secondly, and I can only speak for the Session 1 tabletop, this tabletop could have been better set up and run. For example, the participants are supposed to address each other, not the facilitator nor the observers. A better table set up would have helped tremendously, as would have telling the participants how they should play and to redirect them when they weren’t.
Respondent 140	

Appendix I

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