

Response to *Listeria monocytogenes* in Caramel Apples





Partners









December 18 & 19

- CDC is reporting that 28 people are ill from 10 different states including Missouri.
- CDC-of 26 people for whom information is available, all have been hospitalized.
- CDC-Listeria monocytogenes contributed to at least 4 deaths.
- CDC-15 of 18 ill people interviewed reported eating commercially produced, prepackaged caramel apples before becoming ill.



Persons infected with the outbreak strains of *Listeria monocytogenes*, by state of residence, as of December 18, 2014 (n=28)

December 18, 19 Trigger Points

- Five Missouri Cases.
- Two Missouri businesses potentially involved.
- Running out of time before Christmas.
 Need to have people committed before the Christmas break.



Testing Activation Paid Off



Pre-set agendas and agreed upon Delegation of Authority exercised in Spring. Activation process set and practiced.



Previous Exercise Made Activation Work Smoothly

- Missouri Rapid Response Team activated on December 19.
- Completed environmental sampling, investigation and traceback of Missouri caramel apple business.
- Set up a lot of logistics and organization
 Friday through the weekend.



ICS, Keep It Simple



Accomplishments

- Conducted environmental sampling and traceback at three separate Missouri facilities in two days.
- Tipped the scales for the national response and pointed to a suspect firm early in the investigation.
- Missouri State Public Health Laboratory (MSPHL) conducted PFGE testing on environmental samples Christmas Eve night and Christmas morning.



Jeremy Wilson working at the MSPHL

The MRRT made the response more efficient for the MSPHL. They only had to report to one person in the ICS structure. The samples weren't dependent on shipping companies in the middle of the Christmas rush. Samples were taken directly to the MSPHL.

Accomplishments

- The MRRT eliminated duplications—avoided sending personnel multiple times from different agencies to accomplish the same thing.
- The MRRT gave responders a single contact to network with.
- Reduced multiple calls and requests from multiple people from different parts of the country and within the same agencies.

Lessons Learned

What can we do better?



Using ICS Keeps It Simple



Lessons Learned

- > The bench was short because of the holidays.
- We were trying to keep it as simple as possible, but the lead Unified Commander was nearly overwhelmed.
- The Unified Command appointed an Operations Chief and the situation improved.



Lessons Learned

- We need to operate our command center virtually with the FDA District Office.
- For the FDA member of the Unified Command, it would take hours to drive to Jefferson City.
- Computer access for the FDA representative would be difficult at best.



Problem Encountered

- Classic definition of ICS Unified Command.
 Everybody isn't under the same roof.
- Lack of ability to meet face-to-face and have lengthy or detailed discussions with virtual command.
- Need to still meet and discuss issues in a command center.



Solutions so We Can Continue Virtual Unified Command

- Use a central command center and meet at least once a day.
- Build in daily morning conference calls for Command and General Staff.
- Build in a daily conference call for more staff and use the ICS Planning P (Planning Process) more.



Expand Communications Within Agencies

- The original concept was to keep information flowing within the MRRT, but not necessarily to staff outside the MRRT.
- Need to keep more people informed in a larger "loop" so if they are operationalized they are better prepared. Keeps people informed so they can answer questions from staff about the MRRT activities.



Need Most Reliable Phones and Systems

- Old "flip phones" worked the best.
- Need for tablets, data communications and more real time information, especially during weekends and odd hours.



Caution and Delays with Recall

- Waiting for national word on a recall, led to delays and potential problems with the holidays.
- Missouri initiated a recall to alleviate confusion and notify local public health agencies.



- In the end. The structure works.
- The MRRT gives us a way to address the issues and build them back into the structure.
- Use the Homeland Security Exercise Evaluation Program format for after Action Reports and tracking.
- We can build in changes so our team gets better.

