Zoonotic-Foodborne Outbreak Investigation Tabletop Exercise

After-Action Report/Improvement Plan

9/27/2016

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

Rev. April 2013
HSEEP-IP01

EXERCISE OVERVIEW

Exercise Name	Zoonotic-Foodborne Outbreak Investigation Tabletop Exercise
Exercise Dates	July 26, 2016
Scope	This exercise was a tabletop exercise, planned for 1 day at Black Canyon Conference Center in Phoenix, Arizona. Exercise play was limited to county health departments, county environmental health services, emergency preparedness partners, other county partners, hospital infection control programs, and state and federal agencies responding to a health emergency caused by a Zoonotic-Foodborne disease outbreak.
Mission Area(s)	Prevention, mitigation, and response
Core Capabilities	Capability 1: Community Preparedness Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing Capability 11: Non-Pharmaceutical Interventions Capability 12: Public Health Laboratory Testing Capability 13: Public Health Surveillance and Epidemiological Investigation
Objectives	**Objective 1:** Understand importance of community engagement in health preparedness efforts to support public health's role in community preparedness during an emergency. **Objective 2:** Determine communication needs during a Zoonotic-Foodborne outbreak, including when to issue public information alerts, and which stakeholders should be incorporated into information flow. **Objective 3**: Determine communication and information sharing needs during a Zoonotic-Foodborne outbreak, including coordination and exchange of multijurisdictional information and data among federal, state, local, tribal, and private partners. **Objective 4:** Determine the infection control or precautionary protective measures that should be implemented associated with Zoonotic-Foodborne diseases, including implementation and education. **Objective 5:** Coordinate collection and proper handling of clinical specimens to be tested at the Arizona State Public Health Laboratory. Maintain network of human, veterinary, food, and environmental laboratory partners to respond to public health threats. **Objective 6:** Identify source of an infectious disease outbreak through epidemiologic investigation, and discuss mitigation and prevention measures to be implemented to protect the public.
Threat or Hazard	Infectious Disease (Brucellosis)
Scenario	This scenario involved animal-borne, food-borne, and laboratory exposure of Brucellosis in a One Health paradigm. The exposures occurred in different

	populations (veterinary medical students, community, and hospital laboratory staff), addressing various infection control measures, communication strategies, and public health responses. The response efforts impacted multiple public health departments, the state health department, state and hospital laboratories, a local university, and community-based venues. Areas such as outbreak investigation procedures, laboratory capacity, non-pharmaceutical interventions, infection control, communication, food safety and animal health, and media outreach are addressed in detail during multiple points of the scenario.
Sponsor	The TTX was supported by the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (NHPP) HPP Cooperative Agreement Catalog of Federal Domestic Assistance (CFDA) number 93.889. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS.
Participating Organizations	Over 150 individuals participated from federal, state, local government, and private organizations, as well as school nurses and healthcare providers. See Appendix B for full list of represented agencies.
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ANALYSIS OF CORE CAPABILITIES

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Table 1. Summary of Core Capability Performance

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Understand importance of community engagement in health preparedness efforts to support public health's role in community preparedness during an emergency.	Capability 1: Community Preparedness	P			
Determine communication needs during a Zoonotic-Foodborne outbreak, including when to issue public information alerts, and which stakeholders should be incorporated into information flow.	Capability 4: Emergency Public Information and Warning		S		
Determine communication and information sharing needs during a Zoonotic-Foodborne outbreak, including coordination and exchange of multijurisdictional information and data among federal, state, local, tribal, and private partners.	Capability 6: Information Sharing		S		
Determine the infection control or precautionary protective measures that should be implemented associated with Zoonotic-Foodborne diseases, including implementation and education.	Capability 11: Non-Pharmaceutical Interventions	P			
Coordinate collection and proper handling of clinical specimens to be tested at the Arizona State Public Health Laboratory. Maintain network of human, veterinary, food, and environmental	Capability 12: Public Health Laboratory Testing	P			

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
laboratory partners to respond to public health threats.					
Identify source of an infectious disease outbreak through epidemiologic investigation, and discuss mitigation and prevention measures to be implemented to protect the public.	Capability 13: Public Health Surveillance and Epidemiological Investigation	P			

Ratings Definitions

- Performed without Challenges (P): The questions and critical tasks associated with the core capability were discussed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were discussed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were discussed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The targets and critical tasks associated with the core capability were not discussed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Objective 1: Understand importance of community engagement in health preparedness efforts to support public health's role in community preparedness during an emergency.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability 1: Community Preparedness

Strengths

The full capability level can be attributed to the following strengths:

- **Strength 1:** Groups quickly identified the importance of collaborating and communicating with community partners in responding to the incident and were able to identify all relevant partners, such as public health, environmental health, food safety, farmer's market vendors, laboratory partners, and animal health.
- **Strength 2:** Participants confidently discussed wide array of communication strategies that could be implemented to engage public and community partners to support activities related to public health threat, including website updates, social media messages, signage, and Farmer's market email list-servs.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

- **Area for Improvement 1:** Identification of community leaders was not specifically addressed, and while groups understood the relevant partners to be involved, the challenge arose when identifying what role the community partners actually had in the response or how the different agencies could be of benefit during an outbreak. Participants recognized that this exercise contained a complex incident, for which multiple community leaders could have been identified.
- **Area for Improvement 2:** Some participants had limited experience regarding how to handle messaging for different jurisdictional demographics, at-risk populations, or limited language proficiency.
    - **Reference:** None.
    - **Analysis:** Statewide trainings, presentations, or exercises that address engagement of non-public health agencies (both private and public sector) and what their roles may be outside of an incident may present opportunities to improve knowledge level of participants and better utilize community partner networks to mobilize preparedness and prevention messaging during an incident. Additional trainings or awareness of resources to assist in messaging (i.e. language translations) and engagement of populations is also needed.

Objective 2: Determine communication needs during a Zoonotic-Foodborne outbreak, including when to issue public information alerts, and which stakeholders should be incorporated into information flow.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability 4: Emergency Public Information and Warning

Strengths

The full capability level can be attributed to the following strengths:

- **Strength 1:** Groups successfully identified factors contributing to EOC activation, such as staffing, urgency of and rare nature of the disease in the community. Different levels of EOC activation, including virtual or full stand-up mode, were discussed.
- **Strength 2:** A variety of communication methods to share information and notify the public were discussed, including social media, state and county websites, press releases, health alerts, and listservs.
- **Strength 3:** Early on in the exercise, the importance of involving the Public Information Officer (PIO) for each agency or setting up a Joint Information Center (JIC) was identified in order to deliver clear, coordinated and consistent messages to the public, and other target audiences (particularly with the multijurisdictional nature of this exercise).

Areas for Improvement

The following areas require improvement to achieve the full capability level:

- **Area for Improvement 1:** There seemed to be a lack of awareness of the communication plans and procedures in place in the participant's respective agencies. At times during the exercise for some groups, details on the type and format of communications were not discussed. Participants from specific settings (e.g. health care) that are not normally involved in public messaging at their agency did not know details of how information would be shared with the public, and therefore were unable to draw knowledge from internal plans.
- **Area for Improvement 2:** Discussions arose in many groups on making the decision as to the appropriate time to release information on a public health threat or disease outbreak scenario. During public health threats or disease outbreaks, there is a need to have a level of transparency without releasing sensitive or too much information and creating unnecessary public panic.
    - **Reference:** None.
    - **Analysis:** Some groups struggled with the discussion of plans that are currently in place within their respective jurisdictions. This could have been in part due to some details not being asked specifically during the exercise, many participants being new to their job, or due to participants not having a good knowledge base of their agencies' plans and communication strategies. Trainings for new staff on agency outbreak, response, and communication plans may be beneficial. Although some staff may not be directly involved in messaging to the public as part of their role, there should be a baseline level of awareness of agency protocols by all. Internal tabletop exercises, media training resources or presentations by agency

PIO's to health partners who may not have much experience with communications are possible ways to address these areas for improvement.

Objective 3: Determine communication and information sharing needs during a Zoonotic-Foodborne outbreak, including coordination and exchange of multijurisdictional information and data among federal, state, local, tribal, and private partners.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability 6: Information Sharing

Strengths

The full capability level can be attributed to the following strengths:

- **Strength 1:** Groups recognized the importance of data sharing with a multitude of stakeholders in order to quickly and effectively prevent escalating of a public health threat or further spread of a disease. Participants overall named various creative ways to disseminate information and share data with partners, such as social media, website, TV, and radio.
- **Strength 2:** Through the exercise, participants determined that communication with the several partners would be of great importance for successfully controlling the outbreak. For example, engagement of the owner of the farm, the vendors and customers of the Farmer's Market, as well as the students and the University was essential to collect information and prevent disease spread. Inter-agency collaboration was also highlighted, particularly in this incident, since stakeholders from different specialties (animal, food, human) were involved.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

- **Area for Improvement 1:** Participants approached the exercise in a collaborative fashion, however were perhaps not taking advantage of the opportunity to learn more about what other stakeholders roles may be in preparation for or during a public health threat or disease outbreak. This challenge was addressed similarly under Capability 1 as well.
- **Area for Improvement 2:** During the group discussions on messaging, the timing and types of messaging were extensively reviewed, but important partners such as providers were not specifically included. There were some gaps with communication within the hospital that would include the laboratory staff and the infection preventionists (IP). Information sharing capacity with schools, and other non-public health stakeholders was identified as being a gap. Additionally, some comments were made regarding challenges communicating and sharing data with tribal partners.
    - **Reference:** None.
    - **Analysis:** Additional consideration of the wide array of federal, state, local, tribal, and private stakeholders that should be involved in multidisciplinary exchange of health-related information and situational awareness data in preparation for and during an incident may be beneficial. Some groups also did

not have specific subject matter experts available during their discussions (e.g. veterinarians, IP, or laboratory personnel), therefore some gaps in communication with those audiences was identified. The lack of experience in dealing with tribal matters could be addressed in more activities to strengthen the relationship between tribal, county, and state partners. Protocols, strategic plans, or quarterly calls could be implemented to increase communication between state, local, and tribal partners, as well as promote effective and timely communication and data sharing.

Objective 4: Determine the infection control or precautionary protective measures that should be implemented associated with Zoonotic-Foodborne diseases, including implementation and education.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability 11: Non-Pharmaceutical Interventions

Strengths

The full capability level can be attributed to the following strengths:

- **Strength 1:** The groups had strong conversations regarding non-pharmaceutical interventions (NPI) and identified the importance of infection control measures in each area of the scenario. Some examples include interventions on the farm (isolation and quarantine of sick animals, restricting visitors on the farm, and education on the correct protective equipment for those individuals with animal contact). NPI's in response to the unpasteurized milk included collaboration with environmental health partners to promote education and food safety procedures.
- **Strength 2:** The knowledge of non-pharmaceutical interventions as it related to the importance of personal protective equipment needed for disease prevention was at a high level, particularly in the context of working with animals as detailed in this the exercise. Methods for communicating about implementation of the NPI's were also successfully discussed.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

- **Area for Improvement 1:** Some groups struggled to focus on what interventions were needed to prevent others from getting sick because they were stuck on conversations regarding what was causing the illnesses. Some groups needed to be prompted to think about restricting access to the farm, prevention of laboratory exposures, and other public health recommendations.
- **Area for Improvement 2:** General interventions were identified for controlling and limiting spread and exposures from the farm, but the group was much vaguer about identifying specific measures and restrictions for the farm (compared to the human health or environmental health side).

    - **Reference:** None.

- **Analysis:** These areas of improvement were perhaps due more in part to the design and content of the exercise and not specifically the participant's knowledge or lack thereof. The timeline of events may have been challenging for participants, as it took a bit of time in the scenario to get laboratory results for the causative agent. Many of the groups did not have subject matter experts in the animal health field to engage in discussions, therefore groups may not have had the knowledge basis to make appropriate recommendations or address resources needed. Continued One-Health discussions to build understanding of the interaction between the human, animal, and environmental sides of the picture would be beneficial to address some of these barriers.

Objective 5: Coordinate collection and proper handling of clinical specimens to be tested at the Arizona State Public Health Laboratory. Maintain network of human, veterinary, food, and environmental laboratory partners to respond to public health threats.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability12: Public Health Laboratory Testing

Strengths

The full capability level can be attributed to the following strengths:

- **Strength 1:** The groups had an overall awareness and knowledge for the capabilities of the Arizona State Laboratory, and the process by which specimens were approved for testing.
- **Strength 2:** The groups that had experienced laboratory staff provided intricate knowledge to the group, which allowed for great discussion on the proper handling and testing of the specimens, specifically as brucellosis was highly considered on the differential and is considered a select agent.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

- **Area for Improvement 1:** There were some challenges discovered with communication between infection prevention officers, hospital laboratories and public health. When the flow of communication is not efficient and timely, issues can arise when specimens are sent to be tested at the Arizona State Laboratory without prior epidemiological and clinical information.
- **Area for Improvement 2:** Only select participants had extensive knowledge of what testing the state lab does so there was not a great deal of discussion. This varied by group, as many public health nurses and epidemiologists knew about testing, who the appropriate person was to contact, and how to get specimens to the state laboratory, however some others did not have this great of a knowledge base.
    - **Reference:** None.
    - **Analysis:** Overall, the groups performed well under this capability and understood the role of laboratory partners in response to a public health threat or disease outbreak. Hospitals range in size and capacity, which may be a barrier as

to the lack of communication between the hospitals and public health. There may also be a lack of knowledge from the hospital laboratory side of what needs to be communicated to the infection prevention officers in order for information to be shared timely with public health, particularly for high priority diseases. More effort needs to go into building relationships between the hospital laboratory, infection prevention officers and public health, perhaps through continued outreach and more collaborative trainings. Educational opportunities on specimen submission and capacity of the Arizona State Laboratory via how-to-presentations may be helpful even if a person's job is not directly involved in collecting, shipping, or testing specimens.

Objective 6: Identify source of an infectious disease outbreak through epidemiologic investigation, and discuss mitigation and prevention measures to be implemented to protect the public.

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

Capability13: Public Health Surveillance and Epidemiological Investigation

Strengths

The full capability level can be attributed to the following strengths:

- **Strength 1:** The participants were successful in identifying, detecting, investigationing, and responding to the infectious disease events presented in the scenario. Groups quickly identified questions to ask to assist with their investigation, and used the line lists to assess commonalities and support discussions. Participants provided a wide range of responses that addressed information regarding potential diseases, exposure history, surveillance practices, and the investigation and response.
- **Strength 2:** The groups described sharing information and collaborating with all involved animal, human, environmental health, and laboratory partners throughout each step of the investigation, which demonstrated sufficient knowledge base of how to approach an investigation in a One Health manner. Appropriate partners were mentioned, such as contacting the local or state health department for consultation/assistance.
- **Strength 3:** Appropriate human health interventions were identified to mitigate threat, find the source, and communicate protective actions to those who needed them. Multiple mitigation strategies were discussed on the animal and environmental health side as well, including testing animals for the disease, vaccinating the animals, preventing the sale of unpasteurized milk (or testing it), and improved communication of the potential risks associated with the agent to the laboratory.

Areas for Improvement

The following areas require improvement to achieve the full capability level:

- **Area for Improvement 1:** The main barrier was the lack of subject matter experts evenly dispersed throughout the groups. There was not a lot of participation from some of the environmental health individuals, which created a gap for addressing actions in an environmental investigation.

- **Area for Improvement 2:** Structure of the group discussions as related to this capability could be improved to provide baseline understanding of role and responsibilities of participants in each group and therefore create more in-depth, efficient conversations. Some participants were new to their job, or remained quiet and inactive throughout the discussions, which put more pressure on the public health nurses and epidemiologists to respond to questions. Additionally, many valuable viewpoints could have been missing.
    - **Reference:** None.
    - **Analysis:** The groups were responsive and performed strongly to address this capability in regards to detecting, investigating and responding to the outbreak. Participants were inquisitive, passionate about finding out what the disease threat could be and many drew upon their own experiences. Some participants that may have had a lower level of expertise in some areas were not afraid to ask questions. Alternatively, some individuals that had a lower level of expertise may not have felt comfortable sharing their own experiences or did not have experiences pertaining to the animal exposure described in the exercise.
    - One suggestion to improve group discussions would be to spend more time before the exercise begins to give participants a chance to discuss the role they play in public health, environmental health, health care, etc. This would be a beneficial learning opportunity for all and create more cohesiveness amongst the group versus just hearing job titles. Another suggestion is to consider having smaller groups at the exercise comprised of people whose jobs are specifically relevant to the disease threat. This might help to encourage people to talk and yield a more productive and fruitful exercise since those participants would be able to discuss response activities they truly partake in on a regular “non-exercise” basis.

APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for ADHS Office of Infectious Diseases Services as a result of the Zoonotic-Foodborne Outbreak Investigation Tabletop Exercise conducted on July 26, 2016.

Core Capability	Area for Improvement	Corrective Action	Capability Element[1]	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1: Community Preparedness	Identification of community leaders was not specifically addressed, and while groups understood the relevant partners to be involved, the challenge arose when identifying what role the community partners actually had in the response.	Create guides and conduct trainings on agency key responsibilities and general roles, before during and after an outbreak/incident.	Exercise, Training	ADHS		October 2016	January 2018
	Some participants had limited experience regarding how to handle messaging for different jurisdictional demographics, at-risk populations, or limited language proficiency.	Develop templates of materials and share language translation resources with partners.	Organization, (Resource Sharing) Training.	ADHS ITCA		October 2016	January 2018
Capability 4: Emergency Public Information and Warning	Lack of awareness of communication plans and procedures, specifically from participants who are not normally involved in public messaging at their respective agency.	Introduce new staff to agency protocols and review communication flow for disease outbreaks.	Planning, Training.	ALL		October 2016	January 2018
	Identification of appropriate timing to release sensitive information regarding public health threat or disease outbreak.	Set-up presentations on communications and media processes.	Training	ALL		October 2016	January 2018

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Capability 6: Information Sharing	Participants were unsure of role that each stakeholder would have in sharing information during a public health response.	Create guides and conduct trainings on communication roles and data sharing capacity.	Exercise, Training	ADHS		October 2016	January 2018
	Gaps in communication of information with tribal partners, and also hospital staff, including infection prevention officers and laboratory personnel.	Provide updates to local, hospital and tribal partners during ESC, APIC, ACDEHSA, and AzTEC meetings.	Planning, Organization, Training.	ALL		October 2016	January 2018
Capability 11: Non-Pharmaceutical Interventions	Participants needed guidance to prioritize prevention interventions.	Nature of exercise played role in gap. Modify aspects of exercise.	Planning, Organization	ADHS		October 2016	January 2018
	Interventions suggested were limited to human health and environment health side.	Nature of exercise played role in gap. Initiate continued One-Health discussions to build understanding of the interaction between the human, animal, and environmental sides.	Planning, Organization, Exercise.	ADHS ADA		October 2016	January 2018
Capability 12: Public Health Laboratory Testing	Gaps in communication with hospital staff, including infection preventionists and laboratory personnel.	Relationship building between hospital laboratories, infection preventionists and public health through continued outreach and collaborative trainings.	Exercise, Training	ADHS		October 2016	January 2018
	Lack of widespread knowledge in capabilities of Arizona State Laboratory.	Education on submission, collecting, shipping, or testing specimens, and capacity of the Arizona State	Training	ADHS ASPHL		October 2016	January 2018

		Laboratory.					
Capability 13: Public Health Surveillance and Epidemiological Investigation **(Minor gaps identified)**	Nature of exercise played role in gap. Lack of subject matter experts in groups to describe epidemiologic response plans.	Design structure of exercise to have smaller groups comprised of participants whose jobs are specifically relevant to the disease threat and response activities.	Organization, Planning	ADHS		October 2016	January 2018
	Some participants were had lower level of experience with surveillance protocols and epidemiologic response plans of agency.	Design structure of exercise to allow for time for participants to thoroughly discuss role, level of experience, and knowledge.	Organization, Planning	ADHS		October 2016	January 2018

APPENDIX B: EXERCISE PARTICIPANTS

Participating Organizations
Federal
Centers for Disease Control and Prevention
Indian Health Service (Phoenix, Navajo, and Tucson Area Offices)
US Department of Agriculture-Veterinary Services
US Department of Agriculture-Wildlife Services
US Department of Health and Human Services
Luke Air force Base
US National Park Service
State of Arizona
Arizona Department of Agriculture
Arizona Department of Health Services
Arizona State Public Health Laboratory
Arizona Department of Child Safety
Arizona Department of Administration
Arizona Department of Corrections
Arizona Department of Education
Arizona State University
Arizona State Hospital
University of Arizona
Local Public Health and Environmental Services
Apache County Public Health Services District
Coconino County Public Health Services District
Cocopah Indian Tribe
Fort Mohave Indian Tribe
Gila County Division of Health & Emergency Management
Gila County Public Health Department
Gila River Indian Community
Graham County Health Department
Greenlee County Health Department
Hopi Tribe Department of Health and Human Services
La Paz County Health Department
Maricopa County Department of Public Health
Maricopa County Department of Environmental Services
Mohave County Department of Public Health
Mohave County Environmental Health
Navajo County Public Health
Navajo Nation Division of Health
Pascua Yaqui Tribe
Pima County Health Department
Pinal County Public Health Services District
Pinal County Department of Environmental Health

San Carlos Apache Tribe Department of Health & Human Services
Santa Cruz Health Department
Tohono O'odham Nation Department of Health and Human Services
Yavapai County Community Health Department
Yuma County Public Health Services District
Hospitals & Healthcare Providers
Banner Desert
Banner Health
Banner Thunderbird Medical Center
Banner University Medical Center
Cancer Treatment Centers of America
Chinle Comprehensive Health Care Facility
Chinle Health Services
Cigna Medical Group
Coordinated Consulting Services
Copper Queen Community Hospital
Corrections Corporation of America
El Rio Special Immunology and Associates
Fort Defiance Indian Hospital
Hopi Health Care Center
Honor Health
IASIS Healthcare- Tempe St. Luke's
Little Colorado Medical Center
Maricopa Medical Center
MGA Healthcare Staffing
Mt Graham Regional Medical Center
Native Health
Native Americans for Community Action
Northern Arizona VA Healthcare System
Northern Cochise Community Hospital
Pandemic Infection Management Program
Phoenix Children's Hospital
Phoenix Indian Medical Center
Physician Group of Arizona
San Carlos Apache Health Care Corporation
Sun Life Center Family Health Center
Tsaile Health Center
Tuba City Regional Health Care Corporation
Valley Hospital
Winslow Indian Health Care Center
Yavapai Regional Medical Center
Other
Frontier Elementary School
Paradise Valley Unified School District
Parkridge School

Peoria Unified School District
Second Mesa Day School