**Scenario**

The LCHD Epi is reviewing MDSS and sees a case of Hepatitis A in the queue. The CD nurse reviews the notes from the hospital which shows the case is a 25yo male who presented to the Trinity Health Livingston Hospital ED with abdominal pain and jaundiced skin. He hasn’t been feeling well for a week (nausea, lack of appetite, abdominal pain) but didn’t want to take time off work to seek care. He assumed his gut trouble was because he eats almost every meal at Taco Bell where he works. The case became concerned when his eyes began to yellow. The ED workup showed elevated liver enzymes (1000 ast/alt - Aspartate transaminase /Alanine transaminase) and a positive hepatitis A IgM.

The CD nurse follows up with the case by phone and learns that the Taco Bell where he is employed is in Howell and that he worked multiple days/shifts in the past week while experiencing symptoms. His last day of works was yesterday. During the interview, the case mentions that he has not told his manager yet that he has hepatitis A and that he is not able to take time off from work right now, so he doesn’t want her to know.

The food team follows up with the manager at the Taco Bell who confirms she was unaware of the worker’s hepatitis A diagnosis. She just assumed he had a bug. During the interview with the food team, the manager explains that the case has not always practiced the best habits while working and had to be reprimanded multiple times for not washing his hands thoroughly enough, not wearing gloves while handling ready to eat food items, and for taking his apron with him into the restroom. The manager further explains that she ended up finally sending the case home the day he sought care because he was spending so much time in the bathroom and couldn’t sufficiently handle working at his station.

**Intended Audience**

[Change titles as appropriate] Health Officer, Medical Director, EH Director, PPHS Director, Nursing Supervisor, CD Nurse, Epidemiology, EPC, Health Promotions Coordinator, Health Promotions Specialist, Food Program Coordinator, EH Specialist

**Objectives and Tasks**

1. Ensure participating staff understand the role they might fill during this type of response as well as the role/responsibilities of [agency name] as we fit into the “bigger picture” of the response.
2. Identify if there is a need for [enter name of your public health EOC/command center: ex., PHECC, EOC, etc.] activation. Determine thresholds that would warrant [enter name of your public health EOC/command center: ex., PHECC, EOC, etc.] activation (partial or full) and identify possible triggers for changes in activation (ex., scaling up or down).
3. Understand the process for activating the [enter name of your public health EOC/command center: ex., PHECC, EOC, etc.] and the steps taken for notification, alerting key partners, initial meeting, etc.
4. Identify pre-event incident action planning items (i.e., things we need to accomplish or develop now prior to this type of incident occurring – materials for the [enter name of your public health EOC/command center: ex., PHECC, EOC, etc.] activation process, templates, etc.).
5. Identify potential communication and/or print/digital materials needs.
6. Identify who is at highest risk for this type of incident. What additional needs should we consider for our AFN population?

**Possible Reference Materials**

* Emergency Response Activation Checklist
* [MDHHS A-Z Page](https://bit.ly/3lMMSBQ) – Hepatitis A, Pg. 10
* MDHHS Resources – <https://bit.ly/3IoSo5c>
* "[Control of Communicable Diseases Manual](https://www.apha.org/Publications/Published-Books/CCDM)"- 21st edition
* [Agency] CD Manual – [Add internal link]
* [Agency Foodborne Illness Outbreak SOP – [Add internal links]