**Scenario**

Just after Halloween, [Elementary School Name] in [city name] welcomed a new eight-year-old student, Mateo, who immigrated from Guadalajara, Mexico with his family – mom, dad, and his baby sister, Mariana, who just turned one. They are living at his aunt and uncle’s house with his cousins until they can find a place of their own. Aside from some weight loss and a few restless nights attributed to the stress of the move, Mateo seems to acclimate well to his new school and quickly makes friends in his third-grade classroom. Mateo doesn’t speak much English, but he is able to say a few words and plays soccer at recess which is all he cares about. He’s better than most of the kids in his class who play. He notices though after a few weeks of playing, he feels short of breath when running.

The students have spent the past few weeks preparing for their big holiday concert. Mateo is excited for his family to come to his school to see him perform. For this concert, all three third grade classes have been meeting together to practice during music class. Mateo notices that singing makes his throat tickle which makes him cough. After a few days of this, the coughing starts occurring more frequently, even when he’s not singing, and it sometimes wakes him up. His teacher sends him to the school nurse for cough drops.

The week of the concert, Mateo wakes up multiple nights in a row feeling sweaty. He shares a room with his baby sister and his mom always makes the room stuffy to keep her warm. He’s tired when he wakes up each morning but thinks it’s from coughing and tossing and turning in the warm room. Mateo’s aunt tells his mom to give him cough syrup to stop the cough. The day of the concert, he doesn’t feel well at all, but he is too excited and doesn’t want to miss out.

The day after the concert, Mateo is at school and coughing so badly, he is sent back to the school nurse who contacts Mateo’s parents about having him see a doctor about his cough. The nurse tries to ask Mateo questions about how he feels but she doesn’t speak much Spanish and there is a language barrier between the two. The nurse is able to explain enough to Mateo’s mom that he needs to see a doctor. He sees a pediatrician who asks his mom a lot of questions. When the doctor realizes they have recently traveled from Mexico and did not receive medical clearance to enter the United States, she becomes concerned. Mateo has his blood drawn and then stands in front of a big machine to get an X-ray of his chest. When the doctor sees his X-ray, she notices multiple lung cavities and becomes even more concerned. She has Mateo cough hard and spit into a little cup (sputum collection) which is sent out for PCR, AFB and culture.

Although the results from the sputum test have not yet been received and the IGRA is not back from the lab, the pediatrician reaches out to [health department] with concerns that Mateo has tuberculosis because of his X-Ray. The [appropriate job role – CD nurse, clerk, Epi, etc.] receives a call from the doctor who explains the situation. The [appropriate job role – CD nurse, clerk, Epi, etc.] meets with the Medical Director and the Epi team to discuss isolation measures and additional testing until results are confirmed. By the next morning, Mateo’s name is in the MDSS queue with results of a positive IGRA. Within days, two additional family/household members have confirmed sputum results. [Health department] creates a plan to send a team to collect sputum from potential contacts at the school including students from Mateo’s classroom.

*[Allow staff to problem solve and come up with a response plan before injecting additional info below]*

**Inject after discussion starts**: Roughly six weeks after parent/staff notification to the student population and sputum collection takes place, additional cases are confirmed within identified close contacts.

**Intended Audience**

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

**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 Access and Functional Needs population?

**Possible Reference Materials**

* Emergency Response Activation Checklist
* [MDHHS A-Z Page](https://bit.ly/3R5Y2x8) – Tuberculosis, Pg. 26
* [MDHHS Tuberculosis Page](https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/diseasesandimmunization/tb)
* [CDC Tuberculosis Page](https://www.cdc.gov/tb/default.htm)
* MDHHS Resources – <https://bit.ly/3Zf8o0I>
* "[*Control of Communicable Diseases Manual*](https://www.apha.org/Publications/Published-Books/CCDM)"- 21st edition
* [Agency] CD Manual – [Include internal link to your CD plan]