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Dr. Klien called the meeting to order.

She then allowed attendees to introduce themselves by name and agency affiliation.

Dr. Klein then read the bio for Dr. Karen Shelter, Commissioner of Health, and turned the microphone over to Dr. Shelton.

Dr. Shelton provided opening comments, provided background of the HHR sub panel and its mission. She advised the intent of the sub panel is to focus on the threats to public health and the healthcare infrastructure in the Commonwealth.

Dr. Shelton then turned the microphone over to Dr. Klien who then continued the agenda by providing a Kimberly Ramsey-Griffin and Heather Venturo Bio from the Virginia State Police.

the presentation started with a briefing from the Virginia State Police on Behavioral Threat Assessment and Targeted Violence. The presentations tared with a differentiation of different types of violence, what is and is not Targeted Violence.

The presentation then began to highlight the "Pathway to Targeted Violence" and the fact that the process is not linear and is dependent on many different factors, but all start with a grievance. The pathway can take months or years with no one size.

Most time is spent on the grievance process.

The presenter expanded on how the grievance process starts with a real or perceived injustice or ideation. This leads to the formation of intent, which then leads to the planning and research and preparation, behaviors start to shoe up in the process, purchasing firearms, end of life planning, practicing for the event. The presented also noted that moods can change in the phase, "decisions had been made" for the actor.

The pathway then escalates to breaching and or approach type behaviors of the target which then leads to the attack.

The presenter then highlighted a case study related to Nicolas Cruz (Parkland High School Shooting). She started with Cruz's pathway to violence. (PPT)

She then went into a highlight of the BTAM process was started with the US Secret Service and its overall timeline and its implementation in Virginia, which was a result of the 2007 shooting at Virginia Tech. She continued to state that the focus of the behavior, "left of Boom" to develop strategies to get an individual off the pathway to Violence.

She then turned over the presentation to Heather Venturo

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Question:

Dr Klien asked about what the team does as an intervention(s),

Response:

Key is getting brought into the process early, working closely with Local Law Enforcement

Question:

Dr Klein asked how I report things. Or if I am a concerned neighbor of someone possible person on the path the Violence?

Response:

The Virginia Fusion Center operates a tipline where things can be reported which then get sent to an analyst for action.

Question:

Julie Henderson asked executive branch agencies whether they could escalate insider issues?

Response:

We try to get it from Local Law Enforcement, and a locally focused team, however, this is a challenge with Executive Brancha agencies, who would go to the State Police, vs. Local LE, the BTAM team could provide tips for local LE to use.

Response:

Bob Mauskapf provided information that We (VDH) sits on the advisory penal for eth Virginia Fusion Center and the fact that we receive threat reports and assessments from the VFC.

Question:

Dr. Gormely asked about interfacing with Behavioral health

Response:

It is in a work in progress working with Mental Health.

Question:

How Busy are you? (RTD)

Response:

The BTAM team was voluntary in its formation, 380 threats reported since the beginning of 2025. The BTAM will send out a special agent into the field, as they do not go on field assignments.

Response:

Mr. Mauskapf, there are local intersections with the Local mental health community to interface at the local levels.

Response:

The presenter noted that another challenge is the age of those potentially on the pathway who are getting younger. The presenter went over a BTAM Pocket guide they provided for the attendees.

Dr. Klein then transitioned to the next presenter and introduced Dr. Brady Darby who presented a brief on emerging health threats.

Dr. Darby began her presentation by starting with the most current threat in Virginia, which is Measles. She provided an update on the types of patients we have been seeing, tracking patients as well as keeping an eye on case numbers across the US, not just in Virginia.

She stated that Virginia does well with vaccination rates (MMR), however there is geographic variations where vaccination coverage is not as robust, that disease could be more of a threat.

She then transitioned to speaking about MPOX with the fact that it had started to trail off, however, a small rise of cases has been noted in 2025 as a trend.

She then transitioned the “New World Screw Worm” which is a fly larva that feeds on live tissue, predominantly a livestock disease, but can impact humans. Seeing a trend of a northern movement due to livestock transfer/trade.

Dr, Darby then proceeded to provide an update to Avian Influenza, ho huma cases seen since February of 2025. Surveillance continues. Including water/wastewater systems.

Dr. Darby also provided an update on animal cases (which is under the preview of VDACS and DWF for wild birds)

She then briefed on Syphilis and noted an early increase in 2023-2024 but noted a decrease in 2025 and broke that down into women, congenital cases and some with substance abuse. Which showed some increases. She noted increased outreach to targeted populations to keep trends manageable. She also noted a shortage of penicillin,

which may impact ongoing responses. She highlighted the use of prioritization for certain populations. Shipping resumed and additional shipments expected later this year.

Question:

Dr. Klein, asked of the four Measles cases, owe many were vaccinated?

Response: Dr Darby stated she would have to check.

Question:

Dr Klien asked what is the process for treating or dealing with Screwworm? Dr Darby asked if they are sent for review, their specimens should be shipped in alcohol.

Dr. Klien, then introduced Bob Mauskapf and read his bio.

Mr. Mauskapf, he started to discuss the Overdoes IMT, which has been operating since 2023. The team meets on a regular basis, we have partnerships with agencies outside of VDH, he shared the teams' goals and collaboration. He advised the initial teams focus was on Fentanyl but has transitioned to looing at all overdoses.

Mr. Mauskapf then expanded on partnerships and Harm reduction, test strips and Naloxone distribution.

Questions:

Dr Klein, Tell us more about the test strips"

Response:

Mr. Mauskapf, Put in a request with VDH pharmacy and they then get sent out to the requestor'(s), they also get out via Harm Reduction sites and activities.

Mr. Maukapf, then expanded on how the threat is managed. It is managed via the Incident Command System (ICS), which Is how we respond to all threats.

Mr. Mauskapf, then transitioned to an update on federal funding, we are looking at how to coordinate and manage what we are doing in the face of these financial changes.

In June, VDH received a notice of partial ward (about 70%) of what we expect to get. Still awaiting notice of further/additional funding. (Healthcare Preparedness)

PHEP program received a partial notice of award which is about 80% of what was expected in July. There was confidence that we would be getting rest by the end of the fiscal year. Contact is constant with federal partners.

Question/Response:

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Dr. Gormely asked Stephaine Dunkel to provide an update on what thing public Health brings to the table that you can't get anywhere. She stated the identification of who we are and how we prioritize resources and understanding that adjusting to the course foundational services.

Dr. Brandy Darby provided a presentation of funding streams that support Epidemiology and Lab capacity to make sure that we are using the available monies to the best extent possible to meet those priority needs.

The ELC grant began in the mid 1900's We have had this funding for 30eyars, but is applied for annually, and the amount is based on needs, and the strength of the application.

The grant is divided across several items; the focus is supporting people and training so that we can maintain competencies as well as enhancing information systems. The grant also can be used as a funding mechanism for the federal government to provide funds for emergency response, etc. She then provided an overview of the grant application process (PPT). She also highlighted the programs that the ELC grant supports. (PPT)

Mr. Mauskapf advised that none of these grants are stove-piped, and we enjoy the agency collaboration.

Question:

None

Dr. Klein transitioned to the next speaker and introduced Mike Magner, MRC Program Manager.

Mr. Magner provided an overview of the Ste MRC program, which is celebrating its 22nd anniversaries and the fact that they are a direct result to the 9/11 attacks but had morphed into supporting day-to day activities and operations serving as a force multiplier to the Public Health Workforce.

He then spoke on funding for the MRC, which is funded by multiple sources, PHEP, and others, he advised that there are 22, 800 volunteers in the Commonwealth divided into 25 units. The unit covered over 22000 volunteer hours in the past year and 14,000 training hours.

A new initiative will be started int eh fall of 2025, call the friends of the Virgini MRC which will be 501 C3 which will be able to advocate and raised funds to sustain the program and provide funding for things that are restricted in the current guidelines.

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MR. Magner noted that the Virgina MRC had 8 finalists in 10 categories for Medial Reserve Corps nationally.

Dr. Klein dismissed the attendees for a 10-minute break.

Dr. Klien resumed the meeting at 1442

She introduced the VDH Office of Radiological Health to speak about eh Virginia Operations Plan Exercise. She then read MR. Ettinger's bio.

Mr. Ettinger provided a background of the Radiological Exercise Program. He also advised that the current years After Action Report (AAR) from FEMA has not been published yet. Exercises are required for each plant by FEMA and in Virginia rotate annually since we have two nuclear power stations. The 2025 exercise was a plume phase exercise that was conducted this year. Evaluators looked at over 158 capabilities for this exercise. He provided information that there are many other agencies and localities that support the exercises.

Scenarios are divided into three areas, system and equipment failures which lead to release, Hostile Action based and Rapidly Progressing Severe Accident. This year's exercise was complex because requirements made it that hostile action must include a release to the environment. Testing in the exercise included communications changes, protective action language.

Four strengths were noted this year within the Office of Radiological Health. Next VOPEX will take place in 2025 at North Anna. In 2027 the exercise will involve the 50 Mile Ingestion Pathway.

Comment:

Andy John from VDEM, spoke about coordination with agencies involved in this event for coordinated decision making, messaging, etc.

Dr. Klein transitioned to the next presenter and read the Bio for the VDH Office of Drinking Water.

Mr. Kronenberger thanked the audience and stated that he would be focusing on the new 2-hour reporting rule for water impacts. He provided a review of impacts on water systems over the past year. From the Richmond water Crisis, Hurricane Helen, South Hill Warehouse Fire, etc.

He then provided an update on the legislation passing timeline for the 2-hour reporting obligation legislation and the current flow chart of the process and implementation plan for the legislation. (PPT) Policy under review internally for Widespread Disruption definitions

and conditions. He then provided information from the local waterwork perspective and their responsibilities in the legislation.

Mr. Kronenberg then provided some examples of using the new legislation requirements. 107 2-hour reports up to August 25. 79 did not need to be reported after analysis, messaging has been updated to communicate what does and doesn't need to be reported as additional education on the legislation requirements.

Mr. Kroenenberg also advised that once the policy has been formally developed, training will be available

Question:

Dr. Klien asked, "can you talk a little bit about what happens when a report is received (legitimate),

Response:

The field office will reach out to the reporting waterworks, depending on the specifics, sometimes they have a plan in place to manage the system, and no other assistance is needed. Biol Water Advisory may be warranted for messaging and communication. Possibly they may need to reach out to VDEM if situation warrants, to provide bottled water, etc. ODW can also provide technical assistance.

Mr. Mauskapf injected that the VEST (in Richmond example) provided tankers to healthcare facilities.

Dr, Klein then turned the meeting over to Jonahtan Falk form the VDH Office of Epidemiology. Who provided an update brief on Surveillance Dashboard process. He started with an update of the Heat Related Illness dashboard but started with an overview of the ESSENCE system and monitoring as our prime syndromic surveillance system(s), 215 facilities currently provide data to ESSENCE, all ED's and EC/UCC centers are tied into the ESSENCE Systems. Data is available in real time or within 24 hours of patient visits.

He prided an overview of the use of the queries for Chief Complaint that drive the reports and how the visualization of the data works and what gets into the dashboard.

Question:

None

Dr. Klein opened the floor for the Public Comment Period:

No public comment offered

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Dr. Klein thanked Bob and Dr. Shelton and Suzi for everything that is done to sustain the work of the department. She stated she is humbled by the dedication and vision of those who manage the programs in today's panel. She advised that the slides and notes of the meeting will be posted and available online.