NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

ANTIBIOTIC-RESISTANT GONORRHEA TABLETOP EXERCISE

After-Action Report/Improvement Plan

June 2026

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.

EXERCISE OVERVIEW

Exercise Name	Antibiotic-Resistant Gonorrhea Tabletop Exercise (ARG TTX)
Exercise Date	Wednesday, May 20, 2026
Scope	This exercise is a Table-Top Exercise (TTX), planned for 1:00 PM – 4:00 PM on Wednesday, May 20, 2026, at 10375 Professional Circle 3rd Floor Reno, NV 89521 Conference Room and via virtual Teams Meeting. Exercise play is to examine state-level coordination and response to suspected or confirmed cases of antibiotic-resistant gonorrhea.
Mission Area(s)	Response
Core Capabilities	Planning; Operational Coordination; Public Health Surveillance; Public Information & Warning
Objectives	Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state-level public health coordination and response to antibiotic-resistant gonorrhea: a) State-level coordination communication b) Treatment logistics and access c) Public information d) Administrative and funding issues
Threat or Hazard	Biological – Antibiotic-Resistant Gonorrhea
Scenarios	Clinicians report patients with laboratory-confirmed gonorrhea who continue to experience symptoms following CDC-recommended first-line therapy, raising concern for antimicrobial resistance.
Sponsor	Nevada Division of Public & Behavioral Health (DPBH) Office of State Epidemiology (OSE)
Participating Organizations	Public Health Preparedness (PHP) Program Community Health Services (CHS) Southern Nevada Public Health Laboratory (SNPHL) Humboldt General Hospital (HGH) Northeastern Nevada Regional Hospital (NENRH)
Point of Contact	Preston Nguyen Tang, Health Program Specialist II Office of State Epidemiology (OSE) Nevada Division of Public & Behavioral Health (DPBH) Phone: (702) 486-0482 Email: ptang@health.nv.gov

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.

Objective	Core Capabilities	Performed without Challenge (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
1a. Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state- and local-level public health coordination and response to suspected or confirmed ARG: State coordination and communication, including notification pathways between clinicians, the Office of State Epidemiology, and relevant DPBH programs.	Planning, Operational Coordination		S		
1b. Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state- and local-level public health coordination and response to suspected or confirmed ARG Surveillance, treatment failure identification, and epidemiologic investigation, including case follow-up, reinfection versus treatment failure assessment, and data quality considerations.	Public Health Surveillance and Epidemiological Investigation, Planning		S		
1c. Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state- and local-level public health coordination and response to suspected or confirmed ARG:	Planning, Operational Coordination		S		

Laboratory coordination, culture-based testing, antimicrobial susceptibility testing (AST), and specimen logistics, including collection, transport, testing capacity, and reporting of results.					
1d. Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state- and local-level public health coordination and response to suspected or confirmed ARG: Clinical guidance dissemination, treatment access, and provider communication, including coordination with clinical partners and development of targeted provider messaging.	Planning, Operational Coordination, Public Information & Warning		S		

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed 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 completed 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 completed 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 performed 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 1a]

Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state-level public health coordination and response to Antibiotic-Resistant Gonorrhea: State Coordination and Communication.

The strengths and areas for improvement for the core capability(-ies) aligned to this objective are described in this section.

[Objective 1a] – State Coordination and Communication

Strengths

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

Strength 1: Participants demonstrated strong collaboration among epidemiology staff, laboratory partners, hospitals, and community health nursing.

Strength 2: There was broad agreement that early notification of the Office of State Epidemiology and inclusion of all stakeholders in communications would improve situational awareness.

Areas for Improvement

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

Area for Improvement 1: Communication pathways between providers, laboratories, and state officials were not consistently defined.
Reference: Exercise Hotwash & After-Action Meeting Notes
Analysis: Participants recommended standardized notification procedures and broader use of centralized email chains or coordinated communication mechanisms.

[Objective 1b]

Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state-level public health coordination and response to Antibiotic-Resistant Gonorrhea: Surveillance and Treatment Failure Identification.

The strengths and areas for improvement for the core capability(-ies) aligned to this objective are described in this section.

[Objective 1b] – Surveillance and Treatment Failure Identification

Strengths

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

Strength 1: Discussion highlighted the need to verify medication adherence, partner treatment, and timing of symptom recurrence before classifying a case as antimicrobial resistant.

Strength 2: Participants stressed obtaining complete epidemiologic information during investigations.

Areas for Improvement

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

Area for Improvement 1: Frontline staff require additional education regarding patient interviewing and risk assessment.
Reference: Exercise Hotwash & After-Action Meeting Notes
Analysis: Complete Disease Investigation Protocol for Gonorrhea.

Area for Improvement 2: Incomplete demographic and contact information limits effective follow-up investigations.
Reference: Exercise Hotwash & After-Action Meeting Notes
Analysis: Educating providers to obtain demographic and contact information.

Area for Improvement 3: Three-site testing is not consistently performed, creating the potential for missed infections.
Reference: Exercise Hotwash & After-Action Meeting Notes
Analysis: Educating providers regarding three site testing.

[Objective 1c]

Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state-level public health coordination and response to Antibiotic-Resistant Gonorrhea: Laboratory Coordination and Antimicrobial Resistance Testing.

The strengths and areas for improvement for the core capability(-ies) aligned to this objective are described in this section.

[Objective 1c] – Laboratory Coordination and Antimicrobial Resistance Testing

Strengths
The partial capability level can be attributed to the following strengths:

Strength 1: Participants demonstrated awareness of available referral laboratory resources and genomic sequencing capabilities.

Strength 2: Stakeholders recognized the importance of coordinating specimen collection and transport with shipping schedules and laboratory capacity.

Strength 3: The group discussed opportunities to involve laboratory partners early when resistance is suspected.

Areas for Improvement

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

Area for Improvement 1: Additional guidance is needed regarding specimen packaging, transport media, shipping timelines, and temperature requirements.
Reference: Exercise Hotwash & After-Action Meeting Notes
Analysis: William Bendik identified Amies Gel with Charcoal as an option - https://www.fishersci.com/shop/products/bd-bbl-cultureswab-plus-transport-systems-amies-gel-charcoal-single-swab/L4320121#?keyword=

Area for Improvement 2: Providers requested clearer procedures regarding where to obtain supplies and how to initiate specialized testing.
Reference: Exercise Hotwash & After-Action Meeting Notes
Analysis: Provide clearer directions on NVOSE website.

[Objective 1d]

Discuss, present, and identify improvement areas and potential solutions regarding the following components of a state-level public health coordination and response to Antibiotic-Resistant Gonorrhea: Clinical Guidance, Provider Communication, and Public Information.

The strengths and areas for improvement for the core capability(-ies) aligned to this objective are described in this section.

[Objective 1d] – Clinical Guidance, Provider Communication, and Public Information

Strengths

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

Strength 1: Participants supported development of standardized technical bulletins and educational materials.

Strength 2: There was consensus that coordinated messaging between epidemiology and public information staff would improve consistency.

Areas for Improvement
Area for Improvement 1: Mechanisms for returning laboratory results and follow-up information to providers should be strengthened.
Reference: Exercise Hotwash & After-Action Meeting Notes
Analysis: OSE will work with Infection Control and Hospitals to ensure the results get returned.

Area for Improvement 2: Development of fact sheets to rapidly disseminate guidance.
Reference: Exercise Hotwash & After-Action Meeting Notes
Analysis: Participants recommended development of QR codes, fact sheets, and electronic resources to rapidly disseminate guidance.

Core Capability	Issue / Area for Improvement	Corrective Actions	Primary Responsible Organization	Start Date	Completion Date
Planning Operational Coordination	Communication pathways between providers, laboratories, and state officials were not consistently defined.	Participants recommended standardized notification procedures and broader use of centralized email chains or coordinated communication mechanisms.	OSE	June 2026	Continuous
Planning Operational Coordination	Frontline staff require additional education regarding patient interviewing and risk assessment.	Complete Disease Investigation Protocol for Gonorrhea.	OSE	June 2026	August 2026
Planning Operational Coordination	Incomplete demographic and contact information limits effective follow-up investigations.	Educating providers to obtain demographic and contact information.	OSE	June 2026	Continuous
Planning Operational Coordination	Three-site testing is not consistently performed, creating the potential for missed infections.	Educating providers regarding three site testing.	OSE / AETC	June 2026	September 2026
Planning Operational Coordination	Additional guidance is needed regarding specimen packaging, transport media, shipping timelines, and temperature requirements.	William Bendik identified Amies Gel with Charcoal as an option.	SNPHL	June 2026	June 2026

Planning Operational Coordination	Providers requested clearer procedures regarding where to obtain supplies and how to initiate specialized testing.	Provide clearer directions on NVOSE website.	OSE	June 2026	September 2026
Planning Operational Coordination	Mechanisms for returning laboratory results and follow-up information to providers should be strengthened.	OSE will work with Infection Control and Hospitals to ensure the results get returned.	OSE	June 2026	Continuous
Planning Operational Coordination	Development of fact sheets to rapidly disseminate guidance.	Participants recommended development of QR codes, fact sheets, and electronic resources to rapidly disseminate guidance	OSE	June 2026	Continuous

This IP has been developed specifically for the Nevada Division of Public & Behavioral Health (DPBH) Nevada Office of State Epidemiology (OSE), Public Health Preparedness (PHP) Program, and Community Health Services (CHS) as a result of Antibiotic-Resistant Gonorrhea Tabletop Exercise (ARG TTX) conducted on Wednesday, May 20, 2026.

APPENDIX C: EXERCISE PARTICIPANTS

Participating Organizations
Federal
State
Nevada Division of Public and Behavioral Health (DPBH)
Office of State Epidemiology (OSE)
Public Health Preparedness (PHP)
Clinical Community Nursing (CCN)
Public Health Lab
Southern Nevada Public Health Lab (SNPHL)
Local Health Authorities
Community Partners
Humboldt General Hospital