**Q: Was loss of cell phone communications due to infrastructure damage to (towers) or was it because the local networks were overwhelmed by the volume of calls?**

Loss of cell phone coverage was related to cell phone local networks being overwhelmed by the volume of calls.

**Q: regarding to monitoring on the 4th, how was this done? contacts with hospitals, helpline, etc.. in one hour**

The Infectious Disease Bureau continued to take the pulse of our community with syndromic surveillance. Syndromes include heat, acute GI illness, behavioral/mental health; injuries etc. The Office of Public Health Preparedness coordinated with IDB to include this information with other information being received and disseminating it to public health, healthcare, public safety, and city leadership to help make decisions about allocating resources.

**Q: Did you use any volunteers for staffing?**

We use Boston Medical Reserve Corps volunteers for each Boston Marathon to support injured runner tracking. They become integrated into the Boston Athletic Association volunteers. After the bombings, we accounted for them, ensured they arrived home, and provide follow-up mental health services.

**Q: Question for BPH: In this type of emergency scenario, what were the immediate public health actions that you needed to inform with data you were gathering in the aftermath? As opposed to data used for later public health activities (PTSD counseling)**

* Coordinate information sharing across public health, healthcare, and public safety to ensure everyone had valid information regarding the full impact and status of the incident
  + Including determining other associated events (BT agent, chemical, or radiological)
* Requests for specialty supplies and equipment from hospitals (surgical equipment for amputations, blood, etc.)
* Coordinate a family reception center for runners and their families which included:
  + Family reunification – both injured and uninjured runners (Remember there were still thousands of runners on the course).
  + Sheltering – for people who lived or were staying in hotels in the crime scene area that was no longer accessible
  + Mass Care – food, water, mental health services, updates on situation and resources

**Q: You mentioned that you realized that surveillace for the 2013 marathon would be extended. I'm curious about how long it was extended and how you changed the data that you were looking for during this extension?**

Mental health surveillance is ongoing and has been incorporated into our standard operating procedures.

**Q: 2 questions - Is the Marathon a NSSE (National Special Security Event) that results in coordinaton and communication requirements with federal officials and 2 - any unexpected information requests from leadership that were not anticipated and planned for prior to the event**

The Marathon is not a National Special Security Event.

**Q: How are you preparing for the 2014 Marathon event? This, in terms of letting publics know it is secure for them and their families to participate.**

The Boston Athletic Association (BAA) and various public safety agencies are providing information on security plans. <http://www.baa.org/>

The City of Boston has hosted community meetings in the impacted areas, worked with the media to provide updates on the security, and leveraged its social media presence.

**Q: What was the information and processes used to determine if a bioterrorism category A threat agent was used/not used?**

Testing of air sampling systems was accelerated and our syndromic surveillance system monitors for associated syndromes.