# Medical Countermeasure Planning in NYC

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Office of Emergency Preparedness and Response

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# Inhalational Anthrax

- Clinical Manifestations
  - Incubation period – 1-5 days
  - Acute phase – within 3-5 days – death can occur within 24 hours of onset of acute phase
- Pathogenesis of Disease
  - Anthrax spores deposited deep into the lungs
  - Toxin causes internal injury: lungs fill with fluid
- No Human to Human Transmission
- Treatment
  - IV antibiotics administered in ICU
  - Case fatality rate ~ 75% even with treatment

# NYC High Risk

**Demographics**

- Residents: 8.3M
- Population Density: 27,000/sq mi
- Tourists: 52.7M per year
- Foreign born: 36.9%
- 170+ languages spoken

**Regional Transportation Hub**

- 1.4M people commute into Manhattan
- 4.9M ride the subway each work day

**International Transportation Hub**

- 100 million travelers annually

**International Icons/Landmarks**

- United Nations, Wall Street, Empire State Building

**Large Planned Events**

- United Nations General Assembly, New Year's Eve, Thanksgiving Day Parade

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# Anthrax Response

- Risk to NYC
  - Dense population
  - Transit System
- Post Exposure Prophylaxis (PEP)
  - The City of New York must dispense oral antibiotics to everyone in the city who has possibly been exposed in 36 hours or less
  - Points of Dispensing will be primary mechanism

# Point of Dispensing Planning

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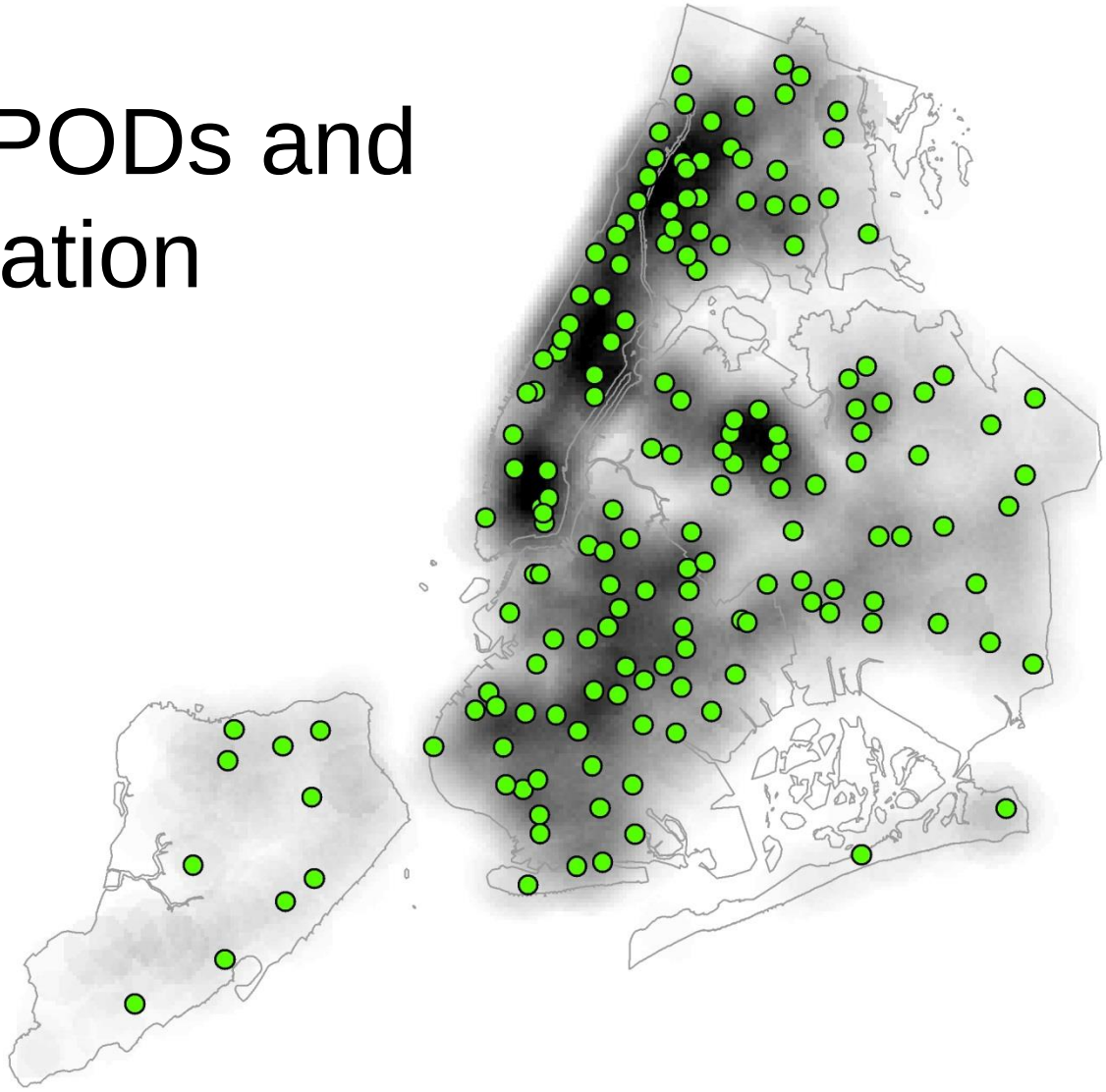
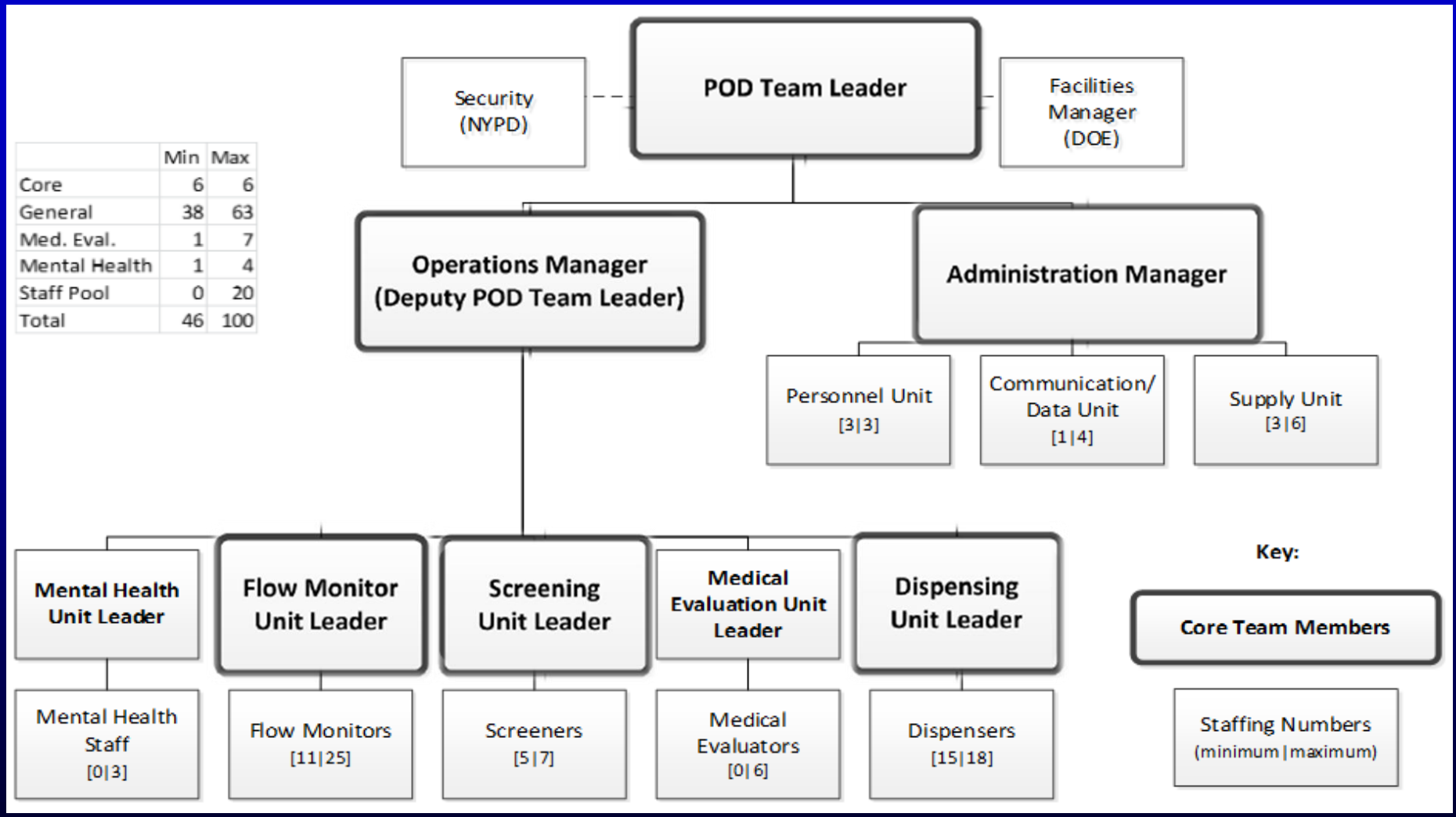
# NYC PODs and Population



# POD Staffing Structure




| | Min | Max |
|---|---|---|
| Core | 6 | 6 |
| General | 38 | 63 |
| Med. Eval. | 1 | 7 |
| Mental Health | 1 | 4 |
| Staff Pool | 0 | 20 |
| Total | 46 | 100 |

# POD Staffing

- POD Core Team Members
  - Mandatory assignment to PCT position
  - Assigned by position and home address to POD site
  - Mandatory training
- General Staff
  - Testing “over-assignment ” of City staff to POD sites by home address
  - JIT training

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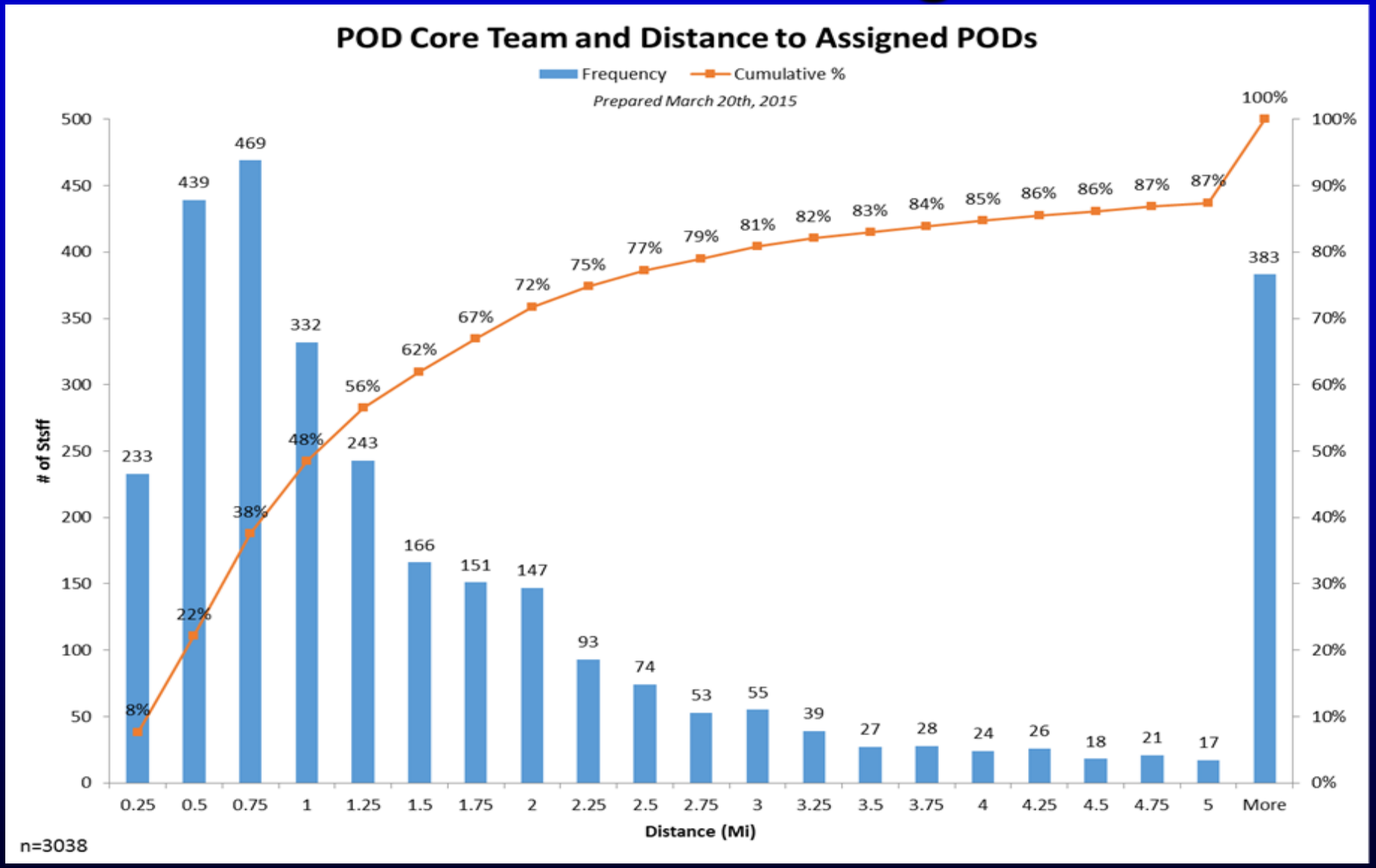
# POD Staff-Site Assignment

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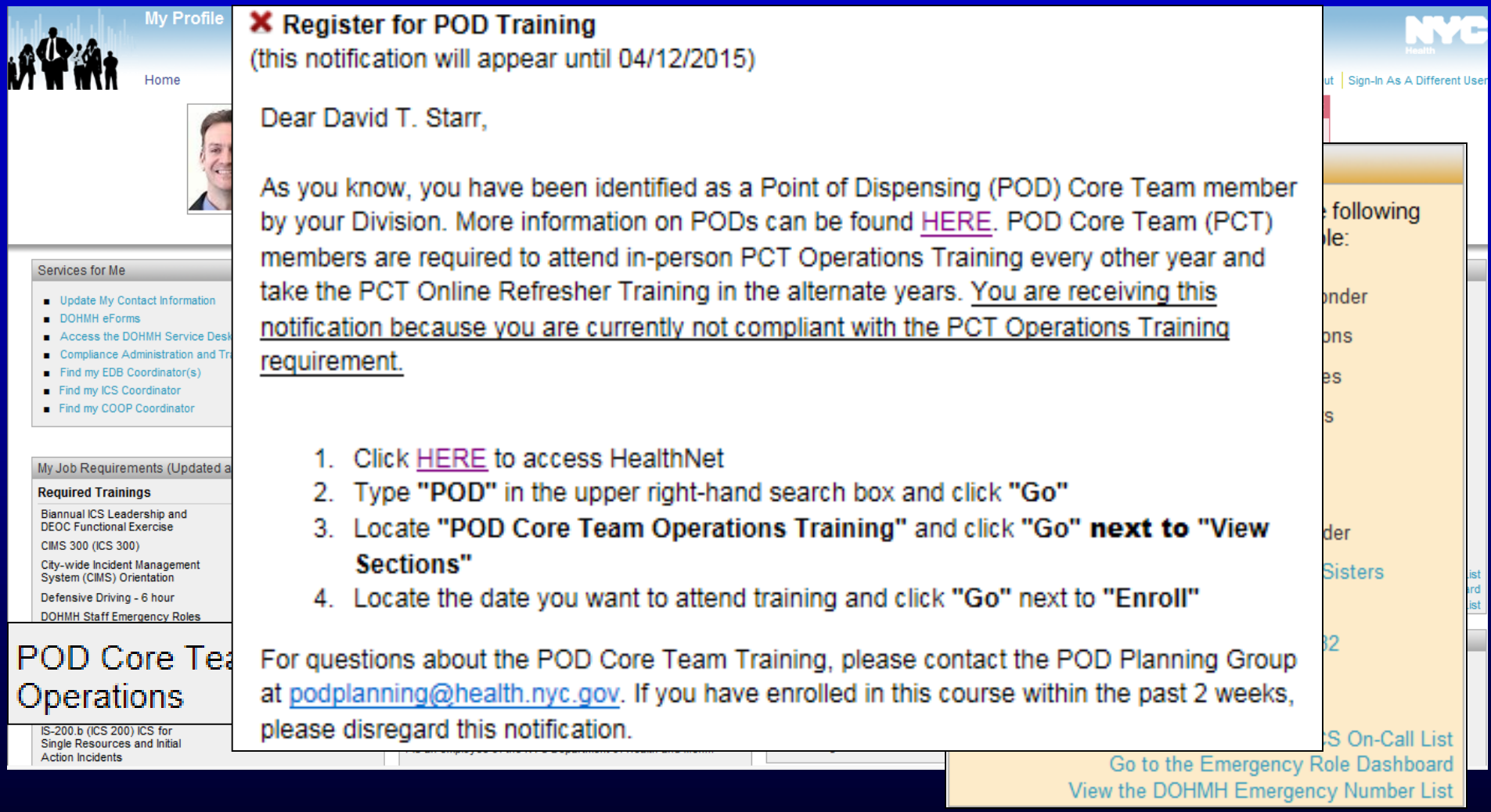
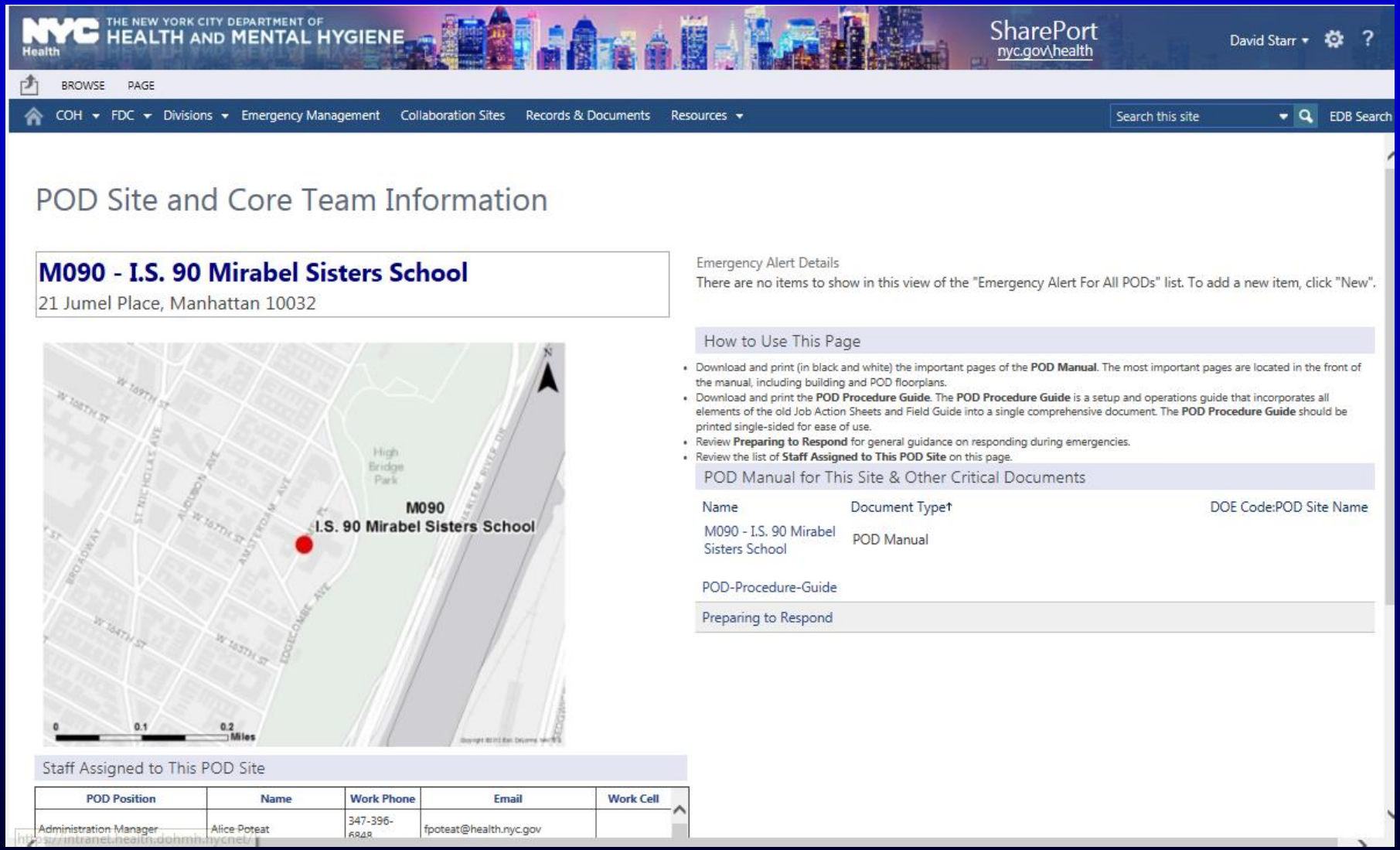
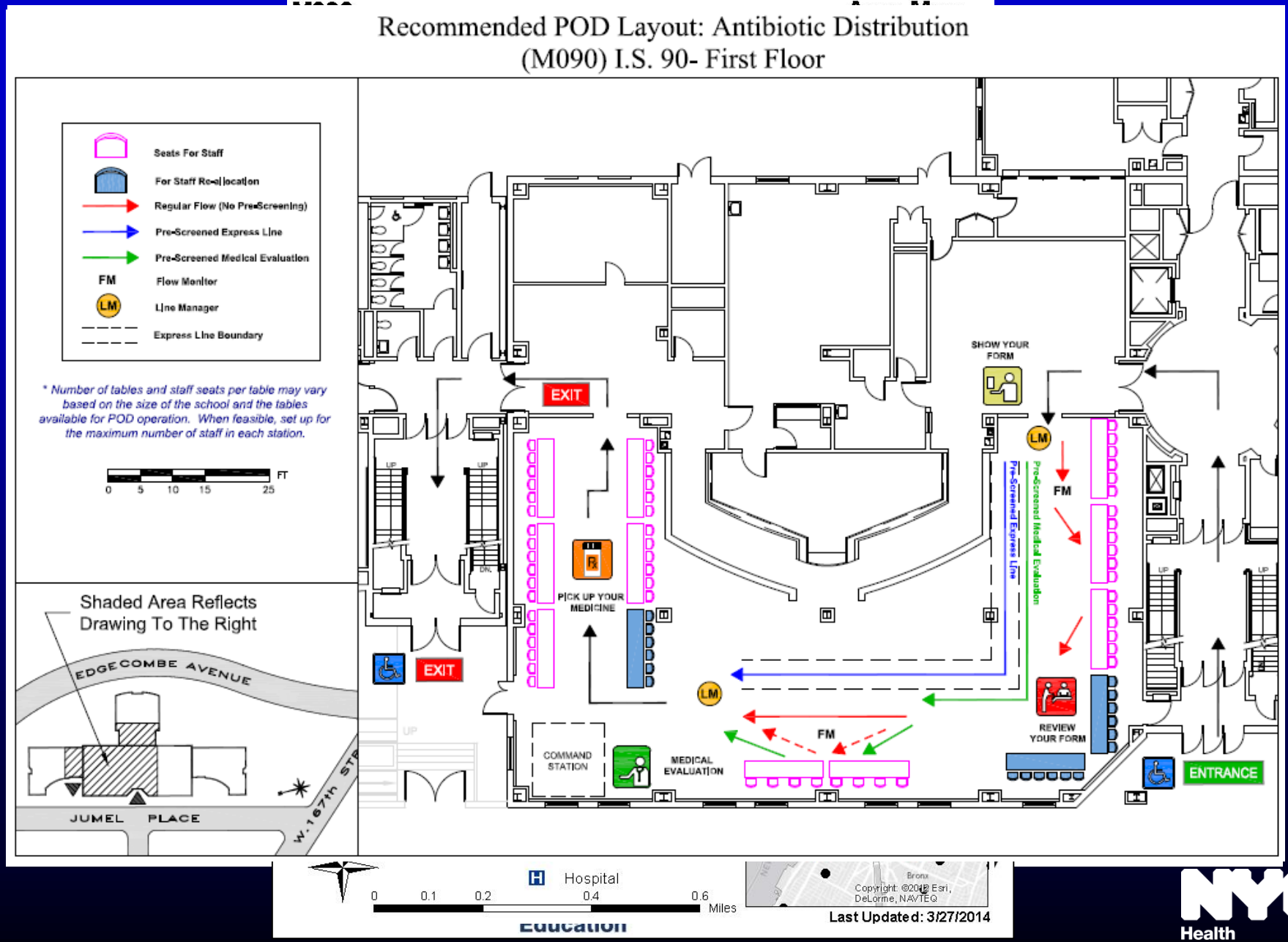
# EDB: Tracking and Assignment



# POD Site Page



# POD Site Manuals

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# POD Procedure Guide

Office of Emergency Preparedness and Response
Countermeasures Response Unit

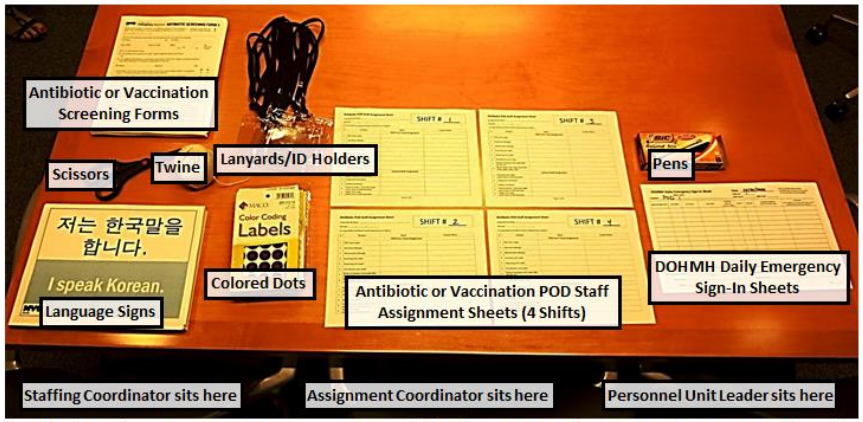
Supporting Document

| Response Phase: **Preparedness** | Section: **Point of Dispensing** | Document Code: **SD-P-PD-001** |
|---|---|---|
| **Personnel Station Setup Photo** | | |
| Last Revised or Reviewed: **20151019** | Owner: **David Starr** | |

**Objective**

To provide POD Core Team with visual instructions for Personnel Station setup.

| Items in photo | Location |
|---|---|
| Antibiotic or Vaccination Screening Forms | Rolling Container 3 Paperwork Bin 1 |
| Antibiotic or Vaccination POD Staff Assignment Sheets | |
| DOHMH Daily Emergency Sign-In Sheets | |
| Pens | Rolling Container 3 Personnel Bin 1 |
| Lanyards | |
| ID Holders | |
| Colored Dots | |
| Scissors | |
| Twine | |
| Language Signs | Rolling Container 3 |




- This photo shows 3 Personnel Station positions on 1 table. When setting up the Personnel Station use 2 tables and spread out the Personnel Station positions.
- Keep Personnel Bin 1, Personnel Bin 2, and Paperwork Bin 1 in the Personnel Station. Do not allow anyone to take these bins from the Personnel Station.
- If there are items in the bins that are not in the photo leave them in the bins.

# Designee Pickup Policy

| Distribution of Household Size in NYC Counties | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BY HOUSEHOLDS | | | | | | | | | | | | |
| | NYC | | Bronx | | Kings | | New York | | Queens | | Richmond | |
| Household Size (persons) | # of households | cumulative % | # of households | cumulative % | # of households | cumulative % | # of households | cumulative % | # of households | cumulative % | # of households | cumulative % |
| 1 | 963,492 | 31.9 | 126,799 | 27.4 | 244,650 | 27.8 | 354,528 | 47.9 | 200,616 | 25.7 | 36,899 | 23.4 |
| 2 | 807,475 | 58.6 | 112,610 | 51.8 | 233,807 | 54.4 | 209,877 | 76.2 | 208,123 | 90.3 | 43,058 | 28.1 |
| 3 | 491,887 | 74.9 | 88,089 | 70.8 | 155,508 | 72.1 | 81,541 | 87.2 | 137,172 | 93.8 | 29,577 | 48.4 |
| 4 | 381,085 | 87.5 | 65,872 | 85.1 | 118,195 | 85.6 | 50,797 | 94.1 | 118,580 | 96.7 | 27,641 | 73.7 |
| 5 | 205,893 | 94.3 | 38,584 | 93.4 | 65,378 | 93.0 | 24,506 | 97.4 | 63,967 | 98.4 | 13,458 | 89.1 |
| 6 | 94,119 | 97.5 | 16,996 | 97.1 | 31,661 | 96.6 | 10,818 | 98.8 | 29,907 | 99.2 | 4,737 | 95.6 |
| 7 | 36,622 | 98.7 | 7,052 | 98.6 | 13,601 | 98.2 | 3,888 | 99.4 | 10,725 | 99.5 | 1,356 | 97.8 |
| 8 | 18,157 | 99.3 | 2,842 | 99.2 | 7,349 | 99.0 | 2,151 | 99.6 | 5,150 | 99.7 | 665 | 99.0 |
| 9 | 10,105 | 99.6 | 1,717 | 99.6 | 3,988 | 99.5 | 1,214 | 99.8 | 3,013 | 99.8 | 173 | 99.3 |
| 10 | 5,646 | 99.8 | 773 | 99.8 | 2,189 | 99.7 | 704 | 99.9 | 1,948 | 99.9 | 32 | 99.4 |
| 11 | 3,210 | 99.9 | 617 | 99.9 | 1,256 | 99.8 | 235 | 99.9 | 930 | 100 | 172 | 99.9 |
| 12 | 2,260 | 100.0 | 446 | 100 | 798 | 99.9 | 355 | 100 | 661 | 100 | 0 | 99.9 |
| 13 | 378 | 100.0 | 0 | 100 | 276 | 100 | 35 | 100 | 67 | 100 | 0 | 99.9 |
| 14 | 354 | 100.0 | 23 | 100 | 153 | 100 | 61 | 100 | 117 | 100 | 0 | 99.9 |
| 15 | 199 | 100.0 | 23 | 100 | 56 | 100 | 27 | 100 | 72 | 100 | 21 | 99.9 |
| 16 | 47 | 100.0 | 0 | 100 | 26 | 100 | 0 | 100 | 21 | 100 | 0 | 99.9 |
| 17 | 15 | 100.0 | 0 | 100 | 15 | 100 | 0 | 100 | 0 | 100 | 0 | 99.9 |
| 18 | 36 | 100 | 0 | 100 | 18 | 100 | 0 | 100 | 0 | 100 | 18 | 100 |
| Total | 3020980 | 100 | 462443 | 100 | 878924 | 100 | 740737 | 100 | 781069 | 100 | 157807 | 100 |

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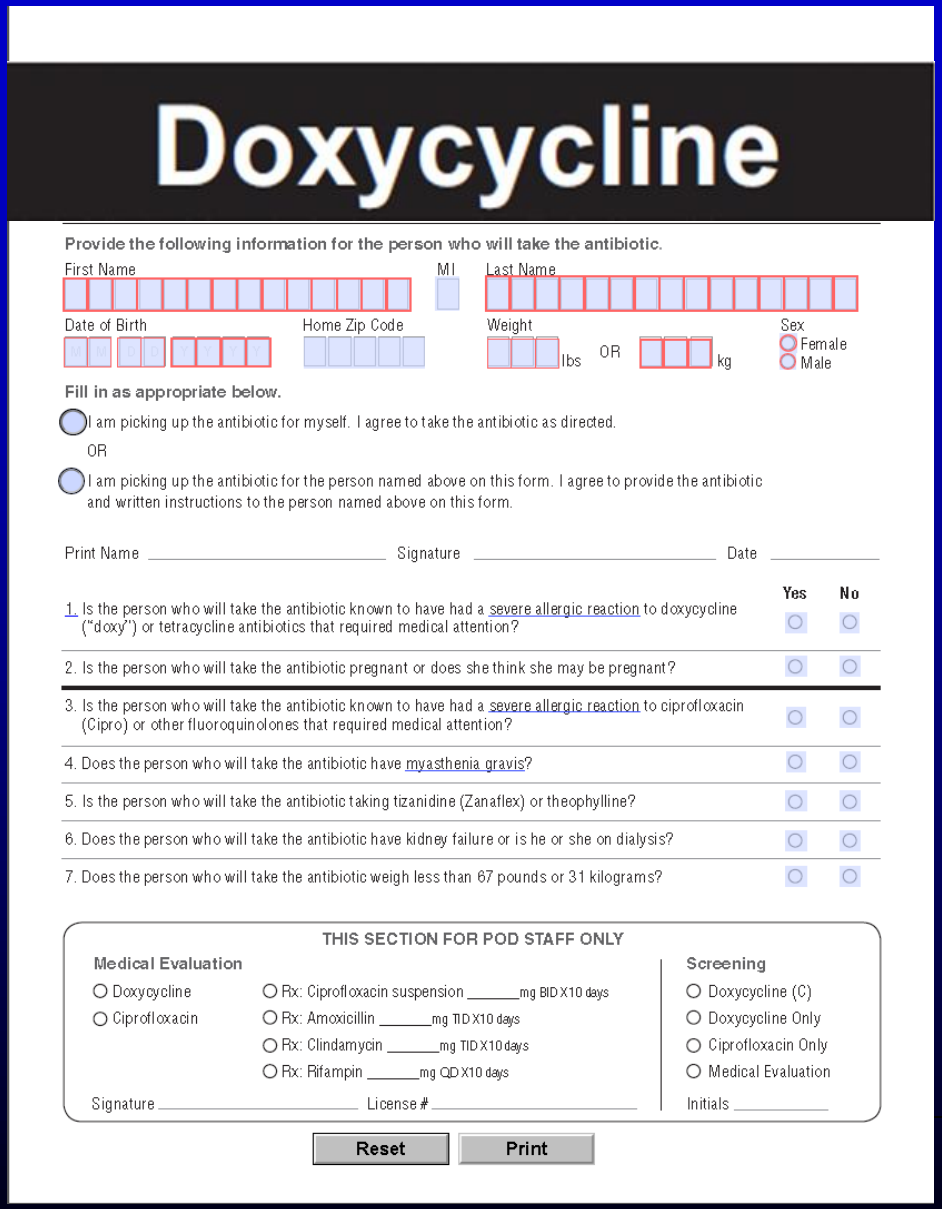
# Automated Antibiotic Screening Form



## Doxycycline

Provide the following information for the person who will take the antibiotic.

First Name | MI | Last Name

Date of Birth (M M / D D / Y Y Y Y) | Home Zip Code | Weight ____ lbs OR ____ kg | Sex: Female / Male

Fill in as appropriate below.

I am picking up the antibiotic for myself. I agree to take the antibiotic as directed.

OR

I am picking up the antibiotic for the person named above on this form. I agree to provide the antibiotic and written instructions to the person named above on this form.

Print Name _____ Signature _____ Date _____

| | Yes | No |
|---|---|---|
| 1. Is the person who will take the antibiotic known to have had a severe allergic reaction to doxycycline ("doxy") or tetracycline antibiotics that required medical attention? | | |
| 2. Is the person who will take the antibiotic pregnant or does she think she may be pregnant? | | |
| 3. Is the person who will take the antibiotic known to have had a severe allergic reaction to ciprofloxacin (Cipro) or other fluoroquinolones that required medical attention? | | |
| 4. Does the person who will take the antibiotic have myasthenia gravis? | | |
| 5. Is the person who will take the antibiotic taking tizanidine (Zanaflex) or theophylline? | | |
| 6. Does the person who will take the antibiotic have kidney failure or is he or she on dialysis? | | |
| 7. Does the person who will take the antibiotic weigh less than 67 pounds or 31 kilograms? | | |

THIS SECTION FOR POD STAFF ONLY

**Medical Evaluation**

- Doxycycline
- Ciprofloxacin
- Rx: Ciprofloxacin suspension _____mg BID X10 days
- Rx: Amoxicillin _____mg TID X10 days
- Rx: Clindamycin _____mg TID X10 days
- Rx: Rifampin _____mg QD X10 days

**Screening**

- Doxycycline (C)
- Doxycycline Only
- Ciprofloxacin Only
- Medical Evaluation

Signature _____ License # _____ Initials _____

Reset | Print

- PDF file – no link to any database
- Automatically screens individual based on answers to screening questions
- Can be filled out manually - no IT requirement

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# Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)

Health

# Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)

- Facilities register and sign an agreement with DOHMH
- Provide number of residents and staff at their facility
- Information is updated quarterly

# Auxiliary Distribution Planning

- Long-Term Care Facilities
  - 45/173 – 12,562 clients; 19,429 staff
- Adult Care Facilities
  - 34/77 – 5,229 clients; 1,905 staff
- Inpatient Psychiatric Facilities
  - 6/6 – 1,440 patients; 4,402 staff

# Emergency Medical Logistics Planning

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# Receiving and Distribution

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# Receiving and Distribution

- Private Distribution Facility
  - Under contract since 2004
  - Staffed 21 hours per day 6 days/week
- City Central Storehouse
  - First to receive SNS assets in 2001
- Tecsys Warehouse Management System
- Private freight broker
  - 930 truck pallet positions; 30 vans for continuous use

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# Transportation Security

- SNS Transportation Security Group
  - Workshop in October 2010
    - NYPD, PANYNJ, NJSP, USMS
    - Draft SNS Transportation Security Operations Plan
  - TTX June 2012
    - NYPD, PANYNJ, NJSP, DCAS, USMS
    - AAR to inform further SNS TSO Plan

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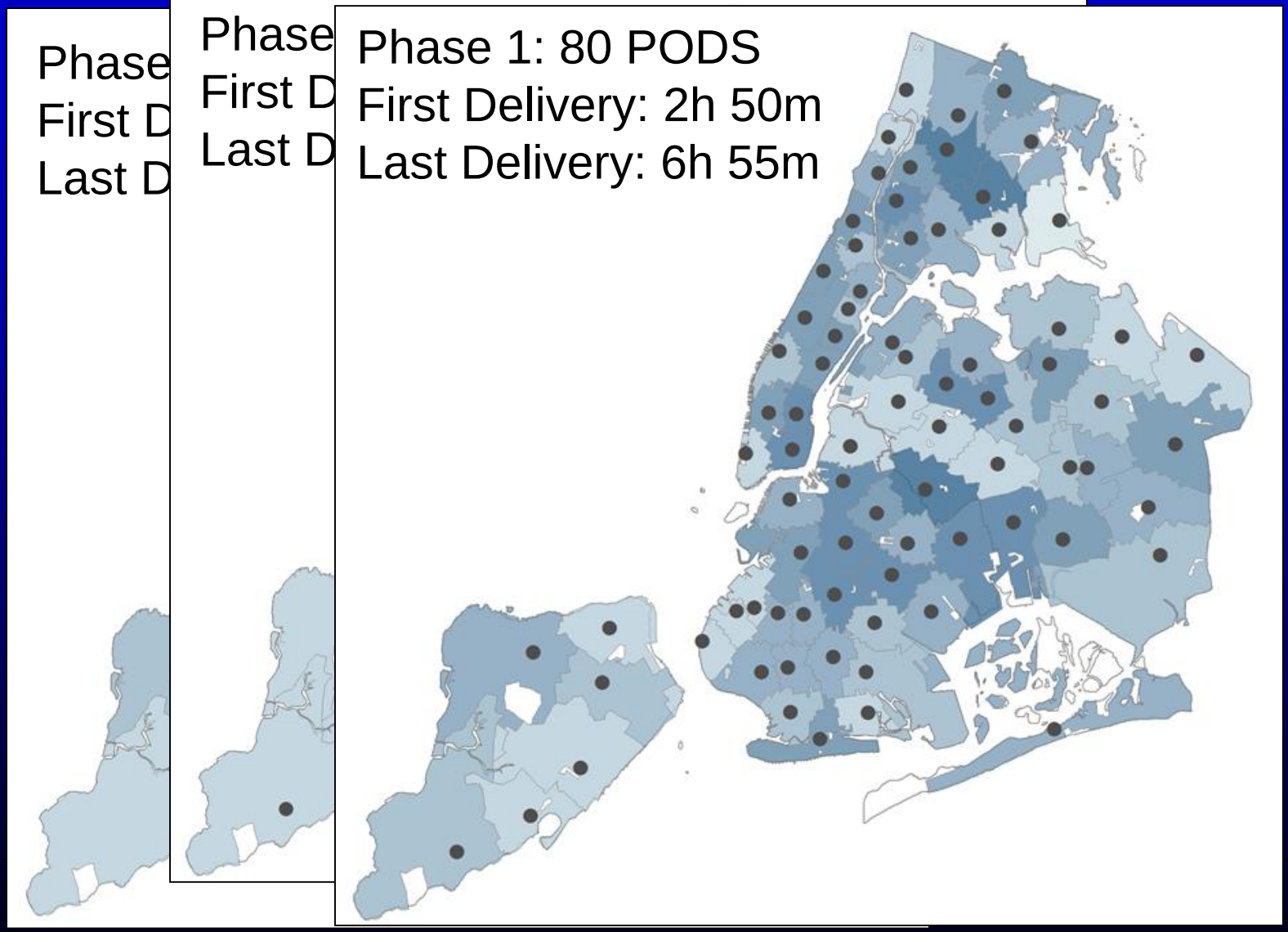
# “Phase 1” Response Plans



# Rapid Activation for Mass Prophylaxis: RAMPEx August 1, 2014

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# RAMPEx Objective

- "To confirm the ability of the New York City government, WITH NO NOTICE, to rapidly initiate citywide medical countermeasure dispensing operations in response to a bioterrorist attack, using current plans."
-

# Day of Exercise

- 0610: staff notification complete
- 0730: 118 POD staff already at sites
- 0742: first trucks leave warehouse
- 0850: first POD receives PIB
- 0940: 776 (of 860) POD staff at sites
- 1115: first POD ready to open (no med)
- 1208: last POD receives PIB (28<1130)
- 1417: last POD ready to open (no med)

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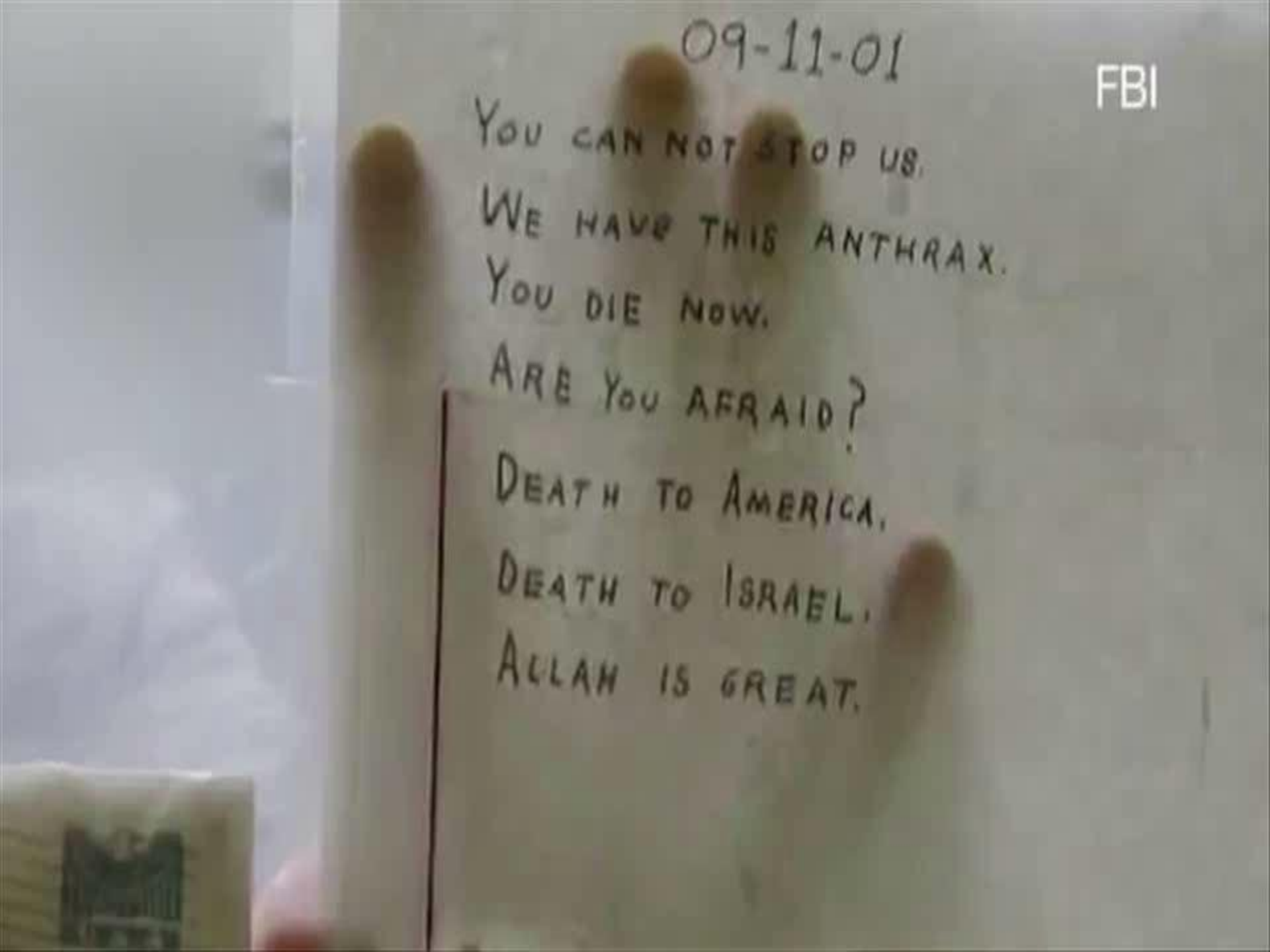
09-11-01
YOU CAN NOT STOP US.
WE HAVE THIS ANTHRAX.
YOU DIE NOW.
ARE YOU AFRAID?
DEATH TO AMERICA.
DEATH TO ISRAEL.
ALLAH IS GREAT.
FBI

# Findings: Participant Survey

- Extremely high response rate (89%)
- Confirmed no-notice
  - 91% were not aware of date
- Confirmed value of training
  - 80% stated training helped them perform
- Confirmed ability to respond
  - 86% were able to report to the POD on time
- Confirmed willingness to respond
  - 92% stated they would have responded in their role if it had been an actual event

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# How Does Primary Care Fit In?

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Thank you