

TESTING THE SYSTEMS, SPEEDING THE RESPONSE

The challenge: Get life-saving medicine to 8.4 million New Yorkers after a bioterrorist attack.



August 1, 2014: Point of Dispensing staff distributes medication during a preparedness exercise.

Forty-eight hours. During that time, anthrax spores germinate within the body of a person who inhaled them. Medical interventions provide a fighting chance. After a few days without medicine, though, that person will develop rapidly progressing illness and could die.

So what if the worst happened? The question isn't theoretical. New York City has endured several anthrax attacks—in 2001, three media offices received tainted letters—and New York City remains a target.

Taking certain medications soon after anthrax exposure, but before the disease develops, can prevent people from getting sick. Could the New York City Health Department get life-saving medications to 8.4 million people before it was too late?

On August 1, 2014, the Health Department tested its ability to do so. The Health Department's Rapid Activation for Mass Prophylaxis Exercise—RAMPEX—was the largest no-notice emergency response exercise on record. RAMPEX played out, timed and monitored the journey that critical medications would take, from warehouse to bloodstream, if a highly lethal agent such as anthrax hit New York City.

Even before 2001, the Health Department was readying itself for bioterrorism, building systems to meet biological threats both common and rare, limited and broad.

By 2015, the Health Department had identified and surveyed 165 Points of Dispensing (PODs), temporary sites ready to open to provide life-saving medications to anyone who needs them after a biological attack or during a communicable disease outbreak. The Points of Dispensing are located by population density throughout the city, in walking distance of almost everyone. For those who can't get there on their own, family and friends are encouraged to pick up medications.

To enable rapid mobilization, the Health Department has created blueprints and instructions for each POD, detailing everything from table setup to position assignments based on staff living nearby (public transportation may be down in this type of emergency). Varying by type, size, extent and location of an incident, the plans

Could medications be delivered to millions before it was too late?

comprise a prix-fixe menu, simplifying choices for officials charged with green-lighting emergency measures before all the facts are in.

The RAMPEX clock started at 5 AM, when an automated call woke over 1,000 employees from 13 City agencies with a message to report to their assigned POD. Some things went swimmingly: Of the almost 900 participants in the field, many arrived at their sites ahead of schedule. Other things, not so much: Some trucks carrying supplies from warehouses were delayed in transit, forced to reroute due to height restrictions on their pre-identified route.

Still, by 2:58 PM RAMPEX had tested all of the components of mobilizing the Health Department’s mass prophylaxis response. Thirty PODs in five boroughs were stocked, staffed and ready for business in less than eight hours; some were ready in less than six. While it highlighted some gaps, the exercise and its results were unprecedented. The Health Department was closer to assuring the health of New York City’s millions of residents and visitors in the event of a bioterrorist attack.

Impact

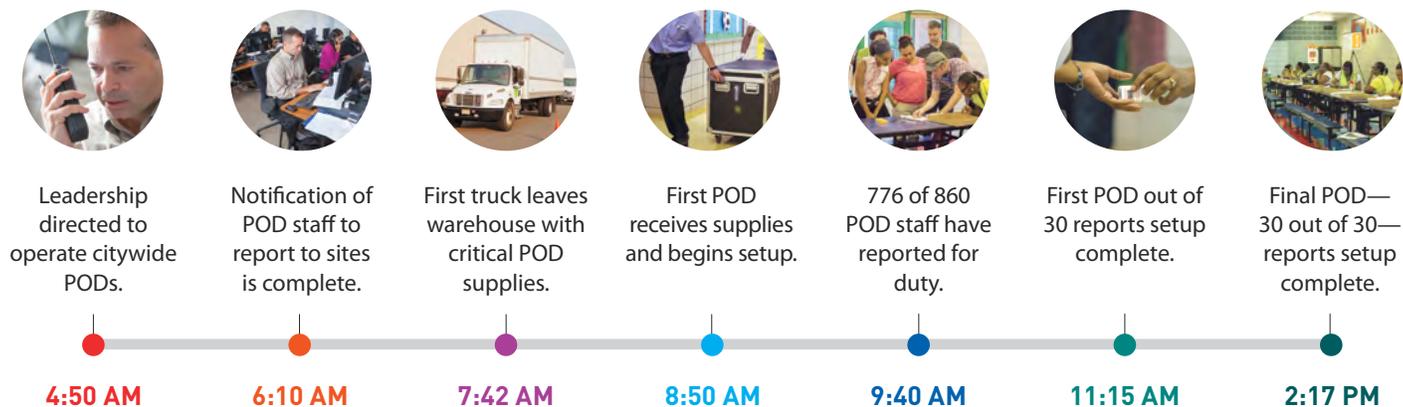
- The Health Department has trained over 3,000 staff members on how to set up and operate PODs, and assigned them to sites near their homes.
- PODs have been used in a variety of public health emergencies, from providing vaccines during the H1N1 flu epidemic to administering preventive vaccines to thousands of New Yorkers exposed to Hepatitis A by food handlers diagnosed with the disease.

Critical Need

- Continued support for complex exercises to further test and improve plans.
- In NYC alone, prophylaxis on a citywide scale will require **33,000 POD staff** to support 48 hours of dispensing operations. To meet this demand, NYC needs to expand its pool of resources for response, including non-mission-essential federal employees to supplement the local response to a public health emergency.
- Medical countermeasures from CDC’s Strategic National Stockpile (SNS) should be forward deployed, in reasonable quantities, to high-threat, high-density urban areas that have demonstrated an ability to stand up PODs faster than SNS medications can be delivered to jurisdictions and subsequently distributed to PODs.

Emergency Preparedness in Less Than 8 Hours

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NYC Public Health and Healthcare Preparedness and Response REPORT

