INTRODUCTION

On March 13, 2013, President Obama signed the Pandemic and All Hazards Preparedness Reauthorization Act (PAHPRA) into law, as a critical step towards ensuring our nation remains resilient to support communities in preventing, preparing for and responding to public health emergencies or disasters. Congress passed the original legislation in 2006, in the aftermath of Hurricane Katrina, to support work initiated by the U.S. Department of Health and Human Services (DHHS), through two important cooperative agreements designed to advance national health security; the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP). Through these two cooperative agreements, hospitals and public health departments have been able to build stronger preparedness / response capabilities by expanding partnerships across jurisdictional boundaries and building upon the traditional healthcare framework to ensure a comprehensive preparedness and response infrastructure program.

Recent events, both National and Local, highlight these advanced capabilities:

1. The 2009 H1N1 pandemic: Chicago activated, received, and deployed vital anti-viral medications and vaccines through the Medical Countermeasures Distribution plan construct within 12 hours of Federal notification that assets were being shipped to our jurisdiction. Chicago was the only jurisdiction in the country to distribute 100% of the medical materiel and pharmaceuticals to our hospitals within 24 hours of receipt.

2. The 2011 Pacific Rim earthquake: A devastating tsunami disabled / destroyed three Fukushima Daiichi nuclear reactors, causing one of the largest radiological disasters ever in the Japan. Public Health agencies across the United States immediately initiated preparedness measures and public messaging to inform citizens of the response actions and any potential for local radiological emergencies nationwide. CDPH and city preparedness partners created public information and fact sheets to assist in assuring the citizens of Chicago.

3. The 2013 Boston Marathon: Terrorist suspects detonated two improvised explosive devices (IEDs) near the finish line of one of America’s longest standing, public assembly events. Preparedness planning, along with established Mass Care and Medical Surge Capacity structures, initiated a near immediate response action, which saved countless lives. CDPH and city public safety partners reviewed and inventoried all existing plans for managing medical emergencies and mass causality incidents.

Public Health and Medical Preparedness, under PAHPRA, will allow for continued expansion and refinement of local planning and response capabilities, emphasizing the areas of chemical, radiological, biological, and nuclear (CBRN) threats as part of an all-hazards approach to our National Preparedness Goals.
**FEDERAL LEVEL PREPAREDNESS**

The *Pandemic and All Hazards Preparedness Reauthorization Act* is intended to build upon the existing preparedness framework by enhancing programs and authorities to maximize our Nation’s resilience to public health threats, whether natural or man-made. These actions include:

1. **National Health Security Strategy**: that promotes an all-hazard approach to strategic initiatives surrounding medical countermeasure plans, highlighting the unique needs and considerations of at-risk populations.

2. **Public Health and Medical Surge Capacity**: focusing the capacity of the National Disaster Medical System, the Medical Reserve Corps, the Strategic National Stockpile (SNS) and the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR/VHP).

3. **Optimizing Medical Countermeasure activities**:
   a) Clarifies the abilities of the Food and Drug Administration (FDA) to extend the expiration dating of pharmaceuticals within the SNS, through the Shelf-Life Extension Program (SLEP).
   b) Clarifies the authorities of the Food and Drug Administration (FDA) to issue Extended Use Authorizations (EUAs) for currently unapproved medical products or unapproved uses of approved products, during an emergency due to the limited or absence of adequate, approved and available alternatives for public health emergencies involving CBRN agents.
   c) Enhances the Biomedical Advanced Research and Development Authority (BARDA) to focus on supporting the development of innovative biodefense technologies.
   d) Project BioShield extended through 2018 to support advanced research and development of potential medical countermeasures.

**LOCAL LEVEL APPLICATION FOR PREPAREDNESS**

The Preparedness and Response Bureau continues to enhance and refine our internal planning doctrine and maximize our collaboration with city partner agencies through a number of innovative projects:

1. **Comprehensive Review of the City of Chicago Medical Countermeasures (MCM) Plan**: The Chicago Department of Public Health, along with citywide critical planning partners have initiated a comprehensive plan review of the Medical Countermeasures program (SNS Plan), including any auxiliary reference plans required to complete this tactical mission. CDPH’s goal is to move beyond the CDC-DSNS TAR tool, i.e. operational capacity dictated by an audit tool, and move towards a more comprehensive, evidence-based MCM distribution program. CDPH will maintain the full level of operational capacity that has been previously developed, but will also switch a primary focus to formulary development, informed by subject matter expertise, identification of pre-event indicators, streamlining logistical processes and processes for demobilization and recovery.

2. **Medical Charter / Medical Formulary**: CDPH has developed and implemented the first recognized local Critical Medical Materiel Formulary Coordinating Group, who has been charged with providing strategic oversight surrounding the City of Chicago’s Medical Countermeasure program by establishing a consistent and sustainable
Medical Materiel Formulary. This Formulary Group is comprised of members from the CDPH BOH, CDPH Preparedness Bureau, CDC Division of Strategic National Stockpile (DSNS), supply chain Subject Matter Experts (SME), Medical leadership from Cook County and external pharmacists. This group supports public health disaster response in Chicago based on priority threats, focusing on ensuring response capabilities to CDC Category-A Agents / Diseases, (inhalational Anthrax being the primary threat).

3. **FEMA Region V Federal Support Plan:**

   a) **Presidential Executive Order 13527 (2009):** It is the policy of the United States to plan and prepare for the timely provision of medical countermeasures to the American people in the event of a biological attack in the United States through a rapid Federal response in coordination with State, local, territorial, and tribal governments. This policy would seek to: (1) mitigate illness and prevent death; (2) sustain critical infrastructure; and (3) complement and supplement State, local, territorial, and tribal government medical countermeasure distribution capacity.¹

   b) **FEMA Regional Planning: Chicago Medical Countermeasures Federal Support Plan:** Pursuant to a June 13, 2011 memo from the Assistant to the President for Homeland Security and Counterterrorism, FEMA Regional planning efforts are focused on Tier I Urban Areas Security Initiative (UASI) cities. National Security Staff direction on Regional MCM planning was further refined on September 6, 2012, calling for FEMA to complete plans for the current top 10 UASI cities by the conclusion of Fiscal Year (FY) 2014. The Response Directorate Regional Planning Branch will be working with your staff to manage and provide support for the completion or the remaining top 10 FY12 UASI cities.² Chicago is the second jurisdiction to engage in this process, with future jurisdictions to include: Boston, Dallas/Fort Worth, Houston, Jersey City/Newark, New York City, the National Capital Region, Philadelphia, and San Francisco over the next two fiscal years.

**CDPH CONTRIBUTIONS TO NATIONAL POLICY**

Members of the Preparedness Bureau have been invited by the Division of the Strategic National Stockpile (DSNS) to participate in developing a new Technical Assistance Audit tool for all 62 federally funded jurisdictions receiving Preparedness monies. This invitation is due in part to Chicago’s three consecutive 100% audit scores dating back to 2010 and the innovative strategies currently employed within our jurisdiction to achieve the Cities Readiness Initiative (CRI) tactical goal of complete prophylactic coverage of our entire population within 48 hours of the detection of an Anthrax attack.

**CITATIONS**

¹Executive Order 13527 – Medical Countermeasures Following a Biological Attack, The White House Office of the Press Secretary (December 30, 2009)

²FEMA – Supplemental Guidance for Regional Medical Countermeasures (MCM) Support Planning