

## New York City Responds to a Case of Inhalation Anthrax Coordinated recovery efforts help communities return to normal after an emergency.



In February 2006, the New York City Department of Health and Mental Hygiene (NYC DOHMH) investigated a case of naturally

occurring inhalation anthrax, the first case in the United States in 30 years. A New York City resident, a dancer and drummer, collapsed after a performance in Pennsylvania, and Pennsylvania authorities contacted New York City officials. Through telephone interviews and laboratory testing, NYC DOHMH epidemiologists confirmed that the inhalation anthrax case was contracted while the man was working with untreated animal hides used to make drums.

NYC DOHMH immediately contacted all potentially exposed individuals to determine if others were at risk for inhalation anthrax, arranged for preventive medication as necessary, conducted laboratory tests on collected samples, and collaborated with local, state, and federal agencies to design initial sampling plans. NYC DOHMH proactively alerted hospitals through its Health Alert Network and automated mass notification software. In addition, NYC DOHMH hosted citywide hospital teleconferences to address questions and concerns from providers. In collaboration with the Environmental Protection Agency

and other agencies, NYC DOHMH coordinated efforts to examine and clear residences, workplaces, and vehicles associated with the anthrax case for re-occupancy.

NYC DOHMH also helped to effectively communicate public messages to schools and residents through community meetings, fact sheets, and media updates. Crisis counseling was available at all community meetings and provided to those who received preventive treatment. During this response, NYC DOHMH demonstrated its ability to coordinate response across regional and agency lines.

**According to the New York City Department of Health and Mental Hygiene, the cooperative agreement is valuable because** it has provided the city with resources to fund staff, equipment, and supplies (or contracts with vendors) to perform its preparedness activities. This funding stream has been critical in allowing every part of the agency to improve its emergency response role.

## Snapshot of Public Health Preparedness

Below are activities conducted by New York City in the area of public health preparedness. They support CDC preparedness goals in the areas of detection and reporting, control, and improvement; crosscutting activities help prepare for all stages of an event. These data are not comprehensive and do not cover all preparedness activities.

### Disease Detection and Investigation

The sooner public health professionals can detect diseases or other health threats and investigate their causes and effects in the community, the more quickly they can minimize population exposure.

Detect & Report	Could receive and investigate urgent disease reports 24/7/365 <sup>1</sup>	Yes
	- Primary method for receiving urgent disease reports* <sup>2</sup>	Telephone
	Linked state and local health personnel to share information about disease outbreaks across state lines (through the CDC <i>Epi-X</i> system) <sup>3</sup>	Yes
	Conducted year-round surveillance for seasonal influenza <sup>4</sup>	—

\* Telephone, fax, and electronic reporting are all viable options for urgent disease reporting, as long as the public health department has someone assigned to receive the reports 24/7/365.

<sup>†</sup> Localities were not asked to respond to this question.



# New York City



## Public Health Laboratories

Public health laboratories test and confirm agents that can threaten health. For example, advanced DNA “fingerprinting” techniques and subsequent reporting to the CDC database (PulseNet) are critical to recognize nationwide outbreaks from bacteria that can cause severe illness, such as *E. coli* O157:H7 and *Listeria monocytogenes*.

Detect & Report	Number of New York City laboratories in the Laboratory Response Network <sup>1</sup>	1
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE):* <sup>2</sup>	
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE):* <sup>2</sup>	
	Had a laboratory information management system that could create, send, and receive messages* <sup>3</sup> (8/05 – 8/06)	—
	-System complied with CDC information technology standards (PHIN)* <sup>3</sup> (8/05 – 8/06)	—
Crosscutting	Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens* <sup>3</sup> (8/05 – 8/06)	—
	Conducted bioterrorism exercise that met CDC criteria <sup>4</sup> (8/05 – 8/06)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria <sup>4</sup> (8/05 – 8/06)	N/A

\* Localities were not asked to respond to this question.

<sup>1</sup> CDC, DBPR; 2007; <sup>2</sup> CDC, DSLR; 2007; <sup>3</sup> APHL, Public Health Laboratory Issues in Brief: Bioterrorism Capacity; May 2007; <sup>4</sup> CDC, DSLR; 2006

## Response

Planning provides a framework for how a public health department will respond during an emergency. The plans can be tested through external reviews, exercises, and real events. After-action reports assess what worked well during an exercise or real event and how the department can improve.

Control	Developed a public health response plan, including pandemic influenza response, crisis and emergency risk communication, and Strategic National Stockpile (SNS) <sup>1,2</sup>	Yes
	New York City SNS plan reviewed by CDC <sup>2</sup>	Yes
	- Score on CDC technical assistance review (1-100)	97
	Participated in the Cities Readiness Initiative <sup>2</sup>	Yes
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: <sup>1</sup> (8/05 – 8/06)	
	- Hospitals	Yes
	- Local/regional emergency management agencies	Yes
	- Federal emergency management agencies	Yes
	Public health department staff participated in training to support cooperative agreement activities <sup>3</sup>	Yes
	Public health laboratories conducted training for first responders* <sup>4</sup> (8/05 – 8/06)	—
Improve	Activated public health emergency operations center as part of a drill, exercise, or real event <sup>†5</sup> (partial year, 9/06 – 2/07)	Yes
	Conducted a drill or exercise for key response partners to test communications when power and land lines were unavailable <sup>‡5</sup> (partial year, 9/06 – 2/07)	No
	Finalized at least one after-action report with an improvement plan following an exercise or real event <sup>‡5</sup> (partial year, 9/06 – 2/07)	Yes

\* Localities were not asked to respond to this question.

<sup>†</sup> Activation means rapidly staffing all eight core ICS functional roles in the public health emergency operations center with one person per position. This capability is critical to maintain in case of large-scale or complex incidents, even though not every incident requires full staffing of the ICS.

<sup>‡</sup> Localities were expected to perform these activities from 9/1/2006 to 8/30/2007. These data represent results from the first half of this period only.

<sup>1</sup> CDC, DSLR; 2006; <sup>2</sup> CDC, DSNS CRI; 2007; <sup>3</sup> CDC, DSLR; 1999-2005; <sup>4</sup> APHL, Chemical Terrorism Preparedness; May 2007; <sup>5</sup> CDC, DSLR; 2007