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# Cities Readiness Initiative Overview

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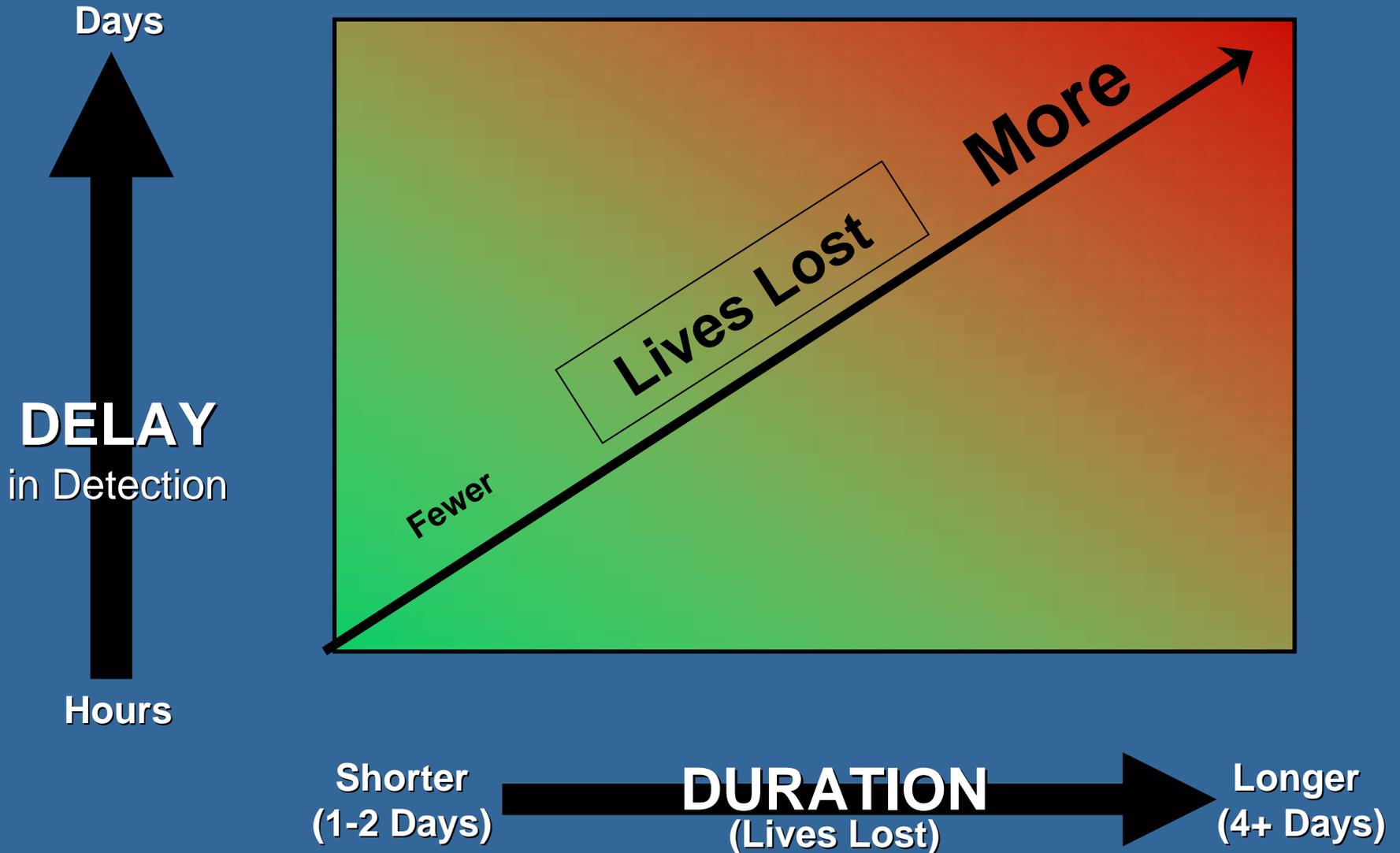
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# Cities Readiness Initiative

A pilot program to prepare 21 major U.S. cities to dispense needed drugs and medical supplies to 100% of their population within 48 hours of the decision to do so.

# Time is Critical



# Anthrax Exposure: Proportion of Population Saved

## DELAY in Initiation

### DURATION of Campaign

**10 Days**

7 Days

6 Days

5 Days

4 Days

3 Days

2 Days

1 Day

	Immed.	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days
10 Days	84%	78%	71%	62%	54%	45%	36%	28%
7 Days	95%	91%	85%	78%	69%	59%	49%	39%
6 Days	97%	94%	89%	83%	75%	65%	54%	43%
5 Days	98%	96%	92%	87%	80%	71%	60%	49%
4 Days	99%	98%	95%	91%	85%	76%	66%	54%
3 Days	100%	99%	97%	94%	89%	81%	72%	60%
2 Days	100%	99%	98%	96%	92%	86%	77%	66%
1 Day	100%	100%	99%	97%	94%	89%	82%	72%

# Existing Preparedness

A survey conducted in December, 2003 indicates the major U.S. cities are inadequately prepared to dispense oral medications during a large-scale event.

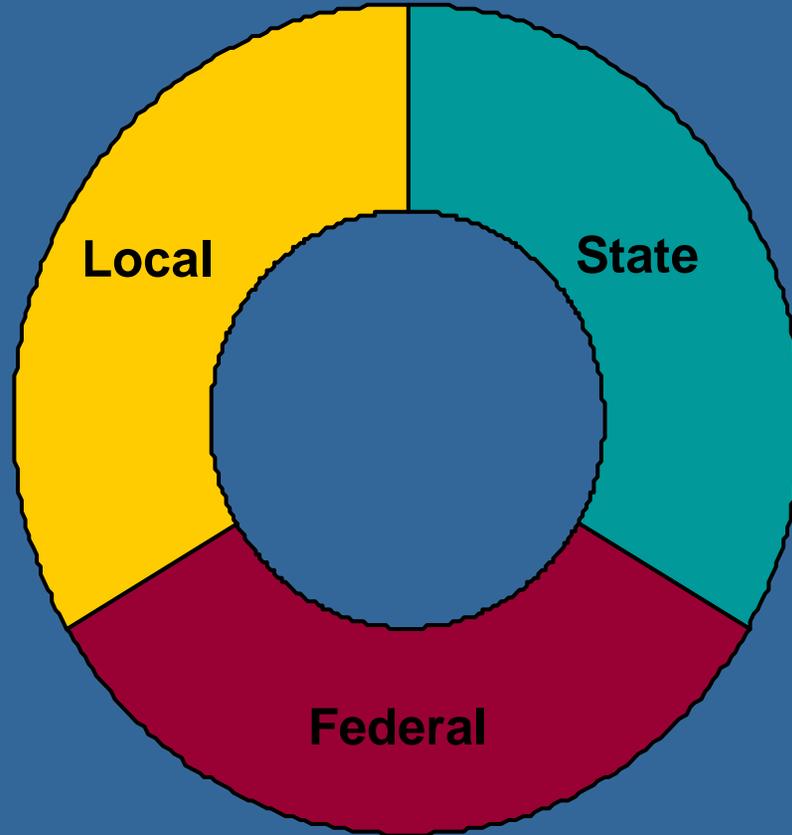
# Why Cities Readiness Initiative?

- Wide-spread dispersal is within current capabilities of terrorist groups
- Most plans are inadequate
- Potential for loss of life is catastrophic

# CRI Planning Assumptions

- Response to outdoor anthrax release will drive planning
- Must offer prophylaxis to the “population at risk” within 48 hours to avert mass casualties
- As a result, must define “population at risk” very early in response
- In early hours of response, uncertainty in Epi & modeling likely to compel decision to offer broadly

# Essential Partnerships



# Cities Readiness Initiative



# 180 day CRI Process

- Executive briefings held for key stakeholders
- Baseline assessments by multi-agency teams
- Gap remediation via technical assistance and federal funds
- Follow-up assessments at 3- and 6-month intervals
- Sharing lessons learned

# Federal Partners

- Dept. of Health & Human Services
  - Centers for Disease Control and Prevention (CDC)
  - Health Resources & Services Admin. (HRSA)
- Dept. of Homeland Security
  - Federal Emergency Management Agency (FEMA)
  - Office Domestic Preparedness (ODP)
- Dept. of Justice
  - Federal Bureau of Investigations (FBI)
  - United States Marshal Service (USMS)
- US Postal Service

# USPS Option

- Postal Service routinely delivers to each resident daily
- Allows to “shelter in place”
- Allows rapid penetration of antibiotic into “population at risk”
- Could compliment more traditional dispensing plans which utilize PODs

# CRI Advantages

- Overall, local dispensing programs have advanced to higher levels of preparedness to dispense prophylaxis antibiotics to their entire population (within identified city population scopes).
- Cities have reported more proactive planning in public information and communications.
- Local and State government agencies have reported better collaboration and understanding of roles, responsibilities and authorities.
- Raised awareness of security measures needed for dispensing programs.

# Challenges of CRI

- The CRI did not generate additional funding to Project areas for BT programs.
- Difficulties with the 6 month time line to complete the pilot.
- Increased demands placed on existing preparedness and response infrastructure within each city.
- Implementation of the postal plan because of increased demands for security and scope of resources.
- No clear understanding of what will occur after the 180 day follow up assessment.

# Cities Readiness Initiative

The Cities Readiness Initiative will be assessed to determine next steps.

[www.bt.cdc.gov/cri](http://www.bt.cdc.gov/cri)