



CENTERS FOR DISEASE CONTROL AND PREVENTION
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

A NATIONAL PUBLIC HEALTH STRATEGY FOR
TERRORISM PREPAREDNESS AND RESPONSE
2003 – 2008

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MESSAGE FROM THE DIRECTOR



ON BEHALF OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (CDC/ATSDR) I AM PLEASED TO PRESENT OUR NATIONAL PUBLIC HEALTH STRATEGY FOR TERRORISM PREPAREDNESS AND RESPONSE. THIS DOCUMENT EXEMPLIFIES OUR LEADERSHIP AND CAPTURES OUR VISION TO PROTECT PEOPLE'S HEALTH FROM TERRORIST THREATS THROUGH A BETTER PREPARED PUBLIC HEALTH SYSTEM.

THE ROLE OF OUR PUBLIC HEALTH SYSTEM HAS EVOLVED SIGNIFICANTLY SINCE SEPTEMBER 11 AND THE ANTHRAX ATTACKS OF FALL 2001. WHILE CDC/ATSDR HAS LED THE WAY TO PREPARE FOR AND RESPOND TO PUBLIC HEALTH EMERGENCIES SUCH AS THE 2000 EBOLA OUTBREAK IN UGANDA AND THE SMALLPOX ERADICATION EFFORT ACROSS INDIA IN THE 1970S, NEVER BEFORE HAS OUR PUBLIC HEALTH SYSTEM FACED THE THREAT OF THE INTENTIONAL USE OF AGENTS ON SUCH AN INCREDIBLE SCALE. THE PUBLIC HEALTH THREAT ASSOCIATED WITH THE RELEASE OF CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR AGENTS HAS DRAWN OUR AGENCY AND THE ENTIRE PUBLIC HEALTH SYSTEM INTO A NATIONAL SECURITY ROLE. THE SAFETY AND HEALTH OF PEOPLE ACROSS OUR COUNTRY AND AROUND THE GLOBE DEMANDS THE BEST SCIENCE, IMMEDIATE PUBLIC HEALTH SERVICE AND A SOUND STRATEGY TO PREPARE AND RESPOND TO TERRORIST THREATS.

OUR AGENCY IS EVOLVING TO ADDRESS THIS GREATER ROLE IN THE PROTECTION OF PEOPLE. TERRORISM PREPAREDNESS AND RESPONSE IS A TOP PRIORITY FOR OUR ORGANIZATION. OUR CENTERS, INSTITUTES AND OFFICES CONTRIBUTE THEIR EXPERTISE TOWARD THIS EFFORT, BY IMPROVING:

- DETECTION AND INVESTIGATION
- LABORATORY SCIENCES
- PREVENTION PROGRAMS
- WORKER SAFETY
- COMMUNICATION
- EMERGENCY RESPONSE
- RESEARCH
- LONG-TERM CONSEQUENCE MANAGEMENT
- WORKFORCE DEVELOPMENT

THESE CORE PUBLIC HEALTH COMPETENCIES ARE MADE POSSIBLE WITH THE SUPPORT OF OUR PARTNERS IN THE FEDERAL GOVERNMENT AND THE PUBLIC HEALTH COMMUNITY WORLDWIDE, A GROWING NETWORK OF INFORMATION SYSTEMS TO CREATE A SEAMLESS PUBLIC HEALTH PREPAREDNESS AND RESPONSE CAPACITY, AS WELL AS THE STRENGTH AND ADAPTABILITY OF OUR MANAGEMENT TO LEAD THIS EFFORT AS STEWARDS OF THE PUBLIC'S HEALTH.

IT IS WITH GREAT PRIDE IN THE SPIRIT OF PUBLIC HEALTH SERVICE THAT WE DEDICATE OUR EFFORTS TO EXECUTE THIS STRATEGY.

SINCERELY,

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EXECUTIVE SUMMARY

THE PURPOSE OF THIS DOCUMENT IS TO PROVIDE THE NATIONAL PUBLIC HEALTH STRATEGY FOR TERRORISM PREPAREDNESS AND RESPONSE BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (CDC/ATSDR). THIS STRATEGY PROVIDES A COMPREHENSIVE FRAMEWORK COMPRISED OF OUR VISION, MISSION, STRATEGIC IMPERATIVES, CRITICAL OBJECTIVES AND KEY ACTIONS THAT WILL GUIDE NOT ONLY OUR ORGANIZATION, BUT ALSO THE GREATER PUBLIC HEALTH COMMUNITY TO ACHIEVE READINESS.

THE TASK TO ACHIEVE READINESS FOR TERRORIST ATTACKS ACROSS THE WHOLE OF PUBLIC HEALTH IS VERY COMPLEX. HOWEVER, OUR AGENCY HAS WORKED FOR MANY YEARS TO IDENTIFY, DIAGNOSE AND TREAT MANY OF THE DISEASES AND HEALTH CONSEQUENCES ASSOCIATED WITH PRESENT DAY TERRORIST THREATS. THE CORE COMPETENCIES OF PUBLIC HEALTH THAT HAVE DRIVEN OUR SUCCESS IN THE PAST NOW PROVIDE THE FOUNDATION FOR OUR RENEWED EFFORT TO PROTECT THE PUBLIC’S HEALTH FROM TERRORIST ATTACKS. THIS STRATEGY HIGHLIGHTS OUR EFFORTS THAT WILL CONTINUE BUILDING ON THESE COMPETENCIES TO BRIDGE GAPS FOR COMPREHENSIVE TERRORISM PREPAREDNESS AND RESPONSE SERVICES.

THIS STRATEGIC PLAN HELPS MEET THE NEED TO PROTECT THE PUBLIC’S WELL-BEING AND ASSUME OUR ROLE AS STEWARDS OF PUBLIC RESOURCES. AS SUCH, CDC/ATSDR HAS INTEGRATED ITS PROCESSES TO ALIGN RESOURCES TO ACHIEVE THE BEST OVERALL RESULT WITH AMERICA’S TAX DOLLARS. THIS PLANNING AND PROGRAM EXECUTION SUPPORTS THE GOVERNMENT-WIDE EXPECTATIONS SET FORTH BY THE GOVERNMENT PERFORMANCE AND RESULTS ACT OF 1993 (GPRA).



VISION AND MISSION

THE GUIDING VISION AND MISSION FOR OUR NATIONAL PUBLIC HEALTH STRATEGY FOR TERRORISM PREPAREDNESS AND RESPONSE ARE:

VISION: *PEOPLE PROTECTED – PUBLIC HEALTH PREPARED.*

MISSION: *PREVENT DEATH, DISABILITY, DISEASE AND INJURY ASSOCIATED WITH URGENT HEALTH THREATS BY IMPROVING PREPAREDNESS OF THE PUBLIC HEALTH SYSTEM, THE HEALTH CARE DELIVERY SYSTEM AND THE PUBLIC THROUGH EXCELLENCE IN SCIENCE AND SERVICES.*



STRATEGIC IMPERATIVES

OUR STRATEGIC IMPERATIVES CHART THE COURSE BY WHICH WE WILL PREPARE FOR AND RESPOND TO TERROR-RELATED PUBLIC HEALTH EMERGENCIES. THEY ARE THE GOALS WE MUST ACHIEVE AND SERVICES WE MUST PROVIDE TO ACCOMPLISH OUR MISSION AND REALIZE OUR VISION. TO COMPLEMENT FORM AND FUNCTION, WE HAVE CREATED TWO EQUALLY IMPORTANT CLASSES OF STRATEGIC IMPERATIVES.

PROGRAMMATIC IMPERATIVES CAPTURE OUR PUBLIC HEALTH EXPERTISE. THEY REFLECT HOW OUR CORE MISSION FUNCTIONS WILL EVOLVE TO PROVIDE TERRORISM PREPAREDNESS AND RESPONSE CAPACITY WITHIN OUR AGENCY AND ACROSS GREATER PUBLIC HEALTH:

1. TIMELY, EFFECTIVE AND INTEGRATED DETECTION AND INVESTIGATION
2. SUSTAINED PREVENTION AND CONSEQUENCE MANAGEMENT PROGRAMS
3. COORDINATED PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE
4. QUALIFIED, EQUIPPED AND INTEGRATED LABORATORIES
5. COMPETENT AND SUSTAINABLE WORKFORCE
6. PROTECTED WORKERS AND WORKPLACES
7. INNOVATIVE, RELEVANT AND APPLIED RESEARCH AND EVALUATION
8. TIMELY, ACCURATE AND COORDINATED COMMUNICATIONS

ENABLING IMPERATIVES CAPTURE THE MECHANISMS VITAL TO EXECUTE OUR WORK. THEY WILL PROVIDE TOOLS, RESOURCES AND SUPPORT THAT ALLOW OUR ORGANIZATION TO ACHIEVE OUR TERRORISM PREPAREDNESS AND RESPONSE MISSION WITH GREATER EFFICIENCY AND EFFECTIVENESS.

9. ACHIEVING SHARED GOALS THROUGH PARTNERSHIPS
10. INTEGRATED AND SECURE INFORMATION SYSTEMS
11. CREATIVE AND EFFECTIVE MANAGEMENT SERVICES

EACH OF THE 11 STRATEGIC IMPERATIVES IS SUPPORTED BY CRITICAL OBJECTIVES AND KEY ACTIONS TO BE TAKEN BY OUR AGENCY AND IN THE PUBLIC HEALTH COMMUNITY. SUCH PLANNING WILL HELP BUILD UPON THE FOLLOWING CDC/ATSDR ACCOMPLISHMENTS ACHIEVED DURING FISCAL YEAR 2002:

- ASSISTED STATES TO IMPROVE PUBLIC HEALTH DEPARTMENT CAPACITY:
 - 100% OF STATE PUBLIC HEALTH AGENCIES MAINTAIN A STATE-WIDE TERRORISM PREPAREDNESS AND RESPONSE DIRECTOR
 - 95% OPERATE 24x7 SYSTEMS TO ACTIVATE RESPONSE PLANS
 - 82% ESTABLISHED SYSTEMS TO RAPIDLY DETECT EVENTS THROUGH MANDATORY REPORTING
 - 98% HAVE CAPABILITY TO TEST FOR ANTHRAX
 - 98% OPERATE SYSTEMS TO DISSEMINATE HEALTH RISK INFORMATION TO THE PUBLIC AND KEY PARTNERS
 - 80% LEVERAGE SYSTEMS TO DELIVER TRAINING TO HEALTH PROFESSIONALS
- EXPANDED THE STRATEGIC NATIONAL STOCKPILE FROM EIGHT TO TWELVE PUSH-PACKAGES READY FOR DEPLOYMENT WITHIN TWELVE HOURS
- DESIGNED AND IMPLEMENTED THE NATIONAL SMALLPOX PROGRAM WHICH INCLUDED PROVIDING SMALLPOX TRAINING TO 700 STAFF FROM FEDERAL AND STATE PARTNERS AND VACCINATING, TRAINING AND MEDICALLY CLEARING FIVE SMALLPOX EMERGENCY RESPONSE TEAMS

- ENHANCED THE LABORATORY RESPONSE NETWORK TO INCLUDE SMALLPOX RULE-OUT CAPABILITY ACROSS US CLINICAL LABS
- ESTABLISHED, TRAINED AND MAINTAINED A 200-MEMBER EMERGENCY RESPONSE TEAM AT CDC/ATSDR

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PURPOSE

THIS DOCUMENT OUTLINES A NATIONAL PUBLIC HEALTH STRATEGY FOR TERRORISM PREPAREDNESS AND RESPONSE AS DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (CDC/ATSDR OR "AGENCY"). IT DEFINES THE CDC/ATSDR VISION, MISSION, STRATEGIC IMPERATIVES, CRITICAL OBJECTIVES AND KEY ACTIONS SPECIFIC TO ITS TERRORISM PREPAREDNESS AND RESPONSE EFFORT. COLLECTIVELY, THESE ELEMENTS DIRECT HOW CDC/ATSDR POSITIONS ITSELF AND THE PUBLIC HEALTH SYSTEM TO PREPARE FOR AND RESPOND TO PUBLIC HEALTH THREATS POSED BY TERRORISM.

OUR EFFORTS REFLECT AN ALL HAZARDS APPROACH TO PREPARE FOR THE MANY TYPES OF THREATS THAT MAY AFFECT THE HEALTH OF THE PEOPLE, INCLUDING CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA.

THE ELEMENTS OF THIS STRATEGY, IN CONCERT WITH RESPECTIVE PERFORMANCE MEASURES, WILL SERVE AS THE AGENCY'S FOUNDATION TO EXECUTE PROGRAMS AND MAKE RESOURCE AND BUDGET DECISIONS. THOUGH THIS STRATEGY LAYS A STRONG FOUNDATION FOR WHAT MUST BE ACCOMPLISHED TO OVERCOME THE CHALLENGES PUBLIC HEALTH FACES AGAINST TERRORISM, IT IS A LIVING DOCUMENT THAT WILL BE RE-SHAPED AS NECESSARY TO MEET EVOLVING NEEDS AND PRIORITIES.

PERSPECTIVE AND OUTLOOK

SCENARIO 1 –

DISEASE OUTBREAK: INHALATION ANTHRAX
 VICTIM: 33-YEAR-OLD MALE
 RESIDENCE: MANCHESTER, NH

CASE OVERVIEW:

VICTIM LEFT WORK DURING THE DAY AFTER COMPLAINING ABOUT HEADACHE, BACKACHE AND DRY, SCRATCHY THROAT. HIS DOCTOR LATER DIAGNOSED HIM WITH HAVING THE FLU. AFTER TAKING ASPIRIN AND CODEINE, HE SEEMED TO BE FEELING BETTER, BUT A FEW DAYS LATER HE DIED. CDC/ATSDR DEPLOYED AN EPIDEMIC INTELLIGENCE SERVICE OFFICER (EISO) TO CONDUCT A FIELD INVESTIGATION, KNOWN AS AN EPIDEMIC-AID, AND TESTED MATERIALS FROM THE VICTIM'S WORKPLACE. THE TESTS REVEALED *BACILLUS ANTHRACIS* – COMMONLY REFERRED TO AS ANTHRAX. HE WAS ONE OF FOUR MEN WHO DIED OF INHALATION ANTHRAX.¹

SCENARIO 2 –

DISEASE OUTBREAK: INHALATION ANTHRAX
 VICTIM: 94-YEAR-OLD FEMALE
 RESIDENCE: OXFORD, CONNECTICUT

CASE OVERVIEW:

PATIENT WAS EVALUATED AT LOCAL HOSPITAL WITH FEVER, FATIGUE, MYALGIAS, DRY COUGH AND SHORTNESS OF BREATH. BLOOD AND URINE CULTURES WERE OBTAINED. TWO DAYS LATER, A REVIEW OF THE BLOOD ANALYSIS RAISED SUSPICIONS ABOUT THE POSSIBILITY OF



A PETRI DISH CULTURE OF *BACILLUS ANTHRACIS*

ANTHRAX. THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH WAS ASKED TO HELP RULE OUT ANTHRAX, BUT FOUND NOTHING TO SUPPORT THEIR SUSPICIONS. ENSUING TESTS TOOK PLACE AT CDC/ATSDR, WHICH CONFIRMED THAT THE CAUSATIVE AGENT WAS ANTHRAX. AFTER FIVE DAYS OF DETERIORATING HEALTH, THE PATIENT DIED. ENVIRONMENTAL SAMPLING LATER IDENTIFIED ANTHRAX SPORES IN THREE HIGH-SPEED MAIL SORTERS AT THE POSTAL DISTRIBUTION CENTER THAT PROCESSED HER MAIL. SHE WAS THE FIFTH PERSON WHO DIED FROM ANTHRAX.²

COMPARISON –

THE FIRST SCENARIO TOOK PLACE IN 1957 AND DESCRIBES AN OUTBREAK OF *NATURALLY* OCCURRING ANTHRAX. THE SECOND SCENARIO TOOK PLACE IN 2001 AND DESCRIBES THE CASE OF A VICTIM WHO DIED OF INHALATION ANTHRAX LINKED TO THE *INTENTIONAL* RELEASE OF ANTHRAX SPORES DURING THE FALL 2001 TERRORIST ATTACKS.

CONCLUSION –

THOUGH FORTY-FOUR YEARS APART, CDC/ATSDR'S RESPONSE TO BOTH DISEASE OCCURRENCES, NATURAL AND INTENTIONAL, WERE FUNDAMENTALLY SIMILAR – RELYING ON COLLABORATION BETWEEN A VARIETY OF PARTNERS, SOUND EPIDEMIOLOGIC ANALYSES, ACTIVE SURVEILLANCE AND ACCURATE LABORATORY SCIENCES TO DELIVER ESSENTIAL PUBLIC HEALTH SERVICES. THIS SIMILARITY IS IMPORTANT TO RECOGNIZE AND BUILD UPON AS PUBLIC HEALTH EVOLVES TO MEET NEW CHALLENGES UNIQUE TO AN INTENTIONAL RELEASE OF A DANGEROUS AGENT. BY RELYING ON PAST EXPERIENCE AND SCIENTIFIC KNOWLEDGE, CDC/ATSDR WILL CONTINUE ITS EFFORTS TO PREPARE PUBLIC HEALTH FOR ADDRESSING CURRENT AND EMERGING THREATS.

¹ BALES MICHAEL; DANNENBERG, ANDREW; ET AL. "EPIDEMIOLOGIC RESPONSE TO ANTHRAX OUTBREAKS: FIELD INVESTIGATIONS, 1950-2000." EMERGING INFECTIOUS DISEASES. OCTOBER 2002, VOL. 8, NO. 10.
 BELLUCK, PAM. "ANTHRAX OUTBREAK OF 1957 IN A NEW HAMPSHIRE MILL." NEW YORK TIMES, OCTOBER 27, 2001.
 BROWN, KATHRYN. "ANTHRAX: A 'SURE KILLER' YIELDS TO MEDICINE." SCIENCE. NOVEMBER 30, 2001, VOL. 294.

² BARAKAT, LYDIA A. "FATAL INHALATION ANTHRAX IN A 94-YEAR-OLD CONNECTICUT WOMAN." JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. FEBRUARY 20, 2002, VOL. 287.

IN MORE THAN FIVE DECADES OF PROTECTING PEOPLE'S HEALTH, CDC/ATSDR HAS CONTRIBUTED TO AN INCREDIBLE HISTORY OF SCIENCE AND PUBLIC HEALTH. THE ABILITY TO ADAPT TO THE RIGORS OF EMERGENCY PUBLIC HEALTH SPECIFIC TO TERRORISM IS YET ANOTHER CONTRIBUTION TO THIS LEGACY. AS AN EVOLVING AGENCY DEDICATED TO SERVING DIVERSE ENVIRONMENTS AND COMMUNITIES, WE APPRECIATE HOW CIRCUMSTANCES FOREVER CHANGE AND RECOGNIZE THAT WHAT SEPARATES TODAY FROM YESTERDAY IS NOT CHANGE ITSELF, BUT RATHER THE SPEED AND MAGNITUDE AT WHICH CHANGES TAKE PLACE.

MERELY 50 YEARS AFTER JAMES WATSON AND FRANCIS CRICK DISCOVERED THE DOUBLE HELIX STRUCTURE OF DNA (DEOXYRIBONUCLEIC ACID), SCIENTISTS MAP THE ENTIRE HUMAN GENOME. JUST 60 YEARS AFTER THE WRIGHT BROTHERS ARE THE FIRST TO TAKE FLIGHT, A SPACE CRAFT LANDS ON THE MOON. ONLY SIX YEARS AFTER THE FIRST REPORTED CASE OF PNEUMOCYSTIS CARINII PNEUMONIA (PCP), WHAT WILL LATER BE KNOWN AS AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME), THE FOOD AND DRUG ADMINISTRATION (FDA) APPROVES THE FIRST IN A SERIES OF RETROVIRAL DRUGS AS TREATMENT. REMARKABLY, THE LIST GOES ON.

THE ADVANCES HUMANITY CONTINUES TO MAKE IN THE WORLDS OF SCIENCE AND TECHNOLOGY OFFER UNPRECEDENTED OPPORTUNITY FOR PROGRESS. IN PUBLIC HEALTH AND MEDICINE ALONE, GROWING KNOWLEDGE IN FIELDS LIKE GENOMICS AND PROTEOMICS AND IMPROVEMENTS IN DRUG AND VACCINE DEVELOPMENT CONTINUE TO UNLOCK THE MYSTERIES OF DISEASE AND POTENTIAL CURES. THIS SAME PROGRESS ALLOWS SCIENCE AND TECHNOLOGY TO BE MISUSED. JUST AS REVOLUTIONS IN THE PHYSICAL SCIENCES DURING THE 20TH CENTURY LED TO THE DEVELOPMENT OF AN ATOMIC BOMB, THE 21ST CENTURY'S INNOVATIONS IN THE BIOLOGICAL SCIENCES, COMBINED WITH AN AGE OF MODERN TRADE AND TRAVEL, WILL PRESENT MYRIAD ETHICAL, LEGAL AND MEDICAL CHALLENGES – AS SEEN DURING THE FALL 2001 ANTHRAX TERRORIST ATTACKS.

THE EVENTS OF SEPTEMBER 11 AND THE SUBSEQUENT RELEASE OF ANTHRAX MARKED A POINT IN TIME THAT PUSHED PUBLIC HEALTH TO THE FOREFRONT OF SCIENCE, LAW AND NATIONAL SECURITY, ADDING A UNIQUE DIMENSION TO HOW PUBLIC HEALTH MUST BE PRACTICED AND EXPANDING THE SCOPE OF PUBLIC HEALTH'S ROLE. WITH THE RELATIVE EASE AND AFFORDABILITY RELATED TO CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA TERRORIST THREATS, PUBLIC HEALTH MUST EMPLOY AN ALL-HAZARDS APPROACH AND COLLABORATE WITH A VARIETY OF PARTNERS. WE MUST CAPITALIZE ON THE SAME OPPORTUNITIES AFFORDED BY PROGRESS THAT HAVE THE POTENTIAL TO HARM, IN ESSENCE PROTECTING PEOPLE FROM SCIENCE WITH SCIENCE.

CDC/ATSDR IS COMMITTED TO LEADING THE PUBLIC HEALTH EFFORT TO PROTECT PEOPLE FROM ALL FORMS OF PUBLIC HEALTH HAZARDS. BY INVESTING IN RESOURCES AND ACTIVITIES THAT IMPROVE PUBLIC HEALTH SERVICES AT CDC/ATSDR AND ACROSS PUBLIC HEALTH WE ENSURE THAT AS EMERGENCY PUBLIC HEALTH CAPACITY IMPROVES, NON-EMERGENCY PUBLIC HEALTH IMPROVES AS WELL.

1348 – The bubonic plague spreads through Europe, results in an estimated 1.5 million deaths

1796 – Jenner discovers smallpox vaccination

1880 – Pasteur develops the germ theory of disease

1942 – Establishment of the Manhattan Project to develop the atomic bomb

1945 – Fluoridation of water supply to prevent dental decay is introduced into the U.S.

1945 – Atomic bombs dropped on Hiroshima and Nagasaki, resulting in nearly 300,000 immediate deaths

1951 – India falls victim to world's worst smallpox epidemic involving 250,000 cases

1952 – Salk develops vaccine against polio

1953 – Watson, Crick and Franklin decipher the molecular structure of DNA

1980 – WHO declares smallpox eradicated from the planet

1981 – CDC reports the first case of what will later be known as AIDS

2001 – September 11th attacks, causing more than 3,000 casualties

2001 – Anthrax spores released through mail, resulting in five deaths

2003 – As of April more than 5,000 Severe Acute Respiratory Syndrome, SARS, cases are reported in 28 countries

HISTORIC MOMENTS IN SCIENCE AND PUBLIC HEALTH

THE UNIQUE ROLE OF CDC/ATSDR: THE TERRORISM PREPAREDNESS AND RESPONSE PROGRAM

OUR AGENCY WAS FOUNDED MORE THAN FIVE DECADES AGO IN 1946 AS THE COMMUNICABLE DISEASE CENTER, PART OF THE PUBLIC HEALTH SERVICE, TO HELP CONTROL MALARIA. SINCE THEN CDC/ATSDR HAS BECOME A GLOBAL LEADER IN PUBLIC HEALTH. AS A FEDERAL AGENCY WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), CDC/ATSDR HAS THE UNIQUE ROLE TO LEAD AND SERVE THE NATION'S EFFORTS IN PUBLIC HEALTH.

WHETHER LEADING ERADICATION EFFORTS AGAINST SMALLPOX IN THE 1970'S, SUPPORTING THE FIGHT AGAINST POLIO AND TOBACCO USE IN THE 1980'S, OR CONTINUING TO BATTLE HIV/AIDS AND OBESITY THROUGH THE 1990'S AND INTO THE 21ST CENTURY, CDC/ATSDR HAS HISTORICALLY ADDRESSED A VARIETY OF PUBLIC HEALTH CHALLENGES. TODAY IS NO EXCEPTION. THE EVENTS OF FALL 2001, INCLUDING THE RELEASE OF ANTHRAX, CATALYZED CDC/ATSDR AND PUBLIC HEALTH'S DEMAND TO ENGAGE MORE ACTIVELY IN LAW, FORENSICS AND NATIONAL SECURITY.

AS PUBLIC HEALTH'S ROLE EXPANDS TO NEW THREATS, OUR RESPONSIBILITY TO THE AMERICAN PEOPLE REMAINS THE SAME – TO PROTECT PEOPLE'S HEALTH. AS SUCH, CDC/ATSDR MUST NOW USHER PUBLIC HEALTH TO ADDRESS THE DANGERS POSED BY CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA TERRORIST EMERGENCIES. ONLY BY DOING SO WILL CDC/ATSDR CONTINUE TO FULFILL ITS ULTIMATE, AGENCY-WIDE VISION AND MISSION:

AGENCY VISION: *HEALTHY PEOPLE IN A HEALTHY WORLD – THROUGH PREVENTION.*

AGENCY MISSION: *TO PROMOTE HEALTH AND QUALITY OF LIFE BY PREVENTING AND CONTROLLING DISEASE, INJURY AND DISABILITY.*

CDC/ATSDR PURSUES ITS VISION AND MISSION BY SUPPORTING THE TEN ESSENTIAL SERVICES OF PUBLIC HEALTH, AS DEFINED BY A VARIETY OF PUBLIC HEALTH PROVIDERS AND CONSUMERS AND PUBLISHED BY A LONGTIME PARTNER, THE INSTITUTE OF MEDICINE (IOM). THE AGENCY RECOGNIZES HOW EACH SERVICE RELATES TO EMERGENCIES RESULTING FROM NATURAL AND INTENTIONAL EVENTS.

TEN ESSENTIAL SERVICES OF PUBLIC HEALTH:

- 1 – MONITOR THE HEALTH STATUS OF INDIVIDUALS IN THE COMMUNITY TO IDENTIFY COMMUNITY HEALTH PROBLEMS.
- 2 – DIAGNOSE AND INVESTIGATE COMMUNITY HEALTH PROBLEMS AND COMMUNITY HEALTH HAZARDS.
- 3 – INFORM, EDUCATE AND EMPOWER THE COMMUNITY WITH RESPECT TO HEALTH ISSUES.
- 4 – MOBILIZE COMMUNITY PARTNERSHIPS IN IDENTIFYING AND SOLVING COMMUNITY HEALTH PROBLEMS.
- 5 – DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY EFFORTS TO IMPROVE HEALTH.
- 6 – ENFORCE LAWS AND RULES THAT PROTECT THE PUBLIC HEALTH AND ENSURE SAFETY IN ACCORDANCE WITH THOSE LAWS AND RULES.
- 7 – LINK INDIVIDUALS WHO HAVE A NEED FOR COMMUNITY AND PERSONAL HEALTH SERVICES TO APPROPRIATE COMMUNITY AND PRIVATE PROVIDERS.

- 8 – ENSURE A COMPETENT WORKFORCE FOR THE PROVISION OF THE ESSENTIAL PUBLIC HEALTH SERVICES.
- 9 – RESEARCH NEW INSIGHTS AND INNOVATE SOLUTIONS TO COMMUNITY HEALTH PROBLEMS.
- 10 – EVALUATE THE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES IN A COMMUNITY.

OUR AGENCY'S ABILITY TO ADAPT TO AND ADDRESS SUCH A WIDE VARIETY OF PUBLIC HEALTH ISSUES HINGES ON THE APPLICATION OF SEVERAL FUNDAMENTAL PUBLIC HEALTH COMPETENCIES THAT WILL CONTINUE TO PROVIDE THE FOUNDATION OF OUR TERRORISM PREPAREDNESS AND RESPONSE STRATEGY. THESE INCLUDE:

DETECTION AND INVESTIGATION – CONDUCTING SURVEILLANCE, IDENTIFY A HEALTH PROBLEM, TAKE DECISIVE ACTION TO INVESTIGATE AND INTERVENE ACCORDINGLY.

PREVENTION – ADMINISTERING ACTIVITIES THAT HELP PRECLUDE NEGATIVE HEALTH EFFECTS ON AN INDIVIDUAL OR COMMUNITY.

CONSEQUENCE MANAGEMENT – IMPLEMENTING THE MEASURES FOLLOWING AN EMERGENCY TAKEN TO PROTECT PUBLIC HEALTH AND SAFETY BY RESTORING ESSENTIAL SERVICES AND PROVIDING EMERGENCY RELIEF TO COMMUNITIES.

EMERGENCY RESPONSE – RESPONDING TO EMERGENCIES TO SAVE LIVES, MINIMIZE CONTAMINATION, PROTECT PUBLIC HEALTH AND SAFETY AND LIMIT DAMAGE TO THE ENVIRONMENT.

LABORATORY SCIENCE – APPLYING UNIQUE SCIENTIFIC METHODS TO CONDUCT RESEARCH, ACCURATELY PINPOINT AND IDENTIFY THE CAUSES OF HEALTH PROBLEMS.

WORKER SAFETY – CONDUCTING RESEARCH, EVALUATING WORKPLACE HAZARDS, AND MAKING RECOMMENDATIONS TO PREVENT WORK-RELATED DEATH, DISEASE AND INJURY.

WORKFORCE DEVELOPMENT – CREATING A NETWORK OF PROFESSIONALS TRAINED AND ABLE TO ACCOMPLISH SPECIFIED PUBLIC HEALTH FUNCTIONS.

RESEARCH – UTILIZING SCIENCE TO UNDERSTAND NEW THREATS AND SEARCH FOR NEW AND INNOVATIVE SOLUTIONS.

PARTNERSHIPS – COLLABORATING WITH A VARIETY OF INDIVIDUALS AND GROUPS TO EXPAND THE REACH AND EXPERTISE OF PUBLIC HEALTH SERVICES.

COMMUNICATION – WORKING WITH PARTNERS AND LEVERAGING TECHNOLOGIES AND COMMUNICATION MEDIA TO ENSURE THE BEST HEALTH AND SAFETY INFORMATION IS ACCESSIBLE TO THE PROFESSIONALS, COMMUNITIES AND PEOPLE WHO NEED IT EVERY DAY.

INFORMATION SYSTEMS – DEVELOPING AND IMPLEMENTING PROCESSES AND TECHNOLOGIES TO ADVANCE PUBLIC HEALTH RESEARCH, POLICY AND PRACTICE.

MANAGEMENT – EXERCISING CREATIVE LEADERSHIP TO PROVIDE ORGANIZATIONAL DIRECTION AND SUPPORT FOR SUCCESS AND GROWTH OF PUBLIC HEALTH PROFESSIONALS AND PROGRAMS.

BY APPLYING THE BEST SCIENCE AND TECHNOLOGY, EMPLOYING DEDICATED PROFESSIONALS AND WORKING CLOSELY WITH DIVERSE PARTNERS, CDC/ATSDR WILL CONTINUE TO LEVERAGE AND BUILD ON THESE COMPETENCIES TO SERVE AND PROTECT THE PUBLIC FROM THE NEGATIVE HEALTH EFFECTS OF TERRORISM.

AS SEEN IN FIGURE 1, MULTIPLE CENTERS, INSTITUTES AND OFFICES (CIOs) PERFORM PREPAREDNESS AND RESPONSE ACTIVITIES TO OPTIMIZE THE ASSETS AND EXPERTISE ACROSS THE AGENCY. TO CAPITALIZE ON THESE SKILLS AND RESOURCES, THE AGENCY ESTABLISHED THE OFFICE OF TERRORISM PREPAREDNESS AND EMERGENCY RESPONSE (OTPER). FROM ITS POSITION IN THE OFFICE OF THE DIRECTOR (OD), OTPER SUPPORTS AND COORDINATES THE VARIOUS TERRORISM PREPAREDNESS AND RESPONSE EFFORTS PERFORMED THROUGHOUT THE AGENCY WHILE TECHNICAL, SCIENTIFIC EXPERTISE REMAINS PRIMARILY WITHIN THE CIOs. FIGURE 2 ILLUSTRATES THE VARIETY OF EXPERTISE AND POSITIONS WITHIN OTPER THAT WILL EXECUTE ITS PRIMARY RESPONSIBILITIES.

THE AGENCY HAS DEFINED THREE PRIMARY SERVICES THAT OTPER WILL PROVIDE TO SUPPORT THE AGENCY'S MULTI-CIO MODEL FOR TERRORISM PREPAREDNESS AND RESPONSE WORK:

- PROVIDE STRATEGIC DIRECTION FOR CDC/ATSDR TO SUPPORT TERRORISM PREPAREDNESS AND RESPONSE EFFORTS
- SECURE AND POSITION RESOURCES TO SUPPORT ACTIVITIES
- ENSURE SYSTEMS ARE IN PLACE TO MONITOR PERFORMANCE AND MANAGE ACCOUNTABILITY

TOGETHER OTPER AND INDIVIDUAL CIOs COLLABORATE TO ACHIEVE A TERRORISM PREPAREDNESS AND RESPONSE SYSTEM THAT INTEGRATES SOUND MANAGEMENT PRINCIPLES AND SUPERIOR TECHNICAL EXPERTISE. THIS INTEGRATED MODEL YIELDS SEVERAL OVERALL BENEFITS:

- CLEAR STRATEGIC DIRECTION
- INTEGRATION OF BUDGET, PERFORMANCE AND STRATEGY
- EFFECTIVE METHODS OF PROGRAM EVALUATION AND PERFORMANCE MANAGEMENT
- DIRECT RELATIONSHIP WITH THE FINANCIAL MANAGEMENT OFFICE (FMO) TO MONITOR AND GUIDE RESOURCE UTILIZATION
- CONCERTED EMERGENCY RESPONSE OPERATIONS INCLUDING THE STRATEGIC NATIONAL STOCKPILE AND THE DIRECTOR'S EMERGENCY OPERATIONS CENTER
- CENTRAL POINT OF CONTACT FOR KEY PREPAREDNESS AND RESPONSE PARTNERS
- COORDINATED APPLICATION OF SCIENTIFIC AND TECHNICAL EXPERTISE

CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE CIOs

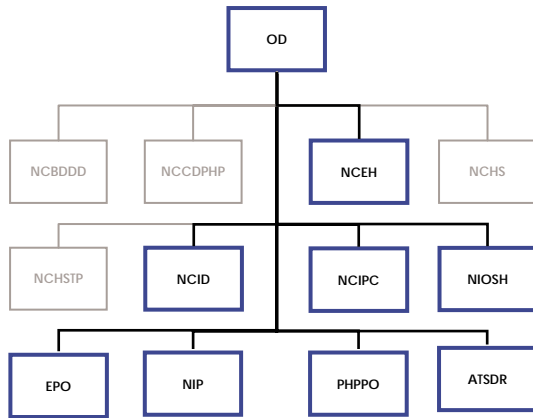


FIGURE 1. CDC/ATSDR ORGANIZATION CHART; KEY TERRORISM PREPAREDNESS AND RESPONSE CIOs, INCLUDING ATSDR, ARE OUTLINED IN BLUE.

Centers, Institutes and Offices (CIOs):	
ATSDR	- Agency for Toxic Substances and Disease Registry
EPO	- Epidemiology Program Office
NCBDDD	- National Center on Birth Defects and Developmental Disease
NCCDPHP	- National Center for Chronic Disease Prevention and Health Promotion
NCEH	- National Center for Environmental Health
NCHS	- National Center for Health Statistics
NCHSTP	- National Center for HIV, STD and TB Prevention
NCID	- National Center for Infectious Disease
NCIPC	- National Center for Injury Prevention and Control
NIP	- National Immunization Program
NIOSH	- National Institute for Occupational Safety and Health
PHPPO	- Public Health Practice Program Office
OD	- Office of the Director
OTPER	- Office of Terrorism Preparedness and Emergency Response

A COMPREHENSIVE TERRORISM PREPAREDNESS AND RESPONSE EFFORT RELIES ON CLOSE INTERACTION WITH A DIVERSE BASE OF STRATEGIC PARTNERSHIPS. IN ADDITION TO WORKING WITH PARTNERS FAMILIAR TO CDC/ATSDR IN THE PUBLIC HEALTH AND HEALTH CARE COMMUNITIES, CDC/ATSDR MUST INTERACT MORE CLOSELY WITH PARTNERS IN THE FIELDS OF LAW, FORENSICS, PUBLIC SAFETY AND NATIONAL SECURITY. COLLABORATING WITH A MORE DIVERSE BASE OF PARTNERSHIPS REPRESENTS PUBLIC HEALTH'S GROWING ROLE AND THE NECESSITY FOR COORDINATION ACROSS MULTIPLE PROFESSIONS AND COMMUNITIES.

AS WE REDEFINE HOW THE AGENCY WILL ACHIEVE AN ORGANIZATIONAL VISION OF SAFER, HEALTHIER PEOPLE, WE WILL USE THIS PLAN AS ONE VEHICLE BY WHICH WE WILL CLARIFY OUR ROLE AND TAKE ACTION IN TERRORISM PREPAREDNESS AND RESPONSE.

OFFICE OF TERRORISM PREPAREDNESS AND EMERGENCY RESPONSE, OFFICE OF THE DIRECTOR

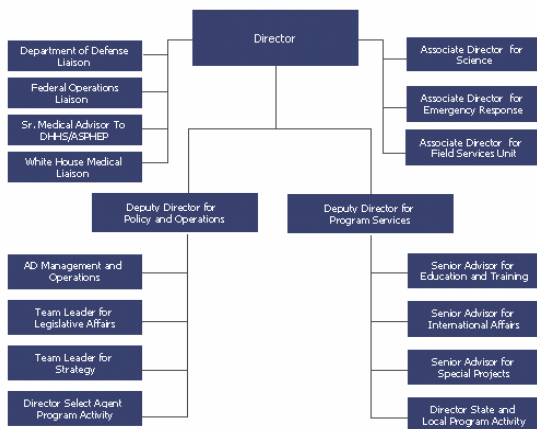


FIGURE 2. OTPER ORGANIZATION CHART.

CORE VALUES

CDC/ATSDR WILL EXECUTE THIS PLAN BY EXERCISING A SET OF SPECIFIC VALUES OUR AGENCY HOLDS IN HIGH ESTEEM AND BY WHICH OUR PEOPLE PLEDGE TO WORK. CDC/ATSDR'S TERRORISM PREPAREDNESS AND RESPONSE STAFF TAKE PRIDE IN ABIDING BY THESE AGENCY-WIDE CORE VALUES:

ACCOUNTABILITY

AS DILIGENT STEWARDS OF PUBLIC TRUST AND PUBLIC FUNDS, WE ACT DECISIVELY AND COMPASSIONATELY IN SERVICE TO THE PEOPLE'S HEALTH. WE ENSURE THAT OUR RESEARCH AND OUR SERVICES ARE BASED ON SOUND SCIENCE AND MEET REAL PUBLIC NEEDS TO ACHIEVE OUR PUBLIC HEALTH GOALS.

RESPECT

WE RESPECT AND UNDERSTAND OUR INTERDEPENDENCE WITH ALL PEOPLE BOTH INSIDE THE AGENCY AND THROUGHOUT THE WORLD TREATING THEM AND THEIR CONTRIBUTIONS WITH DIGNITY AND VALUING INDIVIDUAL AND CULTURAL DIVERSITY. WE ARE COMMITTED TO ACHIEVING A DIVERSE WORKFORCE AT ALL LEVELS OF THE ORGANIZATION.

INTEGRITY

WE ARE HONEST AND ETHICAL IN ALL WE DO. WE WILL DO WHAT WE SAY. WE PRIZE SCIENTIFIC INTEGRITY AND PROFESSIONAL EXCELLENCE.



BEYOND THE AGENCY-WIDE CORE VALUES, OUR TERRORISM PREPAREDNESS AND RESPONSE EFFORT HAS IDENTIFIED ADDITIONAL PRINCIPLES. EQUALLY IMPORTANT, THESE PRINCIPLES WILL GUIDE OUR PEOPLE IN ACHIEVING OUR STRATEGIC IMPERATIVES AND CRITICAL OBJECTIVES:

ADAPTABILITY

WE RECOGNIZE THE SPEED AND MAGNITUDE AT WHICH THE FACE OF PUBLIC HEALTH MUST ADAPT TO PROTECT PEOPLE'S HEALTH FROM

WE ARE COMMITTED TO CONTINUOUSLY EVALUATING COMMUNITIES' NEEDS AND PRIORITIZING OUR ACTIONS TO MEET THESE NEEDS.

INNOVATION

WE BELIEVE IN DEVELOPING NEW AND CREATIVE SOLUTIONS THAT BEST SAFEGUARD PEOPLE'S HEALTH AGAINST ALL HEALTH HAZARDS – THOSE COMMON AND RARE AND THOSE YET TO BE DISCOVERED. COMPLEMENTING OUR PRIDE IN SCIENTIFIC AND PROFESSIONAL EXCELLENCE, OUR COMMITMENT TO INNOVATION ENFORCES OUR NEED TO PREPARE FOR THE THREATS OF TODAY AND TOMORROW.

LEADERSHIP

OUR MOST BASIC VALUE, LEADERSHIP EXEMPLIFIES THE TALENT, DEDICATION AND GROWTH OF OUR PEOPLE. WE EXERCISE LEADERSHIP TO CREATE AN ENVIRONMENT IN WHICH PEOPLE FEEL VALUABLE AND INSPIRED. ORGANIZATIONALLY, WE VOW TO SERVE AS AN EXAMPLE IN PUBLIC HEALTH PREPAREDNESS AND RESPONSE POLICY, RESEARCH AND PRACTICE.

SERVICE

PUBLIC HEALTH IS A PRACTICE THAT DEMANDS EXPERTISE AND COOPERATION AT FEDERAL, STATE, LOCAL AND INTERNATIONAL LEVELS. WE ARE FERVENT IN OUR EFFORT TO SERVE OUR PERSONNEL, OUR PARTNERS AND THE PUBLIC. ONLY BY SHARING EXPERTISE AND RESOURCES WILL WE CONTINUE TO ACCOMPLISH OUR VISION AND MISSION.

TRANSPARENCY

AS PUBLIC SERVANTS, ENTRUSTED WITH THE PROTECTION OF PEOPLE'S HEALTH, WE PLEDGE THAT ALL FUNDS AND ACTIVITIES WILL BE MADE CLEAR TO THOSE INSIDE AND OUTSIDE OUR AGENCY. THIS OPENNESS WILL DEMONSTRATE OUR COMMITMENT TO ACCOUNTABILITY WHILE INSTILLING A SYSTEM OF CHECKS AND BALANCES ACROSS PREPAREDNESS AND RESPONSE ACTIVITIES.

VISION, MISSION AND STRATEGIC IMPERATIVES

WITH NEARLY ALL CIOs ACROSS THE AGENCY RESPONSIBLE FOR PERFORMING SPECIFIC TERRORISM PREPAREDNESS AND RESPONSE ACTIVITIES, IT IS VITAL TO DEFINE AN AGENCY-WIDE TERRORISM PREPAREDNESS AND RESPONSE VISION, MISSION AND SET OF STRATEGIC IMPERATIVES AND CRITICAL OBJECTIVES³. COMBINED, THESE ELEMENTS SET A CLEAR DIRECTION FOR ALL UNITS THROUGHOUT THE AGENCY AND UNIFY OUR EFFORTS TO LEVERAGE EXPERTISE AND RESOURCES ACROSS OUR ORGANIZATION AND PUBLIC HEALTH AS A WHOLE.

OUR VISION, MISSION, STRATEGIC IMPERATIVES AND CRITICAL OBJECTIVES SUPPORT THE OVERALL CDC/ATSDR FUTURES INITIATIVE, AN EFFORT TO CHART THE COURSE FOR THE ENTIRE AGENCY OVER THE NEXT 15 YEARS. THE VISION, MISSION, STRATEGIC IMPERATIVES AND CRITICAL OBJECTIVES INCORPORATE ACTIVITIES INTERNAL AND EXTERNAL TO CDC/ATSDR AT THE FEDERAL, STATE AND LOCAL LEVELS, EMPHASIZING HOW THE VISION CANNOT BE ACHIEVED ALONE. IT IS DEPENDENT ON NOT ONLY THE AGENCY'S EXPERTISE AND SERVICE, BUT THE FOUNDATION CDC/ATSDR BUILDS AS THE FEDERAL PUBLIC HEALTH AGENCY TO EMPOWER STATE AND LOCAL HEALTH PARTNERS TO EXECUTE THEIR RESPONSIBILITIES.

OUR AMBITION – OUR VISION

PEOPLE PROTECTED – PUBLIC HEALTH PREPARED.

THE CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE VISION STATES OUR AMBITION, THE END WE SEEK TO REACH. THIS VISION SUPPORTS THE AGENCY-WIDE VISION AND PROVIDES OUR PEOPLE AND PARTNERS A FOCUSED, NOBLE PURPOSE.

OUR COMMITMENT – OUR MISSION

PREVENT DEATH, DISABILITY, DISEASE AND INJURY ASSOCIATED WITH URGENT HEALTH THREATS BY IMPROVING PREPAREDNESS OF THE PUBLIC HEALTH SYSTEM, THE HEALTH CARE DELIVERY SYSTEM AND THE PUBLIC THROUGH EXCELLENCE IN SCIENCE AND SERVICES.

IN SUPPORT OF THE AGENCY-WIDE MISSION, THE TERRORISM PREPAREDNESS AND RESPONSE MISSION CLEARLY STATES THE SERVICE WE WILL PROVIDE WHILE DEFINING THE AREAS IN WHICH WE WILL WORK.

OUR COURSE – OUR STRATEGIC IMPERATIVES

OUR STRATEGIC IMPERATIVES CHART THE COURSE BY WHICH WE WILL PREPARE FOR AND RESPOND TO TERROR-RELATED PUBLIC HEALTH EMERGENCIES. THEY ARE THE GOALS WE MUST ACHIEVE AND SERVICES WE MUST PROVIDE TO ACHIEVE OUR MISSION AND REALIZE

OUR VISION. GIVEN THE SIMILARITIES AND DISSIMILARITIES OF TERRORISM PREPAREDNESS AND RESPONSE TO OTHER NATURAL

EMERGENCY PUBLIC HEALTH SERVICES, CDC/ATSDR HAS DEFINED ITS IMPERATIVES SUCH THAT WE CONTINUE TO LEVERAGE AND SHAPE EXISTING PROFICIENCIES. BY APPLYING PUBLIC HEALTH'S CENTRAL COMPETENCIES TO MEET THE NEW CHALLENGES OF CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA, CDC/ATSDR WILL OPTIMIZE CURRENT EXPERTISE, AVOID DUPLICATION OF EFFORT AND POSITION PUBLIC HEALTH TO CONTINUE ADAPTING OVER TIME TO ADDRESS FUTURE THREATS. EQUALLY IMPORTANT, AS NOTED EARLIER, IS THAT THE STRATEGIC IMPERATIVES ARE DESIGNED TO IMPROVE TERRORISM PREPAREDNESS AND RESPONSE WHILE SIMULTANEOUSLY BENEFITING THE NATION'S PUBLIC HEALTH SYSTEM AT LARGE TO PERFORM A VARIETY OF NON-TERRORISM PREPAREDNESS AND RESPONSE SERVICES.

TO COMPLEMENT FORM AND FUNCTION, WE HAVE CREATED TWO EQUALLY IMPORTANT CLASSES OF STRATEGIC IMPERATIVES:

PROGRAMMATIC IMPERATIVES CAPTURE OUR PUBLIC HEALTH EXPERTISE. THEY REFLECT HOW FUNCTIONS CENTRAL TO OUR AGENCY:

1. TIMELY, EFFECTIVE AND INTEGRATED DETECTION AND INVESTIGATION
2. SUSTAINED PREVENTION AND CONSEQUENCE MANAGEMENT PROGRAMS
3. COORDINATED PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE
4. QUALIFIED, EQUIPPED AND INTEGRATED LABORATORIES
5. COMPETENT AND SUSTAINABLE WORKFORCE
6. PROTECTED WORKERS AND WORKPLACES
7. INNOVATIVE, RELEVANT AND APPLIED RESEARCH AND EVALUATION
8. TIMELY, ACCURATE AND COORDINATED COMMUNICATIONS

ENABLING IMPERATIVES CAPTURE THE MECHANISMS VITAL TO EXECUTE OUR WORK. THEY WILL PROVIDE TOOLS, RESOURCES AND SUPPORT THAT ALLOW OUR ORGANIZATION TO ACHIEVE ITS TERRORISM PREPAREDNESS AND RESPONSE MISSION WITH GREATER EFFICIENCY AND EFFECTIVENESS:

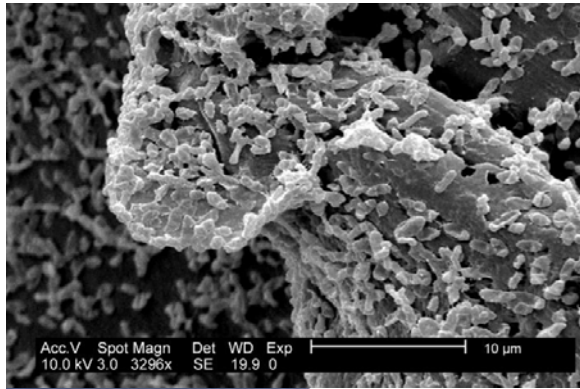
9. ACHIEVING SHARED GOALS THROUGH PARTNERSHIPS
10. INTEGRATED AND SECURE INFORMATION SYSTEMS
11. CREATIVE AND EFFECTIVE MANAGEMENT SERVICES

THE FOLLOWING SECTION DISCUSSES EACH STRATEGIC IMPERATIVE IN DETAIL.

³ *Vision* – A wide reaching concept that defines what the organization aspires to achieve.
Mission – Identifies the purpose of the organization and the space in which it will operate.
Strategic Imperatives – Goals that must be accomplished to realize the vision and mission.
Critical Objectives – Specific action steps that define how to achieve each imperative.

PROGRAMMATIC IMPERATIVES

1 *TIMELY, EFFECTIVE AND INTEGRATED DETECTION AND INVESTIGATION*



DETECTION AND INVESTIGATION USING BIOFILM

DETECTION AND INVESTIGATION ARE CENTRAL TO THE PRACTICE OF PUBLIC HEALTH, AND ARE FUNCTIONS OF CDC/ATSDR THAT MUST BE HONED TO SUPPORT THE DEMANDS OF TERRORISM PREPAREDNESS AND RESPONSE. AS A PRIMARY FUNCTION OF CDC/ATSDR, SURVEILLANCE ACTIVITIES PROVIDE FOR THE ONGOING, SYSTEMATIC COLLECTION, ANALYSIS, INTERPRETATION, AND DISSEMINATION OF HEALTH DATA. THIS DATA INCLUDES INFORMATION ON CLINICAL DIAGNOSES, LABORATORY-BASED DIAGNOSES, SPECIFIC SYNDROMES, HEALTH-RELATED BEHAVIORS AND USE OF PRODUCTS RELATED TO HEALTH. APPLYING THESE ACTIVITIES FOR TERRORISM PREPAREDNESS AND RESPONSE WILL ALLOW EPIDEMIOLOGISTS AND OTHER PREPAREDNESS AND RESPONSE PROFESSIONALS TO DETECT OUTBREAKS, CHARACTERIZE DISEASE TRANSMISSION PATTERNS BY TIME, PLACE AND PERSON, EVALUATE PREPARATION AND RESPONSE PROGRAMS AND PROJECT FUTURE PREPAREDNESS AND RESPONSE PUBLIC HEALTH AND HEALTH CARE NEEDS.

CDC/ATSDR HAS A LONG AND DISTINGUISHED HISTORY OF DELIVERING EPIDEMIOLOGIC SERVICES TO ADDRESS DIVERSE PUBLIC HEALTH CONCERNS. SINCE THE INCEPTION OF THE EPIDEMIC INTELLIGENCE SERVICE (EIS) IN 1951, NEARLY 2,500 EISOs HAVE RESPONDED TO REQUESTS FOR EPIDEMIOLOGICAL ASSISTANCE WITHIN THE UNITED STATES AND THROUGHOUT THE WORLD. ESTABLISHED IN RESPONSE TO THE KOREAN WAR AS AN EARLY WARNING SYSTEM AGAINST BIOLOGICAL WARFARE AND MAN-MADE EPIDEMICS, THE EIS HAS GROWN TO SERVE AS AN INVESTIGATIVE RESPONSE UNIT FOR ALL TYPES OF EPIDEMICS, INCLUDING THOSE RELATED TO TERRORISM. BETWEEN SEPTEMBER 2001 AND SEPTEMBER 2002, 136 EISOs, OR 93% OF THE TOTAL NUMBER OF EISOs AT CDC/ATSDR, WERE DEPLOYED AT THE REQUEST OF STATE AND LOCAL AUTHORITIES AT LEAST ONCE TO ASSIST STATE AND LOCAL PUBLIC HEALTH AGENCIES.

"THE EIS OFFICERS PERFORMED WITH DEDICATION AND EXCELLENCE IN THE FRONTLINES OF OUR BATTLE AGAINST BIOTERRORISM. THEIR COMMITMENT TO PUBLIC HEALTH NEVER WAVERED IN THE FACE OF LONG HOURS, STRENUOUS DUTIES AND PERSONAL RISK. THEIR KNOWLEDGE AND EXPERIENCE CERTAINLY HELPED SAVE LIVES."

TOMMY THOMPSON
SECRETARY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

GIVEN THE COUNTLESS VEHICLES BY WHICH A DISEASE CAN BE RELEASED AND TRANSMITTED, OUR EPIDEMIOLOGIC AND SURVEILLANCE ACTIVITIES WILL CONTINUE TO PROVIDE TECHNICAL AND VERSATILE SERVICE BY FOCUSING ON A RANGE OF EXPOSURE AND DISEASE PROBLEMS. THESE INCLUDE ADDRESSING FOODBORNE, WATERBORNE, VECTORBORNE, ZOO NOTIC, AND ANTIMICROBIAL RESISTANT DISEASES. TO ENSURE CDC/ATSDR AND PUBLIC HEALTH AT THE STATE AND LOCAL LEVELS ARE POSITIONED TO DETECT AND INVESTIGATE ILLNESSES RESULTING FROM CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR SOURCES, THE NATION'S PUBLIC HEALTH SYSTEM MUST CONTINUOUSLY EXPLORE NEW APPROACHES FOR THE RAPID IDENTIFICATION OF UNUSUAL EVENTS, INCLUDING DISEASES OF UNKNOWN ETIOLOGY AND DISEASES CAUSED BY THE DELIBERATE RELEASE OF AGENTS.

ULTIMATELY, TIMELY DETECTION AND INVESTIGATION ALLOWS HEALTH PROFESSIONALS TO RAPIDLY IDENTIFY A HEALTH PROBLEM AND INTERVENE AS NECESSARY TO BEST CONTAIN AND CONTROL THE CONSEQUENCES OF AN EVENT BY LIMITING OR PREVENTING EXPOSURE AND RESTRAINING THE SPREAD OF ILLNESS. THE AGENCY'S DETECTION AND INVESTIGATION ACTIVITIES DEMAND INTEGRATION OF LABORATORY AND EPIDEMIOLOGIC SCIENCES AS WELL AS SUPPORTING PROFESSIONALS, SYSTEMS AND PARTNERSHIPS.

SUCCESS STORY – IN DECEMBER 2000, CDC/ATSDR LAUNCHED THE EPIDEMIC INFORMATION EXCHANGE (EPI-X), A SECURE, WEB-BASED COMMUNICATIONS NETWORK TO SHARE INFORMATION RELATING TO PUBLIC HEALTH INVESTIGATION AND RESPONSE. LESS THAN ONE YEAR LATER, EPI-X PROVIDED MORE THAN 1,000 LOCAL CDC/ATSDR INVESTIGATIVE TEAMS, STATE EPIDEMIOLOGISTS AND OTHER PUBLIC HEALTH OFFICIALS A SECURE FORUM TO POST AND DISCUSS IMPORTANT HEALTH INFORMATION FOLLOWING THE FALL 2001 ANTHRAX ATTACKS. EPI-X IMMEDIATELY NOTIFIED STATE EPIDEMIOLOGISTS BY PAGER AND PHONE OF THE FIRST CASE IN NEW YORK CITY. EPI-X POSTED 90 REPORTS REGARDING THE PUBLIC HEALTH RESPONSE TO THE TERRORIST ATTACKS OF FALL 2001.⁴

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE *TIMELY, EFFECTIVE AND INTEGRATED DETECTION AND INVESTIGATION*.

CRITICAL OBJECTIVES

1.1 *EXPAND AND IMPROVE THE NETWORK OF ACTIVE SURVEILLANCE.*

TERRORISM PREPAREDNESS AND RESPONSE DEMANDS THAT PUBLIC HEALTH AND ITS PARTNERS BECOME MORE ENGAGED IN MONITORING THE HEALTH STATUS OF COMMUNITIES AND THEIR ENVIRONMENTS. THIS PROACTIVE METHOD OF SURVEILLANCE BY WHICH HEALTH DEPARTMENTS, HEALTH CARE PROVIDERS AND OTHERS CONTINUOUSLY COLLECT AND ANALYZE HEALTH DATA FOR RAPID DETECTION OF UNUSUAL DISEASE OCCURRENCES, ALLOW FOR TIMELY DECISION MAKING AND INTERVENTION. SUCH SURVEILLANCE MUST TAKE PLACE COLLABORATIVELY AT FEDERAL, STATE AND LOCAL LEVELS.

⁴ CDC. "PROGRAMS IN BRIEF: EPIDEMIC INFORMATION EXCHANGE." SEPTEMBER 2002. WWW.CDC.GOV/PROGRAMS.

1.2 *INCREASE THE NUMBER, SKILLS AND DISTRIBUTION OF DETECTION AND INVESTIGATION PROFESSIONALS.*

TO COMPLEMENT THE SYSTEMS THAT WILL HELP EXPAND AND IMPROVE ACTIVE SURVEILLANCE, DETECTION AND INVESTIGATION PROFESSIONALS MUST BE WELL TRAINED AND PROPERLY DISTRIBUTED TO ENSURE EACH STATE, LOCAL AND TERRITORIAL HEALTH DEPARTMENT HAS THE APPROPRIATE TECHNICAL EXPERTISE TO ANALYZE COLLECTED DATA, IDENTIFY THE CORRECT INTERVENTION AND WHEN NECESSARY, FOLLOW SET RESPONSE PROTOCOLS.

1.3 *DEVELOP, APPLY AND EVALUATE TOOLS, METHODS, GUIDANCE AND PROTOCOLS TO IMPROVE INVESTIGATION AND RESPONSE.*

TIMELY, EFFECTIVE AND INTEGRATED DETECTION AND INVESTIGATION RELIES ON A VARIETY OF RESOURCES. CDC/ATSDR IS COMMITTED TO THE DEVELOPMENT, DELIVERY AND APPLICATION OF RESOURCES THAT CAN BE SHARED ACROSS PUBLIC HEALTH AT THE FEDERAL, STATE AND LOCAL LEVELS.

1.4 *DEMONSTRATE PROFICIENCY TO CONTROL AND CONTAIN EVENT CONSEQUENCES.*

TO EFFECTIVELY PRACTICE AND IMPROVE SURVEILLANCE ACTIVITIES, IT IS VITAL THAT FEDERAL, STATE AND LOCAL PUBLIC HEALTH PRACTITIONERS USE METHODS TO TEST AND EVALUATE THEIR CAPABILITIES. ONLY BY DOING SO CAN THE PROFICIENCIES OF DETECTION AND INVESTIGATION PROFESSIONALS AND PROGRAMS BE MEASURED AND MODIFIED TO MEET AN ACCEPTABLE LEVEL OF READINESS. ADDITIONALLY, CDC/ATSDR USES SPECIFIC INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE MEASURES TO GAUGE HOW ITS PERSONNEL AND PARTNERS ARE CONDUCTING SURVEILLANCE ACTIVITIES.

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

➤ **PUBLIC HEALTH INFORMATION NETWORK (PHIN)** – PHIN (DETAILED IN IMPERATIVE 10) IS A PUBLIC HEALTH ARCHITECTURE THAT WILL COORDINATE EXISTING AND NEW PUBLIC HEALTH INFORMATION SYSTEMS FOR INTEROPERABLE USE OF INFORMATION TECHNOLOGY (IT) ACROSS PUBLIC HEALTH. PHIN WILL INTEGRATE AND BUILD ON THE TECHNICAL STANDARDS AND INFRASTRUCTURE ESTABLISHED THROUGH OTHER CDC/ATSDR INITIATIVES INCLUDING:

➤ **EPIDEMIC INFORMATION EXCHANGE (EPI-X)** – EPI-X IS CDC/ATSDR'S SECURE WEB-BASED COMMUNICATIONS NETWORK FOR PUBLIC HEALTH OFFICIALS. USING ADVANCED INTERNET AND COMMUNICATIONS TECHNOLOGIES, EPI-X PROVIDES 24 HOURS A DAY, SEVEN DAYS A WEEK (24x7) EMERGENCY ALERTS AND CREATES A PROTECTED FORUM TO SHARE IMPORTANT DISEASE INFORMATION NATIONWIDE POSITIONING PUBLIC HEALTH OFFICIALS TO DETECT AND RESPOND ACCORDINGLY TO SUSPECT TERRORISM EMERGENCIES. EPI-X IS USED AS A COMMUNICATION TOOL BY DHHS AND CDC/ATSDR EMERGENCY OPERATIONS CENTERS AND STATE TERRORISM COORDINATORS TO EXCHANGE ROUTINE AND EMERGENCY PUBLIC HEALTH INFORMATION WITH STATE AND CDC/ATSDR PUBLIC HEALTH PROFESSIONALS RAPIDLY AND SECURELY. CDC/ATSDR, WITH LEADERSHIP FROM THE

EPIDEMIOLOGY PROGRAM OFFICE (EPO), WILL CONTINUALLY INCREASE THE NUMBER OF PUBLIC HEALTH PROFESSIONALS WHO USE EPI-X, REACHING AT LEAST 1,500 PROFESSIONALS IN FY 2004.

➤ **NATIONAL ELECTRONIC DISEASE SURVEILLANCE SYSTEM (NEDSS)** – CDC/ATSDR'S NEDSS INITIATIVE CREATED STANDARDS TO FACILITATE DATA COLLECTION, MANAGEMENT, TRANSMISSION, ANALYSES, ACCESS AND DISSEMINATION. USING NEDSS, CDC/ATSDR WILL PROMOTE THE USE OF DATA AND INFORMATION SYSTEM STANDARDS TO ADVANCE THE DEVELOPMENT OF EFFICIENT, INTEGRATED AND INTEROPERABLE SURVEILLANCE SYSTEMS AT FEDERAL, STATE, AND LOCAL LEVELS. A PRIMARY GOAL OF NEDSS IS THE ONGOING, AUTOMATIC CAPTURE AND ANALYSIS OF DATA THAT ARE ALREADY AVAILABLE ELECTRONICALLY. NEDSS WILL TAKE ADVANTAGE OF CURRENT IT ADVANCES AND THE USE OF DATA STANDARDS TO IMPROVE OUR ABILITY TO MONITOR PUBLIC HEALTH CONDITIONS OF IMPORTANCE.

➤ **PULSENET** – PULSNET, A PROGRAM IN THE NATIONAL CENTER FOR INFECTIOUS DISEASES' (NCID) FOODBORNE AND DIARRHEAL BRANCH, IS AN EARLY WARNING SYSTEM FOR OUTBREAKS OF FOODBORNE DISEASE CONSISTING OF A NATIONAL NETWORK OF PUBLIC HEALTH LABORATORIES THAT PERFORMS DNA "FINGERPRINTING" ON BACTERIA THAT MAY BE FOODBORNE. THE NETWORK IDENTIFIES AND LABELS EACH "FINGERPRINT" PATTERN AND PERMITS RAPID COMPARISON OF THESE PATTERNS THROUGH AN ELECTRONIC DATABASE AT CDC/ATSDR TO IDENTIFY RELATED STRAINS. THIS TECHNIQUE ALLOWS PUBLIC HEALTH LABORATORY STAFF TO DISTINGUISH AMONG STRAINS OR ISOLATES OF BACTERIA, FUNGI, VIRUSES AND PARASITES. A CONTAMINATED FOOD PRODUCT SHIPPED ALL OVER THE COUNTRY, AND PERHAPS THE WORLD, WOULD YIELD SEEMINGLY UNRELATED CASES IN DIFFERENT GEOGRAPHIC AREAS; BUT AS LABORATORIES SEND SPECIMENS TO STATE HEALTH DEPARTMENTS FOR FINGERPRINTING, THE CENTRAL PULSNET FACILITY AT CDC/ATSDR CAN FUNCTION LIKE AN INTERPOL SYSTEM FOR MICROBES, IDENTIFYING OUTBREAKS AND THEIR SOURCES. PULSNET PARTICIPANTS INCLUDE ALL 50 STATE PUBLIC HEALTH LABORATORIES, 5 LOCAL PUBLIC HEALTH LABORATORIES, 7 FDA LABORATORIES, THE USDA FOOD SAFETY AND INSPECTION LABORATORY, 7 CANADIAN LABORATORIES AND PARTICIPATION FROM A VARIETY OF NATIONS ACROSS EUROPE, THE MIDDLE EAST, LATIN AMERICA AND THE PACIFIC RIM.

➤ **GEOGRAPHIC INFORMATION SYSTEMS (GIS)** – CDC/ATSDR WILL CONTINUE TO UTILIZE GIS TECHNOLOGY TO LINK DATA AND GEOGRAPHY DIGITALLY. THIS TECHNOLOGY WILL PROVIDE A USEFUL WAY TO REVEAL SPATIAL AND TEMPORAL RELATIONSHIPS AMONG DATA AND ALLOW RESEARCHERS, PUBLIC HEALTH PROFESSIONALS, POLICY MAKERS AND OTHERS TO BETTER UNDERSTAND GEOGRAPHIC RELATIONSHIPS THAT AFFECT HEALTH OUTCOMES, PUBLIC HEALTH RISKS, DISEASE TRANSMISSION, ACCESS TO HEALTH CARE AND OTHER PUBLIC HEALTH CONCERNS AS THEY RELATE TO CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA TERRORISM.

- **NATIONWIDE CHEMICAL POISONING AND RADIOLOGICAL ILLNESS MONITORING SYSTEM** – CDC/ATSDR WILL DEVELOP STANDARD PROTOCOLS TO IDENTIFY AND RESPOND TO EVENTS WHILE ENHANCING COMMUNICATIONS AMONG LOCAL, STATE, FEDERAL AND OTHER PARTNERS, INCLUDING POISON CONTROL CENTERS. THIS EARLY WARNING SYSTEM WILL BE SENSITIVE AND SPECIFIC ENOUGH TO IDENTIFY CASES ASSOCIATED WITH CHEMICAL AND RADIOLOGICAL EXPOSURES. IT WILL INCLUDE LONG-TERM FOLLOW-UP OF POTENTIALLY EXPOSED SUBJECTS AND AN AUTOMATED TRACKING SYSTEM THAT PROVIDES DAILY INCIDENCE DATA ON SYMPTOMS AND SYNDROMES THAT MAY INDICATE CHEMICAL AND RADIOLOGICAL EXPOSURE.
- **ENVIRONMENTAL HEALTH MANAGEMENT** – CONTINUATION OF THIS INITIATIVE WILL IMPROVE THE CAPACITY FOR THE PUBLIC HEALTH EMERGENCY RESPONSE SYSTEM TO DETECT AND REMEDIATE HEALTH HAZARDS ASSOCIATED WITH ENVIRONMENTAL CONTAMINATION. KEY ELEMENTS OF THIS INITIATIVE WITHIN NCEH INCLUDE PRIORITIZING TECHNICAL ISSUES RELATING TO DETECTION, CHARACTERIZATION, CLEANUP, CLEARANCE AND DEVELOPING MATERIALS AND INTERNAL EXPERTISE TO ASSIST STATE AND LOCAL RESPONDERS.
- **FOOD SAFETY** – CDC/ATSDR WILL ENHANCE AND CONTINUE OPERATING THE FOOD SAFETY PROGRAM WITHIN NCID TO STRENGTHEN STATE AND LOCAL HEALTH DEPARTMENT DETECTION AND RESPONSE CAPACITY FOR FOODBORNE DISEASE OUTBREAKS USING STATE-OF-THE-ART METHODS AND EQUIPMENT. THROUGH THIS PROGRAM, CDC/ATSDR WILL EXPAND THE NUMBER OF PATHOGENS AND SYNDROMES UNDER ACTIVE SURVEILLANCE IN 10 FOODNET⁵ STATES FROM 11 TO 13.
- **BioWATCH** – CDC/ATSDR WILL ASSIST DHS AND THE ENVIRONMENTAL PROTECTION AGENCY (EPA) TO PERFORM 24x7 ENVIRONMENTAL SURVEILLANCE USING EXISTING EPA AND DEPARTMENT OF ENERGY (DOE) AIR QUALITY MONITORING SYSTEMS. AIR SAMPLES WILL BE TESTED IN CITIES FOR THE PRESENCE OF BIOLOGICAL PATHOGENS TO GENERATE EARLY WARNINGS OF POSSIBLE ATTACKS. IMPLEMENTATION CONSISTS OF THREE PRIMARY COMPONENTS: FIELD (SAMPLING DEVICES, COLLECTION, TRANSPORT, AND VERIFICATION), LABORATORY (PROCESSING AND POLYMERASE CHAIN REACTION, PCR ANALYSIS), AND CONSEQUENCE MANAGEMENT. LABORATORY RESPONSE NETWORK (LRN) CONFIRMATORY-LEVEL LABS WILL CONDUCT THE NECESSARY LABORATORY ANALYSES.
- **SYNDROMIC SURVEILLANCE EVALUATION** – CDC/ATSDR HAS BEGUN AND WILL CONTINUE LEADING A NATIONAL EFFORT TO EVALUATE THE EFFICACY OF SYNDROMIC SURVEILLANCE TO TERRORISM PREPAREDNESS AND RESPONSE. SYNDROMIC SURVEILLANCE USES TYPES OF DATA THAT PRECEDE DIAGNOSIS SUCH AS LABORATORY TEST REQUESTS, EMERGENCY DEPARTMENT CHIEF COMPLAINT, AMBULANCE RUN SHEETS, PRESCRIPTION AND OVER-THE-COUNTER DRUG USE, SCHOOL OR WORK ABSENTEEISM; SUCH DATA MAY SIGNAL A SUFFICIENT PROBABILITY OF AN OUTBREAK TO WARRANT FURTHER PUBLIC HEALTH RESPONSE. SYNDROMIC SURVEILLANCE DATA CAN ARISE FROM NEW DATA COLLECTION, OFTEN AT THE POINT OF MEDICAL CARE, AND FROM EXISTING DATA STREAMS THAT ARE MONITORED FOR INDICATIVE DISEASE PATTERNS. THIS TYPE OF NONTRADITIONAL SURVEILLANCE IS FURTHER DISTINGUISHED FROM NOTIFIABLE DISEASE SURVEILLANCE IN THAT STANDARD CASE DEFINITIONS HAVE NOT BEEN ESTABLISHED, AS WELL AS DETECTION THRESHOLDS MUST BE FLEXIBLE ENOUGH TO RESPOND TO CHANGING RISK LEVELS AND DETECTION PRIORITIES. CDC/ATSDR WILL CONTINUE TO LEAD THIS EFFORT BY SERVING AS THE FEDERAL BROKER FOR OBTAINING NATIONAL DATA SETS AND AGGREGATIONS OF DATA FROM STATE AND LOCAL JURISDICTIONS. CDC/ATSDR WILL USE THIS DATA TO WEIGH THE BENEFITS AND COSTS OF USING SYNDROMIC SURVEILLANCE TO MANAGE DISEASE OUTBREAKS AND PROVIDE COMMUNITIES THE RESPECTIVE GUIDANCE.
- **STANDARD CASE DEFINITIONS** – CDC/ATSDR WILL CONTINUE TO COLLABORATE WITH THE COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS (CSTE) TO UPDATE, PUBLISH AND DISTRIBUTE STANDARD CASE DEFINITIONS TO EACH STATE AND JURISDICTION. THESE DEFINITIONS WILL EQUIP PUBLIC HEALTH OFFICIALS, CLINICIANS AND LABORATORIANS TO ACCURATELY DIAGNOSE AND REPORT CONDITIONS RELATED TO IDENTIFIED THREAT AGENTS. WITHOUT STANDARD CASE DEFINITIONS AND DATA, UNUSUAL OCCURRENCES OF DISEASES MIGHT NOT BE DETECTED, TRENDS CANNOT BE ACCURATELY MONITORED AND THE EFFECTIVENESS OF INTERVENTION ACTIVITIES CANNOT BE EASILY EVALUATED.
- **STATE AND LOCAL PREPAREDNESS AND RESPONSE SUPPORT** – THE STATE AND LOCAL ACTIONS CITED IN THIS PLAN REFLECT THE CRITICAL CAPACITIES GRANTEEES ARE EXPECTED TO ACHIEVE USING FUNDS ALLOCATED THROUGH THE STATE AND LOCAL TERRORISM PREPAREDNESS COOPERATIVE AGREEMENT PROGRAM. THESE CAPACITIES ARE BASED ON THE FY 2003 COOPERATIVE AGREEMENT PROGRAM CONTINUATION GUIDANCE (BUDGET PERIOD 4, PROGRAM ANNOUNCEMENT 99051). APPENDIX 5 LISTS EACH FOCUS AREA AND CAPACITY.
 - **REPORTABLE DISEASE SURVEILLANCE** – THIS EFFORT WILL SUPPORT GRANTEEES TO RAPIDLY DETECT A TERRORIST EVENT THROUGH HIGHLY FUNCTIONING, MANDATORY REPORTABLE DISEASE SURVEILLANCE SYSTEMS, AS EVIDENCED BY ONGOING TIMELY AND COMPLETE REPORTING BY PROVIDERS AND LABORATORIES IN A JURISDICTION. REPORTING WILL CONSIST OF ILLNESSES AND CONDITIONS POSSIBLY RESULTING FROM TERRORISM, INFECTIOUS DISEASE OUTBREAKS AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES (**STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA B, CRITICAL CAPACITY 1**).
 - **EPIDEMIOLOGIC RESPONSE PLAN** – THIS COMPONENT OF THE COOPERATIVE AGREEMENT PROGRAM ENABLES GRANTEEES TO RAPIDLY AND EFFECTIVELY INVESTIGATE AND RESPOND TO A POTENTIAL TERRORIST EVENT THROUGH THE USE OF A COMPREHENSIVE AND EXERCISED EPIDEMIOLOGIC RESPONSE PLAN. EACH GRANTEE'S PLAN SHOULD ADDRESS SURGE CAPACITY, DELIVERY OF MASS PROPHYLAXIS AND IMMUNIZATIONS AND PRE-EVENT DEVELOPMENT OF SPECIFIC EPIDEMIOLOGIC INVESTIGATION AND RESPONSE NEEDS. (**STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA B, CRITICAL CAPACITY 2**).

⁵ FOODNET, CDC'S EMERGING INFECTIONS PROGRAM FOODBORNE DISEASES ACTIVE SURVEILLANCE NETWORK, COLLECTS DATA ON 10 FOODBORNE DISEASES IN NINE U.S. SITES. FOODNET FOLLOWS TRENDS IN FOODBORNE INFECTIONS BY USING LABORATORY-BASED SURVEILLANCE FOR CULTURE-CONFIRMED ILLNESS CAUSED BY SEVERAL ENTERIC PATHOGENS COMMONLY TRANSMITTED THROUGH FOOD.

2 SUSTAINED PREVENTION AND CONSEQUENCE
MANAGEMENT PROGRAMS



A CDC/ATSDR CLINICIAN PREPARES A SMALLPOX VACCINATION

PROTECTING THE PUBLIC'S HEALTH AND SAFETY FROM THE DELIBERATE RELEASE OF DANGEROUS CHEMICAL, BIOLOGICAL AND RADIOLOGICAL / NUCLEAR AGENTS DOES NOT START AND STOP WITH DETECTING AND RESPONDING TO AN EVENT. TO COMPLEMENT EMERGENCY RESPONSE ACTIVITIES DURING AN EVENT, (DETAILED IN IMPERATIVE 3) CDC/ ATSDR RECOGNIZES THAT PREPARING OUR NATION TO MITIGATE THE EFFECTS OF TERRORIST EVENTS

WILL DEMAND A VARIETY OF SUSTAINED AND COMMITTED EFFORTS. THIS INCLUDES BOTH PREVENTIVE MEASURES PRIOR

TO AN EVENT AND LONG-TERM CONSEQUENCE MANAGEMENT ACTIVITIES FOLLOWING AN EVENT'S IMMEDIATE RESPONSE.

TO PROMOTE AND PRACTICE PREVENTION, OUR AGENCY WILL CONTINUE TO WORK WITH PARTNERS TO ASSESS PUBLIC HEALTH THREATS AND VULNERABILITIES ASSOCIATED WITH TERRORISM AND DEVELOP PREVENTIVE MEASURES SPECIFIC TO THESE THREATS. THE PREVENTIVE MEASURES WILL COMBINE PREVENTION STRATEGIES FAMILIAR TO PUBLIC HEALTH AND THOSE UNIQUE TO TERRORISM AND NATIONAL SECURITY. FOR EXAMPLE, VACCINES, CITED AS ONE OF PUBLIC HEALTH'S GREATEST ACHIEVEMENTS AND INSTRUMENTAL FOR CONTROLLING DISEASES SUCH AS POLIO, SMALLPOX AND MEASLES, WILL BE A STRONG SOURCE OF PROTECTION AGAINST THE HEALTH HAZARDS OF THREAT AGENTS. ALREADY, THERE ARE DEVELOPMENTS BEING MADE TO DISCOVER AND IMPROVE VACCINES AGAINST THREATS INCLUDING ANTHRAX, SMALLPOX AND BOTULISM. MOREOVER, CDC/ATSDR IS PROVIDING INFORMATION TO BUILDING OWNERS, EMPLOYERS, AND OTHERS ON ENGINEERING CONTROLS AND PERSONAL PROTECTIVE EQUIPMENT (PPE) IN ORDER TO PREVENT OR MITIGATE EXPOSURE TO TERRORIST AGENTS.

BEYOND MEDICAL PROPHYLAXIS, CDC/ATSDR WILL HELP MONITOR WATER AND FOOD SUPPLIES. MONITORING ENVIRONMENTAL HAZARDS WILL BE ESPECIALLY IMPORTANT GIVEN THE RANGE OF AGENTS THAT CAN BE SPREAD USING WATER AND FOOD SUPPLIES (E.G. VIBRIO CHOLERAE, SALMONELLA, SHIGELLA, ESCHERICHIA COLI, CYCLOSPORA), THE CONTINUING EMERGENCE OF NEW PATHOGENS (E.G. MULTI-DRUG RESISTANT SALMONELLA) AND THE LARGE POPULATIONS LIVING IN POVERTY, DOMESTICALLY AND INTERNATIONALLY, WHO ARE AT RISK DUE TO POOR WATER TREATMENT AND DELIVERY SYSTEMS. CDC/ATSDR WILL CONTINUE TO APPLY EARLY WARNING SURVEILLANCE SYSTEMS SUCH AS PULSENET⁶ TO MINIMIZE, AND PREVENT, EXPOSURE TO AGENTS RELEASED USING FOOD AND WATER SOURCES. PROTECTING PEOPLE'S HEALTH FROM FOODBORNE AND WATERBORNE DISEASES WILL DEMAND CLOSE COLLABORATION WITH THE FDA, THE UNITED

STATES DEPARTMENT AGRICULTURE (USDA) AND EPA. IN ADDITION TO THERAPEUTICS AND ENVIRONMENTAL MONITORING, CDC/ATSDR WILL PERFORM ACTIVITIES THAT PREVENT ACCIDENTAL AND INTENTIONAL MISUSE OF DANGEROUS AGENTS. SPECIFICALLY, CDC/ATSDR WILL CONTINUE ADMINISTRATION OF THE DIVISION OF SELECT AGENTS (DETAILED IN OBJECTIVE 2.1).

JUST AS PREVENTION MEASURES ARE TAKEN TO ADDRESS PRE-EVENT HEALTH CONCERNS, LONG-TERM REMEDIATION AND CONSEQUENCE MANAGEMENT ACTIONS MUST TAKE PLACE IN THE EVENT A TERRORIST EMERGENCY IN FACT OCCURS. FOLLOWING SUCH AN EVENT AND ITS IMMEDIATE RESPONSE, MANY ACTIVITIES WILL NEED TO TAKE PLACE TO PROTECT THE LONG-TERM HEALTH AND SAFETY OF COMMUNITIES. FOR THIS REASON, CDC/ATSDR WILL APPLY ITS TECHNICAL EXPERTISE TO SUPPORT PARTNERS IN PERFORMING POST-EVENT CONSEQUENCE MANAGEMENT ACTIVITIES. THESE ACTIVITIES HELP RESTORE ESSENTIAL SERVICES AND PROVIDE EMERGENCY RELIEF TO COMMUNITIES OVER LONGER PERIODS OF TIME SO THEY CAN FUNCTION ON THEIR OWN, RETURN TO NORMALCY AND REMAIN PROTECTED AGAINST FUTURE PUBLIC HEALTH HAZARDS.

CONSEQUENCE MANAGEMENT ACTIVITIES ARE CURRENTLY BEING EMPLOYED SPECIFICALLY IN RESPONSE TO THE SEPTEMBER 11, 2001 WORLD TRADE CENTER ATTACKS. IN NEW YORK, CDC/ATSDR IS PERFORMING ANALYSES ON ASBESTOS FIBERS AND PARTICULATES PRESENT IN THE DUST CLOUD FOLLOWING THE ATTACKS AND DEVELOPING A REGISTRY TO FOLLOW THE HEALTH OF 200,000 PEOPLE EXPOSED TO SUBSTANCES EMANATING FROM THE COLLAPSE OF THE TOWERS. THE AGENCY HAS ALSO INSTITUTED A BASELINE SCREENING AND LONG-TERM MEDICAL MONITORING PROGRAM FOR FIREFIGHTERS AND OTHER WORKERS INVOLVED IN THE WORLD TRADE CENTER RESPONSE. CDC/ATSDR WILL CONTINUE TO COLLABORATE WITH PARTNERS TO PERFORM PUBLIC HEALTH RECOVERY AND FOLLOW-UP SERVICES.

ONLY BY SUPPORTING ACUTE EMERGENCY RESPONSE (RAPID ACTIONS TAKEN TO ADDRESS HEALTH CONCERNS IMMEDIATELY FOLLOWING, AND DURING, AN EVENT, DETAILED IN IMPERATIVE 3) WITH PREVENTION AND CONSEQUENCE MANAGEMENT ACTIVITIES WILL WE COMPREHENSIVELY ADDRESS TERRORISM PREPAREDNESS AND RESPONSE.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE *SUSTAINED PREVENTION AND CONSEQUENCE MANAGEMENT PROGRAMS*.

CRITICAL OBJECTIVES

2.1 ADMINISTER THE DIVISION OF SELECT AGENTS TO REGULATE THE STORAGE, USE AND TRANSFER OF DESIGNATED BIOLOGICAL AGENTS.

SECURITY OF THREAT AGENTS IS PARAMOUNT TO OUR PREVENTION EFFORTS. IN ACCORDANCE WITH THE PUBLIC HEALTH SECURITY AND BIOTERRORISM PREPAREDNESS AND RESPONSE ACT OF 2002 (PUBLIC LAW 107-188), CDC/ATSDR CARRIES OUT SPECIFIC REGULATIONS FOCUSED ON RESTRICTING UNAUTHORIZED ENTRY TO LABORATORY AREAS AND PREVENTING UNAUTHORIZED REMOVAL OF DESIGNATED BIOLOGICAL AGENTS FROM A LABORATORY SETTING. EMPLOYING SPECIFIC PROTOCOLS TO REGULATE THE STORAGE, USE AND TRANSFER OF SELECT BIOLOGICAL AGENTS THROUGHOUT THE UNITED STATES ASSURES AGENTS ARE ACCOUNTED FOR, RESTRICTS ACCESS TO THESE AGENTS AND ALLOWS ONLY AUTHORIZED PERSONNEL TO PERFORM NECESSARY AGENT-SPECIFIC WORK. IN FY

⁶ A NATIONAL NETWORK OF PUBLIC HEALTH LABORATORIES THAT PERFORM DNA ANALYSES ON BACTERIA TO DETECT FOODBORNE DISEASE OUTBREAKS.

2002 ALONE, CDC/ATSDR DOCUMENTED A TOTAL OF 1,352 SELECT AGENT TRANSFERS BETWEEN GOVERNMENT AGENCIES, UNIVERSITIES, RESEARCH INSTITUTIONS AND COMMERCIAL ENTITIES.

2.2 SUPPORT THE DEVELOPMENT OF VACCINES, THERAPEUTICS AND ANTIDOTES AGAINST PRIORITY THREAT AGENTS.

AS THREATS CONTINUE TO BE IDENTIFIED, PUBLIC HEALTH PARTNERS MUST DEDICATE THEMSELVES TO THE CREATION AND USE OF EFFECTIVE MEDICINES AND TREATMENTS SUCH AS VACCINES. THROUGH COLLABORATIVE RESEARCH, CLINICAL TRIALS AND EVALUATION, CDC/ATSDR WILL CONTINUOUSLY SUPPORT THE DEVELOPMENT AND USE OF MEDICINES THAT COUNTERACT THE EFFECTS OF CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR AGENTS. THE FALL 2001 RELEASE OF ANTHRAX DEMONSTRATED JUST HOW VALUABLE AND EFFECTIVE A DRUG CAN BE AGAINST AN AGENT'S EFFECTS, AND WHEN TREATED CAN BE NEUTRALIZED.

2.3 PROVIDE SCIENTIFIC AND TECHNICAL SUPPORT FOR RECOVERY PROGRAMS ASSOCIATED WITH PHYSICAL, PSYCHOLOGICAL AND ENVIRONMENTAL PUBLIC HEALTH NEEDS.

PREVENTION, THOUGH EXTREMELY EFFECTIVE, IS UNFORTUNATELY NOT FAIL-SAFE. PUBLIC HEALTH AND THE HEALTH CARE DELIVERY SYSTEM MUST BE PREPARED TO PERFORM NOT ONLY ACUTE RESPONSE IMMEDIATELY AFTER AN EVENT TAKES PLACE, BUT ALSO CONDUCT SUSTAINED RECOVERY AND FOLLOW-UP ACTIVITIES TO PROTECT PEOPLE'S HEALTH IN BOTH THE SHORT AND LONG TERM. CDC/ATSDR WILL PROVIDE TECHNICAL ASSISTANCE TO SUPPORT REMEDIATION PARTNERS IN RESTORING ESSENTIAL SERVICES FOR GOVERNMENT, BUSINESSES AND PEOPLE AFFECTED BY A TERRORISM EMERGENCY SUCH THAT PHYSICAL, PSYCHOLOGICAL AND ENVIRONMENTAL PUBLIC HEALTH NEEDS ARE MET.

SUCCESS STORY – FROM OCTOBER 25 TO NOVEMBER 1, 2001, CDC/ATSDR AND NEW YORK CITY DEPARTMENT OF HEALTH (NYCDOH) SURVEY TEAMS CONDUCTED 414 INTERVIEWS OF STATISTICALLY REPRESENTATIVE, RANDOMLY SELECTED HOUSEHOLDS FROM THREE WELL-DEFINED COMMUNITIES IN LOWER MANHATTAN. WITHIN ONE WEEK OF DATA COLLECTION, CDC/ATSDR PROVIDED NYCDOH WITH A REPORT THAT INCLUDED RECOMMENDATIONS FOR PUBLIC HEALTH INTERVENTIONS. BASED ON THE ASSESSMENT'S RESULTS, NYCDOH DEVELOPED A PLAN TO FACILITATE COMMUNICATION, MITIGATE THE EFFECTS OF POOR AIR QUALITY AND ADDRESS MENTAL HEALTH CONCERNS.⁷

2.4 EVALUATE AND IMPROVE THE EFFECTIVENESS OF PREVENTION AND CONSEQUENCE MANAGEMENT ACTIVITIES.

PUBLIC HEALTH RELIES ON LEARNING VALUABLE LESSONS FROM PREVIOUS EXPERIENCES TO IMPROVE FUTURE PUBLIC HEALTH EFFORTS. TO PREPARE FOR AND RECOVER FROM A TERRORIST ATTACK THAT HARMS PEOPLE'S HEALTH WILL REQUIRE A WIDE RANGE OF LONG-TERM SERVICES TO COMPLEMENT IMMEDIATE CRISIS MANAGEMENT ACTIVITIES. WHETHER IT IS MONITORING ADVERSE EFFECTS OF A VACCINE, ASSESSING THE PERFORMANCE OF A RESPIRATOR AGAINST THREAT AGENTS OR OBSERVING VICTIMS' HEALTH FOLLOWING AN EVENT, THESE SERVICES WILL BE EVALUATED FOR THEIR EFFICACY AND EFFECTIVENESS TO HELP IDENTIFY STEPS TO IMPROVE OTHER RELATED ACTIONS.

⁷ JACKSON, RICHARD; KOPLAN, JEFFREY; ET AL. CDC, NATIONAL CENTER FOR ENVIRONMENTAL HEALTH. "NATIONAL CENTER FOR ENVIRONMENTAL HEALTH 2002 PROGRAM BRIEFING."

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **BOTULINUM EQUINE HEPTAVALENT ANTITOXIN PROGRAM –** CDC/ATSDR IS UNDERTAKING A FIVE-YEAR PROJECT TO ACQUIRE, MAINTAIN, IMMUNIZE AND COLLECT PLASMA FROM APPROXIMATELY 200 HORSES UNDER APPROPRIATE CURRENT FDA GOOD MANUFACTURING PRACTICES (GMP) CONDITIONS. THIS EFFORT WITHIN NCID WILL PROVIDE ADEQUATE HIGH TITER MONOVALENT STERILE HYPERIMMUNE HORSE PLASMA TO BE USED TO PRODUCE INITIALLY 200,000 DOSES OF LICENSED BOTULISM F(A^B)₂ ANTITOXIN, HEPTAVALENT (EQUINE DERIVED) AS A TREATMENT FOR CLINICAL BOTULISM.
- **ANTHRAX IMMUNE GLOBULIN TREATMENT PROGRAM –** THE PURPOSE OF THIS PROJECT IS TO MANUFACTURE ANTHRAX IMMUNE GLOBULIN IN ORDER TO PROVIDE TREATMENTS FOR ANTHRAX ILLNESS. CDC/ATSDR WILL CHANGE FINAL PRODUCT FORMULATION FOR ANTHRAX IMMUNE GLOBULIN FROM A LIQUID PRODUCT (pH 4.25) TO A LYOPHILIZED PRODUCT. THE LYOPHILIZED PRODUCT WILL BE MORE STABLE, HAVE A LONGER SHELF LIFE, AND CAN BE ADMINISTERED INTRAVENOUSLY, AS WELL AS INTRAMUSCULARLY.
- **DIVISION OF SELECT AGENTS (DSA) –** CDC/ATSDR WILL CONTINUE TO MANAGE THIS PROGRAM TO HELP IMPROVE THE SAFETY AND SECURITY OF LABORATORY FACILITIES NATIONWIDE WHICH POSSESS, USE AND TRANSFER SELECT BIOLOGICAL AGENTS AND TOXINS THAT POSE A SIGNIFICANT HEALTH RISK TO HUMANS. IN FY 2003, THE SAP INSPECTED 211 LABORATORY FACILITIES NATIONWIDE. ANNUAL INSPECTIONS WILL CONTINUE TO ENSURE THE SAFE STORAGE, USE AND TRANSFER OF SELECT BIOLOGICAL AGENTS.
- **BIOSHIELD –** CDC/ATSDR WILL PARTICIPATE IN CARRYING OUT RESPONSIBILITIES DIRECTED BY BIOSHIELD, A COMPREHENSIVE EFFORT TO DEVELOP AND MAKE AVAILABLE MODERN, EFFECTIVE DRUGS AND VACCINES TO PROTECT AGAINST ATTACK BY BIOLOGICAL AND CHEMICAL WEAPONS OR OTHER DANGEROUS PATHOGENS. THE BREAKTHROUGHS RESULTING FROM PROJECT BIOSHIELD ARE LIKELY TO HAVE IMPORTANT SPILLOVER BENEFITS IN DIAGNOSING AND TREATING OTHER DISEASES, AND IN STRENGTHENING OUR OVERALL BIOTECHNOLOGY INFRASTRUCTURE.
- **ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) –** CDC/ATSDR, LED BY THE NATIONAL IMMUNIZATION PROGRAM (NIP), WILL CONTINUE TO LEVERAGE OUR PARTNERSHIP WITH AND PARTICIPATION ON THE ACIP FOR ALL VACCINE ACTIVITIES RELATED TO TERRORISM PREPAREDNESS AND RESPONSE. ACIP CONSISTS OF 15 EXPERTS IN FIELDS ASSOCIATED WITH IMMUNIZATION WHO HAVE BEEN SELECTED BY THE DHHS SECRETARY TO PROVIDE ADVICE AND GUIDANCE TO THE DEPARTMENT, INCLUDING CDC/ATSDR, ON THE MOST EFFECTIVE MEANS TO ADMINISTER VACCINES AND AVERT VACCINE-PREVENTABLE DISEASES. THE COMMITTEE DEVELOPS WRITTEN RECOMMENDATIONS FOR THE ROUTINE ADMINISTRATION OF VACCINES TO PEDIATRIC AND ADULT POPULATIONS, ALONG WITH SCHEDULES REGARDING THE APPROPRIATE PERIODICITY, DOSAGE AND CONTRAINDICATIONS APPLICABLE TO THE VACCINES.

- **NATIONAL EXPOSURE REGISTRIES** – THE NATIONAL EXPOSURE REGISTRY CATALOGS MAINTAINED WITHIN ATSDR REPORTED HEALTH INFORMATION FROM PERSONS WITH DOCUMENTED EXPOSURES TO SPECIFIC HAZARDOUS SUBSTANCES. COLLECTED INTO CHEMICAL-SPECIFIC SUB-REGISTRIES, THE REGISTRY’S INFORMATION HELPS ASSESS THE LONG-TERM HEALTH CONSEQUENCES OF LOW-LEVEL, LONG-TERM EXPOSURES TO HAZARDOUS MATERIALS. LEVERAGING A PARTNERSHIP WITH THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), CDC/ATSDR AND THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE WILL CONTINUE USING THIS TO TRACK THE HEALTH STATUS AND DEMOGRAPHICS OF MORE THAN 200,000 RESIDENTS, EMPLOYEES, VOLUNTEERS AND SITE WORKERS WHO MAY HAVE BEEN EXPOSED TO CONTAMINANTS AT THE WORLD TRADE CENTER SITE.
- **SMALLPOX VACCINATION PROGRAM (SVP)** – CDC/ATSDR WILL CONTINUE TO ADMINISTER THE NATIONAL SMALLPOX VACCINATION PROGRAM BY PROVIDING TECHNICAL EXPERTISE FOR THE DELIVERY OF THE VACCINE AND GUIDANCE FOR STEPS TO MANAGE RECIPIENTS’ HEALTH. THE VACCINE IS SHIPPED AND DELIVERED ACCORDING TO STATE SMALLPOX PLANS TO COORDINATE THE VACCINATION OF SMALLPOX RESPONSE TEAMS. CDC/ATSDR WILL USE ITS VACCINE ADVERSE EFFECTS REPORTING SYSTEM (VAERS) TO CAPTURE PRELIMINARY DATA ABOUT HEALTH EVENTS FOLLOWING THE SMALLPOX VACCINATION AND WILL INVESTIGATE THIS DATA TO MAKE RECOMMENDATIONS ACCORDINGLY. CDC/ATSDR HAS ENHANCED THE NATION’S SUPPLIES OF SMALLPOX VACCINE AND VACCINIA IMMUNE GLOBULIN (VIG), A SERUM USED TO TREAT THE MOST SEVERE REACTIONS TO SMALLPOX VACCINE, TO TREAT ALL ANTICIPATED ADVERSE EVENTS FROM THE CURRENT VACCINATION PROGRAM.
- **IMMUNIZATION PUBLIC HEALTH ADVISOR (PHA) PLACEMENTS** – CDC/ATSDR WILL PLACE NIP EXPERTS IN THE FIELD TO SERVE AS IMMUNIZATION PROGRAM TERRORISM COORDINATORS. INITIAL PLACEMENTS WILL INCLUDE MADISON, WISCONSIN, LOS ANGELES, NEW YORK CITY, TALLAHASSEE, NASHVILLE AND CHICAGO. AS MEMBERS OF THE IMMUNIZATION PROGRAM MANAGEMENT TEAM, THESE EXPERTS WILL ACT AS COOPERATIVE AGREEMENT LIAISONS BETWEEN CDC/ATSDR AND STATE AND LOCAL HEALTH DEPARTMENTS TO PREPARE AND CARRY OUT IMMUNIZATION-RELATED TERRORISM OBJECTIVE, ACTIVITIES, METHODS OF OPERATION AND EVALUATION CRITERIA. THESE PHAS WILL ASSESS PROGRAM NEEDS IN TERMS OF PERSONNEL, CLINIC FACILITIES, VACCINES, SUPPLIES AND OTHER MATERIALS NECESSARY TO DELIVER TERRORISM RELATED IMMUNIZATION SERVICES. IN DOING SO, PHA PLACEMENTS WILL FOCUS ON SERVICE DELIVERY, ASSESSMENT, SURVEILLANCE, QUALITY ASSURANCE, TRAINING AND EDUCATION AND PARTNERSHIP DEVELOPMENT. CURRENTLY, IMMUNIZATION PROGRAM PHAS ARE REVIEWING AND ANALYZING SMALLPOX RELATED ADVERSE EVENTS AND DOSES-ADMINISTERED DATA.
- **STATE AND LOCAL PREPAREDNESS AND RESPONSE SUPPORT** –
 - **MEDICAL INTERVENTIONS** – CDC/ATSDR WILL WORK TO ENSURE GRANTEEES ARE ABLE TO INVESTIGATE AND RESPOND TO PUBLIC HEALTH TERRORIST EMERGENCIES BY APPLYING RESPONSE ACTIVITIES USED DURING NATURAL DISEASE OUTBREAKS. GRANTEEES’ ABILITY TO EXECUTE PUBLIC HEALTH INTERVENTIONS SUCH AS CHEMOPROPHYLAXIS AND IMMUNIZATION ACTIVITIES WILL BE PARTICULARLY IMPORTANT AND WILL RECEIVE SPECIFIC ATTENTION AS THE AGENCY PROVIDES GRANTEEES ASSISTANCE.

3 COORDINATED PUBLIC HEALTH EMERGENCY
PREPAREDNESS AND RESPONSE



CONFERENCE ROOM INSIDE THE DIRECTOR'S EMERGENCY OPERATIONS CENTER (DEOC)

IN THE EVENT OF A TERRORIST ATTACK, PUBLIC HEALTH WILL BE JUDGED BY ITS ABILITY TO RESPOND AND PROVIDE ESSENTIAL EMERGENCY PUBLIC HEALTH SERVICES. CONSEQUENTLY, CDC/ATSDR FINDS EMERGENCY OPERATIONS CAPACITY ITS GREATEST CHALLENGE. OVERCOMING THIS CHALLENGE WILL REQUIRE A WIDE RANGE OF RESOURCES AND PROGRAMS THAT ADDRESS CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA THREATS. FOREMOST WILL BE THE INTEGRATION AND PRACTICE OF EMERGENCY RESPONSE SYSTEMS AT THE FEDERAL, STATE AND LOCAL LEVELS OF GOVERNMENT.

CDC/ATSDR'S EMERGENCY RESPONSE ACTIVITIES AND SUPPORT INCLUDE EMPLOYING AN INTEGRATED EMERGENCY RESPONSE SYSTEM, CONSTANT SITUATION ANALYSIS AND REPORTING THROUGH THE 24X7 DIRECTOR'S EMERGENCY OPERATIONS CENTER, SECURE AND SEAMLESS DELIVERY OF PUBLIC HEALTH SERVICES WITH A WELL-DEFINED CONTINUITY OF OPERATIONS PLAN (COOP), RAPID DELIVERY OF IMPORTANT MATERIEL VIA THE MOBILE STRATEGIC NATIONAL STOCKPILE (SNS)⁸ AND TECHNICAL ASSISTANCE BY WAY OF IMMEDIATE STAFF DEPLOYMENT.

THE VALUE OF SUCH SERVICES WAS ESPECIALLY EVIDENT FOLLOWING THE TERRORIST EVENTS OF SEPTEMBER 11, 2001. WITHIN THREE DAYS, CDC/ATSDR DEPLOYED 34 EISOs AND MANY OTHER TECHNICAL WORKER SAFETY EXPERTS TO NEW YORK ALONE AND MANY MORE ACROSS OTHER STATES. THIS MARKED THE SINGLE LARGEST DEPLOYMENT OF EISOs TO A SINGLE LOCATION IN ITS 51-YEAR HISTORY. MATCHED WITH IMMEDIATE DELIVERY OF MEDICAL SUPPLIES USING THE STRATEGIC NATIONAL STOCKPILE AND AN ASSORTMENT OF OTHER SERVICES, THE NATION WITNESSED THE SIGNIFICANCE OF PUBLIC HEALTH'S ROLE IN PROTECTING THE HEALTH AND SAFETY OF PEOPLE DURING A TERRORIST EVENT.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE *COORDINATED PUBLIC EMERGENCY PREPAREDNESS AND RESPONSE*.

⁸ FORMERLY KNOWN AS THE NATIONAL PHARMACEUTICAL STOCKPILE (NPS). CDC/ATSDR ADMINISTERS THIS PROGRAM IN ACCORDANCE WITH TITLE V, SECTION 502(6) OF THE HOMELAND SECURITY ACT OF 2002.

CRITICAL OBJECTIVES

3.1 ASSURE OPTIMAL AGENCY READINESS.

THE LIKELIHOOD OF A CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR OR MASS TRAUMA TERRORIST ACT CANNOT BE IGNORED. ADVANCES IN SCIENCE AND TECHNOLOGY HAVE INCREASED THE EASE OF USE AND ACCESS TO BIOLOGICAL, RADIOLOGICAL AND CHEMICAL AGENTS AS WEAPONS OF MASS DESTRUCTION. BECAUSE OF THESE THREATS, CDC/ATSDR MUST BE HIGHLY PREPARED AND READY TO RESPOND.

3.2 INTEGRATE AND EXERCISE A CDC/ATSDR EMERGENCY RESPONSE SYSTEM.

FOR EMERGENCY RESPONSE TO MINIMIZE THE NEGATIVE HEALTH EFFECTS CAUSED BY A TERRORIST ATTACK, WE MUST INTEGRATE CDC/ATSDR'S RESPONSE PLAN WITH OTHER FEDERAL, STATE AND LOCAL RESPONSE SYSTEMS INCLUDING THE FEDERAL RESPONSE PLAN (FRP) AND THE FEDERAL RADIOLOGICAL EMERGENCY RESPONSE PLAN (FRERP). THIS INTEGRATION WILL RELY HEAVILY ON EXERCISING EACH PLAN'S EXECUTION IN CONJUNCTION WITH ONE ANOTHER. SUCH PRACTICE WILL BUILD THE EXPERTISE NECESSARY TO RESPOND TO THE VARIETY OF KNOWN AND UNKNOWN SCENARIOS, IDENTIFY SPECIFIC AREAS FOR IMPROVEMENT AND PROVIDE VALUABLE LESSONS LEARNED FOR USE IN THE EVENT OF AN ACTUAL ATTACK.

3.3 PROVIDE TECHNICAL ASSISTANCE AND RESOURCES TO PUBLIC HEALTH AGENCIES TO ASSURE ALL JURISDICTIONS HAVE A READY EMERGENCY RESPONSE SYSTEM.

PUBLIC HEALTH RESPONSE IS GROUNDED AT THE LOCAL LEVEL. WITH THE PREMISE THAT TERRORISM IS LOCAL, IT IS CRITICAL THAT ALL STATE AND LOCAL JURISDICTIONS BE PREPARED WITH THE MOST UP-TO-DATE INFORMATION AND APPROPRIATE RESOURCES. CDC/ATSDR IS COMMITTED TO SERVING ALL JURISDICTIONS BY SUPPORTING THEIR PUBLIC HEALTH DEPARTMENTS AND LOCAL PARTNERS SUCH THAT COMPREHENSIVE RESPONSE PLANS ARE IN PLACE, INTEGRATED AND EXERCISED. THE DEVELOPMENT AND APPLICATION OF EMERGENCY RESPONSE TECHNICAL ASSISTANCE THAT CAN BE SHARED ACROSS PUBLIC HEALTH AT THE FEDERAL, STATE AND LOCAL LEVELS WILL HELP CDC/ATSDR ADVANCE PUBLIC HEALTH NATIONWIDE.

3.4 MAINTAIN A READY STRATEGIC NATIONAL STOCKPILE OF APPROPRIATE MATERIEL FOR DELIVERY, RECEIPT, BREAKDOWN AND DISTRIBUTION IN AN EMERGENCY.

THE STRATEGIC NATIONAL STOCKPILE WAS ESTABLISHED IN 1999 TO ASSIST STATE AND LOCAL GOVERNMENTS DELIVER ESSENTIAL MEDICAL MATERIEL DURING AN EMERGENCY. THE STOCKPILE STANDS READY FOR IMMEDIATE DEPLOYMENT TO ANY US LOCATION WITHIN 12 HOURS AND IS EQUIPPED WITH LIFE SAVING PHARMACEUTICALS, ANTIDOTES AND OTHER MEDICAL MATERIEL THAT ARE NECESSARY TO COUNTER THE EFFECTS OF DANGEROUS AGENTS. COMPLEMENTING THESE SUPPLIES, KNOWN AS PUSH-PACKAGES, ARE INVENTORY SUPPLIES KNOWN AS VENDOR MANAGED INVENTORY (VMI) PACKAGES. VMI PACKAGES CAN BE TAILORED TO PROVIDE PHARMACEUTICALS, VACCINES, MEDICAL SUPPLIES AND/OR MEDICAL PRODUCTS SPECIFIC TO THE SUSPECTED OR CONFIRMED AGENT OR COMBINATION OF AGENTS.

AS AN SNS PACKAGE IS DELIVERED, A CDC/ATSDR TEAM OF TECHNICAL ADVISORS WILL ALSO DEPLOY. KNOWN AS A TECHNICAL ADVISORY RESPONSE UNIT (TARU), THIS TEAM IS COMPRISED OF EMERGENCY RESPONDERS AND LOGISTICS EXPERTS THAT WILL ADVISE

LOCAL AUTHORITIES ON RECEIVING, DISTRIBUTING, DISPENSING, REPLENISHING AND RECOVERING SNS MATERIEL.

SUCCESS STORY – ON SEPTEMBER 11, 2001, THE STRATEGIC NATIONAL STOCKPILE (FORMERLY THE NATIONAL PHARMACEUTICAL STOCKPILE) DELIVERED FIFTY TONS OF MEDICAL SUPPLIES, INCLUDING PROPHYLAXIS AND INTRAVENOUS FLUID, TO NEW YORK CITY WITHIN SEVEN HOURS OF THE ATTACK ON THE WORLD TRADE CENTER. BETWEEN OCTOBER 15 AND DECEMBER 30, THE STOCKPILE HELPED DELIVER 3.79 MILLION TABLETS OF THREE KEY ANTIBIOTICS – AMOXICILLIN, CIPROFLOXACIN AND DOXYCYCLINE – FOR POSTEXPOSURE PREVENTIVE TREATMENT OF POSTAL WORKERS, MAIL HANDLERS AND OTHERS OCCUPANTS OF AFFECTED BUILDINGS. ESTABLISHED IN 1999, THESE WERE THE STOCKPILE’S FIRST-EVER DEPLOYMENTS.⁹

3.5 ASSESS AND DISSEMINATE LEGAL PREPAREDNESS BEST PRACTICES FOR EMERGENCY PREPAREDNESS.

THOUGH OFTEN OVERLOOKED, THE LEGAL SYSTEM PLAYS A SIGNIFICANT ROLE IN PLANNING FOR AND RESPONDING TO TERRORISM. CDC/ATSDR UNDERSTANDS THIS AND RECOGNIZES THE LAW AS AN IMPORTANT TOOL FOR IMPROVING PUBLIC HEALTH PREPAREDNESS. PUBLIC HEALTH LAWS ARE NEEDED TO PROPERLY COORDINATE WELL-ORGANIZED RESPONSES TO TERRORIST EMERGENCIES. BUT FIRST, WE MUST FILL THE GAP BETWEEN PUBLIC HEALTH AND PRIVATE SECTOR HEALTH ATTORNEYS.

IT IS IMPORTANT THAT CDC/ATSDR MAKE ITSELF AVAILABLE TO OFFER ADVICE AND ASSISTANCE TO FEDERAL, STATE AND LOCAL JURISDICTIONS ON CRITICAL LEGAL ISSUES SUCH AS PUBLIC HEALTH SURVEILLANCE, SAFEGUARDING SENSITIVE INFORMATION, CERTIFICATION OF RESPONDERS, QUARANTINE AND ISOLATION TO NAME A FEW.

SUCCESS STORY – IN DECEMBER 2001 CDC/ATSDR REQUESTED AND FUNDED THE CENTER FOR LAW AND THE PUBLIC’S HEALTH AT GEORGETOWN AND JOHNS HOPKINS UNIVERSITIES TO DRAFT WHAT BECAME THE MODEL STATE EMERGENCY HEALTH POWERS ACT (MSEHPA), COMMONLY REFERRED TO AS THE “MODEL ACT.” THIS ACT GRANTS PUBLIC HEALTH POWERS TO STATE AND LOCAL PUBLIC HEALTH AUTHORITIES TO ENSURE A STRONG, EFFECTIVE, AND TIMELY PLANNING, PREVENTION, AND RESPONSE MECHANISMS TO PUBLIC HEALTH EMERGENCIES (INCLUDING TERRORISM) WHILE RESPECTING INDIVIDUAL RIGHTS. AS OF MARCH 2003, 40 STATES HAVE INTRODUCED AND/OR PASSED THIS ACT.¹⁰

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **DIRECTOR’S EMERGENCY OPERATIONS CENTER (DEOC) –** CDC/ATSDR’S DEOC IS AVAILABLE TO RESPOND TO PUBLIC HEALTH EMERGENCIES, INCLUDING THOSE RESULTING FROM POSSIBLE AND CONFIRMED TERRORIST ATTACKS. AT 7,000-SQUARE FEET, THIS FACILITY PROVIDES 24X7 SECURE

COMMUNICATIONS HUB SUPPORT, ALLOWS FOR IMMEDIATE COMMUNICATION BETWEEN CDC/ATSDR, DHHS, FEDERAL INTELLIGENCE AND EMERGENCY RESPONSE OFFICIALS, THE DEPARTMENT OF HOMELAND SECURITY (DHS) AND STATE AND LOCAL PUBLIC HEALTH OFFICIALS. THIS FACILITY IS RESOURCED TO PERFORM NECESSARY EMERGENCY SITUATION ANALYSES, MAKE RECOMMENDATIONS AND DIRECT ACTIVITIES. DURING AN EMERGENCY, THE AGENCY’S EMERGENCY COMMUNICATIONS SYSTEM (ECS) (DETAILED IN IMPERATIVE 8) STATIONS TWO COMMUNICATIONS SPECIALISTS IN THE DEOC TO SUPPORT AND COORDINATE COMMUNICATIONS.

- **CDC/ATSDR READY** – DHS INITIATED A NATIONAL, MULTI-DEPARTMENT, MULTI-AGENCY EFFORT TITLED LIBERTY SHIELD TO INCREASE PROTECTIONS FOR AMERICAN CITIZENS AND COORDINATE PREPAREDNESS AND RESPONSE OPERATIONS DURING US MILITARY ACTIONS IN IRAQ. BEGINNING IN MARCH 2003, AND THROUGHOUT THE DURATION OF THESE HOSTILITIES, CDC/ATSDR PARTICIPATED ACCORDING TO DHS AND DHHS INSTRUCTION TO LEAD PREPAREDNESS AND RESPONSE EFFORTS AS THEY RELATED TO PUBLIC HEALTH, ONE OF SIX LIBERTY SHIELD OBJECTIVES. THIS COMPONENT OF LIBERTY SHIELD FOCUSED ON ALERTING STATE AND LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND MEDICAL CARE PROVIDERS TO REPORT ANY UNUSUAL DISEASES OR DISEASE PATTERNS. FOLLOWING LIBERTY SHIELD’S CONCLUSION, CDC/ATSDR TRANSITIONED TO CDC/ATSDR READY, AN INITIATIVE THE AGENCY WILL USE TO EVALUATE AND IMPROVE TERRORISM PREPAREDNESS AND RESPONSE EFFORTS THROUGH THE FORMULATION OF LESSONS LEARNED AND OPERATIONAL GAP ANALYSES.

- **TOP OFFICIALS 2 (TOPOFF 2) EXERCISES** – TOPOFF 2 WAS A CONGRESSIONALLY MANDATED EXERCISE FOR COMBATING TERRORISM DESIGNED TO TEST AMERICA’S ABILITY TO PROVIDE A COORDINATED RESPONSE TO MULTIPLE TERRORIST EVENTS. TOPOFF 2 TOOK PLACE IN THE CHICAGO AND SEATTLE METROPOLITAN AREAS IN MAY 2003. CDC/ATSDR PARTICIPATED ACCORDINGLY TO HELP COORDINATE INTER- AND INTRA-AGENCY RESPONSE. THE TOPOFF 2 EXERCISE COORDINATED DEPARTMENTS AND AGENCIES TO ENSURE THAT ALL LEVELS OF GOVERNMENT HAVE THE CAPACITY TO WORK EFFICIENTLY AND EFFECTIVELY TOGETHER. INFORMATION GATHERED FROM THE EXERCISES HAS A STRONG IMPACT ON THE FORMATION OF THE NATIONAL RESPONSE PLAN, AS WELL AS FEDERAL FUNDING FOR FUTURE EXERCISES AND PREPAREDNESS.

- **EMERGENCY CHEMICAL AND RADIOLOGICAL INCIDENT PUBLIC HEALTH RESPONSE** – THIS PROJECT WITHIN NCEH AND THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH (NIOSH) WILL ENABLE CDC/ATSDR TO PROVIDE TECHNICAL ASSISTANCE AND CONSEQUENCE MANAGEMENT TO HEALTH OFFICIALS IN THE EVENT OF A RADIOLOGICAL EMERGENCY. DEDICATED STAFF WILL SUPPORT STATE AND LOCAL ENVIRONMENTAL HEALTH SERVICE PROFESSIONALS, RECOGNIZE THREAT SOURCES AND PREVENT ADVERSE HEALTH OUTCOMES. THIS STAFF WILL DEVELOP EMERGENCY OPERATION PLANS NEEDED BY CDC/ATSDR TO PROVIDE TECHNICAL ASSISTANCE AND EMERGENCY RESPONSE COORDINATION DURING PLANNING, PREVENTING, RESPONDING AND MITIGATING PUBLIC HEALTH EMERGENCIES.

- **COMMUNITY BASED EMERGENCY RESPONSE TRAINING** – CDC/ATSDR WILL USE THIS PROGRAM TO ASSIST STATE, LOCAL AND FEDERAL HEALTH AND ENVIRONMENTAL HEALTH

⁹ JACKSON, RICHARD; KOPLAN, JEFFREY; ET AL. CDC, NATIONAL CENTER FOR ENVIRONMENTAL HEALTH. “NATIONAL CENTER FOR ENVIRONMENTAL HEALTH 2002 PROGRAM BRIEFING.”
¹⁰ GEORGETOWN AND JOHNS HOPKINS UNIVERSITIES, CENTER FOR LAW AND THE PUBLIC’S HEALTH. “THE MODEL STATE EMERGENCY HEALTH POWERS ACT STATE LEGISLATIVE ACTIVITY. MARCH 24, 2003. WWW.PUBLICHEALTHLAW.NET

AGENCIES RESPOND TO TERRORIST AND PUBLIC HEALTH EMERGENCIES. CDC/ATSDR PROJECT OFFICERS AND OTHER SUBJECT MATTER EXPERTS WILL DEVELOP A SERIES OF SCENARIOS, DESCRIPTION OF GOALS AND OBJECTIVES, OPERATIONAL PROCEDURES AND OTHER EXERCISE MATERIALS FOR HEALTH PROFESSIONALS TO DELIVER FIFTEEN PRACTICUMS PER YEAR. STATE AND LOCAL HEALTH DEPARTMENTS WILL BE REQUIRED TO COMPLETE THE COMMUNITY BASED EMERGENCY RESPONSE PROGRAM IN LOUISVILLE, KENTUCKY BEFORE BEING AN ELIGIBLE PARTICIPANT IN THIS INITIATIVE.

- **INTEGRATED EMERGENCY MANAGEMENT TRAINING FOR CDC/ATSDR EMERGENCY RESPONSE TEAMS (ERT)** – THIS COURSE WILL TRAIN ERTS ON SPECIFIC ROLES, RESPONSIBILITIES AND PROCEDURES. IT WILL ENHANCE THEIR ABILITY TO WORK AS A TEAM DURING AN EMERGENCY AND INCREASE THEIR KNOWLEDGE OF OTHER EMERGENCY RESPONSE DISCIPLINES TO INTEGRATE MORE SEAMLESSLY WITH OTHER AGENCIES DURING AN EMERGENCY.
- **PUBLIC HEALTH INCIDENT COMMAND SYSTEM (ICS) TRAINING CENTER** – THIS TRAINING WILL INCREASE AWARENESS AND APPLICATION OF ICS ACROSS THE PUBLIC HEALTH WORKFORCE. THE COURSE IS COMPRISED OF AN EXERCISE COMPONENT AND INCLUDES DISCUSSIONS LED BY STATE AND LOCAL HEALTH OFFICIALS THAT DESCRIBE THEIR ORGANIZATION’S EXPERIENCES IN USING ICS. THE CLASS ALSO INCLUDES A TABLETOP EXERCISE IN WHICH PARTICIPANTS APPLY ICS TO A SIMULATED PUBLIC HEALTH EMERGENCY.
- **ENVIRONMENTAL HEALTH PROMOTION COOPERATIVE AGREEMENT WITH THE AMERICAN COLLEGE OF MEDICAL TOXICOLOGY (ACMT)** – ATSDR WILL CONTINUE ITS PARTNERSHIP AND COOPERATIVE AGREEMENT WITH THE AMERICAN COLLEGE OF MEDICAL TOXICOLOGY TO PROVIDE SURGE CAPACITY AND EXPERT CONSULTATION ACROSS REGIONAL OFFICES FOR ENVIRONMENTAL TERRORISM PREPAREDNESS AND RESPONSE. THE AGREEMENT WITH ACMT WILL DEFINE THE RELATIONSHIP BETWEEN EXPOSURE TO TOXIC SUBSTANCES AND DISEASE, AS WELL AS DELIVER RELIABLE INFORMATION TO AFFECTED COMMUNITIES, TRIBES AND STAKEHOLDERS. THROUGH THIS AGREEMENT, ATSDR WILL LINK 21 MEDICAL TOXICOLOGY FELLOWSHIP PROGRAMS TO 10 ATSDR REGIONAL OFFICES, PROVIDE RAPID EXPERT CONSULTATION DURING ENVIRONMENTAL PUBLIC HEALTH EMERGENCIES, PERFORM CHEMICAL TERRORISM VULNERABILITY ASSESSMENTS AND PROVIDE NETWORKING SUPPORT WITH ORGANIZATIONS SUCH AS POISON CONTROL CENTERS. ATSDR AND ACMT WILL ALSO WORK WITH RUSSIAN CHEMICAL WEAPONS SPECIALISTS TO DEVELOP A SERIES OF EXPERIMENTAL TOXICOLOGY AND COMMUNITY CHEMICAL PREPAREDNESS PROGRAMS AND TRANSLATE RESEARCH ON THREE NERVE AGENT ANTIDOTES.
- **FORENSIC EPIDEMIOLOGY NATIONAL DISSEMINATION** – IN COLLABORATION OF A VARIETY OF PUBLIC HEALTH AND LAW ENFORCEMENT PARTNERS, INCLUDING THE FBI, CDC/ATSDR WILL IMPLEMENT THE “FORENSIC EPIDEMIOLOGY” JOINT TRAINING COURSE NATIONALLY BY PROVIDING TECHNICAL ASSISTANCE TO TRAINERS NATIONWIDE, SUPPLYING IMPLEMENTATION SUPPORT AND EVALUATING IMPACT ON TRAINEE’S RESPONSE PERFORMANCE. ESTABLISHED BY THE PUBLIC HEALTH PROGRAM OFFICE’S PUBLIC HEALTH LAW PROGRAM, THIS COURSE TRAINS PUBLIC HEALTH AND LAW ENFORCEMENT COMMUNITIES IN INVESTIGATIVE EPIDEMIOLOGY, THEREBY ENSURING THE NEEDS OF PUBLIC

HEALTH AND CRIMINAL INVESTIGATION PROFESSIONALS ARE MET.

SUCCESS STORY – BEGINNING IN 2002, CDC/ATSDR’S PUBLIC HEALTH LAW PROGRAM INITIATED A TWO-DAY COURSE TO EDUCATE VARIOUS PUBLIC HEALTH, PUBLIC SAFETY AND LAW ENFORCEMENT PROFESSIONALS IN THE INVESTIGATIVE GOALS AND METHODS SPECIFIC TO EACH DISCIPLINE, AND TO STRENGTHEN INTERDISCIPLINARY RESPONSE ACTIVITIES. IN COLLABORATION WITH THE FBI, UNITED STATES DEPARTMENT OF JUSTICE, UNITED STATES ATTORNEYS OFFICE, STATE AND LOCAL POLICE AND VARIOUS MILITARY PROFESSIONALS, CDC/ATSDR IS BRINGING TOGETHER, FACE-TO-FACE, PUBLIC HEALTH AND LAW ENFORCEMENT PROFESSIONALS TO SIMULATE CASE SCENARIOS AND ENHANCE INTEGRATED RESPONSE. WHILE BEING PILOTTED BETWEEN NOVEMBER 2002 AND APRIL 2003, THE FORENSIC EPIDEMIOLOGY COURSE REACHED MORE THAN 400 PROFESSIONALS ACROSS NC, MD, FL, GA AND LOS ANGELES, CA. FROM US ATTORNEYS AND FBI WEAPONS OF MASS DESTRUCTION AGENTS TO STATE AND LOCAL PUBLIC HEALTH OFFICIALS, PARTICIPANTS LEARNED HOW CRIMINAL, EPIDEMIOLOGICAL AND LABORATORY SCIENCE AND LAW INTERSECT. WITH THESE PILOTS COMPLETE AND FOLLOWING A FORMAL EVALUATION PROCESS, THE PROGRAM IS READY FOR USE NATIONALLY.

- **STATE AND LOCAL PREPAREDNESS AND RESPONSE SUPPORT –**
 - **STRATEGIC NATIONAL STOCKPILE** – AS DEPLOYED FOLLOWING THE TERRORIST ATTACKS OF FALL 2001, THE SNS WILL CONTINUE TO SERVE AS A CRITICAL RESOURCE FOR TERRORISM PREPAREDNESS AND RESPONSE. CDC/ATSDR WILL CONTINUE TO ENSURE EACH PUSH-PACKAGE IS CURRENT; TRAINING, EDUCATION AND DEMONSTRATION PACKAGES (TEDS) ARE AVAILABLE FOR DELIVERY AND USE; TARUS ARE READY FOR DEPLOYMENT AND TO ADVISE ON SNS MANAGEMENT AND USE; AND VMI IS CAREFULLY MAINTAINED AND READY TO DEPLOY AS NEEDED. CDC/ATSDR’S SNS STAFF WILL PROVIDE ASSISTANCE TO STATES AND LOCAL JURISDICTIONS THAT INCLUDES TRANSLATING SNS PLANS INTO FIRM PREPARATIONS, PERIODIC TESTING OF SNS PREPAREDNESS AND PERIODIC TRAINING FOR ENTITIES AND INDIVIDUALS THAT ARE PART OF SNS PREPAREDNESS (**STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA A, CRITICAL CAPACITY 4**).
 - **EMERGENCY RESPONSE CAPACITY ASSESSMENTS** – CDC/ATSDR WILL HELP STATE AND LOCAL GRANTEEES CONDUCT INTEGRATED ASSESSMENTS OF PUBLIC HEALTH SYSTEM CAPACITIES RELATED TO TERRORIST, DISEASE OUTBREAK AND OTHER PUBLIC HEALTH EMERGENCIES TO IMPROVE PLANNING, COORDINATION AND IMPLEMENTATION (**STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA A, CRITICAL CAPACITY 2**).
 - **EMERGENCY PREPAREDNESS AND RESPONSE PLAN DEVELOPMENT** – CDC/ATSDR WILL AID GRANTEEES RESPOND TO EMERGENCIES THROUGH THE DEVELOPMENT AND EXERCISE OF A COMPREHENSIVE EMERGENCY RESPONSE PLAN. CDC/ATSDR’S SUPPORT WILL ASSIST STATE AND LOCAL HEALTH OFFICIALS COORDINATE THEIR RESPONSE PLANS WITH OTHER FEDERAL ASSETS AND PARTNERS (**STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA A, CRITICAL CAPACITY 3**).

4 QUALIFIED, EQUIPPED AND INTEGRATED LABORATORIES



LABORATORIANS IN AN ANTHRAX LAB

TERRORISM PREPAREDNESS AND RESPONSE ACTIVITIES ARE LARGELY DEPENDENT UPON THE ABILITY TO RAPIDLY AND ACCURATELY IDENTIFY A THREAT AGENT. THIS IDENTIFICATION PROVIDES INFORMATION REQUIRED TO DETERMINE THE APPROPRIATE COURSE OF MEDICAL TREATMENT AND PROPHYLAXIS FOR AFFECTED PERSONS WHILE HELPING MODIFY EMERGENCY DISEASE PREVENTION ACTIVITIES TO MEET THE NEEDS OF A SPECIFIC AGENT AND CONDITION.

FOR MANY SITUATIONS, A SUSPECT AGENT'S IDENTIFICATION WILL BE THE FIRST SIGNAL THAT AN EVENT MAY BE TAKING PLACE. GIVEN THE INCUBATION PERIOD OF MANY THREAT AGENTS, A TERRORIST EVENT RELATED TO SUCH AN AGENT MAY GO UNNOTICED UNTIL THE AFFECTED PERSONS BECOME ILL AND SEEK MEDICAL ATTENTION. THEREFORE, LABORATORIANS, ALONG WITH CLINICIANS AND PUBLIC HEALTH OFFICIALS, ARE ON A SHORT LIST OF LIKELY "FIRST RESPONDERS."¹¹ LABORATORIANS MUST HAVE THE SKILLS AND TOOLS NECESSARY TO PERFORM THE ANALYSES REQUIRED TO IDENTIFY, TRACK AND LIMIT PUBLIC HEALTH THREATS POSED BY AN ARRAY OF CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR AGENTS.

EXECUTING THESE ESSENTIAL LABORATORY SERVICES DEPENDS ON STRONG RELATIONSHIPS AMONGST LABORATORIES OF ALL TYPES, PUBLIC HEALTH, CLINICAL, PRIVATE AND PUBLIC, AND LEVELS, FEDERAL, STATE AND LOCAL. WITH AN ESTIMATED 174,000 LABORATORIES OPERATING IN THE UNITED STATES, AND COUNTLESS OTHERS ACROSS THE WORLD, THE OPPORTUNITY TO EXPAND THE CURRENT NETWORK OF LABORATORIES IS ENORMOUS.¹² ALREADY, MORE THAN 120 LABORATORIES PARTICIPATE IN CDC/ATSDR'S LABORATORY RESPONSE NETWORK, A MULTI-LEVEL SYSTEM OF LABS DESIGNED TO LINK FRONT-LINE CLINICAL LABORATORIES TO STATE AND LOCAL PUBLIC HEALTH LABORATORIES PROVIDING SERVICES EACH STATE AND JURISDICTION. CDC/ATSDR IS COMMITTED TO BUILDING THIS NETWORK OF LABORATORIES SUCH THAT THEY ARE OPERATED BY QUALIFIED PROFESSIONALS, RESOURCED WITH STATE-

OF-THE-ART EQUIPMENT AND CONNECTED THROUGH A VARIETY OF MECHANISMS TO OPTIMIZE TIMELINESS AND ACCURACY OF AGENT IDENTIFICATION.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE *QUALIFIED, EQUIPPED AND INTEGRATED LABORATORIES*.

CRITICAL OBJECTIVES

4.1 INTEGRATE AND EXPAND THE NETWORK OF LABORATORIES.

ONE OF THE GREATEST CHALLENGES OF EMERGENCY PUBLIC HEALTH RESPONSE IS THE TIME IN WHICH IT MUST TAKE PLACE. FOR MOST CONDITIONS, THERE IS ONLY A SMALL WINDOW OF OPPORTUNITY DURING WHICH CONTROL MEASURES CAN BE IMPLEMENTED TO REDUCE THE MORBIDITY AND MORTALITY OF A POSSIBLE CHEMICAL BIOLOGICAL OR RADIOLOGICAL/NUCLEAR TERRORIST EVENT.

WITHOUT A NETWORK OF LABORATORIES THAT CAN SHARE INFORMATION AND EXPERTISE, THE ABILITY TO PERFORM DISEASE REPORTING AND AGENT IDENTIFICATION IS SEVERELY COMPROMISED. CDC/ATSDR WILL LEAD THE INTEGRATION OF A SYSTEM OF LABORATORIES TO ADDRESS CLINICAL AND ENVIRONMENTAL SPECIMENS THAT WILL INCLUDE (1) MULTIPLE DISCIPLINES – VETERINARY, FOOD, WATER, AGRICULTURAL; (2) MULTIPLE SECTORS – PUBLIC HEALTH, INDUSTRY, MILITARY, HEALTH CARE DELIVERY, ACADEMIC; AND (3) MULTIPLE LEVELS – FEDERAL, STATE AND LOCAL. THROUGH A VARIETY OF MECHANISMS, INCLUDING CONTRACTED SERVICES, BEST PRACTICE GUIDELINES, TRAINING AND INFORMATION SYSTEMS, CDC/ATSDR SEEKS TO BUILD ON THE CURRENT LRN SO THAT PARTICIPATING LABORATORIES CAN COMPLEMENT EACH OTHER TO CONSISTENTLY PROVIDE FIRST-CLASS SERVICES.

4.2 DEVELOP AND PRACTICE SCIENCE-BASED METHODS TO SCREEN AND TEST FOR CRITICAL THREAT AGENTS.

REDUCING THE TIME IN WHICH AGENTS ARE ACCURATELY IDENTIFIED REQUIRES THAT LABORATORIES HAVE ACCESS TO, IMPLEMENT AND PRACTICE USING SPECIFIC PROTOCOLS AND REAGENTS. USING LEADING SCIENCE, CDC/ATSDR AND ITS SUBJECT MATTER EXPERTS WILL PROVIDE FEDERAL, STATE AND LOCAL LABORATORIES THE MOST UP-TO-DATE GUIDANCE SURROUNDING SCREENING AND TESTING ACTIVITIES. FROM SPECIFIC REAGENTS AND EQUIPMENT RECOMMENDATIONS TO STANDARD PROTOCOLS, LABORATORIES MUST IMPLEMENT NEW TECHNOLOGIES AND METHODOLOGIES TO ENSURE THEY CAN PROVIDE TIMELY ANALYTIC AND DIAGNOSTIC SERVICES.

THROUGH RESEARCH AND PRACTICE, CDC/ATSDR WILL WORK WITH ITS PARTNERS TO ADAPT EMERGING TECHNOLOGIES TO LABORATORY TECHNIQUES AND INFORMATION SYSTEMS. ULTIMATELY, OUR EFFORTS WILL ENSURE THAT LABORATORIES CAN RAPIDLY IDENTIFY AND INVESTIGATE AGENTS WHILE MANAGING THE SUBSTANTIAL VOLUME OF TESTS REQUIRED DURING AN EMERGENCY SITUATION.

4.3 IMPROVE LABORATORY SAFETY AND SECURITY.

EFFECTIVE LABORATORY SERVICES ARE DEPENDENT ON SAFE AND SECURE ENVIRONMENTS. PROTECTING LABORATORY ASSETS SUCH AS AGENTS, EQUIPMENT AND REAGENTS ACROSS THE UNITED STATES WHILE ENSURING THE HEALTH AND SAFETY OF LABORATORIANS ARE

¹¹ MORSE, STEPHEN ET AL. "DETECTION OF BIOLOGICAL AGENTS: THE LABORATORY RESPONSE NETWORK." BIOTERRORISM PREPAREDNESS AND RESPONSE PROGRAM, CDC, DECEMBER 2001.
¹² CDC. "CORE FUNCTION AND CAPABILITIES OF STATE PUBLIC HEALTH LABORATORIES: A REPORT OF THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES." MMWR, SEPTEMBER 2002: VOL. 51 (RR-14).

PARAMOUNT TO IMPROVING THE CAPACITY OF LABORATORIES. CDC/ATSDR WILL CONTINUE TO BE A LEADER IN SUPPORTING QUALITY ASSURANCE ACTIVITIES, PROMOTING REGULATION ADHERENCE (INCLUDING THE CLINICAL LABORATORY IMPROVEMENTS ACT, CLIA) AND DELIVERING SAFETY AND SECURITY GUIDELINES.

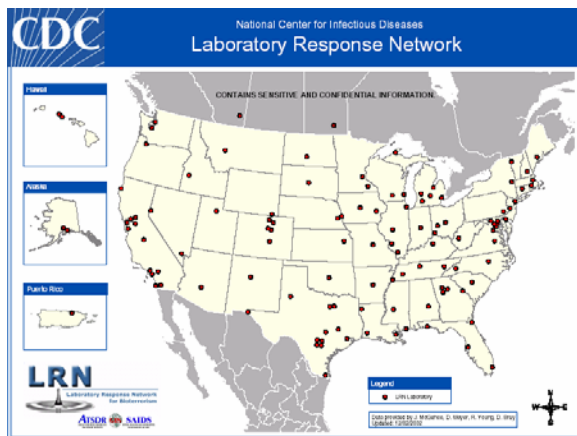
4.4 DEMONSTRATE PROFICIENCY TO RULE-OUT, PACKAGE, TRANSPORT AND CONFIRM THREAT AGENTS.

PERFORMING RULE-OUT TESTING ON CRITICAL AGENTS, SAFELY PACKAGING AND HANDLING SPECIMENS, REFERRING SPECIMENS TO HIGHER LEVEL LABORATORIES FOR FURTHER TESTING, CONFIRMATION AND CHARACTERIZATION ARE CRITICAL PREPAREDNESS AND RESPONSE FUNCTIONS. CDC/ATSDR WILL UTILIZE ITS EXPERTISE AND COLLABORATE WITH STATE AND LOCAL LABORATORIES TO CONDUCT TRAINING, PROVIDE TECHNICAL ASSISTANCE, PERFORM TESTS AND ACHIEVE SPECIFIED LEVELS OF CERTIFICATION SUCH THAT LABORATORIES EXHIBIT A STATE OF READINESS.

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **LABORATORY RESPONSE NETWORK SUPPORT** – THE LRN IS A CONSORTIUM OF LABORATORIES COMPRISED PRIMARILY OF STATE, LOCAL, AND FEDERAL PUBLIC HEALTH LABORATORIES, EACH WITH DIFFERENT CAPABILITIES AND LEVELS OF EXPERTISE. NCID WILL CONTINUE EXPANDING THE NUMBER OF LABORATORIES WHO PARTICIPATE IN THE LRN. BY FY 2004, THE NUMBER OF PARTICIPATING LABORATORIES WILL INCREASE TO 235 NATIONWIDE. AS A NETWORK THEY PROVIDE IMMEDIATE AND SUSTAINED LABORATORY TESTING AND COMMUNICATION IN THE EVENT OF PUBLIC HEALTH EMERGENCIES, PARTICULARLY IN RESPONSE TO ACTS OF TERRORISM. MEMBER LABORATORIES ARE OFFICIALLY REGISTERED BY THE LRN COORDINATOR THROUGH THE LRN WEB SITE AND RECEIVE SPECIAL INFORMATION AND SUPPORT FROM CDC/ATSDR. MEMBERS BELONG TO DIFFERENT AGENCIES AND JURISDICTIONS BUT ARE UNIFIED BY A COMMON SYSTEM OF OPERATIONS.



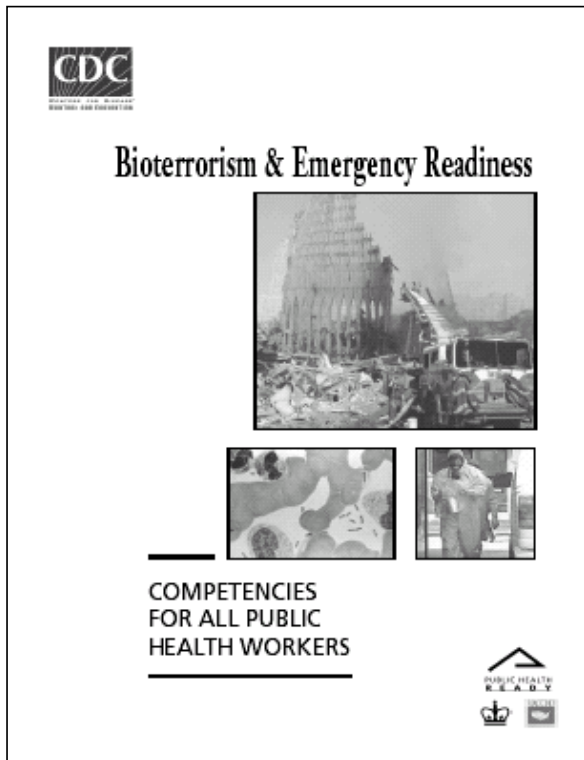
- **ANTHRAX AND BOTULISM LABORATORY CAPACITY** – CDC/ATSDR WILL WORK TO INCREASE CAPACITY OF LABORATORIES TO ENHANCE THE CAPABILITY TO IDENTIFY AND

SCREEN FOR ANTHRAX AND BOTULISM. OBJECTIVES OF THIS EFFORT INCLUDE A WORKSHOP FOR LRN LABORATORIES THAT WILL PROVIDE MORE TRAINING ON ELISA (ENZYME-LINKED IMMUNOSORBENT ASSAY), A HIGHLY SENSITIVE TEST WHICH PRODUCES A MORE ACCURATE DIAGNOSIS OF HUMAN ANTHRAX. FURTHER OBJECTIVES INCLUDE DEVELOPMENT OF THE TIME-RESOLVED FLOURESCENCE ASSAY, INVESTIGATION OF THE USE OF CHEMILUMINESCENCE DETECTION PLATFORM AS AN ALTERNATIVE TO THE MOUSE BIOASSAY, AND PREPARATION OF 10,000 "FAST TUBES" FOR TEST EVALUATION AND VALIDATION, WHICH WILL ENHANCE THE ABILITY TO RESPOND TO TERRORIST EVENTS BY USING A ROBOTICS SYSTEM. THIS SYSTEM WILL INCREASE THE NUMBER OF TESTS WHICH CAN BE PERFORMED BY A SINGLE ANALYST, AND AUGMENT THE ABILITY TO DETECT CLOSTRIDIUM BOTULINUM BY DEVELOPMENT OF REAL-TIME PCR ASSAYS.

- **ELECTRONIC LAB REPORTING (ELR)** – CDC/ATSDR WILL CONTINUE WORKING WITH STANDARDS ORGANIZATIONS TO ENSURE PUBLIC HEALTH NEEDS ARE REPRESENTED IN NATIONAL DATA STANDARDS. THIS WORK WILL IMPROVE THE USE AND APPLICATION OF ELR SO THAT LABORATORIES CAN MIGRATE FROM PAPER REPORTS DELIVERED BY MAIL TO ELECTRONIC, SYSTEM-BASED REPORTING.
- **RAPID TOXIC SCREEN** – DEVELOPED BY NCEH, THE RAPID TOXIC SCREEN IS NOW CAPABLE OF PERFORMING A SERIES OF TESTS THAT CAN IDENTIFY UP TO 150 CHEMICAL AGENTS IN HUMAN BLOOD OR URINE. IN A CHEMICAL TERRORISM EVENT, THE RAPID TOXIC SCREEN WILL HELP DETERMINE WHAT CHEMICAL AGENTS WERE USED, WHO HAS BEEN EXPOSED AND TO WHAT EXTENT. MEDICAL PERSONNEL IN PARTICULAR WILL USE THIS INFORMATION TO HELP GUIDE THE TREATMENT OF AFFECTED PERSONS.
- **NATIONAL LABORATORY TRAINING NETWORK (NLTN)** – CDC/ATSDR'S NATIONAL LABORATORY TRAINING NETWORK (NLTN) WILL PROVIDE CLINICAL, ENVIRONMENTAL AND PUBLIC HEALTH LABORATORY TRAINING EXERCISES TO LABORATORY PROFESSIONALS ON TOPICS OF PUBLIC HEALTH SIGNIFICANCE AROUND THE COUNTRY. NLTN WILL FOCUS ON NEEDS-BASED LABORATORY TRAINING THROUGH A COOPERATIVE AGREEMENT WITH THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES (APHL). IN FY 2002, NLTN SPONSORED 41 TERRORISM TRAINING COURSES AND TRAINED APPROXIMATELY 8,800 U.S. CLINICAL LABORATORIANS IN TERRORISM PREPAREDNESS AND RESPONSE.
- **PARTNERSHIP DEVELOPMENT FOR BOTULINUM TOXIN DETECTION** – THE PRIMARY OBJECTIVES OF THIS PROJECT ARE TO: 1) COLLABORATE WITH FEDERAL, UNIVERSITY AND COMMERCIAL PARTNERS, AND TO COORDINATE THE DEVELOPMENT, TRANSFER AND USE OF VALIDATED METHODS BETWEEN CDC/ATSDR AND OTHER FEDERAL FACILITIES AND PUBLIC HEALTH LABORATORIES ACCOUNTABLE FOR RESPONSE TO BIOTERRORISM EVENTS INVOLVING BOTULINUM TOXIN; 2) DEVELOP A PROFICIENCY TESTING PROGRAM TO ENSURE PROFICIENCY TO RULE-OUT OR CONFIRM THE PRESENCE OF BOTULINUM TOXIN AND/OR NEUROTOXIN PRODUCING CLOSTRIDIA, SP; AND 3) DEVELOP AN APPROPRIATE STRAIN COLLECTION THAT CAN BE TRANSFERRED TO AUTHORIZED REPOSITORY GROUPS FOR DISTRIBUTION TO RESEARCH LABORATORIES.

- **TOXIN AND RADIONUCLIDE RESPONSE LABORATORY DEVELOPMENT** – CDC/ATSDR WILL CONTINUE TO DEVELOP LABORATORY CAPACITY TO MEASURE AND ANALYZE A VARIETY OF TOXINS AND RADIONUCLIDES. THE TOXIN RESPONSE LABORATORY, LED BY NCEH, WILL FOCUS ON MEASURING BOTULINUM TOXIN, RICIN, SAXITOXIN, TETRADOXIN, CIGUATOXIN AND SELECTED OTHER TOXINS IN BLOOD AND URINE. THE RADIONUCLIDE RESPONSE LABORATORY, ALONG WITH NIOSH, WILL DEVELOP AND PRACTICE ANALYTIC METHODS TO MEASURE SELECT RADIONUCLIDES THAT ARE LIKELY TO BE USED IN RADIOLOGICAL TERRORISM, INCLUDING “DIRTY BOMBS”. ANALYTICS METHODS WILL INCLUDE GAMMA, BETA AND ALPHA COUNTING AND HIGH RESOLUTION MASS SPECTROMETRY. CDC/ATSDR WILL OBTAIN SPECIAL CLEARANCE FROM THE NUCLEAR REGULATORY COMMISSION AS REQUIRED TO OPERATE A RADIONUCLIDE LABORATORY.
- **STATE AND LOCAL PREPAREDNESS AND RESPONSE SUPPORT** –
 - **JURISDICTION-WIDE BIOLOGICAL AND CHEMICAL AGENT IDENTIFICATION PROGRAM** – THIS INITIATIVE WILL SUPPORT GRANTEEES TO DEVELOP AND IMPLEMENT A JURISDICTION-WIDE PROGRAM TO PROVIDE RAPID AND EFFECTIVE LABORATORY SERVICES IN SUPPORT OF THE RESPONSE TO BIOLOGICAL AND CHEMICAL TERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES (**STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREAS C AND D, CRITICAL CAPACITY 1**).
 - **LABORATORY SECURITY** – CDC/ATSDR WILL SUPPORT MEMBERS OF THE LRN TO ENSURE ADEQUATE AND SECURE LABORATORY FACILITIES, REAGENTS AND EQUIPMENT TO RAPIDLY DETECT AND CORRECTLY IDENTIFY BIOLOGICAL AND CHEMICAL (LEVEL 2) AGENTS LIKELY TO BE USED IN A BIOTERRORIST INCIDENT (**STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA C, CRITICAL CAPACITY**).

5 COMPETENT AND SUSTAINABLE
WORKFORCE



CDC/ATSDR PUBLIC HEALTH COMPETENCY DOCUMENT

WITHOUT QUESTION, PEOPLE ARE PUBLIC HEALTH'S MOST IMPORTANT ASSET AND THE WORKFORCE THEY FORM SERVES AS THE FOUNDATION FOR OUR PUBLIC HEALTH SYSTEM. IT IS A FOUNDATION THAT MUST NOW ADAPT TO THE CHANGING FACE OF PUBLIC HEALTH BY EXPANDING ITS COMPOSITION AND DEMONSTRATING A WIDER RANGE OF SKILLS. ESTIMATED TO INCLUDE 500,000 PHYSICIANS, NURSES AND PUBLIC HEALTH SPECIALISTS SUPPLEMENTED BY THREE MILLION OTHER PROFESSIONALS INCLUDING FIRST RESPONDERS AND VOLUNTEERS, THE NATION'S PREPAREDNESS AND RESPONSE WORKFORCE WILL DRIVE PUBLIC HEALTH'S ABILITY TO PREVENT, DETECT, RESPOND TO AND RECOVER FROM TERRORIST EMERGENCIES.¹³

THE NUMBER, ARRAY OF SKILLS, DIVERSE DEMOGRAPHICS AND GEOGRAPHIC DISTRIBUTION OF PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS PROVIDE IMPORTANT RESOURCES TO IMPROVE WORKFORCE COMPETENCY AND SUSTAINABILITY. CDC/ATSDR WILL LEAD PUBLIC HEALTH'S EFFORT TO TAKE ADVANTAGE OF THESE RESOURCES THROUGH PARTNERSHIP BUILDING, TRAINING, EDUCATION AND RELEVANT EVALUATIONS. CHALLENGES THAT EXIST TO LEVERAGING THESE RESOURCES INCLUDE DEFINING THE ROLE OF CERTIFICATION, PRACTICING QUALITY ASSURANCE AND PERFORMANCE MEASUREMENT, DEVELOPING CUSTOMIZED, STANDARD COMPETENCIES, A SURGE OF IT AND THE NEED TO LINK MULTIPLE PROFESSIONS ACROSS MULTIPLE JURISDICTIONS.

¹³ CDC. "PROGRAMS IN BRIEF: CENTERS FOR PUBLIC HEALTH PREPAREDNESS." FEBRUARY 2002. WWW.CDC.GOV/PROGRAMS.

ADDING TO THESE CHALLENGES IS THE NEED TO RECRUIT AND RETAIN FUTURE GENERATIONS OF PUBLIC HEALTH AND HEALTH CARE LEADERS. THIS WILL BE AN INVALUABLE STEP TO ORGANIZE A WORKFORCE CAPABLE OF SUSTAINING RESPONSE AND RECOVERY EFFORTS OVER SHORT AND LONG TIME PERIODS AND PERHAPS FOR MORE THAN ONE EVENT SIMULTANEOUSLY. SEPTEMBER 11 AND THE SUBSEQUENT RELEASE OF ANTHRAX REVEALED HOW THE BREADTH AND DEPTH OF WORKFORCE EXPERTISE FROM LABORATORIANS TO INDUSTRIAL HYGIENISTS IS AS VITAL AS THE NUMBER OF WORKERS.

CDC/ATSDR AND OUR PARTNERS ARE COMMITTED TO ADVANCING TODAY'S WORKFORCE BY WORKING TO INCLUDE MULTIPLE PROFESSIONS, IMPLEMENTING FORMAL TRAINING MECHANISMS AND MAXIMIZING RESOURCES SO THAT AS TERRORISM PREPAREDNESS AND RESPONSE IMPROVES, SO DOES PUBLIC HEALTH AS A WHOLE.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE A *COMPETENT AND SUSTAINABLE WORKFORCE*.

CRITICAL OBJECTIVES

5.1 INCREASE THE NUMBER AND TYPE OF PROFESSIONALS THAT COMPRISE A PREPAREDNESS AND RESPONSE WORKFORCE.

THERE ARE COUNTLESS SCENARIOS THAT INVOLVE INFLECTING HARM ON COMMUNITIES BY THE DELIBERATE RELEASE OF CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR. JUST AS OUR NATION WITNESSED IN THE FALL OF 2001, SCENARIOS CAN RANGE FROM USING COMMERCIAL AIRCRAFT AS A WEAPON TO USING SIMPLE LETTERS IN THE MAIL AS A VEHICLE TO DISSEMINATE A DANGEROUS BIOLOGICAL AGENT. THIS UNCERTAINTY REQUIRES THAT A PREPAREDNESS AND RESPONSE WORKFORCE BE COMPRISED OF A VARIETY OF DISCIPLINES AND PROFESSIONALS, EACH CAPABLE OF APPLYING BOTH COMMON AND UNIQUE KNOWLEDGE, TOGETHER ABLE TO DELIVER A WIDE RANGE OF SERVICES. SPECIFIC ATTENTION WILL BE GIVEN TO DEVELOP STRONGER RELATIONSHIPS BETWEEN PUBLIC HEALTH, CLINICAL, FIRST RESPONSE AND LAW ENFORCEMENT COMMUNITIES – FOUR SECTORS THAT OFFER SPECIALIZED PREPAREDNESS AND RESPONSE SKILLS AND RESOURCES.

THERE IS ALWAYS A LEVEL OF ADAPTATION THAT CAN ONLY TAKE PLACE IF AND WHEN AN EVENT OCCURS. THEREFORE, THE MORE CONNECTED AND EXPANSIVE OUR WORKFORCE, THE BETTER-PROTECTED PEOPLE WILL BE. ONLY BY LEVERAGING EACH OTHER'S EXPERTISE AND RESOURCES WILL THE UNITED STATE BE ABLE TO GENERATE A WORKFORCE WITH THE BANDWIDTH AND VERSATILITY NECESSARY TO PREPARE FOR AND RESPOND TO ANY NUMBER OF POSSIBLE SCENARIOS. CDC/ATSDR WILL CONTINUE TO PERFORM A VARIETY OF ACTIVITIES AND PROGRAMS SUCH AS MULTI-DISCIPLINARY TRAINING SESSIONS, GRADUATE STUDENT EDUCATION AND DISTRIBUTION OF SUBJECT MATTER EXPERTS ACROSS JURISDICTIONS TO HELP ACHIEVE THIS OBJECTIVE.

SUCCESS STORY – IN 2001, THE CENTERS FOR PUBLIC HEALTH PREPAREDNESS (CPHP) AND THEIR PARTNERS DEVELOPED OVER 180 TERRORISM-RELATED TRAINING PROGRAMS, SEMINARS, PUBLIC MEETINGS, MEDIA INTERVIEWS AND NATIONAL SATELLITE BROADCASTS THAT PREPARE MASTERS AND DOCTORAL PUBLIC HEALTH STUDENTS TO BECOME ACTIVE PUBLIC HEALTH PROFESSIONALS. THESE PROGRAMS ALSO ADDRESS LOCAL AND REGIONAL CONCERNS. COLUMBIA UNIVERSITY'S CPHP ALONE PROVIDED CUSTOMIZED TRAINING ON EMERGENCY PREPAREDNESS TO MORE THAN 800 PUBLIC HEALTH NURSES EMPLOYED BY NYCDOH. THIS TRAINING WAS COMPLETED

ONLY ELEVEN DAYS BEFORE THE WORLD TRADE CENTER ATTACKS – PROVING MOST INVALUABLE AS THESE NURSES WERE AMONG THE FIRST ON THE SCENE SETTING UP PUBLIC SHELTERS.¹⁴

5.2 DELIVER CERTIFICATION- AND COMPETENCY-BASED TRAINING AND EDUCATION.

BUILDING A COMPETENT WORKFORCE MEANS ENSURING PREPAREDNESS AND RESPONSE PROFESSIONALS HAVE THE SPECIALIZED KNOWLEDGE AND SKILLS THAT ALLOW FOR THE DELIVERY OF ESSENTIAL PUBLIC HEALTH SERVICES. THIS CAN BE ACHIEVED BY DESIGNING AND DELIVERING COMPETENCY- AND CERTIFICATION-BASED TRAINING SO ALL WORKFORCE PARTICIPANTS, INCLUDING PUBLIC HEALTH OFFICIALS, CLINICIANS, FIRST RESPONDERS AND THE PUBLIC, UNDERSTAND THEIR ROLES IN TERRORISM PREPAREDNESS AND RESPONSE ACTIVITIES, LEARN STANDARD AND CUSTOMIZED KNOWLEDGE AND ARE ABLE TO DELIVER LEARNED SERVICES APPROPRIATELY AND WITH PROFICIENCY. COMPETENCIES THEMSELVES ARE THE KNOWLEDGE, SKILLS AND ATTRIBUTES THAT ARE REQUIRED TO ACCOMPLISH DESIRED OUTCOMES. UTILIZING COMPETENCIES CAN HELP DEVELOP JOB DESCRIPTIONS, PERFORM NEEDS ASSESSMENTS, DEFINE CURRICULA, DELIVER TARGETED TRAINING AND SET STANDARD LEVELS OF PERFORMANCE. CDC/ATSDR WILL CONTINUE TO WORK WITH INTERDISCIPLINARY TEAMS TO DEVELOP FURTHER PREPAREDNESS AND RESPONSE COMPETENCIES, ASSURING A WORKFORCE THAT LEARNS AND PRACTICES WHAT THEY MUST BE ABLE TO DO PRIOR TO, DURING AND FOLLOWING AN EMERGENCY EVENT.

SUCCESS STORY – SINCE FALL 2001, THE NATIONAL LABORATORY TRAINING NETWORK HAS USED ITS SIX FIELD OFFICES TO DELIVER 64 LEVEL A BIOTERRORISM PREPAREDNESS COURSES TO OVER 1,200 PARTICIPANTS. IN OCTOBER 2001 ALONE, THE NTLN DISTRIBUTED IMPORTANT PREPAREDNESS AND RESPONSE MATERIAL TO MORE THAN 4,500 CLINICAL LABORATORIES ACROSS THE UNITED STATES.¹⁵

5.3 RECRUIT AND RETAIN THE HIGHEST QUALITY WORKFORCE.

POSITIONING FOR UNCERTAINTY AND MAINTAINING A CONSTANT STATE OF READINESS DEMANDS THAT NOT ONLY THE BEST PROFESSIONALS ARE HIRED, BUT MAINTAINED AND SATISFIED IN THEIR CAREERS. THOUGH PUBLIC HEALTH HAS RESPONDED TO NATURAL EMERGENCIES FOR DECADES, NEVER BEFORE HAS THE NEED FOR PUBLIC HEALTH PROFESSIONALS THAT ARE EQUIPPED AND READY TO MEET THE CHALLENGES OF AN INTENTIONAL AND WIDESPREAD RELEASE OF CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR AGENTS BEEN SO REAL. THIS NEW CHALLENGE REQUIRES THAT CDC/ATSDR EMPLOY NEW AND CREATIVE MECHANISMS THAT REINFORCE HOW TERRORISM PREPAREDNESS AND RESPONSE CONTRIBUTES TO PUBLIC HEALTH'S GREATER MISSION, RETAINS CURRENT AND FUTURE GENERATIONS OF PUBLIC HEALTH PROFESSIONALS, COMPENSATES EMERGENCY RESPONSE PROFESSIONALS ACCORDINGLY AND MAINTAINS HIGH LEVELS OF SATISFACTION.

5.4 EVALUATE IMPACT OF TRAINING TO ASSURE LEARNING HAS OCCURRED.

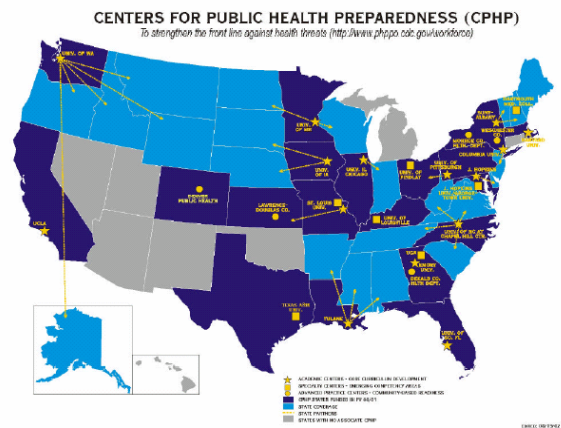
THE VALUE OF TRAINING IS UNDERMINED IF MECHANISMS DO NOT EXIST TO EVALUATE WHETHER RECIPIENTS OF TRAINING CAN EFFECTIVELY PERFORM THE TASKS FOR WHICH THEY HAVE BEEN TRAINED. CDC/ATSDR PLACES IMPORTANCE ON PERFORMING

FREQUENT SIMULATIONS AND EXERCISES WHICH MEASURE THE EFFECTIVENESS OF TRAINING AND THE COMPETENCY OF WORKFORCE SEGMENTS. SUCH EVALUATION SERVES TO IDENTIFY GAPS IN DELIVERING PREPAREDNESS AND RESPONSE SERVICES, ISOLATE SPECIFIC AREAS FOR ADDITIONAL ATTENTION, ASSURE WORKFORCE PARTICIPANTS REACH STANDARD LEVELS OF PERFORMANCE AND ULTIMATELY IMPROVE FUTURE TRAINING ACTIVITIES. CDC/ATSDR WILL NOT ONLY EVALUATE ITS OWN WORKFORCE, BUT IN PARTNERSHIP WITH STATE, LOCAL AND REGIONAL ORGANIZATIONS, WILL SUPPORT THE EVALUATION OF WORKFORCE LEARNING AND DELIVERY ACROSS THE ENTIRE PREPAREDNESS AND RESPONSE WORKFORCE.

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **CENTERS FOR PUBLIC HEALTH PREPAREDNESS (CPHP)** – CPHP IS A NATIONAL SYSTEM OF ACADEMIC, PRACTICE AND SPECIALTY CENTERS FOCUSING ON IMPROVING THE CAPACITY OF FRONTLINE PUBLIC HEALTH AND HEALTH CARE WORKERS TO RESPOND TO ALL FORMS OF TERRORISM. LED BY THE PUBLIC HEALTH PRACTICE PROGRAM OFFICE (PHPO), CDC/ATSDR WILL GUIDE CPHPS TO ASSESS TRAINING NEEDS, DEVELOP APPROPRIATE TRAINING MATERIAL AND DELIVER PROGRAMS THROUGH A VARIETY OF MODALITIES (E.G. CLASSROOM, SATELLITE BROADCAST, E-LEARNING, CD-ROM, VIDEO ARCHIVE). IN FY 2003, CDC/ATSDR WILL INCREASE THE NUMBER OF ACADEMIC RESEARCH CENTERS, ONE SEGMENT OF THE CPHP NETWORK, FROM 19 TO 22. THIS EXPANSION WILL BRING THE TOTAL NUMBER OF ALL CPHPS TO 33 NATIONWIDE. IN FY 2004, CPHPS WILL EVALUATE THE IMPACT ON THE PREPAREDNESS OF FRONTLINE PUBLIC HEALTH PRACTITIONERS RESULTING FROM EDUCATION AND TRAINING PROGRAMS IMPLEMENTED IN 30% OF STATES AND ENSURE 80% OF STATES AND TERRITORIES ARE SERVED BY AN ACADEMIC CPHP.



CPHP LOCATIONS AND REGIONAL SERVICE.

- **PROJECT PUBLIC HEALTH READY** – PHPO, IN PARTNERSHIP WITH THE NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS (NACCHO) AND THE CENTER FOR HEALTH POLICY AT THE COLUMBIA UNIVERSITY SCHOOL OF NURSING, WILL DEVELOP A CERTIFICATION PROGRAM FOR PUBLIC HEALTH WORKERS WHO HAVE BEEN TRAINED IN THE CORE COMPETENCIES OF BIOTERRORISM PREPAREDNESS AND

¹⁴ IBID.

¹⁵ CDC. OFFICE OF COMMUNICATIONS. MEDIA PRESS KIT: NATIONAL LABORATORY TRAINING NETWORK. SEPTEMBER 2002. [WWW.CDC.GOV/OD/OC/MEDIA/PRESSKIT/TRAINING](http://www.cdc.gov/od/oc/media/presskit/training).

RESPONSE. PROJECT PUBLIC HEALTH READY WILL DEVELOP THE CERTIFICATION CRITERIA AND PROCESS FOR LOCAL PUBLIC HEALTH AGENCY READINESS AND ENCOURAGE THE CERTIFICATION OF ALL PUBLIC HEALTH WORKERS IN BASIC TERRORISM PREPAREDNESS COMPETENCIES. A PILOT TEST PHASE WILL COMMENCE IN SPRING 2003 WITH FULL ROLL OUT BEGINNING IN FALL 2003. AS OF MAY 2003, THERE ARE 12 PILOT SITES: ALLENTOWN CITY HEALTH BUREAU ALLENTOWN, PA; BERKELEY CITY PUBLIC HEALTH DEPARTMENT, BERKELEY, CA; CERRO GORDO COUNTY PUBLIC HEALTH DEPARTMENT, MASON CITY, IA; CHEROKEE NATION HEALTH SERVICES, TAHLEQUAH, OK; KANSAS CITY HEALTH DEPARTMENT, KANSAS CITY, MO; MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, ROCKVILLE, MD; SEMINOLE COUNTY HEALTH DEPARTMENT, SANFORD, FL; TARRANT COUNTY PUBLIC HEALTH DEPARTMENT, FORT WORTH, TX; THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT, OLYMPIA, WA; TULSA CITY-COUNTY HEALTH DEPARTMENT, TULSA, OK; WELLESLEY HEALTH DEPARTMENT, WELLESLEY, MA; AND WINNEBAGO COUNTY HEALTH DEPARTMENT, ROCKFORD, IL.

- **EXPANSION OF FIELD ASSIGNEE COVERAGE AND READINESS –** CURRENTLY, THERE ARE 64 FIELD ASSIGNEES, INCLUDING 49 EISOs AND 15 CAREER FIELD OFFICERS (CFO) IN 52 STATES AND JURISDICTIONS. CONDUCTED THROUGH EPO, THIS EFFORT WILL INCREASE THE TOTAL NUMBER OF FIELD ASSIGNEES BY 15, TO A TOTAL OF 79 FIELD ASSIGNEES MADE UP OF EISOs, CFOs AND PREVENTIVE MEDICINE RESIDENTS (PMRs). THESE ASSIGNEES WILL FILL GAPS AND PROVIDE EPIDEMIOLOGIC MANPOWER TO STATE AND LOCAL HEALTH DEPARTMENTS.
- **RAPID TRAINING FOR CDC/ATSDR STAFF –** THE GOAL OF THIS INTENSIVE TRAINING IS TO PROVIDE CDC/ATSDR STAFF WITH THE SKILLS NECESSARY FOR IMMEDIATE RESPONSE TO OR DEPLOYMENT IN AN EMERGENCY SITUATION. THE TARGET AUDIENCES INCLUDE ERT MEMBERS, FIELD STAFF AT HEADQUARTERS AND THE DEOC STAFF. UPON COMPLETION, PARTICIPANTS WILL BE ABLE TO MORE EFFECTIVELY WORK AS A TEAM, AS WELL AS INTEGRATE MORE SEAMLESSLY WITH OTHER AGENCIES DURING AN EMERGENCY.

- **PUBLIC HEALTH TRAINING NETWORK (PHTN) –** PHTN IS A DISTANCE LEARNING SYSTEM THAT TAKES TRAINING TO THE LEARNER. PHTN USES A VARIETY OF PRINT-BASED, VIDEO AND MULTIMEDIA FORMATS TO MEET THE TRAINING NEEDS OF THE PUBLIC HEALTH WORKFORCE NATIONWIDE. IN FY 2002, PHTN REACHED OVER 1.5 MILLION PUBLIC AND PRIVATE PRACTITIONERS VIA 34 INTERACTIVE SATELLITE-BASED INSTRUCTIONAL PROGRAMS, 30 VIDEOS AND 29 INSTRUCTIONAL MULTIMEDIA PROGRAMS. GIVEN DISTANCE LEARNING'S ABILITY TO REACH A DISPARATE, HIGH NUMBER OF PROFESSIONALS SIMULTANEOUSLY, CDC/ATSDR WILL CUSTOMIZE PHTN TO DELIVER TERRORISM PREPAREDNESS AND RESPONSE EDUCATION. UPON CONCLUSION OF FY 2003, CDC/ATSDR WILL EVALUATE DISTANCE LEARNING PROGRAMS TO ASSESS CHANGES IN PRACTICES AND IMPROVE INSPECTIONS, AND DEVELOP A 20% INCREASE IN CERTIFIED DISTANCE LEARNING COORDINATORS.

- **STATE AND LOCAL PREPAREDNESS AND RESPONSE SUPPORT –**

- **TRAINING DELIVERY AND EVALUATION –** CDC/ATSDR WILL PROVIDE GUIDANCE AND SUPPORT FOR GRANTEEES TO ENSURE THEY DELIVER APPROPRIATE TRAINING AND EDUCATION TO KEY PUBLIC HEALTH PROFESSIONALS, INFECTIOUS DISEASE SPECIALISTS, EMERGENCY DEPARTMENT PERSONNEL AND OTHER HEALTH CARE PROVIDERS. SUCH TRAINING AND EDUCATION WILL BE DELIVERED THROUGH A VARIETY OF SOURCES INCLUDING EXISTING CURRICULA, SCHOOLS OF PUBLIC HEALTH AND MEDICINE, HEALTH CENTERS AND AGENCY TRAINING NETWORKS. CDC/ATSDR WILL ALSO MAKE SURE THAT STATES PERFORM ONGOING SYSTEMATIC EVALUATIONS OF THE EFFECTIVENESS OF TRAINING THROUGH INCORPORATION OF LESSONS LEARNED AND TERRORISM EMERGENCY DRILLS AND SIMULATIONS (**STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA G, CRITICAL CAPACITY**).

6 PROTECTED WORKERS AND WORKPLACES



PROTECTIVE EQUIPMENT SHIELDS HEALTH WORKERS IN
BioSAFETY LEVEL 4 CONDITIONS

WORKERS AND WORK ENVIRONMENTS FACE DANGEROUS AND NEW RISKS ASSOCIATED WITH CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA TERRORISM. THOUGH CDC/ATSDR IS NOT THE LEAD AGENCY FOR IDENTIFYING TARGETED FACILITIES AND THEIR OCCUPANTS, CDC/ATSDR IS COMMITTED TO DEVELOPING AND APPLYING PROTECTIVE MEASURES THAT REDUCE AND PREVENT THE NEGATIVE HEALTH EFFECTS OF POTENTIAL CHEMICAL, BIOLOGICAL OR RADIOLOGICAL INCIDENTS ON WORKERS AND WORKPLACES. WHETHER PERSONAL PROTECTIVE EQUIPMENT, VENTILATION TECHNOLOGIES, BUILDING EVACUATION GUIDANCE OR HOSPITAL INFECTION CONTROL PROCEDURES, CDC/ATSDR WILL DEVELOP AND HELP IMPLEMENT THE USE OF A VARIETY OF MEASURES. COLLECTIVELY, THESE MEASURES WILL HELP PROTECT ALL TYPES OF WORKERS, INCLUDING PUBLIC HEALTH OFFICIALS, HEALTH CARE PERSONNEL, FIREFIGHTERS, AND THE PUBLIC AT LARGE.

WORKER HEALTH AND SAFETY RELIES HEAVILY ON THE SAFETY OF THE ENVIRONMENTS WHERE PERSONS ARE LOCATED, INCLUDING OFFICES, SCHOOLS AND PUBLIC VENUES. CDC/ATSDR WILL COMPLEMENT GUIDANCE THAT DIRECTS PROCEDURES BEFORE, DURING AND AFTER AN EVENT WITH STANDARDS AND GUIDELINES FOR THE PHYSICAL STRUCTURE OF FACILITIES THEMSELVES. SUCH GUIDANCE WILL BE CUSTOMIZED TO MEET THE NEEDS INTERNAL AND EXTERNAL TO CDC/ATSDR. TOGETHER, OUR WORKER AND WORKPLACE PROTECTION SUPPORT WILL FOCUS ON ENSURING PROPER FACILITY AUTHORITIES ARE CONTINUOUSLY AWARE OF THE SURROUNDING ENVIRONMENT AND MAKING FACILITIES LESS VULNERABLE TO THREAT AGENTS.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE *PROTECTED WORKERS AND WORKPLACES*.

CRITICAL OBJECTIVES

6.1 *DEVELOP AND IMPLEMENT HAZARD- AND EVENT-SPECIFIC SAFETY AND SECURITY GUIDELINES AND STANDARDS.*

LOGISTICAL FRAMEWORKS AND SAFETY GUIDELINES MUST BE IN PLACE TO EQUIP WORKERS WITH THE CRITICAL INFORMATION, EQUIPMENT AND SUPPLIES NECESSARY FOR AN EFFECTIVE AND SAFE

RESPONSE TO A TERRORIST ATTACK. SPECIFICALLY, WELL-DESIGNED GUIDELINES CAN IMPROVE REAL-TIME, ON-SITE HAZARD EVALUATIONS AND RESPONSE. GUIDELINES SHOULD BE PRACTICAL AND EASY TO USE.

6.2 *IMPROVE PERSONAL PROTECTIVE EQUIPMENT.*

GIVEN THE RANGE OF DANGERS POSED BY TERRORISM, PERSONAL PROTECTIVE EQUIPMENT IS OF PARTICULAR IMPORTANCE TO TERRORISM PREPAREDNESS AND RESPONSE. THE CHALLENGE OF PROTECTING FIRST RESPONDERS, HEALTH CARE WORKERS, AND LABORATORY STAFF IS MAGNIFIED BY THE DIVERSITY AND HEALTH RISKS OF POTENTIAL WEAPONS OF TERRORISM. PROTECTIVE GLOVES, CLOTHING AND RESPIRATORS MUST BE CHOSEN FOR EACH WORKER'S TASK, WHETHER CARING FOR ILL PATIENTS OR RESCUING VICTIMS FROM A "HOT ZONE" OF UNKNOWN CONTAMINATION. NEW TECHNOLOGIES, SUCH AS RESPIRATORS THAT PROVIDE SAFE BREATHING AIR WHILE RESPONDING TO A RANGE OF TERRORIST WEAPONS, MUST BE DEVELOPED WHERE EXISTING EQUIPMENT IS INADEQUATE. PPE HAS ALWAYS PLAYED AN IMPORTANT ROLE IN PUBLIC HEALTH, AND MEW SOLUTIONS MUST BE DEVELOPED TO MITIGATE THE RISKS ASSOCIATED WITH CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA HAZARDS.

OF EQUAL IMPORTANCE IS TRAINING TO ENSURE WORKERS CAN PROPERLY ASSESS AN ENVIRONMENT'S HAZARDS AND SELECT THE APPROPRIATE PPE. CDC/ATSDR AND NIOSH WILL LEAD THE FEDERAL GOVERNMENT IN RESEARCHING, ASSESSING AND GUIDING WORKERS ON THE DEVELOPMENT AND USE OF PPE.

SUCCESS STORY – FIREFIGHTERS, POLICE, AND OTHER FIRST RESPONDERS NEED TO KNOW THAT THEIR RESPIRATORS WILL PROTECT THEM DURING A RESPONSE TO TERRORISM. IN A LETTER DISTRIBUTED TO ALL MANUFACTURERS OF SELF CONTAINED BREATHING APPARATUS (SCBA) ON DECEMBER 28TH, 2001, NIOSH ANNOUNCED A PROCESS TO TEST AND CERTIFY SCBAs FOR USE AGAINST CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR EXPOSURES. IN APRIL 2003, THE EXECUTIVE DIRECTOR OF THE INTERNATIONAL ASSOCIATION OF FIRE CHIEFS THANKED NIOSH FOR ITS WORK ON SCBAs, NOTING "WE ASKED, AND NIOSH IS RESPONDING!" AS OF JUNE 2003, 12 MODELS FROM THREE MANUFACTURERS HAVE BEEN CERTIFIED AND APPROVED BASED ON RIGOROUS LABORATORY TESTS, EVALUATION OF PRODUCT SPECIFICATIONS, AND ASSESSMENT OF THE MANUFACTURER'S QUALITY CONTROL PROCEDURES. THE APPROVALS ENSURE THAT THESE UNITS WILL PROVIDE FIRE FIGHTERS AND OTHER RESPONDERS WITH CLEAN, SAFE AIR DURING A TERRORISM RESPONSE. IN MARCH, 2003, NIOSH ANNOUNCED A SIMILAR PROCESS TO TEST AND CERTIFY FULL FACE PIECE AIR-PURIFYING RESPIRATORS ("GAS MASKS"). AS OF JUNE, 2003, PRODUCTS FROM FOUR MANUFACTURERS ARE BEING TESTED. AT THE SAME TIME, A PERFORMANCE STANDARD FOR ESCAPE RESPIRATORS IS IN DEVELOPMENT.

6.3 *ASSURE PERSONAL SAFETY OF EMERGENCY RESPONDERS.*

CDC/ATSDR IS COMMITTED TO THE PLANNING, PREPARATION AND TRAINING OF EMERGENCY RESPONDERS. IN DOING SO, WE WILL HELP ENSURE RESPONDERS ARE PREPARED TO PARTICIPATE IN A RESPONSE AND POSITIONED TO ANTICIPATE AND ASSESS THE NATURE OF AN AFFECTED ENVIRONMENT, PROPERLY SELECT AND USE PPE, COORDINATE ROLES AND RESPONSIBILITIES, EFFECTIVELY CONTROL A DISASTER SCENE AND CONSIDER THE LOGISTICAL REQUIREMENTS OF POSSIBLE EXTENDED RESPONSE ACTIVITIES. KEY ACTIONS TO ACHIEVE THIS OBJECTIVE CIRCULATE AROUND PPE PERFORMANCE AND AVAILABILITY, TRAINING, INFORMATION AND MANAGEMENT.

6.4 MONITOR AND ASSESS EVENT-RELATED ILLNESS, INJURY, EXPOSURE AND HEALTH HAZARDS AMONG WORKERS.

VALUABLE LESSONS CAN BE LEARNED BY EVALUATING THE IMPACT OF EMERGENCY EVENTS ON WORKERS AND THEIR WORKPLACES. THE ATTACK ON THE ALFRED P. MURRAH FEDERAL BUILDING IN OKLAHOMA CITY, THE SEPTEMBER 11 ATTACKS ON THE WORLD TRADE CENTER AND THE PENTAGON AND THE FALL 2001 ANTHRAX RELEASE ARE RECENT EVENTS THAT BRING TO BEAR HOW ASSESSING THE HEALTH IMPACTS ON WORKERS HELPS PREPARE PUBLIC HEALTH FOR FUTURE EVENTS WHILE DETERMINING HOW BEST TO TREAT THESE IMPACTS OVER EXTENDED PERIODS OF TIME.

DURING AN EMERGENCY RESPONSE, RESCUE AND RECOVERY WORKERS CAN BE EXPOSED TO A VARIETY OF TOXIC, INFECTIOUS, OR SAFETY HAZARDS. THESE RISKS CAN BE ASSESSED DURING THE RESPONSE TO PROTECT WORKERS. AT THE WORLD TRADE CENTER, NIOSH STAFF CONDUCTED EXPOSURE MONITORING THAT WAS USED TO DEFINE NEEDS FOR RESPIRATORY PROTECTION. INJURY SURVEILLANCE WAS USED TO DETERMINE SAFETY HAZARDS THAT WERE PREVENTED BY RECOMMENDING EYE PROTECTION AND OTHER PROTECTIVE EQUIPMENT.

CDC/ATSDR, THROUGH CONTINUED COLLABORATION WITH THE HEALTHCARE INFECTION CONTROL PRACTICES ADVISORY COMMITTEE, WILL FOCUS ON HEALTH PROFESSIONALS WHO ARE MOST LIKELY TO COME IN CONTACT WITH PERSONS AFFECTED BY A THREAT AGENT, INCLUDING PHYSICIANS, NURSES, PUBLIC HEALTH OFFICIALS AND MEDICAL EXAMINERS. CDC/ATSDR WILL PROVIDE THESE PROFESSIONALS AND THEIR COUNTERPARTS THE APPROPRIATE GUIDANCE FOR DELIVERING AGENT-SPECIFIC PREVENTIVE MEASURES AND MANAGING THEIR NECESSARY EXPOSURE TO VICTIMS OF A CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR OR MASS TRAUMA TERRORIST EVENT.

6.5 CONDUCT WORKPLACE EVALUATIONS AND DEVELOP APPROPRIATE SAFETY AND SECURITY INTERVENTIONS.

WORKPLACES, INCLUDING SCHOOLS, OFFICES AND PUBLIC VENUES, ARE ALL VULNERABLE TO ACTS OF TERRORISM. RECOGNIZING THAT CDC/ATSDR CANNOT NECESSARILY PREDICT PRECISELY WHAT FACILITIES ARE BEING TARGETED NOR FULLY PROTECT A BUILDING FROM AN ATTACK, CDC/ATSDR WILL PROVIDE GUIDANCE THAT WILL HELP MAKE FACILITIES LESS PENETRABLE TO THREAT AGENTS.

WITH LEADERSHIP FROM NIOSH, THE OFFICE OF HEALTH AND SAFETY (OHS), THE NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (NCIPC), AND IN ACCORDANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT OF 1970, CDC/ATSDR WILL WORK TO SPECIFICALLY ADDRESS PHYSICAL SECURITY, VENTILATION AND FILTRATION, MAINTENANCE, ADMINISTRATION AND TRAINING. RECOMMENDATIONS AND EVALUATIONS SPECIFIC TO THESE AREAS WILL HELP WORKPLACE MANAGERS, OWNERS AND OCCUPANTS MAKE APPROPRIATE INTERVENTION DECISIONS FOR SECURING THEIR FACILITY AND PROTECTING THEIR HEALTH.

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **NATIONAL PERSONAL PROTECTIVE TECHNOLOGY LABORATORY (NPPTL)** – THE NATIONAL PERSONAL PROTECTIVE TECHNOLOGY LABORATORY, A PROJECT WITHIN NIOSH, FOCUSES EXPERTISE FROM MANY SCIENTIFIC DISCIPLINES TO ADVANCE FEDERAL RESEARCH ON RESPIRATORS AND OTHER PERSONAL PROTECTIVE TECHNOLOGIES FOR WORKERS. NPPTL'S EFFORTS WILL APPLY STATE-OF-THE-ART SCIENCE TO MEET THE INCREASINGLY COMPLEX OCCUPATIONAL SAFETY AND HEALTH CHALLENGES OF TERRORISM PREPAREDNESS AND RESPONSE. CDC/ATSDR WILL CONTINUE TO CAPITALIZE ON THE NPPTL TO TEST, APPROVE AND CERTIFY RESPIRATORS FOR USE BY FIRST RESPONDERS AGAINST CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR AGENTS.
- **CBRN RESPIRATOR CERTIFICATION** – NIOSH, ALONG WITH THE U.S. ARMY SOLDIER BIOLOGICAL AND CHEMICAL COMMAND (SBCCOM) AND THE NATIONAL INSTITUTE FOR STANDARDS AND TECHNOLOGY (NIST) WILL CONTINUE CDC/ATSDR EFFORTS TO DEVELOP APPROPRIATE STANDARDS AND TEST PROCEDURES FOR ALL CLASSES OF RESPIRATORS THAT WILL PROVIDE RESPIRATORY PROTECTION FROM CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR AGENTS' INHALATION HAZARDS. ADDITIONALLY, NIOSH WILL TEST AND CERTIFY SCBAs, AIR-PURIFYING RESPIRATORS (APRs), ESCAPE RESPIRATORS, AND POWERED AIR PURIFYING RESPIRATORS (PAPRs) FOR USE BY EMERGENCY RESPONDERS.
- **HEALTHCARE INFECTION CONTROL PRACTICES ADVISORY COMMITTEE (HICPAC)** – CDC/ATSDR WILL CONTINUE TO LEVERAGE OUR PARTNERSHIP WITH AND PARTICIPATION ON THE HICPAC TO CONDUCT INFECTION CONTROL ACTIVITIES RELATED TO TERRORISM PREPAREDNESS AND RESPONSE. HICPAC IS A FEDERAL ADVISORY COMMITTEE MADE UP OF 14 EXTERNAL INFECTION CONTROL EXPERTS WHO PROVIDE ADVICE AND GUIDANCE TO THE CDC/ATSDR AND THE SECRETARY OF DHHS REGARDING THE PRACTICE OF HEALTH CARE INFECTION CONTROL, STRATEGIES FOR SURVEILLANCE AND PREVENTION AND CONTROL OF INFECTIONS IN UNITED STATES HEALTH CARE FACILITIES.
- **WORLD TRADE CENTER EVACUATION STUDY** – IN ITS SECOND YEAR, THIS STUDY IS AN EXTRAMURAL PROJECT CONDUCTED THROUGH NCIPC AND A COOPERATIVE AGREEMENT WITH THE MAILMAN SCHOOL OF PUBLIC HEALTH AT COLUMBIA UNIVERSITY. BY IDENTIFYING THE ORGANIZATIONAL, BEHAVIORAL AND STRUCTURAL FACTORS ASSOCIATED WITH THE EVACUATION OF THE WORLD TRADE CENTER BUILDINGS ON SEPTEMBER 11, 2001, THIS STUDY WILL ENHANCE THE SAFETY OF BUILDING OCCUPANTS DURING TERRORIST OR OTHER DISASTERS BY IMPROVING THE UNDERSTANDING OF HUMAN BEHAVIOR AND IMPROVING EMERGENCY RESPONSE PROCEDURES. NYCDOH, AS WELL AS A VARIETY OF OTHER UNIVERSITY AND ADVOCACY GROUPS ARE COLLABORATING WITH THE STUDY.

7 INNOVATIVE, RELEVANT AND APPLIED RESEARCH AND EVALUATION



LABORATORIAN WORKING ON SARS-RELATED RESEARCH

FOR MORE THAN FIFTY YEARS, CDC/ATSDR HAS VALUED AND EXCELLED IN APPLYING SOUND SCIENCE TO PUBLIC HEALTH PRACTICE. WE RECOGNIZE OUR ROLE IN BUILDING ON THIS EXPERTISE TO CARRY OUT AND SUPPORT RESEARCH EFFORTS SPECIFIC TO TERRORISM PREPAREDNESS AND RESPONSE.

THE NATIONAL INSTITUTES OF HEALTH (NIH) AND CDC/ATSDR ARE TWO FEDERAL AGENCIES THAT LEAD HEALTH RESEARCH IN THE UNITED STATES. EVERY YEAR NIH AND CDC/ATSDR REMAIN HEAVILY ENGAGED IN HUNDREDS OF RESEARCH PROJECTS IN ORDER TO GAIN KNOWLEDGE TO BETTER UNDERSTAND THE FACTORS THAT CAUSE DISEASE. THROUGH THE STUDY OF DEMOGRAPHICS, INCIDENCE, DISTRIBUTION, PROCESSES AND CONTROL OF DISEASES WITHIN POPULATIONS AND IN MANY OTHER WAYS, CDC/ATSDR APPLIES RESEARCH TO IMPROVE PUBLIC HEALTH PRACTICE AND POLICY.

THE UNCERTAINTY TERRORISM POSES REQUIRES UNIQUE KNOWLEDGE AND RESOURCES. THEREFORE, CDC/ATSDR FINDS RESEARCH AND DEVELOPMENT A FUNDAMENTAL ELEMENT IN ACHIEVING “PEOPLE PROTECTED AND PUBLIC HEALTH PREPARED.” BY HARNESSING THE TALENTS AND INGENUITY OF CDC/ATSDR SCIENTISTS, AS WELL AS EXPERTS ACROSS THE WORLD IN ACADEMIA, PRIVATE INDUSTRY AND GOVERNMENT, THE DEPTH OF KNOWLEDGE THAT DRIVES PREPAREDNESS AND RESPONSE EFFORTS WILL GROW AND HELP YIELD HIGH IMPACT OUTCOMES. FROM MEDICINES TO PROTECTIVE EQUIPMENT, CDC/ATSDR’S COMMITMENT TO TRANSLATING RESEARCH INTO RESULTS WILL LEAD TO THE DISCOVERY OF INNOVATIVE PRACTICES THAT ARE ESSENTIAL TO DEVISING SOLUTIONS THAT COUNTER THE NEGATIVE HEALTH EFFECTS OF CHEMICAL, BIOLOGICAL AND RADIOLOGICAL/NUCLEAR TERRORISM.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE *INNOVATIVE, RELEVANT AND APPLIED RESEARCH AND EVALUATIONS*.

CRITICAL OBJECTIVES

7.1 IDENTIFY AND PRIORITIZE RELEVANT KNOWLEDGE GAPS AND PROGRAM NEEDS.

TO KEEP PACE WITH THE DYNAMICS OF TERRORISM PREPAREDNESS AND RESPONSE, CDC/ATSDR MUST WORK CLOSELY WITH A WIDE RANGE OF PARTNERS, EXPERTS, SCIENTISTS, THE PUBLIC, CONGRESS, SPECIFIC RESEARCH INSTITUTIONS AND PROFESSIONAL

ORGANIZATIONS TO EXAMINE AND SET CLEAR RESEARCH PRIORITIES. CDC/ATSDR HAS A RESPONSIBILITY TO SET THESE PRIORITIES BY THE CONTINUOUS ASSESSMENT OF PUBLIC HEALTH PREPAREDNESS AND RESPONSE NEEDS AND EVALUATION OF SCIENTIFIC OPPORTUNITY TO INVEST FUNDS WISELY AND MONITOR RESEARCH OUTCOMES. PRIORITY SETTING WILL OPTIMIZE RESOURCES, AVOID DUPLICATION OF EFFORT AND ENCOURAGE INNOVATION THROUGH COLLABORATION.

7.2 FORMULATE A TERRORISM PREPAREDNESS AND RESPONSE RESEARCH AGENDA.

CREATING AND MAINTAINING A RESEARCH AGENDA NOT ONLY REINFORCES THE IMPORTANCE OF SETTING RESEARCH PRIORITIES, BUT ALSO INFORMS PRIORITIES ACROSS THE AGENCY, ITS PARTNERS AND THE PUBLIC. IN ADDITION, AN AGENDA HELPS DIRECT RESOURCES. BY ESTABLISHING A FLEXIBLE FRAMEWORK TO GUIDE PREPAREDNESS AND RESPONSE RESEARCH, CDC/ATSDR CAN CONTINUOUSLY ADAPT TO AN EVER CHANGING ENVIRONMENT AND FOCUS RESEARCH IN AREAS WITH THE HIGHEST LIKELIHOOD OF PROTECTING HEALTH AND SAFETY.

A RESEARCH AGENDA IS ONLY ONE OF SEVERAL STEPS CDC/ATSDR WILL TAKE IN COLLABORATING WITH PARTNERS TO PROMOTE AND EXECUTE EMERGENCY PREPAREDNESS AND RESPONSE. THESE ACTIVITIES WILL HELP US STRIKE A BALANCE BETWEEN HOW PRIORITIES SHAPE SCIENCE AND HOW SCIENCE CAN SHAPE PRIORITIES.

7.3 CONDUCT INTRAMURAL AND EXTRAMURAL RESEARCH.

CDC/ATSDR RECOGNIZES THE ENORMOUS AMOUNT OF TALENT, RESOURCES AND EXPERTISE THAT RESIDES BOTH INTERNAL AND EXTERNAL TO THE AGENCY. AS A RESULT, THE AGENCY IS COMMITTED TO LEVERAGING ASSETS AND KNOWLEDGE FROM ACROSS THE WORLD TO CONDUCT PREPAREDNESS AND RESPONSE RESEARCH. USING A RESEARCH AGENDA, THE AGENCY FINDS BALANCING INTRAMURAL RESEARCH ACTIVITIES WITH EXTRAMURAL RESEARCH AS AN EFFECTIVE MEANS TO PRODUCE THE GREATEST RETURN FROM LIMITED RESOURCES. IN DOING SO, THE AGENCY ASSURES ITS RESEARCH WILL BE COLLABORATIVE AND TRANSPARENT.

7.4 DESIGN AND ASCERTAIN NEW METHODS AND TOOLS TO SUPPORT RESEARCH.

AS IMPORTANT AS SETTING RESEARCH PRIORITIES ARE, THE METHODS AND TOOLS USED TO IDENTIFY AND IMPLEMENT THESE RESEARCH PRIORITIES ARE EQUALLY IMPORTANT. SUCH METHODS AND TOOLS CAN INCLUDE EDUCATIONAL AND DECISION-MAKING FORUMS, DEVELOPING AND DISTRIBUTING GRANT GUIDANCE, SOLICITING PROJECT DESCRIPTIONS AND FUNDING REQUESTS AND COMPLEMENTING EXPERT PEER REVIEWS WITH STAKEHOLDER PEER REVIEWS. COLLECTIVELY, SUCH METHODS AND TOOLS WILL ALLOW CDC/ATSDR TO APPLY PROCESSES THAT HELP MAINTAIN A DIVERSE COLLECTION OF RESEARCH ACTIVITIES WHICH WILL HELP TO INCREASE RESULTS AND DECREASE RISKS WHILE FACILITATING CLOSE INTERACTION BETWEEN OUR SCIENTISTS AND STAKEHOLDERS TO MEET THEIR NEEDS.

SUCCESS STORY – CDC/ATSDR AND THE DEPARTMENT OF DEFENSE (DOD) ARE CURRENTLY CONDUCTING STUDIES AND COORDINATING ACTIVITIES TO IMPROVE THE EFFECTIVENESS, SAFETY AND ACCEPTABILITY OF THE CURRENT ANTHRAX VACCINE. NIP’S ANTHRAX VACCINE SAFETY ACTIVITY (AVSA) IS DEDICATED TO THE VACCINE’S SAFETY, AS WELL AS EXAMINING THE KNOWLEDGE, ATTITUDES AND BEHAVIORS OF MILITARY PERSONNEL REGARDING

ANTHRAX VACCINE. IN SEPTEMBER 2001, CDC/ATSDR AND DOD ESTABLISHED THE WALTER REED NATIONAL VACCINE HEALTH CENTER. THIS IS THE FIRST VACCINE HEALTH CENTER (VHC) IN THE NATION AND THE FIRST OF WHAT IS EXPECTED TO BE A NETWORK OF CENTERS THAT WILL CONDUCT FOLLOW-UP AND CASE MANAGEMENT OF CERTAIN MILITARY PERSONNEL WHO HAVE EXPERIENCED ADVERSE EVENTS FOLLOWING ANTHRAX VACCINATION. THE KNOWLEDGE GAINED FROM THE VHCs WILL BE USED TO IMPROVE THE SAFETY AND QUALITY OF FUTURE VACCINES, IMPROVE REPORTING OF VACCINE-ASSOCIATED ADVERSE EVENTS AND FACILITATE FUTURE RESEARCH.¹⁶

7.5 EVALUATE RESEARCH AND TRANSLATE OUTCOMES INTO PRACTICE.

PUBLIC HEALTH PRACTICE RELIES ON TANGIBLE OUTCOMES. AS SUCH CDC/ATSDR PLACES SIGNIFICANT IMPORTANCE ON EVALUATING RESEARCH OUTCOMES TO ASSURE THEY CAN AND WILL BE TRANSLATED INTO REAL WORLD, PRACTICAL TOOLS. SUCH TOOLS ARE INVALUABLE TO OVERCOMING THE UNIQUE BARRIERS PRESENTED BY TERRORISM. THE IMPLEMENTATION OF TOOLS INVOLVES DEVELOPING NEW WAYS TO ACTIVELY ENCOURAGE THEIR USE IN PUBLIC HEALTH POLICY, PROGRAM MANAGEMENT, COMMUNICATION STRATEGIES AND TRAINING.

EVALUATION IS NOT, HOWEVER, EXCLUSIVE TO DETERMINING RESEARCH EFFICACY, BUT ALSO IN ASSURING THAT RESEARCHERS MEET LEVELS OF PERFORMANCE DESIGNATED BY CDC/ATSDR LEADERSHIP AND THAT RESOURCES ARE DISTRIBUTED TO MATCH RESEARCH PRIORITIES AND NEEDS.

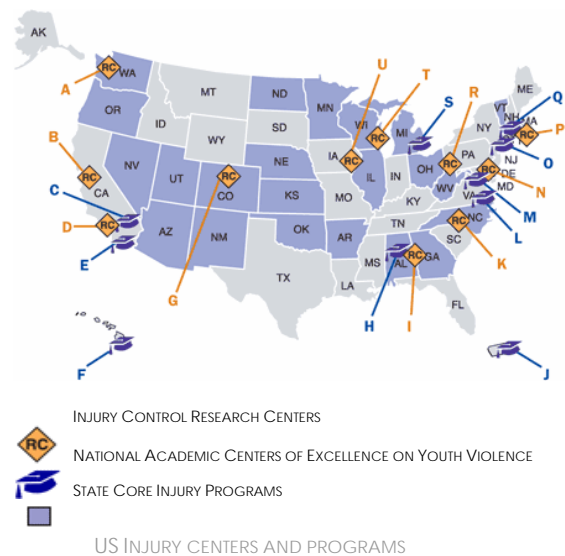
KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **DEVELOP RESEARCH AGENDA** – IN ORDER TO MAKE THE BEST USE OF PUBLIC AND PRIVATE RESOURCES AND EXPERTISE, CDC/ATSDR IS CURRENTLY DEVELOPING A NEW RESEARCH AGENDA FOR TERRORISM PREPAREDNESS AND RESPONSE. THE AGENDA WILL FOCUS UPON IDENTIFYING AND SECURING RESOURCES FOR RESEARCH PROJECTS THAT WILL HAVE A DEMONSTRABLE IMPACT UPON PUBLIC HEALTH READINESS. AGENDA ITEMS WILL INCLUDE NEAR-TERM, HIGH-IMPACT APPLICATIONS. CDC/ATSDR WILL COORDINATE RESEARCH AGENDA CONTENT WITH ITS PARTNERS AND WILL SEEK THE MOST EFFECTIVE AND EFFICIENT RESOURCES TO EXECUTE THE RESEARCH. THIS WILL INCLUDE, BUT IS NOT LIMITED TO, CDC/ATSDR INTRAMURAL RESOURCES, PUBLIC PARTNERS, PRIVATE ORGANIZATIONS AND OTHER FEDERAL AGENCIES.
- **BOTULISM RESEARCH AND PREPAREDNESS** – CDC/ATSDR WILL INCREASE THE QUANTITY OF AVAILABLE BOTULISM ANTITOXIN AND SUPPORT OF ADDITIONAL RESEARCH ACTIVITIES INTO NEW PRODUCTS FOR TREATMENT AND/OR PREVENTION. CDC/ATSDR WILL IMPLEMENT ITS DRAFTED BOTULISM RESPONSE PLAN THAT OUTLINES THE AGENCY’S RESPONSE AND COORDINATION WITH OTHER FEDERAL AND STATE AGENCIES, INCLUDING MEDICAL TREATMENT GUIDELINES, LABORATORY DIAGNOSIS, WORKER SAFETY PROTOCOLS, SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION GUIDELINES AND PUBLIC INFORMATION GUIDANCE IN THE EVENT OF A BOTULISM EVENT.

- **ANTHRAX VACCINE RESEARCH PROGRAM (AVRP)** – AVRP CONDUCTS STUDIES TO DETERMINE FACTORS ASSOCIATED WITH SIDE EFFECTS FROM THE VACCINE. THESE STUDIES WILL PROVIDE MORE INFORMATION ABOUT WHEN A PERSON BECOMES PROTECTED AND HOW LONG THE PROTECTION LASTS. CDC/ATSDR SEEKS TO DISCOVER WHETHER IT IS POSSIBLE FOR THE VACCINE ROUTE TO BE CHANGED WHILE REDUCING THE NUMBER OF DOSES WITHOUT SACRIFICING PROTECTION AGAINST ANTHRAX. CDC/ATSDR HAS INITIATED THIS PROGRAM, WHICH CONSISTS OF A HUMAN CLINICAL TRIAL OF ANTHRAX VACCINE ADSORBED (AVA) TO ASSESS ROUTE CHANGE AND DOSE REDUCTION. INTERIM ANALYSIS WILL BE PRESENTED TO THE FDA IN SEPTEMBER 2004. THE GOAL IS TO DROP DOSE 2 AND CHANGE TO INTRAMUSCULAR ROUTE OF ADMINISTRATION. FINAL ANALYSIS WILL BE PRESENTED TO FDA IN APRIL 2007, WITH THE GOAL BEING TO DROP ADDITIONAL DOSES FROM PRIMARY REGIMEN AND REDUCE FREQUENCY OF BOOSTERS.

- **INJURY CONTROL RESEARCH CENTERS (ICRCs)** – ICRCs STRIVE TO DEVELOP NEW OR IMPROVED APPROACHES TO PREVENT AND CONTROL DEATH AND DISABILITY DUE TO INJURIES. CDC/ATSDR SUPPORTS ICRCs AT 11 COLLEGES AND UNIVERSITIES TO CONDUCT RESEARCH AND IDENTIFY CRITICAL GAPS IN KNOWLEDGE OF INJURY RISK AND PROTECTION. THE RESEARCH CONDUCTED BY ICRCs ADDRESS ALL CORE PHASES OF INJURY CONTROL (PREVENTION, ACUTE CARE AND REHABILITATION) AND WILL SERVE AS IMPORTANT RESOURCES TO ADDRESS INJURY CONTROL AS RELATED TO TERRORISM.



¹⁶ ORENSTEIN, WALTER, ET AL. "NATIONAL IMMUNIZATION PROGRAM ANNUAL REPORT: REACHING NEW HEIGHTS IN IMMUNIZATION." 2002.

- **WORKER SAFETY AND HEALTH RESEARCH AND EVALUATION EFFORTS** – CDC/ATSDR WILL ENHANCE ITS WORKER SAFETY AND PERSONAL PROTECTIVE RESEARCH AND DEVELOPMENT PROGRAM TO ADDRESS CRITICAL, UNANSWERED QUESTIONS IN ORDER TO MEET THE GROWING NEEDS FOR PPE AND TECHNOLOGIES THAT PROTECT AGAINST TERRORIST THREATS. RESEARCH WILL SPECIFICALLY ADDRESS LEVELS OF PROTECTION AGAINST AGENTS OFFERED BY RESPIRATOR FILTERS, ISSUES OF RE-AEROSOLIZATION OF BIOAEROSOLS FROM FILTERS, FILTER EFFICIENCY AGAINST MODIFIED BIOAEROSOLS, RELIABLE DECONTAMINATION COMPOUNDS AND TECHNOLOGIES FOR RESPIRATORS AND TEXTILE PROTECTIVE CLOTHING EXPOSED TO A BROAD SPECTRUM OF CHEMICAL AND BIOLOGICAL AGENTS. THIS RESEARCH WILL ALSO HELP DEVELOP SAMPLING AND ANALYTICAL METHODS FOR RAPID IDENTIFICATION AND QUANTIFICATION OF CHEMICAL AGENTS AND UNKNOWN EXPOSURES.

8 TIMELY, ACCURATE AND COORDINATED COMMUNICATIONS



REAL-TIME INFORMATION EXCHANGE

TERRORISM PREPAREDNESS ACTIVITIES MUST INCLUDE THE DEVELOPMENT OF A NATIONAL PUBLIC HEALTH COMMUNICATIONS INFRASTRUCTURE IN ORDER TO IMPROVE THE EXCHANGE OF EMERGENCY HEALTH INFORMATION. COMMUNICATIONS MUST CONVEY A CREDIBLE AND CONSISTENT MESSAGE THAT IS DELIVERED IN A TIMELY FASHION THROUGH EFFECTIVE AND ACCESSIBLE CHANNELS. COLLABORATION, COORDINATION AND INFORMED DECISIONS ARE ALL CENTRAL TO EFFECTIVE AND RELIABLE COMMUNICATION.

CRISIS AND EMERGENCY RISK COMMUNICATIONS PLANNING ARE NECESSARY IN ORDER TO REDUCE PROBLEMS AND CONFUSION DURING AN EMERGENCY. PLANS, POLICIES, PROCEDURES AND SYSTEMS MUST NOT ONLY BE IN PLACE, BUT PUBLICIZED ACROSS THE ORGANIZATION TO PROVIDE EFFECTIVE COMMUNICATION. THE SCOPE FOR COMMUNICATIONS AND INFORMATION EXCHANGE IS NOT ONLY WITHIN CDC/ATSDR, BUT ALSO WITH EXTERNAL GROUPS, INCLUDING PARTNERS, MEDIA AND THE PUBLIC.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE *TIMELY, ACCURATE AND COORDINATED COMMUNICATIONS*.

CRITICAL OBJECTIVES

8.1 ENABLE EMERGENCY DECISION MAKING TO BUILD SCIENTIFIC CONSENSUS FOR EFFECTIVE COMMUNICATION.

EFFECTIVE COMMUNICATION AND EMERGENCY DECISION MAKING ARE CONTINGENT UPON PREPAREDNESS AND RESPONSE PLANNING. CDC/ATSDR WILL SET IN PLACE SPECIFIC TOOLS, GUIDANCE AND METHODOLOGIES TO SWIFTLY OBTAIN THE SCIENTIFIC CONSENSUS NECESSARY TO GENERATE AND USE THE BEST AVAILABLE INFORMATION DURING EMERGENCIES. AN ORGANIZED PROCESS WILL AVOID DELAYS IN INFORMATION GATHERING WHILE SIMULTANEOUSLY GAINING NECESSARY SCIENTIFIC APPROVAL AND DIRECTION LEAVING THE AGENCY PREPARED TO QUICKLY MOBILIZE AND SUCCESSFULLY EXECUTE COMMUNICATION FUNCTIONS.

8.2 PREPARE AND DELIVER TIMELY AND RELEVANT INFORMATION CUSTOMIZED TO CONSTITUENT NEEDS.

CDC/ATSDR ENSURES RAPID DISSEMINATION OF TIMELY, RELEVANT AND ACCURATE INFORMATION DURING TIMES OF NATIONAL EMERGENCIES. IN ORDER TO GUARANTEE TIMELY, RELEVANT AND ACCURATE INFORMATION, CDC/ATSDR MUST PREPARE AND MAINTAIN A REPOSITORY OF TERRORIST EVENT RELATED MATERIAL

THAT CAN BE READILY ACCESSED DURING A CRISIS. CUSTOMIZING COMMUNICATION IS CRITICAL WHEN RESPONDING TO NATIONAL EMERGENCIES, ESPECIALLY THOSE THAT DEAL WITH ACTS OF TERRORISM. MESSAGES SHOULD BE TAILORED TO CONSTITUENTS WITH CARE SO THAT INFORMATION REPORTED IS EASY TO UNDERSTAND, IS APPROPRIATE AND IS RELEVANT.

8.3 ASSURE INTERACTIVE COMMUNICATION WITHIN CDC/ATSDR AND AMONG STAKEHOLDERS.

COMMUNICATION IS A CRITICAL ELEMENT OF TERRORISM PREPAREDNESS AND RESPONSE. SEVERAL TYPES OF COMMUNICATION CHANNELS OCCUR WITHIN CDC/ATSDR. BESIDES MAINTAINING INTERNAL COMMUNICATION, THE AGENCY SUPPORTS TWO-WAY HEALTH COMMUNICATION WITH THE PUBLIC, THE MEDIA, STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS, AS WELL AS OTHER KEY PARTNERS SUCH AS AMA, NACCHO, ASTHO, HEALTH AND SAFETY ORGANIZATIONS, FIRST RESPONDER ORGANIZATIONS, DHHS, AND DHS. CDC/ATSDR IS COMMITTED TO THE DEVELOPMENT OF TOOLS AND SYSTEMS THAT ENABLE ALL PREPAREDNESS AND RESPONSE PROFESSIONALS TO REMAIN IN CONTACT AND ACTIVELY SHARE INFORMATION AS NECESSARY, ULTIMATELY CONTRIBUTING TO NATION'S ABILITY TO PERFORM SEAMLESS EMERGENCY PUBLIC HEALTH SERVICES.

8.4 TRAIN AND COORDINATE PROFESSIONALS TO MEET INTERNAL AND FIELD COMMUNICATION SURGE CAPACITY.

TO COMPLEMENT THE NETWORK AND SYSTEMS THAT WILL HELP IMPROVE TERRORISM COMMUNICATION PREPARATION AND RESPONSE, CDC/ATSDR PROFESSIONALS MUST BE WELL TRAINED AND PROPERLY DISTRIBUTED TO ENSURE SEAMLESS COORDINATION DURING CRISIS EVENTS AND MEET INTERNAL AND FIELD COMMUNICATION SURGE CAPACITIES. A WELL-EXECUTED COMMUNICATIONS PLAN WILL DEVISE TRAINING OPERATIONS AND ORGANIZE SURGE CAPACITY METHODS IN ORDER TO ENSURE LIMITED RESOURCES ARE EFFECTIVELY AND EFFICIENTLY INTEGRATED DURING TERRORIST EVENTS.

8.5 IMPLEMENT A COMPREHENSIVE NETWORK TO EXCHANGE INFORMATION ACROSS RESPONSE PARTNERS.

IT IS ESSENTIAL THAT CDC/ATSDR MAINTAIN A RELIABLE COMMUNICATIONS SYSTEM THAT GUARANTEES A CONTINUITY OF OPERATIONS IN THE EVENT OF A TERRORIST ATTACK. CDC/ATSDR MUST CONTINUE TO IMPLEMENT A COMPREHENSIVE INFORMATION NETWORK, SUCH AS PHIN. THE IT ARCHITECTURE SHOULD BE ABLE TO LINK FEDERAL, STATE AND LOCAL PUBLIC HEALTH CENTERS IN ORDER TO ALLOW FOR REAL-TIME EXCHANGE OF HEALTH INFORMATION AMONG LABORATORY RESEARCHERS, HOSPITALS, INFECTION CONTROL PRACTITIONERS, PHARMACEUTICAL COMPANIES, PUBLIC HEALTH PERSONNEL AND OTHER HEALTH PARTNERS. THE NETWORK IS ESSENTIAL FOR EFFECTIVELY RESPONDING TO CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR AND MASS TRAUMA TERRORIST EVENTS.

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **PUBLIC HEALTH INFORMATION NETWORK – PHIN** IS A PUBLIC HEALTH ARCHITECTURE THAT WILL COORDINATE EXISTING AND NEW PUBLIC HEALTH INFORMATION SYSTEMS FOR

INTEROPERABLE USE OF IT ACROSS PUBLIC HEALTH. PHIN WILL INTEGRATE AND BUILD ON THE TECHNICAL STANDARDS AND INFRASTRUCTURE ESTABLISHED THROUGH OTHER CDC INITIATIVES INCLUDING (DETAILED IN IMPERATIVE 10):

- **HEALTH ALERT NETWORK (HAN)** – OPERATED BY CDC/ATSDR, HAN IS AN EMAIL MESSAGING AND DISTRIBUTION STRUCTURE THAT ENSURES LOCAL HEALTH DEPARTMENTS HAVE TIMELY AND RAPID ACCESS TO EMERGING HEALTH INFORMATION IN ORDER FOR THE FRONTLINE PROFESSIONALS TO EFFECTIVELY TRANSLATE THE DATA INTO HEALTH ACTION. THIS COMMUNICATION NETWORK WILL SERVE AS AN ESSENTIAL COMPONENT OF THE PHIN INITIATIVE AND DHHS’ “EXEMPLARY COMMUNITIES” CONCEPT. HAN PROVIDES THREE PRIMARY CAPACITIES: 1) HIGH-SPEED INTERNET CONNECTIVITY; 2) BROADCAST CAPACITY FOR EMERGENCY COMMUNICATION AND 3) DISTANCE-LEARNING INFRASTRUCTURE FOR REAL-TIME TRAINING. THE EFFORTS OF HAN WILL WORK TO ENSURE EFFECTIVE COMMUNICATIONS CONNECTIVITY AMONG STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS, HEALTH CARE ORGANIZATIONS, PUBLIC OFFICIALS AND OTHERS. AS OF MARCH 2003, 89% OF FULLY FUNCTIONAL HEALTH DEPARTMENTS HAVE ACHIEVED THESE CAPACITIES. CDC/ATSDR WILL CONTINUE TO INCREASE THE PERCENT OF LOCAL HEALTH JURISDICTIONS THAT HAVE HIGH SPEED INTERNET CONNECTIVITY FROM 90% TO 100%; EXPAND ACCESS TO TRAINING AND DISTANCE LEARNING FOR GRANTEES TO 90%; AND ESTABLISH AT LEAST ONE ADVANCED LOCAL PRACTICE SITE IN EACH STATE BY FY 2005.
- **EPI-X** (DETAILED IN IMPERATIVE 1) – THIS WEB-BASED COMMUNICATIONS NETWORK DEVELOPED WITHIN EPO CONNECTS DESIGNATED PUBLIC HEALTH PROFESSIONALS FROM EACH STATE AND PROVIDES A SECURE, 24X7 FORUM FOR SHARING DISEASE INFORMATION. THE TECHNOLOGY THAT SUPPORTS EPI-X MAKES THE SYSTEM AVAILABLE TO THESE INDIVIDUALS WHILE IN THE FIELD, IN THE LABORATORY, AT THE OFFICE OR AT HOME. CDC/ATSDR WILL CONTINUE TO EXPAND THE NUMBER OF PROFESSIONALS WHO HAVE ACCESS TO AND ARE TRAINED TO USE THIS SYSTEM AS AN EFFECTIVE OUTBREAK SURVEILLANCE TOOL, ALLOWING THEM TO ACTIVELY MONITOR DISEASE AND NOTIFY ONE ANOTHER OF BREAKING HEALTH EVENTS AS THEY OCCUR.
- **EMERGENCY COMMUNICATIONS SYSTEM (ECS)** – ECS ENSURES RAPID, EFFECTIVE AND CONSISTENT CDC/ATSDR COMMUNICATION RESPONSE TO THE NEWS MEDIA, THE PUBLIC, AND KEY STAKEHOLDERS IN THE EVENT OF TERRORISM OR A NATIONAL PUBLIC HEALTH EMERGENCY. THE SYSTEM ENSURES THAT THE AGENCY AND DHHS SPEAK WITH ONE VOICE, AND THAT EMERGENCY RESPONSES MAKE THE MOST EFFICIENT USE OF AGENCY RESOURCES. ECS CONVENES ONGOING TWO-WAY DIALOGUE WITH STATE AND LOCAL HEALTH OFFICERS, PUBLIC HEALTH INFORMATION OFFICERS, CLINICIAN ASSOCIATIONS, POLICY MAKERS AND OTHER KEY STAKEHOLDERS IN ALL 50 STATES TO ASSESS COMMUNICATION NEEDS. ECS COORDINATES CDC/ATSDR’S ACTIONS TO DEVELOP AND UPDATE RISK AND EMERGENCY COMMUNICATION PLANS AND MATERIAL SPECIFIC TO PRIORITY THREATS. DURING THE SUMMER 2002 WEST NILE VIRUS EPIDEMIC, ECS POSITIONED CDC/ATSDR TO EXECUTE OVER 1,800 PUBLIC INQUIRIES, 11 MEDIA TELEBRIEFINGS, 12 PRESS RELEASES, MANY MORE PRESS INTERVIEWS, DAILY UPDATES ON THE WEB AND AN ENGLISH AND SPANISH PUBLIC SERVICE ANNOUNCEMENT COMPLETE WITHIN 30 DAYS. CDC/ATSDR WILL USE THIS SYSTEM IN THE EVENT OF OTHER EMERGENCIES INCLUDING TERRORISM.
- **PRE-EVENT CONTENT DEVELOPMENT FOR BIOTERRORISM COOPERATIVE AGREEMENT WITH THE ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH (ASPH)** – FOUR PARTICIPATING SCHOOLS OF PUBLIC HEALTH WERE AWARDED GRANTS FOR UP TO THREE YEARS AS PART OF A COLLABORATIVE AGREEMENT WITH THE ASPH. THE FOUR SCHOOLS WILL WORK WITH CDC/ATSDR SUBJECT MATTER EXPERTS TO IDENTIFY CORE MESSAGE CONTENT FOR TERRORIST EMERGENCY SCENARIOS.
- **SMALLPOX QUESTION AND ANSWER RESPONSE SYSTEM** – CDC/ATSDR WILL MAINTAIN A CENTRAL QUESTION-AND-ANSWER (Q&A) DATABASE TO SERVE AS THE SOURCE FOR ORGANIZING, STORING AND UPDATING ALL SMALLPOX Q&AS FOR BOTH THE INTERNET AND INTRANET. THIS SYSTEM WILL ALLOW THE NECESSARY COORDINATION BETWEEN OTHER CALL CENTERS CONCERNING SMALLPOX ACTIVITIES, SUCH AS THE CLINICIAN HOTLINE, SO THAT CONSISTENT MESSAGES ARE PROVIDED.
- **SMALLPOX HEALTH COMMUNICATION PLANNING** – THIS PROJECT INCLUDES STAKEHOLDER TRAINING AND DEVELOPMENT, MODIFICATION, TRANSLATION, PRODUCTION AND DISTRIBUTION OF PRINT AND ELECTRONIC SMALLPOX COMMUNICATION, MEDIA, EDUCATION, TRAINING, SCREENING AND CONSENT MATERIALS. THE PROJECT ALSO PROVIDES COMMUNICATIONS PLANNING, PROJECT MANAGEMENT, MESSAGE DEVELOPMENT, MATERIALS DEVELOPMENT AND MEDIA RELATIONS FOR CDC/ATSDR’S SMALLPOX RESPONSE EFFORTS. THESE MATERIALS AND ACTIVITIES ARE NECESSARY TO COMMUNICATE VITAL SMALLPOX INFORMATION TO KEY AUDIENCES IN ORDER TO ASSURE SUCCESSFUL IMPLEMENTATION OF THE SMALLPOX PROGRAM.
- **NATIONAL PUBLIC HEALTH INFORMATION COALITION (NPHIC)** – ONGOING PREPAREDNESS AND RESPONSE ACTIVITIES WITH NPHIC INCLUDE SCHEDULING ROUTINE TELECONFERENCES TO DISCUSS AND COORDINATE COMMUNICATION ABOUT SPECIFIC AGENTS CURRENTLY OR POTENTIALLY OF CONCERN, ESTABLISHING A SECURE SECTION OF THE NPHIC WEBSITE TO ALLOW MEMBERS TO POST AND EXCHANGE INFORMATION ABOUT COMMUNICATION NEEDS AND RESOURCES AROUND SPECIFIC EVENTS, AND PROVIDING INPUT TO SUCH EMERGENCY RESPONSE PLANNING EFFORTS AS THE ASTHO ANTI-TERRORISM TASK FORCE. ADDITIONALLY, NPHIC MEMBERS PROVIDED INPUT TO THE CDC/ATSDR OFFICE OF COMMUNICATIONS TO DEVELOP A CRISIS AND EMERGENCY RISK COMMUNICATION TRAINING COURSE OFFERED AS TWO DAYS OF THE NPHIC ANNUAL CONFERENCE IN OCTOBER 2003, AND NOW BEING OFFERED REGULARLY TO NPHIC MEMBERS, OTHER COMMUNICATION STAFF, FOCUS AREA F COORDINATORS AND TRAINERS FROM THE NETWORK OF UNIVERSITIES DESIGNATED AS PREPAREDNESS CENTERS.

➤ **STATE AND LOCAL PREPAREDNESS AND RESPONSE SUPPORT –**

- **COMMUNICATION CONNECTIVITY –** CDC/ATSDR WILL WORK TO ENSURE EFFECTIVE COMMUNICATIONS CONNECTIVITY AMONG PUBLIC HEALTH DEPARTMENTS, HEALTH CARE ORGANIZATIONS, PUBLIC OFFICIALS. THIS EFFORT WILL ESTABLISH AND MAINTAIN A NETWORK THAT WILL PROVIDE: A) CONTINUOUS, HIGH SPEED CONNECTIVITY TO THE INTERNET, B) ROUTINE USE OF EMAIL FOR NOTIFICATION OF ALERTS AND OTHER CRITICAL COMMUNICATION AND C) A DIRECTORY OF PUBLIC HEALTH PARTICIPANTS (INCLUDING PRIMARY CLINICAL PERSONNEL) AND THEIR ROLES AND CONTACT INFORMATION COVERING ALL JURISDICTIONS. THIS EFFORT INCLUDES CDC/ATSDR'S WORK IN IMPLEMENTING HAN (DETAILED ABOVE) **(STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA E, CRITICAL CAPACITY 1)**.
- **EMERGENCY COMMUNICATION COMPATIBILITY –** THIS INITIATIVE WILL CONTINUE TO ENSURE GRANTEE IMPLEMENT A METHOD OF EMERGENCY COMMUNICATIONS FOR PARTICIPANTS IN PUBLIC HEALTH EMERGENCY RESPONSE THAT IS FULLY REDUNDANT WITH STANDARD TELECOMMUNICATIONS SUCH AS TELEPHONE, E-MAIL AND INTERNET **(STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA E, CRITICAL CAPACITY 2)**.

- **PUBLIC COMMUNICATION –** THIS INITIATIVE WILL SUPPORT GRANTEE TO PROVIDE NEEDED HEALTH/RISK INFORMATION TO THE PUBLIC AND KEY PARTNERS DURING A TERRORISM EVENT BY ESTABLISHING CRITICAL BASELINE INFORMATION ABOUT THE CURRENT COMMUNICATION NEEDS AND BARRIERS WITHIN INDIVIDUAL COMMUNITIES. FURTHERMORE, THIS EFFORT WILL AID IN IDENTIFYING EFFECTIVE CHANNELS OF COMMUNICATION FOR REACHING THE GENERAL PUBLIC AND SPECIAL POPULATIONS DURING PUBLIC HEALTH THREATS AND EMERGENCIES. STRONG PUBLIC HEALTH COMMUNICATION AT THE STATE AND LOCAL LEVELS WILL CONTRIBUTE TO THE SUCCESSFUL IMPLEMENTATION OF THE SNS, INCLUDING INFORMATION ABOUT WHERE TO OBTAIN PROPHYLAXIS, ENCOURAGING ADHERENCE TO ORAL PROPHYLAXIS REGIMENS, ADVISING ON VARIOUS ANTIBIOTICS PRESCRIBED AND EXPLAINING THE TRANSMISSIBILITY OF THREAT AGENTS. STATE AND LOCAL COOPERATIVE AGREEMENT GRANTEE MUST COLLABORATE IN THESE EFFORTS TO CARRY OUT FOCUS AREA F OBLIGATIONS **(STATE AND LOCAL COOPERATIVE AGREEMENT, FOCUS AREA F, CRITICAL CAPACITY 1)**.

ENABLING IMPERATIVES

9 ACHIEVING SHARED GOALS THROUGH PARTNERSHIPS



CDC/ATSDR WORKS WITH PARTNERS TO
ACHIEVE PUBLIC HEALTH GOALS

CDC/ATSDR PLACES EXTRAORDINARY VALUE IN COLLABORATING WITH PARTNERS TO DELIVER PUBLIC HEALTH SERVICES AND RECOGNIZE PARTNERSHIPS AS A FUNDAMENTAL ELEMENT IN ACHIEVING GOALS THAT ADVANCE PUBLIC HEALTH. TERRORISM PREPAREDNESS AND RESPONSE IS NO DIFFERENT. ONLY THROUGH PRODUCTIVE RELATIONSHIPS CAN PUBLIC HEALTH COLLECTIVELY EXPAND ITS SCOPE TO EXECUTE PREPAREDNESS AND RESPONSE ACTIVITIES AND ADDRESS THE UNIQUE CHALLENGES COMMUNITIES FACE AGAINST TERRORISM. IN FY 2003 ALONE, CDC/ATSDR DEDICATED MORE THAN \$900 MILLION (NEARLY 60%) OF ITS TERRORISM PREPAREDNESS AND RESPONSE BUDGET TO EXTRAMURAL COOPERATIVE AGREEMENTS AND GRANTS FOR PARTNERS TO IMPROVE STATE AND LOCAL PUBLIC HEALTH CAPACITY.

AS A GOVERNMENT AGENCY RESPONSIBLE FOR PROVIDING POLICY, PRACTICE AND RESEARCH LEADERSHIP TO HELP IMPROVE PUBLIC HEALTH CAPACITY AT FEDERAL, STATE AND LOCAL LEVELS, CDC/ATSDR RELIES ON WORKING WITH AND SERVING A VARIETY OF PARTNERS INCLUDING, BUT NOT LIMITED TO:

- STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS
- PREPAREDNESS AND RESPONSE AGENCIES
- INTERNATIONAL HEALTH ORGANIZATIONS
- PROFESSIONAL ASSOCIATIONS
- SCHOOLS AND UNIVERSITIES
- PRACTICING HEALTH AND FIRST RESPONDER PROFESSIONALS
- INDUSTRY, LABOR AND BUSINESS COMMUNITIES
- NON-PROFIT AND VOLUNTARY ORGANIZATIONS

CDC/ATSDR WORKS WITH A RANGE OF PARTNERS THAT OFFER VARIOUS EXPERTISE, REPRESENT DIFFERENT POPULATIONS AND REACH COMMUNITIES. THESE RELATIONSHIPS HELP GENERATE NEW OPPORTUNITIES FOR COLLABORATION, SHAPE STRATEGIES AND KEEP THE AGENCY FOCUSED ON THE HEALTH NEEDS OF THE PUBLIC. TOGETHER WITH A DIVERSE AND STRATEGIC PARTNERSHIP BASE WITH WHOM WE SHARE RESOURCES AND EXPERTISE, CDC/ATSDR WILL POSITION ITSELF TO ACHIEVE EACH STRATEGIC IMPERATIVE AND CRITICAL OBJECTIVE AND PROVIDE SERVICES TO EACH PARTNER TO

IMPROVE PUBLIC HEALTH PREPAREDNESS AND RESPONSE ACROSS THE US AND THE WORLD.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL *ACHIEVE SHARED GOALS THROUGH PARTNERSHIPS*.

CRITICAL OBJECTIVES

9.1 *INTEGRATE A NETWORK OF DOMESTIC AND INTERNATIONAL PARTNERSHIPS TO LEVERAGE SHARED RESOURCES AND EXPERTISE.*

THE STRENGTH OF OUR PARTNERSHIPS IS JUDGED NOT BY QUANTITY, BUT HOW WE WORK IN CONCERT TO BUILD TERRORISM PREPAREDNESS AND RESPONSE CAPABILITIES FOR ALL LEVELS OF PUBLIC HEALTH OVER LONG PERIODS OF TIME. IN ORDER TO IMPROVE SERVICES RELATIVE TO TERRORISM PREPAREDNESS AND RESPONSE, OUR AGENCY WILL CONTINUE TO USE A RANGE OF TOOLS, SUCH AS WORKING GROUPS, ONLINE COMMUNICATION FORUMS AND SHARED PUBLICATIONS THAT LINK PARTNERS AND THEIR RESOURCES TOGETHER.

BECAUSE PUBLIC HEALTH IS A GLOBAL ISSUE, WILL GROW AS SUCH THROUGH THE TWENTY-FIRST CENTURY, CDC/ATSDR IS DEDICATED TO CONNECTING PARTNERS BOTH DOMESTICALLY AND INTERNATIONALLY.

9.2 *PROMOTE PARTNERSHIP DEVELOPMENT TO DELIVER TERRORISM PREPAREDNESS AND RESPONSE SERVICES.*

TO ADDRESS THE DEMANDS MADE UPON PUBLIC HEALTH IN THE EFFORT TO PROVIDE TERRORISM PREPAREDNESS AND RESPONSE, CDC/ATSDR IS WORKING TO DEVELOP NEW PARTNERSHIPS IN ORDER TO HELP THE AGENCY DELIVER KEY SERVICES. IN ADDITION TO COLLABORATING WITH PARTNERS FAMILIAR TO CDC/ATSDR LIKE NACCHO, THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), THE WORLD HEALTH ORGANIZATION (WHO), FEMA AND EPA, CDC/ATSDR MUST INTERACT MORE CLOSELY WITH PARTNERS SUCH AS THE FEDERAL BUREAU OF INVESTIGATION (FBI), THE CENTRAL INTELLIGENCE AGENCY (CIA) AND THE RECENTLY ESTABLISHED DHS. SUCH COLLABORATION WILL HELP LEVERAGE UNTAPPED RESOURCES AND EXPERTISE WHILE PREPARING PUBLIC HEALTH TO MEET COMMUNITIES' DIVERSE NEEDS.

9.3 *EVALUATE PARTNERSHIP NEEDS AND ACTIVITIES TO TARGET CDC/ATSDR RESOURCES AND GUIDANCE.*

EACH YEAR, CDC/ATSDR EVALUATES THE IMPACT ITS PROGRAMS HAVE UPON PUBLIC HEALTH. THIS EVALUATION ALLOWS THE AGENCY TO TARGET ITS RESOURCES TO THOSE EFFORTS THAT PROVIDE THE BEST RESULTS RELATIVE TO STRATEGIC NEEDS. THIS EVALUATION PROCESS IS NOW EXPANDING BEYOND THE DOORS OF OUR OWN ORGANIZATION TO OUR PARTNERSHIPS. THE OFFICE FOR PARTNERSHIPS WITHIN OTPER IS DEVELOPING AN EVALUATION PROCESS THAT RELIES UPON A "360-DEGREE" APPROACH TO REFLECT UPON THE RESULTS DELIVERED BY EACH PARTNER AND THE SUPPORT PROVIDED BY CDC/ATSDR TO ACHIEVE THOSE RESULTS.

THE 360-DEGREE PARTNERSHIP EVALUATION PROCESS AT CDC/ATSDR HELPS OUR ORGANIZATION TARGET PARTNERSHIP SERVICES AND RESOURCES TO IMPROVE TERRORISM PREPAREDNESS AND RESPONSE IN SUPPORT OF OUR PROGRAMMATIC STRATEGIC IMPERATIVES.

"AIR TRANSPORTATION HAS CAUSED THE GLOBE TO SHRINK, AND DISEASE PROBLEMS IN ONE PART OF THE WORLD CAN QUICKLY BECOME A PROBLEM IN ANOTHER. DELTA RECOGNIZES THE IMPORTANCE OF SUPPORTING CDC'S EFFORTS, NOT ONLY IN ATLANTA, BUT IN THE ENTIRE WORLD."

MICHAEL YOUNG
VICE PRESIDENT OF COMMUNITY AFFAIRS
DELTA AIR LINES

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **ASSESSMENT OF PARTNERSHIP INVENTORY** – CDC/ATSDR WILL CONTINUOUSLY MONITOR OUR PARTNERS AND THEIR CONTRIBUTIONS TO EACH IMPERATIVE AND OBJECTIVE. SIMULTANEOUSLY THE AGENCY WILL IDENTIFY HOW TO BETTER SERVE EACH PARTNER. THIS EFFORT WILL MAXIMIZE THE BENEFIT OF EACH PARTNERSHIP AND ALIGN THEM WITH TANGIBLE, OUTCOME ORIENTED GOALS. THIS INVENTORY WILL POSITION CDC/ATSDR TO PRIORITIZE PARTNERSHIP ACTIVITIES AND ENSURE EACH PARTNER REMAINS ACTIVELY ENGAGED IN IMPROVING COMMUNITIES' ABILITY TO CARRY OUT PREPAREDNESS AND RESPONSE FUNCTIONS.

- **PARTNERSHIP EVALUATION** – THE EFFORT TO APPRAISE PARTNERSHIPS HAS LED TO THE DEVELOPMENT OF AN EFFECTIVE EVALUATION TOOL. THIS TOOL IS BEING DESIGNED TO PROVIDE CRITICAL, CONSTRUCTIVE INPUT ON THE MANNER IN WHICH EACH PARTNERSHIP IS CONTRIBUTING TO THE OVERALL GOALS OF CDC/ATSDR. AS A RESULT, THE AGENCY CAN DESIGN A MORE EFFECTIVE CAPACITY BUILDING PROGRAM.

- **IDENTIFY NEW PARTNERSHIP NEEDS** – CDC/ATSDR WILL SEARCH FOR GAPS IN OUR PORTFOLIO OF STRATEGIC PARTNERS IN THE EFFORT TO MEET GOALS RELATIVE TO TERRORISM PREPAREDNESS AND RESPONSE. AS EVENTS SHAPE THE WORLD AROUND US, THE AGENCY WILL BE PREPARED TO ALIGN WITH OTHER GROUPS TO RECEIVE THE SUPPORT WE NEED.

10 INTEGRATED AND SECURE
INFORMATION SYSTEMS



SMALLPOX PREPAREDNESS: CONSIDERATIONS FOR
RESPONSE TEAM VOLUNTEERS (VIDEO)

ADVANCES IN COMPUTING, NETWORKING AND OTHER TECHNOLOGIES HAVE RECENTLY MADE IMMEASURABLE IMPACTS ON ALL WALKS OF LIFE, INCLUDING PUBLIC HEALTH PRACTICE. CDC/ATSDR IS COMMITTED TO USING TECHNOLOGY TO IMPROVE PUBLIC HEALTH RESEARCH, POLICY AND PRACTICE TO OPTIMIZE PUBLIC HEALTH'S ABILITY TO DELIVER PREPAREDNESS AND RESPONSE SERVICES. WHILE IT IS ABSOLUTELY VITAL TO THE OPERATIONS OF CDC/ATSDR AND PUBLIC HEALTH, THE AGENCY RECOGNIZES IT AS A MEANS RATHER THAN AN END OR STAND ALONE SOLUTION, AND WILL LEVERAGE IT TO CONDUCT OPERATIONS FASTER AND MORE EFFECTIVELY WHILE PROVIDING PREPAREDNESS AND RESPONSE PROFESSIONALS THE TOOLS NECESSARY TO BEST CARRY OUT EMERGENCY PUBLIC HEALTH ACTIVITIES.

EMAIL ALONE HAS REVOLUTIONIZED INFORMATION EXCHANGE, REDUCING THE TIME IN WHICH INFORMATION IS SHARED TO MERE SECONDS WHILE ALLOWING FOR COMMUNICATION BETWEEN MILLIONS WORLDWIDE. SINCE SEPTEMBER 11, 2001, CDC/ATSDR HAS USED HAN TO DELIVER MORE THAN 113 MESSAGES AND TO TRAIN MORE THAN 1.5 MILLION HEALTH PROFESSIONALS ON TOPICS SUCH AS TERRORISM, WEST NILE VIRUS, SARS, PATIENT SAFETY AND SMALLPOX VACCINATION. THIS SINGLE AND SIMPLE EXAMPLE DEMONSTRATES THE UTILITY OF TECHNOLOGY FOR IMPROVING PUBLIC HEALTH PREPAREDNESS AND RESPONSE EFFORTS.

CDC/ATSDR WILL CONTINUE IDENTIFYING OPPORTUNITIES TO COMPLEMENT FUNCTIONAL PRIORITIES WITH TECHNOLOGICAL APPLICATIONS SUCH THAT CDC/ATSDR ACHIEVES ITS STATED OBJECTIVES AND PUBLIC HEALTH PROVIDES TIMELY PREPAREDNESS AND RESPONSE SERVICES TO PEOPLE NATIONWIDE. MOST NOTABLY IS CDC/ATSDR'S EFFORT TO CREATE AND IMPLEMENT THE PHIN. DETAILED AS A KEY ACTION BELOW, PHIN WILL PROVIDE A FRAMEWORK TO ALLOW MULTIPLE, AND CURRENTLY DISPARATE SYSTEMS THAT SUPPORT COMMUNICATIONS FOR PUBLIC HEALTH LABS, THE CLINICAL COMMUNITY, AND STATE AND LOCAL HEALTH DEPARTMENTS TO CAPITALIZE ON DATA EXCHANGE AND CROSS COMMUNICATIONS. PHIN'S STANDARDS WILL INTEGRATE VARIOUS

SYSTEMS TO ENABLE MONITORING OF MULTIPLE DATA STREAMS FOR EARLY DETECTION OF PUBLIC HEALTH ISSUES AND EMERGENCIES.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL ACHIEVE *INTEGRATED AND SECURE INFORMATION SYSTEMS*.

CRITICAL OBJECTIVES

10.1 ASSURE SYSTEMS ARE SECURE AND MEET ELECTRONIC INFORMATION EXCHANGE REGULATIONS.

TERRORISM PREPAREDNESS AND RESPONSE, AND ITS ROLE IN NATIONAL SECURITY, WILL AT TIMES REQUIRE THE EXCHANGE OF SENSITIVE INFORMATION. CDC/ATSDR WILL CONTINUE TO DEVELOP, MAINTAIN AND APPLY SPECIFIC PROTOCOLS THAT GUARANTEE THE SAFE STORAGE, USE AND TRANSFER OF ALL ELECTRONIC DATA. THIS INCLUDES PROTECTING THE INTEGRITY AND CONFIDENTIALITY OF A TRANSFER, AUTHENTICATING THE SENDER, SECURING CDC/ATSDR'S INTRANET (I.E. PRIVATE NETWORK) AND HAVING IN PLACE DATA RECOVERY PROCEDURES SUCH THAT INFORMATION IS NOT COMPROMISED DURING AN EMERGENCY. CDC/ATSDR WILL ALSO ENSURE THAT ALL GOVERNMENT REGULATIONS (E.G. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, HIPAA) REGARDING ELECTRONIC INFORMATION EXCHANGE ARE FOLLOWED AND IMPLEMENTED IN ACCORDANCE WITH THE LAW.

10.2 SUPPORT PREPAREDNESS AND RESPONSE FUNCTIONS WITH TECHNICAL SOLUTIONS.

FOR PUBLIC HEALTH TO PROVIDE ACCELERATED, COMPREHENSIVE TERRORISM PREPAREDNESS AND RESPONSE SERVICES, IT IS ESSENTIAL THAT CDC/ATSDR AND OUR PARTNERS BRING TO BEAR PRACTICAL, EFFECTIVE AND INNOVATIVE TECHNOLOGIES THAT HELP PERFORM NECESSARY ACTIVITIES. CDC/ATSDR WILL CONTINUE TO IDENTIFY COMMUNITIES' NEEDS AND COLLABORATE TO MATCH THESE NEEDS WITH TECHNOLOGIES THAT MAKE CARRYING OUT CERTAIN SERVICES MORE TIMELY, ACCURATELY AND COST EFFECTIVELY. FROM USING A NATIONWIDE SYSTEM OF STANDARDS THAT CAPTURES DISEASE INFORMATION FOR SURVEILLANCE ANALYSES SUCH AS NEDSS AND DELIVERING TRAINING TO HAVING LABORATORIES ACROSS THE NATION GENERATE AND EXCHANGE ELECTRONIC REPORTS, CDC/ATSDR WILL WORK WITH STATE AND LOCAL PUBLIC HEALTH LEADERS TO CONTINUALLY MATCH EVOLVING TERRORISM PREPAREDNESS AND RESPONSE NEEDS WITH ADVANCES IN INFORMATION SYSTEMS AND TECHNOLOGIES.

10.3 LINK INFORMATION SOURCES AND PARTNERS WITH COMMON INFORMATION EXCHANGE STANDARDS AND ARCHITECTURE.

IT WILL BE NECESSARY TO ENSURE THAT ESTABLISHED PROTOCOLS ARE DEVELOPED AND FOLLOWED SO THAT INFORMATION CAN BE TRANSFERRED EFFECTIVELY WITHIN AND BEYOND GOVERNMENT. CDC/ATSDR'S INFORMATION RESOURCE MANAGEMENT OFFICE (IRMO) WILL CONTINUE TO WORK CLOSELY WITH STANDARDS ORGANIZATIONS TO ENSURE THAT PUBLIC HEALTH NEEDS ARE REPRESENTED IN NATIONAL DATA STANDARDS SUCH AS THAT WITH THE ELECTRONIC LABORATORY-BASED REPORTING EFFORTS. CDC/ATSDR WILL PROMOTE COMMON DATA LANGUAGE FOR HEALTH INFORMATION SUCH AS TERMINOLOGIES THAT ARE ENDORSED BY THE FEDERAL E-GOVERNMENT INITIATIVE ON CONSOLIDATED HEALTH INFORMATICS (CHI) AND THE NATIONAL

COMMITTEE ON VITAL AND HEALTH STATISTICS. CDC/ATSDR WILL ALSO USE INDUSTRY AND E-GOVERNMENT STANDARDS FOR SYSTEM ARCHITECTURE AND DATA EXCHANGE, INCLUDING THE DEVELOPMENT OF STANDARDS-BASED (E.G. XML AND OTHERS) SECURE NETWORK TRANSMISSIONS OF CRITICAL HEALTH DATA OVER THE INTERNET.

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **PUBLIC HEALTH INFORMATION NETWORK – PHIN** IS AN INITIATIVE THAT WILL FURTHER CDC/ATSDR'S ELECTRONIC GOVERNMENT (E-GOVERNMENT) EFFORT AND SUBSTANTIALLY IMPROVE THE LIFE CYCLE OF HEALTH DATA AND INFORMATION BETWEEN CLINICAL HEALTH CARE AND ALL LEVELS OF PUBLIC HEALTH (FEDERAL, STATE, AND LOCAL) THROUGH NATIONAL STANDARDS-BASED APPROACHES TO IT, HEALTH DATA AND SYSTEMS INTEGRATION. PHIN WILL INTEGRATE AND COORDINATE EXISTING AND NEW PUBLIC HEALTH INFORMATION SYSTEMS TO PERFORM FIVE PRIMARY FUNCTIONS THAT CONTRIBUTE TO TERRORISM PREPAREDNESS AND RESPONSE AND GREATER PUBLIC HEALTH: 1) DETECTION AND MONITORING, TO SUPPORT DISEASE AND THREAT SURVEILLANCE AND MEASURE NATIONAL HEALTH STATUS INDICATORS; 2) ANALYSIS THAT FACILITATES REAL-TIME EVALUATION OF LIVE DATA FEEDS WHILE TURNING DATA INTO INFORMATION FOR PEOPLE AT ALL LEVELS OF PUBLIC HEALTH; 3) INFORMATION RESOURCES AND KNOWLEDGE MANAGEMENT FOR REFERENCE INFORMATION, DISTANCE LEARNING AND DECISION SUPPORT; 4) ALERTING AND COMMUNICATIONS FOR THE TRANSMISSION OF EMERGENCY ALERTS, ROUTINE PROFESSIONAL DISCUSSIONS AND OTHER ELECTRONIC COLLABORATION; AND 5) RESPONSE FOR THE MANAGEMENT SUPPORT OF RECOMMENDATIONS, PROPHYLAXIS, VACCINATION, AND ADVERSE EVENTS. ULTIMATELY PHIN WILL ENABLE THE REAL-TIME EXCHANGE OF CRITICAL HEALTH INFORMATION AMONG PARTNERS ACROSS PUBLIC HEALTH. PHIN WILL BUILD ON THE TECHNICAL STANDARDS AND INFRASTRUCTURE ESTABLISHED THROUGH OTHER CDC/ATSDR INITIATIVES INCLUDING NEDSS, HAN, EPI-X, LRN, ENVIRONMENTAL HEALTH TRACKING NETWORK (EHTN), NATIONAL HEALTH CARE SAFETY NETWORK (NHSN) AND FOCUS AREA E OF THE STATE AND LOCAL COOPERATIVE AGREEMENT PROGRAM.

➤ STATE AND LOCAL PREPAREDNESS AND RESPONSE SUPPORT –

- **TECHNICAL ASSISTANCE –** CDC/ATSDR WILL CONTINUE TO SUPPORT GRANTEEES ACHIEVE THEIR REQUIRED CAPACITIES SURROUNDING IT. THE EXPERTISE AND PROVISIONS CDC/ATSDR PROVIDE TO STATES WILL ENSURE THE ONGOING PROTECTION OF CRITICAL DATA AND INFORMATION SYSTEMS, BUILD CAPABILITIES FOR CONTINUITY OF OPERATIONS, MAKE CERTAIN ELECTRONIC EXCHANGE OF CLINICAL, LABORATORY, ENVIRONMENTAL AND OTHER PUBLIC HEALTH INFORMATION TAKES PLACE USING STANDARD FORMATS BETWEEN THE COMPUTER SYSTEMS OF PUBLIC HEALTH PARTNERS. STATES WILL RECEIVE CONTINUED SUPPORT SERVICES (**STATE AND LOCAL COOPERATIVE AGREEMENT PROGRAM, FOCUS AREA E, CRITICAL CAPACITIES 3 AND 4**).
- **PRE-EVENT VACCINATION SYSTEM (PVS) –** PVS IS A SECURE DATA EXCHANGE INTERNET-BASED SYSTEM DESIGNED TO COLLECT INFORMATION ON THOSE BEING VACCINATED AGAINST SMALLPOX. THE STATES AND CDC/ATSDR WILL USE THIS INFORMATION TO ASCERTAIN PROGRESS IN PREPAREDNESS ACTIVITIES, AS WELL AS TO ASSIST IN THE MONITORING OF ADVERSE EVENTS RESULTING FROM VACCINATION. PVS IS ONE COMPONENT OF A LARGER CLINICAL PROCESS AND MANAGEMENT TOOL THAT INCORPORATES VACCINE ROSTERS FOR STATES THAT HAVE BEEN CERTIFIED TO USE THEIR OWN SYSTEMS.
- **INFORMATION TECHNOLOGY SUPPORT FOR EMERGENCY PREPAREDNESS AND RESPONSE –** CDC/ATSDR'S INFORMATION RESOURCE MANAGEMENT OFFICE WILL CONTINUE TO FACILITATE INFORMATION TECHNOLOGY SUPPORT FOR THE EMERGENCY OPERATIONS CENTER, ERTS AND OTHERS INVOLVED IN AN EMERGENCY RESPONSE (E.G., LABS, ETC.) ON AN AS NEEDED BASIS. THIS SUPPORT INCLUDES PROVIDING A SECURE, RELIABLE IT INFRASTRUCTURE FOR THE DEOC. INFRASTRUCTURE INCLUDES SOFTWARE LICENSES, BACKUP AND RECOVERY, TAPE STORAGE AND TRAINING ON DEOC APPLICATIONS, AND CONTINUITY OF OPERATIONS AND MAINTENANCE ON EQUIPMENT THAT IS ALWAYS READY FOR DEPLOYMENT. THIS EQUIPMENT INCLUDES, BUT IS NOT LIMITED TO, A PORTABLE LOCAL AREA NETWORK, SATELLITE COMMUNICATIONS EQUIPMENT, CELL PHONES FOR DOMESTIC AND INTERNATIONAL USE AND PAGERS, THAT ARE CONFIGURED AND STORED FOR USE DURING AN EMERGENCY RESPONSE.

11 CREATIVE AND EFFECTIVE MANAGEMENT SERVICES



MANAGEMENT ENSURES RESOURCES ARE APPLIED OPTIMALLY TO PROTECT PEOPLE

TO INTEGRATING STRATEGY, BUDGET AND PERFORMANCE MANAGEMENT PRINCIPLES. ACTIVE INTEGRATION WILL ALLOW US TO CONTINUOUSLY AND STRATEGICALLY ADDRESS CRITICAL PUBLIC HEALTH NEEDS, EFFECTIVELY UTILIZE RESOURCES AND PERSISTENTLY GAUGE OUR PROGRESS TO HOLD THE AGENCY ACCOUNTABLE FOR ACHIEVING OUR CRITICAL OBJECTIVES WHILE ALWAYS IMPROVING OUR RESULTS.

MANAGING THE ACHIEVEMENT OF OUR STRATEGIC IMPERATIVES IS DEPENDENT ON THE PRACTICE OF STRONG LEADERSHIP, BOTH INDIVIDUALLY AND ORGANIZATIONALLY. FOR THAT REASON, CDC/ATSDR IS COMMITTED TO AFFORDING OPPORTUNITIES TO OUR PEOPLE FOR PERSONAL AND PROFESSIONAL GROWTH. WE WILL EMPLOY INNOVATIVE AND CREATIVE MECHANISMS THAT WILL HELP HARNESS THE ENERGY AND TALENT OF CDC/ATSDR STAFF FROM ALL CIOs AT ALL LEVELS SO NO STAFF MEMBER IS OVERLOOKED AND EACH PERSON'S NEEDS ARE ADDRESSED.

THE ESTABLISHMENT OF OTPER WAS AN IMPORTANT STEP IN BUILDING ON OUR AGENCY'S ABILITY TO PROVIDE THESE IMPORTANT MANAGEMENT SERVICES. TOGETHER, OTPER, EACH CIO, AND THE CDC/ATSDR DIRECTOR WILL SET PRIORITIES, STRATEGICALLY ALIGN RESOURCES AND HOLD PROGRAMS AND PROGRAM MANAGERS ACCOUNTABLE FOR RESULTS.

THE FOLLOWING CRITICAL OBJECTIVES ILLUSTRATE HOW CDC/ATSDR WILL PROVIDE *CREATIVE AND EFFECTIVE MANAGEMENT SERVICES*.

CRITICAL OBJECTIVES

11.1 PROVIDE AGENCY-WIDE TERRORISM PREPAREDNESS AND RESPONSE STRATEGIC DIRECTION.

EFFECTIVE LEADERSHIP AND MANAGEMENT BEGINS BY SETTING CLEAR DIRECTION AND EXPECTATIONS FOR PERFORMANCE. WITHIN CDC/ATSDR, THE LEADERSHIP OF THE DIRECTOR, EACH CIO AND THE MANAGEMENT OF OTPER PROVIDES STRATEGIC DIRECTION AND EXPECTATIONS FOR PERFORMANCE AGENCY-WIDE.

THIS STRATEGIC PLAN IS JUST ONE EXAMPLE OF THE LEADERSHIP THAT IS PROVIDED. THE AGENCY ALSO PROVIDES A MORE DYNAMIC FORUM FOR STRATEGIC DIRECTION IN THE DIRECTOR'S TERRORISM RESPONSE AND PREPARATION LEADERSHIP TEAM (TRPLT). CHAIRED BY CDC/ATSDR DIRECTOR JULIE GERBERDING, CIO

THE COLOSSAL TASK OF TERRORISM PREPAREDNESS AND RESPONSE WILL DEMAND DILIGENT INDIVIDUAL AND ORGANIZATIONAL MANAGEMENT THAT SERVES OUR PEOPLE AND STEWARDS OUR AGENCY'S ACTIONS. TO MEET THE EXPECTATIONS OF THE AMERICAN PEOPLE, OUR PUBLIC HEALTH PEERS AND GOVERNMENT LEADERS, AND IN ACCORDANCE WITH THE PRESIDENT'S MANAGEMENT AGENDA (PMA) AND GPRA, CDC/ATSDR IS COMMITTED

DIRECTORS AND OTPER LEADERSHIP, TRPLT MEETS ON A WEEKLY BASIS TO IDENTIFY AND ADDRESS EMERGING ISSUES THAT MAY AFFECT THE STRATEGIC DIRECTION OF THE TERRORISM PREPAREDNESS AND RESPONSE EFFORT. OUTCOMES FROM THE TRPLT MEETING ARE PROVIDED ACROSS THE ORGANIZATION TO DIRECT THE DAILY OPERATIONS OF THOSE WHO WORK TO EXECUTE THIS PLAN.

AS A CAPACITY-BUILDING ENTITY, CDC/ATSDR ALSO WORKS TO SET STRATEGIC DIRECTION FOR ITS MANY PUBLIC HEALTH PARTNERS, MOST NOTABLY, THE STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS FUNDED BY THE AGENCY'S COOPERATIVE AGREEMENT PROGRAM. OUR AGENCY PROVIDES DIRECTION TO THESE PARTNERS THROUGH A NUMBER OF MEANS, SPECIFICALLY THROUGH THE ANNUAL GRANT GUIDANCE. EACH YEAR, OUR GRANT GUIDANCE ESTABLISHES CRITICAL BENCHMARKS TO HELP PUBLIC HEALTH AGENCIES DEVELOP THE MOST BASIC CRITICAL CAPACITIES, AS WELL AS MORE ADVANCED CAPACITIES TO DEVELOP TERRORISM PREPAREDNESS AND RESPONSE CAPABILITIES. A LIST OF THESE CAPACITIES FOR STATE AND LOCAL GRANTEES IS PROVIDED IN APPENDIX 5.

11.2 ASSURE AVAILABILITY OF HUMAN, FINANCIAL AND OTHER RESOURCES TO ACHIEVE STRATEGIC OBJECTIVES.

THE PUBLIC HEALTH WORKFORCE, INCLUSIVE OF CDC/ATSDR, CANNOT ACHIEVE ITS MISSION WITHOUT SUSTAINABLE RESOURCES. RESOURCES INCLUDE NOT ONLY THE FUNDING COMMITTED TO THE TERRORISM PREPAREDNESS EFFORT, BUT OTHER RESOURCES SUCH AS HUMAN RESOURCES AND INFORMATION TECHNOLOGY. WITHIN THE AGENCY, OTPER WORKS WITH FMO TO ENSURE THAT REQUESTS FOR FULL TIME EQUIVALENT (FTE) PERSONNEL APPROPRIATELY ADDRESS PRIORITY PROJECTS TO ENSURE RESULTS. AS OUTLINED BY IMPERATIVE 10: *INTEGRATED AND SECURE INFORMATION SYSTEMS*, THE AGENCY ALSO SEEKS TO PROVIDE SYSTEMS THAT SUPPORT PRIORITY PROCESSES TO ENABLE STREAMLINED SERVICES.

11.3 EVALUATE INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE TO ENSURE ACCOUNTABILITY.

EFFECTIVE MANAGEMENT DEMANDS THAT THERE IS ACCOUNTABILITY AT BOTH THE ORGANIZATIONAL AND INDIVIDUAL LEVELS. ACCOUNTABILITY IS OF PARTICULAR IMPORTANCE TO THE CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE EFFORT IN ORDER TO ENSURE THAT THE MATRIX ORGANIZATION OF CIOs WORKS TOGETHER TO ACHIEVE RESULTS.

THE DIRECTOR'S TRPLT MEETING PROVIDES A FORUM TO BRING TOGETHER ALL ORGANIZATIONAL ELEMENTS RESPONSIBLE FOR ACHIEVING PREPAREDNESS AND RESPONSE. EACH MONTH, THE TRPLT FORUM SERVES AS A STEERING COMMITTEE TO PROVIDE OVERSIGHT OF PROGRAM ACTIVITIES IN ORDER TO PROVIDE FOR ORGANIZATIONAL ACCOUNTABILITY.

WITHIN THE MONTHLY STEERING COMMITTEE, CIO LEADERS ARE INDIVIDUALLY HELD ACCOUNTABLE FOR RESULTS PRODUCED BY THEIR ORGANIZATIONS. IN ADDITION, ACCOUNTABILITY OF THESE PERSONNEL IS REINFORCED BY THE USE OF PERSONAL PERFORMANCE AGREEMENTS. ALL SENIOR EXECUTIVE SERVICE PERSONNEL ARE HELD TO THE HIGHEST PERSONAL PERFORMANCE STANDARDS AND ARE INCENTIVIZED BY LINKS BETWEEN PAY AND PERFORMANCE.

11.4 PROMOTE LEADERSHIP AND MANAGEMENT DEVELOPMENT ACROSS TERRORISM PREPAREDNESS AND RESPONSE PROGRAMS.

ONGOING DEVELOPMENT OF LEADERSHIP AND MANAGEMENT SKILLS IS KEY TO THE CONTINUED SUCCESS OF THE CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE EFFORT. LIKE SCIENTIFIC EXPERTISE, LEADERSHIP AND MANAGEMENT CAPABILITIES ARE INTEGRAL COMPONENTS OF A PREPARED PUBLIC HEALTH SYSTEM.

CDC/ATSDR AND OTPER WORK TO DEVELOP LEADERSHIP AND MANAGEMENT SKILLS WITHIN OUR AGENCY AND ACROSS PUBLIC HEALTH.

KEY ACTIONS

THE FOLLOWING LIST PRESENTS SELECT STRATEGIC ACTIONS REPRESENTATIVE OF ACTIVITIES CDC/ATSDR WILL PERFORM TO SUCCESSFULLY ACCOMPLISH THESE CRITICAL OBJECTIVES.

- **WEEKLY TERRORISM RESPONSE AND PREPAREDNESS LEADERSHIP TEAM MEETING** – TRPLT IS THE DIRECTOR’S WEEKLY FORUM TO ADDRESS TERRORISM PREPAREDNESS AND RESPONSE WITH OTPER AND EACH CIO DIRECTOR. THIS FORUM LEVERAGES SPECIFIC WORKGROUPS COMPRISED OF INTERNAL AND EXTERNAL SUBJECT MATTER EXPERTS TO ADDRESS ISSUES RANGING FROM EDUCATION AND TRAINING TO PARTNERSHIPS AND POLICY DEVELOPMENT. THESE CROSSCUTTING WORKGROUPS UTILIZE EXPERTISE TO PROVIDE TRPLT, AND OTHER SENIOR LEADERSHIP, RECOMMENDATIONS ADDRESSING SCIENCE, POLICY AND PROGRAMS. CDC/ATSDR WILL CONTINUE USING THE WEEKLY TRPLT MEETING AS A FORUM TO DISCUSS AND PLAN THE AGENCY’S TERRORISM PREPAREDNESS AND RESPONSE ACTIVITIES. TRPLT’S RESPONSIBILITIES WILL FOCUS ON INFORMATION SHARING, PRIORITY SETTING AND STRATEGIC DECISION MAKING. THIS MEETING PROVIDES CENTRAL LEADERSHIP AN OPEN FORUM TO DISCUSS SHIFTING PRIORITIES AND CONDUCT COLLABORATIVE DEBATE SUCH THAT DECISIONS ARE TRANSPARENT AND SHARED.
- **PERFORMANCE TRACKING, REPORTING AND EVALUATION** – TO ENSURE CDC/ATSDR GENERATES RESULTS AND MEETS THE NEEDS OF ITS PEOPLE, PROFESSIONAL PEERS AND THE PUBLIC, CDC/ATSDR WILL EMPLOY A COMPREHENSIVE PERFORMANCE MANAGEMENT PROCESS. THIS PROCESS WILL INCLUDE DEFINING SPECIFIC PERFORMANCE MEASURES AND INDICATORS THAT ILLUSTRATE IF AND HOW AN OUTCOME WILL BE ACHIEVED. PROJECT LEADERS ACROSS THE ORGANIZATION WILL COLLECT PERFORMANCE DATA FOR ANALYSIS AND REPORTING TO MONITOR HOW OUR USE OF RESOURCES DIRECTLY IMPACTS OUR STATE OF READINESS. CDC/ATSDR WILL PERSISTENTLY MONITOR PROGRESS TO IMPROVE OPERATIONS AND ENSURE RESOURCES ARE ALIGNED SUCH THAT PRIORITIES ARE MET AND OBJECTIVES ARE ACCOMPLISHED.

- **BUDGET OVERSIGHT AND ACCOUNTABILITY** – CDC/ATSDR WILL PRACTICE A MANAGEMENT MODEL THAT INTEGRATES BUDGET, STRATEGY AND PERFORMANCE (DETAILED IN APPENDIX 2). AS SUCH, CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE LEADERSHIP WILL CONDUCT AN ANNUAL PROCESS THAT EVALUATES ALL CIO PROJECT EXPENDITURES TO BEST ALIGN EACH YEAR’S AVAILABLE FINANCIAL AND HUMAN RESOURCES. THIS PROCESS WILL GUARANTEE THAT ALL CDC/ATSDR PROJECTS ADDRESS ALL STRATEGIC PRIORITIES AND ARE ALLOCATED APPROPRIATE LEVELS OF HUMAN AND FINANCIAL RESOURCES TO SUCCESSFULLY CARRY OUT EACH PROJECT.
- **FLEXIBLE HUMAN RESOURCE UTILIZATION** – CDC/ATSDR WILL PRACTICE A MANAGEMENT MODEL THAT INCORPORATES FLEXIBLE HUMAN RESOURCE DISTRIBUTION AND UTILIZATION. WE RECOGNIZE THAT PRIORITIES CONTINUOUSLY SHIFT AND AS THEY DO, CDC/ATSDR WILL SHIFT SELECT STAFF TO ADDRESS THESE PRIORITIES. FLEXIBLE RESOURCE UTILIZATION ALLOWS CDC/ATSDR TO CONTINUOUSLY ENGAGE ITS PEOPLE SUCH THAT WE OPTIMIZE LIMITED RESOURCES WHILE ALWAYS MEETING THE NEEDS OF PUBLIC HEALTH AND THE AMERICAN PEOPLE.

NEXT STEPS

CDC/ATSDR IS COMMITTED TO TRANSLATING THIS STRATEGIC PLAN INTO ACTION THAT CONTINUALLY PREPARES PUBLIC HEALTH AND PROTECTS PEOPLE HEALTH. THIS DOCUMENT WILL KEEP OUR AGENCY ON COURSE AND GUIDE STRATEGIC DECISION MAKING TO ALWAYS MEET COMMUNITIES’ PUBLIC HEALTH NEEDS. IMPLEMENTATION OF THIS STRATEGIC PLAN IS AN ONGOING PROCESS FOR WHICH CDC/ATSDR HAS IDENTIFIED IMPORTANT STEPS THE AGENCY WILL CARRY OUT TO ENSURE RESOURCES ARE UTILIZED TO BEST ACHIEVE EACH IMPERATIVE’S OBJECTIVES AND OUTCOMES.

THIS PROCESS (DETAILED IN APPENDIX 2, DEVELOPMENT AND USE OF THE PLAN) INTEGRATES BUDGET AND PERFORMANCE PLANNING AND REQUIRES COLLABORATIVE DECISION MAKING BY CDC/ATSDR LEADERSHIP FROM FMO, THE OFFICE OF PROGRAM PLANNING AND EVALUATION, EACH CIO, OTPER AND OD. TOGETHER, CDC/ATSDR WILL USE STRATEGIC PRIORITIES TO IDENTIFY RESOURCES, ALIGN RESOURCES SUCH THAT STRATEGIC IMPERATIVES’ PERFORMANCE OUTCOMES ARE MET AND ANALYZE PERFORMANCE MEASURES TO EVALUATE ACHIEVEMENT OF STRATEGIC PRIORITIES AND INDICATE IF AND HOW STRATEGIC PRIORITIES SHOULD BE RESHAPED.

APPENDICES

APPENDIX 1: EXTERNAL FACTORS

LIKE OTHER AGENCIES AND PROGRAMS, CDC/ATSDR FACES CHALLENGES THAT AFFECT THE ACHIEVEMENT OF STRATEGIC IMPERATIVES FOR OUR TERRORISM PREPAREDNESS AND RESPONSE EFFORT. AS PART OF OUR PLANNING PROCESS, CDC/ATSDR HAS WORKED TO ANTICIPATE THESE CHALLENGES SO THAT WE CAN MITIGATE RISKS AND ACHIEVE SUCCESSFUL RESULTS. HOWEVER, EXTERNAL TO OUR AGENCY AND BEYOND OUR DIRECT CONTROL, THERE ARE A NUMBER OF OTHER CHALLENGES.

CHALLENGES TO THE ACHIEVEMENT OF CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE STRATEGIC IMPERATIVES ARE IDENTIFIED BELOW.

PREPARING FOR THE UNKNOWN AND DEFINING READINESS

THE MOST SIGNIFICANT CHALLENGE THE TERRORISM PREPAREDNESS AND RESPONSE PROGRAM FACES IS PLANNING TO RESPOND TO THE UNKNOWN. NO ONE CAN PREDICT THE MAGNITUDE OF THE NEXT TERRORIST ATTACK, WHEN AND WHERE IT WILL HAPPEN, OR WHAT AGENTS MIGHT BE USED. THE VARIABLES FOR WHICH CDC/ATSDR AND EMERGENCY RESPONDERS ACROSS THE NATION MUST PREPARE IS LIMITLESS. TO ADDRESS THIS CHALLENGE, CDC/ATSDR IS WORKING ACROSS PUBLIC HEALTH TO DEVELOP COMPREHENSIVE PLANS FOR ALL TYPES OF HAZARDS.

BALANCING TERRORISM WITH OTHER PUBLIC HEALTH PRIORITIES

TERRORISM PREPAREDNESS AND RESPONSE EFFORTS HAVE NECESSITATED AN UNPRECEDENTED DEDICATION OF RESOURCES (FINANCIAL, HUMAN, EQUIPMENT, TIME). THE DEDICATION OF THESE RESOURCES IS SORELY NEEDED TO ADDRESS BOTH THE POTENTIAL THREAT AND TREMENDOUS IMPACT THAT A TERRORIST EVENT MIGHT HAVE UPON THE NATION'S PUBLIC HEALTH. AT THE SAME TIME, CDC/ATSDR MUST MAINTAIN FOCUS UPON THE DAILY PUBLIC HEALTH PROBLEMS THAT AFFECT MILLIONS OF AMERICANS SUCH AS OBESITY, HEART DISEASE AND ASTHMA. OUR AGENCY IS DEDICATED TO ADDRESSING THESE CHALLENGES IN PUBLIC HEALTH AND WILL WORK WITH LEADERS IN CONGRESS AND THE ADMINISTRATION TO ENSURE THAT PUBLIC HEALTH PRIORITIES BEYOND TERRORISM PREPAREDNESS AND RESPONSE CONTINUE TO BE FUNDED AND DEMONSTRATE AN IMPACT IN THE HEALTH OF AMERICA.

STATE AND LOCAL PREPAREDNESS

OUR AGENCY'S STATE AND LOCAL PUBLIC HEALTH AGENCIES REPRESENT THE FRONT LINES OF PREPAREDNESS AND RESPONSE ACROSS THE COUNTRY. SINCE 1998, CDC/ATSDR HAS PROVIDED FUNDS TO THESE AGENCIES FOR TERRORISM PREPAREDNESS AND RESPONSE THROUGH A COOPERATIVE AGREEMENT PROGRAM. AS WITH OTHER GRANT PROGRAMS, THE STATE AND LOCAL EFFORT PRESENTS SEVERAL CHALLENGES TO BOTH CDC/ATSDR AND THE GRANTEEES. SPECIFIC CHALLENGES INCLUDE THE ABILITY OF STATE AND LOCAL JURISDICTIONS TO SPEND FUNDS PROVIDED, AS WELL AS THE DEVELOPMENT AND USE OF TIMELY INFORMATION FROM EACH GRANTEE.

STATE AND LOCAL ABILITY TO SPEND FUNDS IS ALWAYS SUBJECT TO THE BUDGETING REGULATIONS OF THAT PARTICULAR JURISDICTION. IN SOME STATES, SUCH AS KANSAS, THE STATE LEGISLATURE MUST CONVENE AND VOTE UPON HOW GRANT MONEY WILL BE SPENT, EVEN AFTER FUNDS HAVE BEEN APPROVED BY THE FEDERAL GOVERNMENT. SUCH REGULATIONS CREATE DELAYS IN GRANTEE ABILITY TO EXPEND FUNDS. LACKING THE ABILITY TO SPEND GRANT MONIES, STATE AND LOCAL HEALTH DEPARTMENTS ARE UNABLE TO DEVELOP AND EXECUTE PLANS, PURCHASE EQUIPMENT AND HIRE STAFF NEEDED FOR TERRORISM PREPAREDNESS AND RESPONSE. CDC/ATSDR'S STATE AND LOCAL COOPERATIVE AGREEMENT PROGRAM HAS INCREASED ITS STAFF AND ITS DIRECT INTERACTION WITH JURISDICTIONS TO FACILITATE THEIR EFFORTS. IN ADDITION, THE AGENCY FUNDED DEVELOPMENT OF THE MODEL PUBLIC HEALTH LAW TO SERVE AS A GUIDE FOR STATES TO EXAMINE HOW THEIR REGULATIONS SUPPORT TERRORISM PREPAREDNESS AND RESPONSE. THE AGENCY ANTICIPATES AN ONGOING NEED TO WORK WITH STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS TO ADDRESS SIMILAR CHALLENGES IN THE FUTURE.

AS STATED ABOVE, CDC/ATSDR ALSO FACES THE CHALLENGE OF DEVELOPING AND USING TIMELY INFORMATION REGARDING TERRORISM PREPAREDNESS AND RESPONSE FROM GRANTEEES. CDC/ATSDR IS LIMITED IN HOW FREQUENTLY WE CAN REQUIRE PERFORMANCE REPORTING FROM GRANTEEES. THIS LIMITS THE AVAILABILITY AND TIMELINESS OF THE INFORMATION THAT THE AGENCY MAINTAINS ABOUT EACH GRANTEE AND THE PROGRAM AS A WHOLE. BY LACKING THIS INFORMATION, IT IS DIFFICULT FOR THE AGENCY TO IDENTIFY CHALLENGES THAT FACE THE GRANTEEES AND TO RESHAPE GUIDANCE TO IMPROVE THEIR EFFORTS. TO ADDRESS THESE CHALLENGES, THE STATE AND LOCAL COOPERATIVE AGREEMENT PROGRAM HAS INCREASED THE NUMBER OF TECHNICAL PROJECT OFFICERS TO WORK WITH GRANTEEES, AS WELL AS SITE VISITS TO STATES TO GATHER INFORMATION AND PROVIDE SUPPORT.

ROLE AS DEFINED BY EXTERNAL STAKEHOLDERS

THIS STRATEGIC PLAN FOCUSES UPON HOW CDC/ATSDR WILL LEVERAGE OUR CORE COMPETENCIES IN NEW WAYS TO PREPARE FOR AND RESPOND TO ACTS OF TERRORISM. WHILE THESE CORE COMPETENCIES REMAIN LARGELY CONSISTENT WITH OUR TRADITIONAL PUBLIC HEALTH ROLE, THEY RESPOND TO AN EVOLVING INTEREST IN PUBLIC HEALTH FROM A NATIONAL SECURITY PERSPECTIVE. AS PART OF NATIONAL SECURITY, THE CDC/ATSDR PUBLIC HEALTH ROLE IS ONLY ONE COMPONENT OF TERRORISM PREPAREDNESS AND RESPONSE. OUR AGENCY ANTICIPATES CONTINUING CHALLENGES TO CLEARLY DEFINE THE EVOLVING ROLE OF FEDERAL AGENCIES. IN ADDITION, WE EXPECT TO FACE CHALLENGES OF NEEDING TO COORDINATE WITH THE VAST ARRAY OF PARTNERS WHO MAY RESPOND TO ANY PUBLIC HEALTH EMERGENCY. OUR AGENCY PLANS TO CONTINUE EFFORTS TO COORDINATE WITH OTHER FEDERAL AGENCIES THROUGH DHHS AND TO STRATEGICALLY EXAMINE NON-FEDERAL PARTNERSHIPS TO DEFINE AND PRACTICE THE ROLES OF ALL TO COORDINATE RESPONSE TO TERRORIST THREATS.

APPENDIX 2: DEVELOPMENT AND USE OF THE STRATEGIC PLAN

CDC/ATSDR INITIATED DEVELOPMENT OF OUR TERRORISM PREPAREDNESS AND RESPONSE STRATEGIC PLAN IN LATE 2002. OUR APPROACH TO DEVELOP THIS STRATEGY WAS DESIGNED TO ADDRESS SEVERAL CRUCIAL NEEDS:

AN ACCELERATED PLANNING TIMELINE – THE URGENT NEED TO DEVELOP A STRATEGY TO ALIGN THE AGENCY’S EFFORTS TO MINIMIZE THE RISK AND IMPACT OF TERRORIST EVENTS UPON PUBLIC HEALTH NECESSITATED AN ACCELERATED PLANNING TIMELINE. OUR APPROACH COMBINED BOTH INDIVIDUAL AND GROUP PLANNING SESSIONS, AS WELL AS A SERIES OF SURVEYS AND OTHER TOOLS TO CAPTURE STRATEGIC THOUGHT WITHIN OUR AGENCY AND AT DHHS. IN ORDER TO ACCOMMODATE THE URGENT NEED FOR THIS DIRECTION, THE AGENCY FOCUSED PRIMARILY UPON INTERNAL STAKEHOLDER INPUT.

THE NEED TO ADDRESS EVOLVING PRIORITIES – PLANNING FOR THE UNKNOWN RISK OF TERRORIST EVENTS, AS WELL AS THE CHANGING THREATS NECESSITATED A STRATEGY FRAMEWORK THAT WAS STRONG ENOUGH TO PROVIDE CLEAR DIRECTION, BUT FLEXIBLE ENOUGH TO ACCOMMODATE EVOLVING PRIORITIES. IN OUR EFFORT TO DEVELOP A FLEXIBLE PLAN, WE HAVE IDENTIFIED BROAD STRATEGIC IMPERATIVES AND CRITICAL OBJECTIVES. THE BREADTH OF THESE ELEMENTS ALLOWS THE AGENCY TO TARGET VERY SPECIFIC ACTIONS THAT EVOLVE OVER TIME TO ADDRESS THE CHANGING THREATS OF TERRORISM UPON PUBLIC HEALTH.

LEVERAGE AGENCY CORE COMPETENCIES AND ELIMINATE WEAKNESSES – OUR STRATEGY RELIES UPON OUR AGENCY’S CORE PUBLIC HEALTH COMPETENCIES TO PROVIDE TERRORISM PREPAREDNESS AND RESPONSE. CDC/ATSDR CORE COMPETENCIES SUCH AS EPIDEMIOLOGIC AND LABORATORY EXPERTISE WILL BE LEVERAGED TO PREPARE FOR AND RESPOND TO TERRORIST EVENTS, BUT IN NEW, INNOVATIVE WAYS. WHILE OUR APPROACH SEEKS TO LEVERAGE THE STRENGTH OF OUR CORE COMPETENCIES, WE HAVE ALSO WORKED TO IDENTIFY AND ADDRESS WEAKNESSES BASED UPON LESSONS LEARNED FROM PAST EXPERIENCE, INCLUDING THE SEPTEMBER 11 AND ANTHRAX ATTACKS.

PROVIDE A FOUNDATION FOR ALL OF PUBLIC HEALTH – OUR AGENCY PLAYS A CRITICAL ROLE IN DEVELOPING THE CAPACITY OF PUBLIC HEALTH TO PREPARE FOR AND RESPOND TO TERRORIST EVENTS. BY PROVIDING GUIDANCE, TECHNICAL ASSISTANCE AND BY FORMING PARTNERSHIPS, OUR AGENCY IS ABLE TO TRANSFER BOTH SKILLS AND KNOWLEDGE TO A WIDER AUDIENCE OF PUBLIC HEALTH PROFESSIONALS WHO ARE ABLE TO SERVE A MUCH GREATER CONSTITUENCY. WE RECOGNIZE THAT THE PUBLIC HEALTH COMMUNITY IS BROAD REACHING AND RELIES NOT ONLY UPON THE SERVICES OF PUBLIC HEALTH AGENCIES, BUT THE EXPERTISE OF OTHERS WHO MAY IDENTIFY TERRORIST THREATS AND DIAGNOSE AND TREAT THEIR OUTCOMES. OUR STRATEGY HAS BEEN DEVELOPED RECOGNIZING THAT OUR IMPERATIVES AND OBJECTIVES RELATE NOT ONLY TO OUR PERSONNEL, BUT APPLY TO THE GREATER PUBLIC HEALTH COMMUNITY.

WITH THE ABOVE CRUCIAL NEEDS IN MIND, OUR AGENCY INITIATED A PLANNING PROCESS WITH APPROXIMATELY 80 INTERVIEWS WITH LEADERSHIP ACROSS CDC/ATSDR AND AT DHHS. INTERVIEW RESULTS COLLECTIVELY YIELDED OUR ORGANIZATIONAL ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES (SWOC). THE IDENTIFICATION OF SWOC ELEMENTS HELPED TARGET OUR PLANNING TO LEVERAGE INTERNAL STRENGTHS AND EXTERNAL OPPORTUNITIES AND, LIKEWISE, TO ADDRESS WEAKNESSES

FROM WITHIN THE AGENCY WHILE IDENTIFYING CHALLENGES THAT MAY BE BEYOND THE AGENCY’S SPAN OF CONTROL.

BASED UPON THE OUTCOMES OF THE INTERVIEWS AND SWOC ANALYSIS, CDC/ATSDR CONDUCTED AN INTENSIVE PLANNING SESSION WITH AGENCY LEADERS. LEADERS INCLUDED THE AGENCY DIRECTOR, ALL CIO DIRECTORS, AS WELL AS KEY LEADERS FROM THE OD. OUTCOMES FROM THIS SESSION INCLUDED DEVELOPMENT OF THE EFFORT’S VISION, MISSION AND STRATEGIC IMPERATIVES.

IN ORDER TO DEVELOP THE NEXT LEVEL OF THE STRATEGY FRAMEWORK, CDC/ATSDR BROUGHT TOGETHER SMALLER GROUPS OF SUBJECT MATTER EXPERTS FROM WITHIN THE AGENCY TO PLAN CRITICAL OBJECTIVES FOR EACH IMPERATIVE. THESE PLANNING SESSIONS ADDED THE PARTICIPATION OF APPROXIMATELY 40 EXPERTS.

TO COMPLETE THE STRATEGY FRAMEWORK, THESE SAME EXPERTS IDENTIFIED THE ACTIONS THAT THE AGENCY PLANS TO TAKE IN ORDER TO ACHIEVE EACH OBJECTIVE. THIS DOCUMENT CONTAINS A REPRESENTATIVE LISTING, HOWEVER, THE AGENCY MAINTAINS A MUCH LARGER LISTING WITH WHICH WE MANAGE THE ACHIEVEMENT OF EACH IMPERATIVE.

WITH EACH LAYER OF THE STRATEGY FRAMEWORK COMPLETE, THE AGENCY CONDUCTED A REVIEW OF THE STRATEGY WITH AGENCY LEADERS. THIS REVIEW HAS GENERATED VISIBILITY AND OWNERSHIP OF THE STRATEGY TO FACILITATE ITS IMPLEMENTATION AND EXECUTION ACROSS OUR ORGANIZATION.

WHILE RESPONSIBILITY FOR THE EXECUTION OF THE ACTIONS ASSOCIATED WITH THE STRATEGY LIES WITHIN CDC/ATSDR CIOs, THE PRIMARY RESPONSIBILITY FOR MANAGING THE IMPLEMENTATION LIES WITHIN THE OFFICE OF TERRORISM PREPAREDNESS AND EMERGENCY RESPONSE. OTPER WORKS WITH THE CIOs TO IDENTIFY THE PRIMARY “OWNERS” OF EACH ELEMENT OF THE STRATEGY. OWNERS INCLUDE NOT ONLY ORGANIZATION ELEMENTS SUCH AS CIOs AND THEIR OFFICE, BUT THE IDENTIFICATION OF MANAGERS WHO ARE HELD ACCOUNTABLE FOR RESULTS. THESE MANAGERS ESTABLISH PLANS TO ACHIEVE EACH ELEMENT OF THE STRATEGY. KEY ELEMENTS OF THESE PLANS ARE REPRESENTED IN THE AGENCY’S ANNUAL PERFORMANCE PLAN FOR THE TERRORISM PREPAREDNESS AND RESPONSE EFFORT.

OTPER ALSO FACILITATES THE ONGOING EVALUATION OF PERFORMANCE ACROSS THE AGENCY. ON A MONTHLY BASIS, THE OFFICE COLLECTS AND ANALYZES INFORMATION ABOUT ALL TERRORISM PROJECTS. RESULTS ARE REVIEWED AND DECISIONS ARE MADE THROUGH A TWO-TIERED PROCESS THAT INVOLVES BOTH THE DAILY MANAGEMENT OF PROGRAMS AND THE HIGHEST LEVELS OF AGENCY LEADERSHIP. THE TWO TIERS ARE REPRESENTED BY AN OPERATIONAL COMMITTEE AND TRPLT, CHAIRED BY THE DIRECTOR AND COMPRISED OF LEADERS FROM EACH CIO.

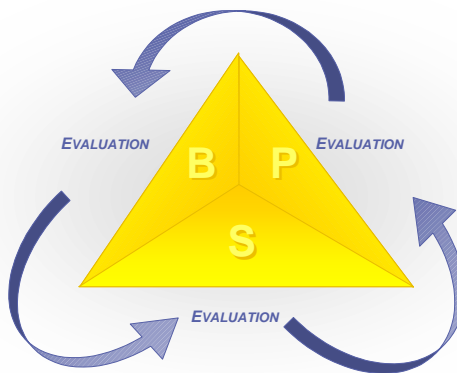
DECISIONS MADE WITHIN THE MONTHLY OVERSIGHT MEETINGS DRIVE THE USE OF RESOURCES TO EXECUTE PROJECTS. CONTINUOUS OVERSIGHT ALLOWS MANAGERS AND LEADERSHIP TO EVALUATE HOW RESOURCES – HUMAN, FINANCIAL AND OTHER – CONTRIBUTE TO ACHIEVEMENT OF SPECIFIC OUTCOMES AND OUTPUTS. DECISIONS MAY BE MADE TO REALIGN RESOURCES TO ACHIEVE DESIRED OUTCOMES.

INTEGRATION OF BUDGET AND PERFORMANCE ENSURES EXECUTION OF THE TERRORISM PREPAREDNESS AND RESPONSE STRATEGY. IN ORDER TO IDENTIFY AND FUND THOSE PROJECTS WHICH WILL BEST SUPPORT THE STRATEGY, CDC/ATSDR CONDUCTS A RIGOROUS PLANNING PROCESS FOR BOTH BUDGET FORMULATION AND EXECUTION. OUR INTEGRATION PROCESS REQUIRES THAT PROJECT FUNDING REQUESTS IDENTIFY SUPPORT FOR IMPERATIVES AND OBJECTIVES IN TERMS OF OUTPUTS AND OUTCOMES AND ASSOCIATE HUMAN RESOURCE NEEDS FOR EACH PROJECT.

OTPER AND THE AGENCY'S FMO WORK TOGETHER TO EVALUATE PROJECT FUNDING REQUESTS USING STANDARDIZED CRITERIA. CRITERIA INCLUDE HOW INDIVIDUAL MANAGERS AND CIOs HAVE MANAGED PREVIOUS EFFORTS. THROUGH THIS EVALUATION PROCESS, OTPER AND FMO ARE ABLE TO SCORE THE MERIT OF

PROJECTS BASED UPON HOW THEY CONTRIBUTE TO THE ACHIEVEMENT OF THE TERRORISM PREPAREDNESS AND RESPONSE MISSION. THOSE PROJECTS WHICH DEMONSTRATE THE BEST VALUE IN TERMS OF PROGRAMMATIC OUTCOME AND COST ARE SELECTED FOR EXECUTION.

CDC/ATSDR FINDS INCREDIBLE VALUE IN THIS PLANNING AND EVALUATION PROCESS. AS WE WORK TO IMPLEMENT THIS STRATEGY IN THE LONG TERM, RESULTS FROM THESE EFFORTS WILL BE USED TO SHAPE OUR EFFORTS AND ENHANCE OUR DIRECTION.



COMBINING PROGRAM EXECUTION BY CIOs WITH MANAGEMENT ACTIVITIES BY OTPER THE AGENCY'S TERRORISM PREPAREDNESS AND RESPONSE EFFORT WILL ACHIEVE A MODEL THAT INTEGRATES STRATEGY, BUDGET AND PERFORMANCE.

APPENDIX 3: STRATEGIC PLANNING PARTICIPATION

THE FOLLOWING INDIVIDUALS WITHIN CDC/ATSDR CONTRIBUTED TO THE DEVELOPMENT OF THIS STRATEGIC PLAN.

OFFICE OF THE DIRECTOR

KATHY CAHILL
DAVID W. FLEMING
JULIE L. GERBERDING
WILLIAM H. GIMSON
MARTHA KATZ
DONALD E. SHRIBER
F. E. THOMPSON

OFFICE OF COMMUNICATIONS

ERIN BURNS
VICKI S. FREIMUTH
TED MEINHARDT
CLAUDIA PARVANTA
VON ROEBUCK

FINANCIAL MANAGEMENT OFFICE

DAVID BADEN
LISA DAILY
DAWN GNESDA
BARBARA W. HARRIS
KIM JENNINGS
KENNETH ROSE
JOHN TIBBS

OFFICE OF GENERAL COUNSEL

GENE W. MATTHEWS

OFFICE OF GLOBAL HEALTH

STEVEN BLOUNT

OFFICE OF HEALTH AND SAFETY

ROBERT HILL

OFFICE OF MANAGEMENT AND OPERATIONS

SYLVIA BELL
JOSEPH R. CARTER
MARTIN LANDRY
JOHN LOONSK
JAMES MCELROY
MICHAEL PARVIN
BILL PORTER
JAMES D. SELIGMAN
JOHN STEVENS

OFFICE OF PROGRAM PLANNING AND EVALUATION

NANCY CHEAL
CAMILLE HARDEN

OFFICE OF SCIENCE POLICY AND TECHNOLOGY TRANSFER

JOHN LIVENGOOD
DIXIE E. SNIDER

OFFICE OF TERRORISM PREPAREDNESS AND EMERGENCY RESPONSE

STEVE ADAMS
LARRY ANDERSON
STEVE BICE
JOE DAVIS
GARY HOGELIN
JOSEPH M. HENDERSON

DONNA KNUTSON
GLEN KOOPS
AMY LOY
HARALD PIETZ
LYNN STEELE
MICHAEL SAGE
ANDREA WOODDALL
KEM WILLIAMS

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

CAROL ALOISIO
HENRY FALK
GEORGI JONES
ED KILBOURNE
PETER MCCUMISKEY
STEPHANIE OSTROWSKI

EPIDEMIOLOGY PROGRAM OFFICE

SAM GROSECLOSE
VALERIE KOKOR
CAROL PERTOWSKI
DAN SOSIN
STEVEN THACKER
JOHN WARD
KAREN WHITE

NATIONAL CENTER FOR BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

JOSE CORDERO
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PAT MEEHAN
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JIM RABB
ERIC SAMPSON
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APPENDIX 4: LINKAGES TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) AND DEPARTMENT OF HOMELAND SECURITY (DHS)

THIS SECTION INCLUDES TWO MATRICES MATCHING THE DHHS AND THE DHS GOALS TO THE IMPERATIVES SET FORTH IN THIS STRATEGY.

THESE MATRICES DEMONSTRATE HOW THE CDC/ATSDR AND ITS TERRORISM PREPAREDNESS AND RESPONSE ACTIVITIES WORK TO SUPPORT THE GOALS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

<i>CDC/ATSDR's TERRORISM PREPAREDNESS AND RESPONSE IMPERATIVES SUPPORT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES</i>								
<i>DHHS PUBLIC HEALTH EMERGENCY PREPAREDNESS OBJECTIVES</i>	<i>CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE PROGRAMMATIC IMPERATIVES</i>							
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
REGULATE SELECT AGENTS: POSSESSION, USE AND TRANSFER.		✓						
PROMOTE LABORATORY SECURITY AND SAFETY.				✓				
SPONSOR COOPERATIVE AGREEMENTS WITH STATE AND LOCAL HEALTH AGENCIES TO IMPROVE PUBLIC HEALTH READINESS.	✓	✓	✓	✓	✓	✓	✓	✓
SPONSOR CURRICULUM DEVELOPMENT AND OTHER EDUCATIONAL ACTIVITIES RELATED TO PUBLIC HEALTH EMERGENCY PREPAREDNESS.			✓		✓			
IMPROVE DHHS CAPABILITIES FOR INFECTIOUS DISEASE SURVEILLANCE AND RESPONSE.	✓		✓	✓				
IMPROVE OTHER DHHS RESPONSE CAPABILITIES FOR PUBLIC HEALTH EMERGENCIES.	✓	✓	✓	✓	✓	✓	✓	✓
COLLABORATE WITH OTHER NATIONS IN INFECTIOUS DISEASE SURVEILLANCE AND RESPONSE.	✓		✓					
ENLARGE KNOWLEDGE BASE ABOUT POTENTIAL TERRORISM AGENTS.		✓		✓	✓		✓	
MODEL AND ANALYZE ALTERNATIVE RESPONSE MODALITIES TO PUBLIC HEALTH EMERGENCIES.		✓	✓					
DEVELOP NEW OR IMPROVED METHODS TO HELP ENSURE THE SAFETY OF FOOD.	✓			✓			✓	
FACILITATE THE DEVELOPMENT, AVAILABILITY AND EFFECTIVE USE OF NEW OR IMPROVED MEDICAL COUNTERMEASURES, INCLUDING BIODEFENSE COUNTERMEASURES.	✓	✓	✓	✓			✓	
COLLABORATE WITH INDUSTRY TO ACHIEVE LICENSING AND MASS PRODUCTION OF BIODEFENSE COUNTERMEASURES.		✓	✓	✓			✓	

<i>CDC/ATSDR's TERRORISM PREPAREDNESS AND RESPONSE IMPERATIVES SUPPORT THE DEPARTMENT OF HOMELAND SECURITY</i>								
<i>DHS CRITICAL MISSION AREAS AND MAJOR INITIATIVES</i>	<i>CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE PROGRAMMATIC IMPERATIVES</i>							
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
<i>INTELLIGENCE AND WARNING</i>								
ENHANCE THE ANALYTIC CAPABILITIES OF THE FBI.	✓				✓			
BUILD NEW CAPABILITIES THROUGH THE INFORMATION ANALYSIS AND INFRASTRUCTURE PROTECTION DIVISION OF THE PROPOSED DEPARTMENT OF HOMELAND SECURITY.								
IMPLEMENT THE HOMELAND SECURITY ADVISORY SYSTEM.								
UTILIZE DUAL-USE ANALYSIS TO PREVENT ATTACKS.								
EMPLOY "RED TEAM" TECHNIQUES.								
<i>BORDER AND TRANSPORTATION SECURITY</i>								
ENSURE ACCOUNTABILITY IN BORDER AND TRANSPORTATION SECURITY.								
CREATE "SMART BORDERS".								
INCREASE THE SECURITY OF INTERNATIONAL SHIPPING CONTAINERS.								
IMPLEMENT THE AVIATION AND TRANSPORTATION SECURITY ACT OF 2001.				✓				
RECAPITALIZE THE U.S. COAST GUARD.								
REFORM IMMIGRATION SERVICES.								
<i>DOMESTIC COUNTERTERRORISM</i>								
IMPROVE INTERGOVERNMENTAL LAW ENFORCEMENT COORDINATION.								
FACILITATE APPREHENSION OF POTENTIAL TERRORISTS.								
CONTINUE ONGOING INVESTIGATIONS AND PROSECUTIONS.								
COMPLETE FBI RESTRUCTURING TO EMPHASIZE PREVENTION OF TERRORISTS ATTACKS.								
TARGET AND ATTACK TERRORIST FINANCING.								
TRACK FOREIGN TERRORISTS AND BRING THEM TO JUSTICE.								
<i>PROTECTING CRITICAL INFRASTRUCTURE AND KEY ASSETS</i>								
UNIFY AMERICA'S INFRASTRUCTURE PROTECTION EFFORT IN THE DEPARTMENT OF HOMELAND SECURITY.								
BUILD AND MAINTAIN A COMPLETE AND ACCURATE ASSESSMENT OF AMERICA'S CRITICAL INFRASTRUCTURE AND KEY ASSETS.								
ENABLE EFFECTIVE PARTNERSHIPS WITH STATE AND LOCAL GOVERNMENTS AND THE PRIVATE SECTOR.						✓		
DEVELOP A NATIONAL INFRASTRUCTURE PROTECTION PLAN.								
SECURE CYBERSPACE.								
HARNESS THE BEST ANALYTIC AND MODELING TOOLS TO DEVELOP EFFECTIVE PROTECTIVE SOLUTIONS.	✓	✓		✓		✓	✓	
GUARD AMERICA'S CRITICAL INFRASTRUCTURE AND KEY ASSETS AGAINST "INSIDE" THREATS.								
PARTNER WITH THE INTERNATIONAL COMMUNITY TO PROTECT OUR TRANSNATIONAL INFRASTRUCTURE.								

<i>CDC/ATSDR's TERRORISM PREPAREDNESS AND RESPONSE IMPERATIVES SUPPORT THE DEPARTMENT OF HOMELAND SECURITY</i>								
<i>DHS CRITICAL MISSION AREAS AND MAJOR INITIATIVES (CONT.)</i>	<i>CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE PROGRAMMATIC IMPERATIVES</i>							
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
<i>DEFENDING AGAINST CATASTROPHIC THREATS</i>								
PREVENT TERRORIST USE OF NUCLEAR WEAPONS THROUGH BETTER SENSORS AND PROCEDURES.	✓						✓	
DETECT CHEMICAL AND BIOLOGICAL MATERIALS AND ATTACKS.	✓		✓	✓	✓	✓		
IMPROVE CHEMICAL SENSORS AND DECONTAMINATION TECHNIQUES.	✓	✓		✓		✓	✓	
DEVELOP BROAD SPECTRUM VACCINES, ANTIMICROBIALS AND ANTIDOTES.		✓					✓	
HARNESS THE SCIENTIFIC KNOWLEDGE AND TOOLS TO COUNTER TERRORISM.	✓	✓		✓		✓	✓	
IMPLEMENT THE DIVISION OF SELECT AGENTS.		✓						
<i>EMERGENCY PREPAREDNESS AND RESPONSE</i>								
INTEGRATE SEPARATE FEDERAL RESPONSE PLANS INTO A SINGLE ALL-DISCIPLINE INCIDENT MANAGEMENT PLAN.			✓					
CREATE A NATIONAL INCIDENT MANAGEMENT SYSTEM.			✓					
IMPROVE TACTICAL COUNTERTERRORIST CAPABILITIES.								
ENABLE SEAMLESS COMMUNICATION AMONG ALL RESPONDERS.			✓					✓
PREPARE HEALTH CARE PROVIDERS FOR CATASTROPHIC TERRORISM.					✓	✓		
AUGMENT AMERICA'S PHARMACEUTICAL AND VACCINE STOCKPILES.		✓	✓				✓	
PREPARE FOR CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR DECONTAMINATION.		✓						
PLAN FOR MILITARY SUPPORT TO CIVIL AUTHORITIES.								
BUILD THE CITIZEN CORPS.								
IMPLEMENT THE FIRST RESPONDER INITIATIVE OF THE FISCAL YEAR 2003 BUDGET.					✓			
BUILD A NATIONAL TRAINING AND EVALUATION SYSTEM.					✓			
ENHANCE THE VICTIM SUPPORT SYSTEM.		✓						

<i>CDC/ATSDR's TERRORISM PREPAREDNESS AND RESPONSE IMPERATIVES SUPPORT THE DEPARTMENT OF HOMELAND SECURITY</i>								
<i>DHS FOUNDATIONS AND MAJOR INITIATIVES</i>	<i>CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE PROGRAMMATIC IMPERATIVES</i>							
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
<i>LAW</i>								
FEDERAL LEVEL: ENABLE CRITICAL INFRASTRUCTURE INFORMATION SHARING.			✓			✓		
FEDERAL LEVEL: STREAMLINE INFORMATION SHARING AMONG INTELLIGENCE AND LAW ENFORCEMENT AGENCIES.								
FEDERAL LEVEL: EXPAND EXISTING EXTRADITION AUTHORITIES.								
FEDERAL LEVEL: REVIEW AUTHORITY FOR MILITARY ASSISTANCE IN DOMESTIC SECURITY.								
FEDERAL LEVEL: REVIVE THE PRESIDENT'S REORGANIZATION AUTHORITY.								
FEDERAL LEVEL: PROVIDE SUBSTANTIAL MANAGEMENT FLEXIBILITY FOR THE DEPARTMENT OF HOMELAND SECURITY.								
STATE LEVEL: COORDINATE SUGGESTED MINIMUM STANDARDS FOR STATE DRIVER'S LICENSES.								
STATE LEVEL: ENHANCE MARKET CAPACITY FOR TERRORISM INSURANCE.								
STATE LEVEL: TRAIN FOR PREVENTION OF CYBER ATTACKS.								
STATE LEVEL: SUPPRESS MONEY LAUNDERING.								
STATE LEVEL: ENSURE CONTINUITY OF THE JUDICIARY.								
STATE LEVEL: REVIEW QUARANTINE AUTHORITIES.			✓					
<i>SCIENCE AND TECHNOLOGY</i>								
DEVELOP CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR COUNTERMEASURES.			✓				✓	
DEVELOP SYSTEMS FOR DETECTING HOSTILE INTENT.								
APPLY BIOMETRIC TECHNOLOGY TO IDENTIFICATION DEVICES.						✓	✓	
IMPROVE THE TECHNICAL CAPABILITIES OF FIRST RESPONDERS.					✓	✓	✓	
COORDINATE RESEARCH AND DEVELOPMENT OF THE HOMELAND SECURITY APPARATUS.								
ESTABLISH A NATIONAL LABORATORY FOR HOMELAND SECURITY.								
SOLICIT INDEPENDENT AND PRIVATE ANALYSIS FOR SCIENCE AND TECHNOLOGY RESEARCH.							✓	
ESTABLISH A MECHANISM FOR RAPIDLY PRODUCING PROTOTYPES.							✓	
CONDUCT DEMONSTRATIONS AND PILOT DEPLOYMENTS.							✓	
SET STANDARDS FOR HOMELAND SECURITY TECHNOLOGY.								
ESTABLISH A SYSTEM FOR HIGH-RISK, HIGH-PAYOFF HOMELAND SECURITY RESEARCH.								

<i>CDC/ATSDR's TERRORISM PREPAREDNESS AND RESPONSE IMPERATIVES SUPPORT THE DEPARTMENT OF HOMELAND SECURITY</i>								
<i>DHS FOUNDATIONS AND MAJOR INITIATIVES (CONT.)</i>	<i>CDC/ATSDR TERRORISM PREPAREDNESS AND RESPONSE PROGRAMMATIC IMPERATIVES</i>							
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>
<i>INFORMATION SHARING AND SYSTEMS</i>								
INTEGRATE INFORMATION SHARING ACROSS THE FEDERAL GOVERNMENT.			✓					✓
INTEGRATE INFORMATION SHARING ACROSS STATE AND LOCAL GOVERNMENTS, PRIVATE INDUSTRY AND CITIZENS.	✓		✓			✓		✓
ADOPT COMMON "META-DATA" STANDARDS FOR ELECTRONIC INFORMATION RELEVANT TO HOMELAND SECURITY.								
IMPROVE PUBLIC SAFETY EMERGENCY COMMUNICATIONS.			✓					✓
ENSURE RELIABLE PUBLIC HEALTH INFORMATION.	✓	✓	✓	✓	✓	✓	✓	✓
<i>INTERNATIONAL COOPERATION</i>								
CREATE "SMART BORDERS".								
COMBAT FRAUDULENT TRAVEL DOCUMENTS.								
INCREASE THE SECURITY OF INTERNATIONAL SHIPPING CONTAINERS.								
INTENSIFY INTERNATIONAL LAW ENFORCEMENT COOPERATION.								
HELP FOREIGN NATIONS FIGHT TERRORISM.								
EXPAND PROTECTION OF TRANSNATIONAL CRITICAL INFRASTRUCTURE.								
AMPLIFY INTERNATIONAL COOPERATION ON HOMELAND SECURITY SCIENCE AND TECHNOLOGY.								
IMPROVE COOPERATION IN RESPONSE TO ATTACKS.		✓	✓					
REVIEW OBLIGATIONS TO INTERNATIONAL TREATIES AND LAW.								

APPENDIX 5: STATE AND LOCAL PREPAREDNESS COOPERATIVE AGREEMENT PROGRAM CAPACITIES AND GRANTEEES

THE TABLES PRESENTED IN THIS SECTION DEFINE THE COOPERATIVE AGREEMENT PROGRAM’S FOCUS AREAS AND RESPECTIVE CRITICAL AND ENHANCED CAPACITIES. THESE CAPACITIES DESCRIBE SPECIFICALLY WHAT EACH GRANTEE MUST DEMONSTRATE BY INVESTING ITS FUNDS.

FOCUS AREA	CRITICAL AND ENHANCED CAPACITIES
<p>A – PREPAREDNESS PLANNING AND READINESS ASSESSMENT: ESTABLISH STRATEGIC LEADERSHIP, DIRECTION, ASSESSMENT, AND COORDINATION OF ACTIVITIES (INCLUDING STRATEGIC NATIONAL STOCKPILE RESPONSE) TO ENSURE STATEWIDE READINESS, INTERAGENCY COLLABORATION, LOCAL AND REGIONAL PREPAREDNESS (BOTH INTRASTATE AND INTERSTATE) FOR BIOTERRORISM, OTHER OUTBREAKS OF INFECTIOUS DISEASE, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES</p>	<p><i>CRITICAL:</i> TO ESTABLISH A PROCESS FOR STRATEGIC LEADERSHIP, DIRECTION, COORDINATION, AND ASSESSMENT OF ACTIVITIES TO ENSURE STATE AND LOCAL READINESS, INTERAGENCY COLLABORATION, AND PREPAREDNESS FOR BIOTERRORISM, OTHER OUTBREAKS OF INFECTIOUS DISEASE, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES</p>
	<p><i>CRITICAL:</i> TO CONDUCT INTEGRATED ASSESSMENTS OF PUBLIC HEALTH SYSTEM CAPACITIES RELATED TO BIOTERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES TO AID AND IMPROVE PLANNING, COORDINATION, AND IMPLEMENTATION</p>
	<p><i>CRITICAL:</i> TO RESPOND TO EMERGENCIES CAUSED BY BIOTERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES THROUGH THE DEVELOPMENT, EXERCISE, AND EVALUATION OF A COMPREHENSIVE PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE PLAN</p>
	<p><i>CRITICAL:</i> TO EFFECTIVELY MANAGE THE CDC STRATEGIC NATIONAL STOCKPILE (SNS), SHOULD IT BE DEPLOYED – TRANSLATING SNS PLANS INTO FIRM PREPARATIONS, PERIODIC TESTING OF SNS PREPAREDNESS, AND PERIODIC TRAINING FOR ENTITIES AND INDIVIDUALS THAT ARE PART OF SNS PREPAREDNESS</p>
	<p><i>ENHANCED:</i> TO ENSURE PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE THROUGH THE DEVELOPMENT OF NECESSARY PUBLIC HEALTH INFRASTRUCTURE</p>
	<p><i>ENHANCED:</i> TO RECRUIT, RETAIN, AND FULLY DEVELOP PUBLIC HEALTH LEADERS AND MANAGERS WITH CURRENT KNOWLEDGE AND EXPERTISE IN ADVANCED MANAGEMENT AND LEADERSHIP PRINCIPLES WHO WILL PLAY CRITICAL ROLES IN RESPONDING TO BIOTERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES</p>
<p>B – SURVEILLANCE AND EPIDEMIOLOGY CAPACITY: ENABLE STATE AND LOCAL HEALTH DEPARTMENTS TO ENHANCE, DESIGN, AND/OR DEVELOP SYSTEMS FOR RAPID DETECTION OF UNUSUAL OUTBREAKS OF ILLNESS THAT MAY BE THE RESULT OF BIOTERRORISM, OTHER OUTBREAKS OF INFECTIOUS DISEASE, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES. ASSIST STATE AND LOCAL HEALTH DEPARTMENTS IN ESTABLISHING EXPANDED EPIDEMIOLOGIC CAPACITY TO INVESTIGATE AND MITIGATE SUCH OUTBREAKS OF ILLNESS</p>	<p><i>CRITICAL:</i> TO RAPIDLY DETECT A TERRORIST EVENT THROUGH A HIGHLY FUNCTIONING, MANDATORY REPORTABLE DISEASE SURVEILLANCE SYSTEM, AS EVIDENCED BY ONGOING TIMELY AND COMPLETE REPORTING BY PROVIDERS AND LABORATORIES IN A JURISDICTION, ESPECIALLY OF ILLNESSES AND CONDITIONS POSSIBLY RESULTING FROM BIOTERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES</p>
	<p><i>CRITICAL:</i> TO RAPIDLY AND EFFECTIVELY INVESTIGATE AND RESPOND TO A POTENTIAL TERRORIST EVENT AS EVIDENCED BY A COMPREHENSIVE AND EXERCISED EPIDEMIOLOGIC RESPONSE PLAN THAT ADDRESSES SURGE CAPACITY, DELIVERY OF MASS PROPHYLAXIS AND IMMUNIZATIONS, AND PRE-EVENT DEVELOPMENT OF SPECIFIC EPIDEMIOLOGIC INVESTIGATION AND RESPONSE NEEDS</p>
	<p><i>CRITICAL:</i> TO RAPIDLY AND EFFECTIVELY INVESTIGATE AND RESPOND TO A POTENTIAL TERRORIST EVENT, AS EVIDENCED BY ONGOING STATE AND LOCAL RESPONSE TO NATURALLY OCCURRING INDIVIDUAL CASES OF URGENT PUBLIC HEALTH IMPORTANCE, OUTBREAKS OF DISEASE, AND EMERGENCY PUBLIC HEALTH INTERVENTIONS SUCH AS EMERGENCY CHEMOPROPHYLAXIS OR IMMUNIZATION ACTIVITIES</p>
	<p><i>ENHANCED:</i> TO RAPIDLY DETECT AND OBTAIN ADDITIONAL INFORMATION ABOUT BIOTERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES THROUGH OTHER CORE, CROSS-CUTTING HEALTH DEPARTMENT SURVEILLANCE SYSTEMS SUCH AS VITAL RECORD DEATH REPORTING; MEDICAL EXAMINER REPORTS; EMERGENCY DEPARTMENT, PROVIDER, OR HOSPITAL DISCHARGE REPORTING; OR ONGOING POPULATION-BASED SURVEYS</p>

	<p><i>ENHANCED:</i> TO RAPIDLY DETECT AND OBTAIN ADDITIONAL INFORMATION ABOUT BIOTERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, OR OTHER PUBLIC HEALTH THREATS OR EMERGENCIES BY ACCESSING POTENTIALLY RELEVANT PRE-EXISTING DATA SETS OUTSIDE THE HEALTH DEPARTMENT, OR THROUGH THE DEVELOPMENT OF NEW ACTIVE OR SENTINEL SURVEILLANCE ACTIVITIES</p> <p><i>ENHANCED:</i> FOR EFFECTIVE RESPONSE THROUGH THE CREATION OR STRENGTHENING OF PRE-EVENT, ONGOING WORKING LINKS BETWEEN HEALTH DEPARTMENT STAFF AND KEY INDIVIDUALS AND ORGANIZATIONS ENGAGED IN HEALTH CARE, PUBLIC HEALTH, AND LAW ENFORCEMENT</p>
<p>C – LABORATORY CAPACITY – BIOLOGIC AGENTS: ENSURE THAT CORE DIAGNOSTIC CAPABILITIES FOR BIOTERRORIST AGENTS ARE AVAILABLE AT ALL STATE AND MAJOR CITY/COUNTY PUBLIC HEALTH LABORATORIES. THESE FUNDS WILL ENABLE STATE OR MAJOR CITY/COUNTY LABORATORIES TO DEVELOP THE CAPABILITY AND CAPACITY TO CONDUCT RAPID AND ACCURATE DIAGNOSTIC AND REFERENCE TESTING FOR SELECT BIOLOGIC AGENTS LIKELY TO BE USED IN A TERRORIST ATTACK</p>	<p><i>CRITICAL:</i> TO DEVELOP AND IMPLEMENT A JURISDICTION-WIDE PROGRAM TO PROVIDE RAPID AND EFFECTIVE LABORATORY SERVICES IN SUPPORT OF THE RESPONSE TO BIOTERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES</p> <p><i>CRITICAL:</i> AS A MEMBER OF THE LABORATORY RESPONSE NETWORK (LRN), TO ENSURE ADEQUATE AND SECURE LABORATORY FACILITIES, REAGENTS, AND EQUIPMENT TO RAPIDLY DETECT AND CORRECTLY IDENTIFY BIOLOGICAL AGENTS LIKELY TO BE USED IN A BIOTERRORIST INCIDENT</p>
<p>D – LABORATORY CAPACITY – CHEMICAL AGENTS: ENSURE THAT ALL STATE PUBLIC HEALTH LABORATORIES HAVE THE CAPACITY TO MEASURE CHEMICAL THREAT AGENTS IN HUMAN SPECIMENS (E.G. BLOOD, URINE) OR TO APPROPRIATELY COLLECT AND SHIP SPECIMENS TO QUALIFIED LRN PARTNER LABORATORIES FOR ANALYSIS. AS PART OF THE LRN, TO ESTABLISH A NETWORK OF PUBLIC HEALTH LABORATORIES FOR ANALYSIS OF CHEMICAL THREAT AGENTS</p>	<p><i>CRITICAL:</i> (LEVEL-ONE LABORATORIES): TO DEVELOP AND IMPLEMENT A JURISDICTION-WIDE PROGRAM THAT PROVIDES RAPID AND EFFECTIVE LABORATORY RESPONSE FOR CHEMICAL TERRORISM INCIDENTS AND OTHER PUBLIC HEALTH EMERGENCIES BY ESTABLISHING COMPETENCY IN COLLECTION, TRANSPORT AND MANAGEMENT OF CLINICAL SPECIMENS, LABORATORY SAFETY, AND KNOWLEDGE OF CHEMICAL THREAT AGENTS AND BY ESTABLISHING EFFECTIVE PARTNERSHIPS WITH OTHER STATE OR FEDERAL LABORATORIES.</p> <p><i>ENHANCED:</i> (LEVEL-TWO LABORATORIES): IN ADDITION TO ESTABLISHING LEVEL-ONE CAPACITY, LEVEL-TWO LABORATORIES ARE TO ESTABLISH ADEQUATE AND SECURE LABORATORY FACILITIES, REAGENTS, AND EQUIPMENT (E.G. ICP-MS, GC-MSD) TO RAPIDLY DETECT AND MEASURE LEVEL-TWO CHEMICAL AGENTS LIKELY TO BE USED IN A TERRORIST INCIDENT (SUCH AS HEAVY METALS, LEWISITE, AND CYANIDE). CURRENTLY, CDC METHODS FOR LEVEL-TWO CHEMICAL AGENTS USE ANALYTICAL TECHNIQUES OF INDUCTIVELY COUPLED PLASMA MASS SPECTROMETRY AND GAS CHROMATOGRAPHY MASS SPECTROMETRY. THE LIST OF LEVEL-TWO CHEMICAL AGENTS MAY EXPAND AS BETTER METHODS ARE DEVELOPED. TANDEM MASS SPECTROMETRY METHODS ARE NOT REQUIRED FOR LEVEL-TWO CHEMICAL AGENTS</p> <p><i>ENHANCED:</i> (LEVEL-THREE LABORATORIES): IN ADDITION TO MAINTAINING LEVEL-ONE AND LEVEL-TWO CAPACITY, LEVEL-THREE LABORATORIES ARE TO INCREASE EXISTING LABORATORY CAPACITY, INCLUDING PURCHASE OF EQUIPMENT, TO PERFORM ANALYSES OF LEVEL-THREE CHEMICAL AGENTS. MEASUREMENT OF LEVEL-THREE CHEMICAL AGENTS GENERALLY REQUIRES TANDEM MASS SPECTROMETRY OR EQUIVALENT TECHNIQUES. LEVEL-THREE LABORATORIES WILL ALSO PROVIDE SURGE CAPACITY TO CDC AND SERVE AS REFERRAL LABORATORIES FOR LEVEL-ONE AND LEVEL-TWO LABORATORIES.</p>
<p>E – HEALTH ALERT NETWORK/COMMUNICATIONS AND INFORMATION TECHNOLOGY: ENABLE STATE AND LOCAL PUBLIC HEALTH AGENCIES TO ESTABLISH AND MAINTAIN A NETWORK THAT WILL (A) SUPPORT EXCHANGE OF KEY INFORMATION AND TRAINING OVER THE INTERNET BY LINKING PUBLIC HEALTH AND PRIVATE PARTNERS ON A 24/7 BASIS; (B) PROVIDE FOR RAPID DISSEMINATION OF PUBLIC HEALTH ADVISORIES TO THE NEWS MEDIA AND THE PUBLIC AT LARGE; (C) ENSURE SECURE ELECTRONIC DATA EXCHANGE BETWEEN PUBLIC HEALTH PARTNERS’ COMPUTER SYSTEMS; AND (D) ENSURE PROTECTION OF DATA, INFORMATION, AND SYSTEMS, WITH ADEQUATE BACKUP, ORGANIZATIONAL, AND SURGE CAPACITY TO RESPOND TO BIOTERRORISM AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES</p>	<p><i>CRITICAL:</i> TO ENSURE EFFECTIVE COMMUNICATIONS CONNECTIVITY AMONG PUBLIC HEALTH DEPARTMENTS, HEALTH CARE ORGANIZATIONS, LAW ENFORCEMENT ORGANIZATIONS, PUBLIC OFFICIALS, AND OTHERS</p> <p><i>CRITICAL:</i> TO ENSURE A METHOD OF EMERGENCY COMMUNICATION FOR PARTICIPANTS IN PUBLIC HEALTH EMERGENCY RESPONSE THAT IS FULLY REDUNDANT WITH STANDARD TELECOMMUNICATIONS (TELEPHONE, E-MAIL, INTERNET, ETC.)</p> <p><i>CRITICAL:</i> TO ENSURE THE ONGOING PROTECTION OF CRITICAL DATA AND INFORMATION SYSTEMS AND CAPABILITIES FOR CONTINUITY OF OPERATIONS IN ACCORDANCE WITH APPENDIX 6, IT FUNCTION #8</p> <p><i>CRITICAL:</i> TO ENSURE ELECTRONIC EXCHANGE OF CLINICAL, LABORATORY, ENVIRONMENTAL, AND OTHER PUBLIC HEALTH INFORMATION IN STANDARD FORMATS BETWEEN THE COMPUTER SYSTEMS OF PUBLIC HEALTH PARTNERS. ACHIEVE THIS CAPACITY ACCORDING TO THE RELEVANT IT FUNCTIONS AND SPECIFICATIONS</p>

	<i>ENHANCED:</i> TO PROVIDE OR PARTICIPATE IN AN EMERGENCY RESPONSE MANAGEMENT SYSTEM TO AID THE DEPLOYMENT AND SUPPORT OF RESPONSE TEAMS, THE MANAGEMENT OF RESPONSE RESOURCES, AND THE FACILITATION OF INTER-ORGANIZATIONAL COMMUNICATION AND COORDINATION
	<i>ENHANCED:</i> TO ENSURE FULL INFORMATION TECHNOLOGY AND SUPPORT SERVICES

F – COMMUNICATING HEALTH RISKS AND HEALTH INFORMATION DISSEMINATION: ENSURE THAT STATE AND LOCAL PUBLIC HEALTH ORGANIZATIONS DEVELOP AN EFFECTIVE RISK COMMUNICATIONS CAPACITY THAT PROVIDES FOR TIMELY INFORMATION DISSEMINATION TO CITIZENS DURING A BIOTERRORIST ATTACK, OUTBREAK OF INFECTIOUS DISEASE, OR OTHER PUBLIC HEALTH THREAT OR EMERGENCY. SUCH A CAPACITY SHOULD INCLUDE TRAINING FOR KEY INDIVIDUALS IN COMMUNICATION SKILLS, THE IDENTIFICATION OF KEY SPOKESPERSONS (PARTICULARLY THOSE WHO CAN DEAL WITH INFECTIOUS DISEASES), PRINTED MATERIALS, TIMELY REPORTING OF CRITICAL INFORMATION, AND EFFECTIVE INTERACTION WITH THE MEDIA	<i>CRITICAL:</i> TO PROVIDE NEEDED HEALTH/RISK INFORMATION TO THE PUBLIC AND KEY PARTNERS DURING A TERRORISM EVENT BY ESTABLISHING CRITICAL BASELINE INFORMATION ABOUT THE CURRENT COMMUNICATION NEEDS AND BARRIERS WITHIN INDIVIDUAL COMMUNITIES, AND IDENTIFYING EFFECTIVE CHANNELS OF COMMUNICATION FOR REACHING THE GENERAL PUBLIC AND SPECIAL POPULATIONS DURING PUBLIC HEALTH THREATS AND EMERGENCIES
	<i>ENHANCED:</i> TO IDENTIFY, DEVELOP, AND PRETEST COMMUNICATION CONCEPTS, MESSAGES, AND STRATEGIES TO ENSURE THAT STATE AND LOCAL PUBLIC HEALTH AGENCIES PREPARE IN ADVANCE AND PRODUCE EFFECTIVE AND CULTURALLY APPROPRIATE PUBLIC INFORMATION FOR TERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES

FOCUS AREA G – EDUCATION AND TRAINING: ENSURE THAT STATE AND LOCAL HEALTH AGENCIES HAVE THE CAPACITY TO (A) ASSESS THE TRAINING NEEDS OF KEY PUBLIC HEALTH PROFESSIONALS, INFECTIOUS DISEASE SPECIALISTS, EMERGENCY DEPARTMENT PERSONNEL, AND OTHER HEALTH CARE PROVIDERS RELATED TO PREPAREDNESS FOR AND RESPONSE TO BIOTERRORISM, OTHER OUTBREAKS OF INFECTIOUS DISEASE, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES, AND (B) ENSURE EFFECTIVE PROVISION OF NEEDED EDUCATION AND TRAINING TO KEY TARGET AUDIENCES THROUGH MULTIPLE CHANNELS, INCLUDING CENTERS FOR PUBLIC HEALTH PREPAREDNESS, OTHER SCHOOLS OF PUBLIC HEALTH, SCHOOLS OF MEDICINE, OTHER ACADEMIC INSTITUTIONS, HEALTH CARE PROFESSIONALS, CDC, HRSA, AND OTHER SOURCES	<i>CRITICAL:</i> TO ENSURE THE DELIVERY OF APPROPRIATE EDUCATION AND TRAINING TO KEY PUBLIC HEALTH PROFESSIONALS, INFECTIOUS DISEASE SPECIALISTS, EMERGENCY DEPARTMENT PERSONNEL, AND OTHER HEALTH CARE PROVIDERS IN PREPAREDNESS FOR AND RESPONSE TO BIOTERRORISM, OTHER INFECTIOUS DISEASE OUTBREAKS, AND OTHER PUBLIC HEALTH THREATS AND EMERGENCIES, EITHER DIRECTLY OR THROUGH THE USE (WHERE POSSIBLE) OF EXISTING CURRICULA AND OTHER SOURCES, INCLUDING CENTERS FOR PUBLIC HEALTH PREPAREDNESS, OTHER SCHOOLS OF PUBLIC HEALTH, SCHOOLS OF MEDICINE, OTHER ACADEMIC MEDICAL CENTERS, CDC TRAINING NETWORKS, AND OTHER PROVIDERS
	<i>ENHANCED:</i> TO ENSURE THAT PUBLIC AND PRIVATE HEALTH PROFESSIONALS AND OTHER MEMBERS OF THE COMMUNITY ARE IDENTIFIED IN ADVANCE AND CAN BE EFFECTIVELY TRAINED TO MOBILIZE AND RESPOND DURING A PUBLIC HEALTH EMERGENCY
	<i>ENHANCED:</i> TO PROVIDE DIRECTLY OR THROUGH OTHER ORGANIZATIONS THE ONGOING SYSTEMATIC EVALUATION OF THE EFFECTIVENESS OF TRAINING, AND THE INCORPORATION OF LESSONS LEARNED FROM PERFORMANCE DURING BIOTERRORISM DRILLS, SIMULATIONS, OTHER EXERCISES, EVENTS, AND EVALUATIONS OF THOSE EXERCISES.

THE FOLLOWING LIST CITES EACH COOPERATIVE AGREEMENT PROGRAM STATE, CITY AND JURISDICTION GRANTEE.

ALABAMA	ILLINOIS	MISSOURI	PALAU
ALASKA	INDIANA	MONTANA	PENNSYLVANIA
AMERICAN SAMOA	IOWA	NEBRASKA	PUERTO RICO
ARIZONA	KANSAS	NEVADA	RHODE ISLAND
ARKANSAS	KENTUCKY	NEW HAMPSHIRE	SOUTH CAROLINA
CALIFORNIA	LOS ANGELES, CA	NEW JERSEY	SOUTH DAKOTA
CHICAGO, IL	LOUISIANA	NEW MEXICO	TENNESSEE
COLORADO	MAINE	NEW YORK	TEXAS
CONNECTICUT	MARSHALL ISLANDS	NEW YORK CITY	UTAH
DELAWARE	MARYLAND	NORTH CAROLINA	VERMONT
DISTRICT OF COLUMBIA	MASSACHUSETTS	NORTH DAKOTA	VIRGIN ISLANDS
FLORIDA	MICHIGAN	NORTHERN MARINA	VIRGINIA
GEORGIA	MICRONESIA, FEDERATED	ISLAND	WASHINGTON
GUAM	STATES OF	OHIO	WEST VIRGINIA
HAWAII	MINNESOTA	OKLAHOMA	WISCONSIN
IDAHO	MISSISSIPPI	OREGON	WYOMING

APPENDIX 6: ACRONYMS AND TERMS

ACIP
ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

ACPHP
ACADEMIC CENTER FOR PUBLIC HEALTH PREPAREDNESS

AIDS
ACQUIRED IMMUNE DEFICIENCY SYNDROME

AMA
AMERICAN MEDICAL ASSOCIATION

APHL
ASSOCIATION OF PUBLIC HEALTH LABORATORIES

ASPH
ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH

AVA
ANTHRAX VACCINE ADSORBED

AVRP
ANTHRAX VACCINE RESEARCH PROGRAM

ASTHO
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

ATSDR
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

CBRN
CHEMICAL, BIOLOGICAL, RADIOLOGICAL/NUCLEAR

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

CHI
CONSOLIDATED HEALTH INFORMATICS

CIA
CENTRAL INTELLIGENCE AGENCY

CIO
CENTERS, INSTITUTES AND OFFICE

CLIA
CLINICAL LABORATORY IMPROVEMENTS ACT

CPHP
CENTERS FOR PUBLIC HEALTH PREPAREDNESS

COOP
CONTINUITY OF OPERATIONS PLAN

CSTE
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

DEOC
DIRECTOR'S EMERGENCY OPERATIONS CENTER

DNA
DEOXYRIBONUCLEIC ACID

DHHS
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHS
DEPARTMENT OF HOMELAND SECURITY

DOE
DEPARTMENT OF ENERGY

DSA
DIVISION OF SELECT AGENTS

ECS
EMERGENCY COMMUNICATION SYSTEM

EPA
ENVIRONMENTAL PROTECTION AGENCY

EPI-X
EPIDEMIC INFORMATION EXCHANGE

EIS
EPIDEMIC INTELLIGENCE SERVICE

EISO
EPIDEMIC INTELLIGENCE SERVICE OFFICER

ELISA
ENZYME LINKED IMMUNOSORBENT ASSAY

ELR
ELECTRONIC LABORATORY-BASED REPORTING

EPO
EPIDEMIOLOGY PROGRAM OFFICE

ERT
EMERGENCY RESPONSE TEAM

FBI
FEDERAL BUREAU OF INVESTIGATION

FEMA
FEDERAL EMERGENCY MANAGEMENT AGENCY

FMO
FINANCIAL MANAGEMENT OFFICE

FDA
FOOD AND DRUG ADMINISTRATION

FRP
FEDERAL RESPONSE PLAN

FRERP
FEDERAL RADIOLOGICAL EMERGENCY RESPONSE PLAN

FTE
FULL TIME EQUIVALENT

GIS
GEOGRAPHIC INFORMATION SYSTEM

GMP
GOOD MANUFACTURING PRACTICES

GPRA
GOVERNMENT PERFORMANCE AND RESULTS ACT OF 1993

HAN
HEALTH ALERT NETWORK

HICPAC
HEALTHCARE INFECTION CONTROL PRACTICES ADVISORY
COMMITTEE

HIPAA
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

HIV
HUMAN IMMUNODEFICIENCY VIRUS

ICRC
INJURY CONTROL RESEARCH CENTER

ICS
INCIDENT COMMAND SYSTEM

IM
INTRAMUSCULAR

IMS
INCIDENT MANAGEMENT SYSTEM

ICM
INSTITUTE OF MEDICINE

IT
INFORMATION TECHNOLOGY

IV
INTRAVENOUS

LRN
LABORATORY RESPONSE NETWORK

MSEHPA
MODEL STATE EMERGENCY HEALTH POWERS ACT

NACCHO
NATIONAL ASSOCIATION FOR CITY AND COUNTY HEALTH
OFFICIALS

NCBDDD
NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL
DISEASE

NCCDPHP
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND
HEALTH PROMOTION

NCEH
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

NCHS
NATIONAL CENTER FOR HEALTH STATISTICS

NCHSTP
NATIONAL CENTER FOR HIV, STD AND TB PREVENTION

NCID
NATIONAL CENTER FOR INFECTIOUS DISEASES

NCIPC
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL

NEDSS
NATIONAL ELECTRONIC DISEASE SURVEILLANCE SYSTEM

NGO
NON-GOVERNMENTAL ORGANIZATION

NHSN
NATIONAL HEALTH CARE SAFETY NETWORK

NIP
NATIONAL IMMUNIZATION PROGRAM

NIOSH
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

NIH
NATIONAL INSTITUTES OF HEALTH

NLTN
NATIONAL LABORATORY TRAINING NETWORK

NPHIC
NATIONAL PUBLIC HEALTH INFORMATION COALITION

NPPTL
NATIONAL PERSONAL PROTECTIVE TECHNOLOGY LABORATORY

NPS
NATIONAL PHARMACEUTICAL STOCKPILE

NYCDOH
NEW YORK CITY DEPARTMENT OF HEALTH

OC
OFFICE OF COMMUNICATIONS

OHS
OFFICE OF HEALTH AND SAFETY

OTPER
OFFICE OF TERRORISM PREPAREDNESS AND EMERGENCY RESPONSE

OD
OFFICE OF THE DIRECTOR

OSEP
OFFICE OF SECURITY AND EMERGENCY PREPAREDNESS

PPE
PERSONAL PROTECTIVE EQUIPMENT

PCP
PNEUMOCYSTIS CARINII PNEUMONIA

PCR
POLYMERASE CHAIN REACTION

PHA
PUBLIC HEALTH ADVISOR

PHIN
PUBLIC HEALTH INFORMATION NETWORK

PHPPO
PUBLIC HEALTH PRACTICE PROGRAM OFFICE

PMR
PREVENTIVE MEDICINE RESIDENT

PVS
PRE-EVENT VACCINATION SYSTEM

SCBA
SELF CONTAINED BREATHING APPARATUS

SLPP
STATE AND LOCAL PREPAREDNESS PROGRAM

SNS
STRATEGIC NATIONAL STOCKPILE

SVP
SMALLPOX VACCINATION PROGRAM

SWOC
STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES

TARU
TECHNICAL ADVISORY RESPONSE UNIT

TED
TRAINING, EDUCATION AND DEMONSTRATION PACKAGE

TOPOFF
TOP OFFICIALS

TRPLT
TERRORISM RESPONSE AND PREPARATION LEADERSHIP TEAM

US
UNITED STATES

USDA
UNITED STATES DEPARTMENT OF AGRICULTURE

VAERS
VACCINE ADVERSE EFFECTS REPORTING SYSTEM

VIG
VACCINIA IMMUNE GLOBULIN

VMI
VENDOR MANAGED INVENTORY

WATERCAD
WATER COMPUTER AIDED DESIGN

WHO
WORLD HEALTH ORGANIZATION

XML
EXTENSIBLE MARKUP LANGUAGE

24x7
TWENTY FOUR HOURS A DAY, SEVEN DAYS A WEEK

