

## Cities Readiness Initiative

The Centers for Disease Control and Prevention (CDC) oversees and provides funding for the Cities Readiness Initiative (CRI). CRI is a federally funded program designed to enhance preparedness in the nation's largest cities and metropolitan statistical areas where more than 50% of the U.S. population resides. Originally, through CRI, state and large metropolitan public health departments developed plans to respond to a large-scale bioterrorist event by dispensing antibiotics to the entire population of an identified urban area within 48 hours. Today, state and large metropolitan public health departments use CRI planning for more broad medical countermeasure (MCM) response.

## Push Partner Registry

During a bioterrorism attack or an infectious disease outbreak, it will probably be necessary to dispense medication rapidly to large numbers of people to prevent widespread illness and death. Push Partner Registry (PPR) is one strategy for mass dispensing being used in the Portland Metropolitan Region and in most large population centers throughout the United States.

### What is a Push Partner?

A Push Partner is a community organization in the Portland Metropolitan Region who is willing and able to assist in a public health response. The Push Partner Registry is maintained by State and Local Public Health and Emergency Management offices.

The PPR can be activated to disseminate information during all-hazard events. Most recently, the Portland Metropolitan Region activated the Push Partner Registry to dispense information about the risk of radiation exposure following the 2011 earthquake in Japan, flood risk during winter storms and flu updates during the height of flu activity.

If responding to a Category A agent release (see list below), a Push Partner may choose to operate a Point of Dispensing (POD) to dispense life saving medication. The POD will be operated in collaboration with a local health department.

### Types of organizations that fit in the Push Partner Registry

**Planned responders** - Organizations with a written or implied role in emergency plans (includes first responders and critical infrastructure agencies).

**Vulnerable population service providers** - Organizations which help people who *cannot attend* (such as residents of long term care facilities or prison inmates) or are *unlikely to attend* (the homeless population) public health medication distribution sites. Serves employees and their families plus clients in their care.

**Large employers** - Private and public organizations with large numbers of staff on centrally located campuses.

### Category A Agents

Definition - The U.S. public health system and primary healthcare providers must be prepared to address various biological agents, including pathogens that are rarely seen in the

United States. High-priority agents include organisms that pose a risk to national security because they

- can be easily disseminated or transmitted from person to person;
- result in high mortality rates and have the potential for major public health impact;
- might cause public panic and social disruption; and
- require special action for public health preparedness.

Agents/Diseases

- Anthrax (*Bacillus anthracis*)
- Botulism (*Clostridium botulinum* toxin)
- Plague (*Yersinia pestis*)
- Smallpox (variola major)
- Tularemia (*Francisella tularensis*)
- Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])

### **Why use Push Partners?**

A health department might use Push Partners to get prophylaxis or treatment to groups such as first responders or other critical staff (for example, the health department, regional water authority, etc.) so that they are able to continue working during the emergency. Push Partners may also be used to target groups who cannot attend a public POD such as prisoners and nursing home residents. Push Partners may also be run by organizations and agencies other than a health department, such as businesses, hospitals, assisted living communities or faith-based organizations.

Community partners trained to the level of responding to a worst case aerosolized anthrax exposure may also be willing to distribute information, food, water or clothing during other event response.

### **What are some advantages of Push Partners for health departments and the people they serve?**

Push Partners receive timely information from Public Health and Emergency Management. They also benefit by having access to medication and being able to distribute it to their staff and families during emergencies. Doing so visibly communicates a company's good will to protect employees, aids in continuity of operations and provides community benefit by reducing the burden on public PODs. Some businesses plan to give back to the community by helping to staff public PODs after their workers have received prophylaxes.

The Push Partner Registry has the potential to greatly alleviate the burden on public PODs, thus reducing the number of staff and volunteers needed to operate them. This will increase the likelihood that everyone in a community will receive prophylaxis in time to avoid serious illness.

Push Partners that focus on groups that are more vulnerable during disasters (for example, people who would have difficulty getting to a public POD due to disability or living situation) have the potential to reduce morbidity and mortality among these groups.

Push Partners that have written or implied functions during a major response (such as ambulance services, power and electricity companies) can continue to function by having the life saving medication come to their staff rather than having employees leave to receive prophylaxis in the Public PODs.

All Push Partners receive prophylaxis for staff and their families.