

Illinois Develops a Public Health Mutual Aid System

Innovative system helps deploy local public health resources across the state during an emergency.



The Illinois Public Health Mutual Aid System (IPHMAS) program is a state and local partnership that provides mutual aid between all local

health departments during emergencies. Local health departments provide program management and resources, and the state health department provides communication and administrative coordination. This innovative system allows local health departments to respond to emergencies more quickly and effectively. The work of IPHMAS and its developers was recognized nationally by the American Public Health Association with the 2007 Milton and Ruth Roemer Prize for Creative Local Public Health Work.

The program is routinely exercised and was successfully used in two recent incidents. In 2007, the Kane County Health Department used IPHMAS to request nurses to assist in providing over 1,700 immunoglobulin vaccinations to people exposed to Hepatitis A through an infected food handler. Over 15 local health departments in Illinois responded to this request for assistance. In addition, in 2006, after several severe storms resulted

in power outages for several days, the East Side Health District in East St. Louis requested additional staff. The St. Clair County Health Department was able to provide shortly after the request was made.

According to the Illinois Department of Public Health, the cooperative agreement is valuable because funding has enabled the Department to focus on public health preparedness and response, identify gaps, and take corrective actions to improve the state's emergency response capabilities. Illinois can be more prepared for public health threats by providing the necessary resources of staff, equipment, training, and supplies; enhancing cooperation and coordination between multiple layers of state and local government; and creating a new preparedness "culture" in the Illinois public health system.

Snapshot of Public Health Preparedness

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

Disease Detection and Investigation

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

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

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

¹ CDC, DSLR; 2005; ² CDC, DSLR; 2006; ³ CDC, *Epi-X*; 2007; ⁴ HHS, OIG; 2007



Illinois



Public Health Laboratories

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

Detect & Report	Number of Illinois laboratories in the Laboratory Response Network ¹	3
	Rapidly identified <i>E. coli</i> O157:H7 using advanced DNA “fingerprinting” techniques (PFGE): ²	
	- Number of samples received (partial year, 9/06 – 2/07)	72
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	43%
	Rapidly identified <i>Listeria monocytogenes</i> using advanced DNA “fingerprinting” techniques (PFGE): ²	
	- Number of samples received (partial year, 9/06 – 2/07)	17
	- Percentage of test results submitted to CDC database (PulseNet) within 4 days	47%
	Had a laboratory information management system that could create, send, and receive messages ³ (8/05 – 8/06)	Yes
	- System complied with CDC information technology standards (PHIN) ³ (8/05 – 8/06)	No
Had a rapid method to send urgent messages to frontline laboratories that perform initial screening of clinical specimens ³ (8/05 – 8/06)	Yes	
Crosscutting	Conducted bioterrorism exercise that met CDC criteria ⁴ (8/05 – 8/06)	Yes
	Conducted exercise to test chemical readiness that met CDC criteria ⁴ (8/05 – 8/06)	Yes

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

Response

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

Control	Developed a public health response plan, including pandemic influenza response, crisis and emergency risk communication, and Strategic National Stockpile (SNS) ^{1,2}	Yes
	Illinois SNS plan reviewed by CDC ²	Yes
	- Score on CDC technical assistance review (1-100)	91
	Number of Illinois cities in the Cities Readiness Initiative ³	2
Crosscutting	Developed roles and responsibilities for a multi-jurisdictional response (ICS) with: ¹ (8/05 – 8/06)	
	- Hospitals	Yes
	- Local/regional emergency management agencies	Yes
	- Federal emergency management agencies	Yes
	Public health department staff participated in training to support cooperative agreement activities ⁴	Yes
	Public health laboratories conducted training for first responders ⁵ (8/05 – 8/06)	Yes
	Activated public health emergency operations center as part of a drill, exercise, or real event* ⁶ (partial year, 9/06 – 2/07)	No
Conducted a drill or exercise for key response partners to test communications when power and land lines were unavailable ⁶ (partial year, 9/06 – 2/07)	No	
Improve	Finalized at least one after-action report with an improvement plan following an exercise or real event ⁶ (partial year, 9/06 – 2/07)	Yes

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

† States were expected to perform these activities from 9/1/2006 to 8/30/2007. These data represent results from the first half of this period only.

¹ CDC, DSLR; 2006; ² CDC, DSNS; 2007; ³ CDC, DSNS CRI; 2007; ⁴ CDC, DSLR; 1999-2005; ⁵ APHL, Chemical Terrorism Preparedness; May 2007; ⁶ CDC, DSLR; 2007