Learning to Lead
1999-2015

Julie Morita, MD
Commissioner
Outline

- Pandemic Influenza Response, 2009-10
- HPV Vaccine Initiative, 2011-2014
Chicago Response to the H1N1 Pandemic: Strategy and Partnerships at the City Level
City Response

- Disease surveillance
- Community mitigation guidance
  - School/daycare
  - Workplace
  - Social gatherings
- Communication
  - General public
  - Healthcare community
- Vaccination planning and distribution
Partners in Planning and Response

CDC

State and County Agencies

Local elected officials

Healthcare providers

Schools

Public

Workplaces
Chicago’s Vaccination Plan

• Distribute vaccine to healthcare facilities
  – For healthcare personnel
  – For patients

• Conduct large scale, mass vaccination clinics
  – For those without healthcare providers
  – For those whose healthcare providers did not order vaccine
Vaccine Distribution Sites in Chicago

- Healthcare facility
- CDPH mass vaccination clinic
CDPH Mass Vaccination Clinics
City Colleges of Chicago

- Richard J. Daley
- Kennedy King
- Malcolm X
- Olive Harvey
- Truman
- Westside Technical
- Wright
Preventing HPV Infections among Chicago’s Adolescents
Quadrivalent vaccine: Routinely recommended for females

Quadrivalent vaccine: Routinely recommended for males

Bivalent vaccine: Routinely recommended for females

Quadrivalent vaccine: Permissively recommended for males

9-valent vaccine: Routinely recommended for all adolescents
Vaccine Coverage Levels among 13-17 years olds, US, NIS-Teen, 2006-2012

Source: MMWR. 2013;62;685-93
Public Health Response, 2013-2014

- Convened cancer prevention and immunization stakeholders
- Implemented a comprehensive public information campaign
- Coordinated healthcare provider education
  - In office training
    - Clinic-level vaccine coverage levels
    - Strategies to improve immunization coverage
  - Large group training
- Implemented registry-based recall for 11–18 year olds
Stakeholder Engagement
HPV Vaccine Coverage, Females, 13-17 years, Chicago, 2011-2014

National Immunization Survey-Teen Data

Healthy People 2020 Target: 80%
Chicago Ebola Preparedness
Chicago Initial Planning

• Healthcare systems and providers (including EMS)
  • Formed Chicago Ebola Resource Network with leading hospitals
  • Led regular briefings with Chicago hospitals
  • Provided clinical guidance

• 1st responders
  • Provided guidance for on safety procedures
  • Modified 911 scripts to include travel history questions

• Department of Aviation for O’Hare screening process

• Elected officials and the public
  • Provided fact sheets
  • Convened community meetings

• Federal, state, and local health agencies
Chicago Response

O’Hare Operations
1. High risk travel hub
2. Traveler Screening
3. Transportation, housing, etc.

Chicago Ebola Resource Network
1. Shared Responsibility for Care
2. Evaluation of PUIs

Traveler Monitoring
1. Active Monitoring
2. Direct Active Monitoring
3. Inter/Intra State Coordination

Healthcare System Preparedness
1. Network of Providers
2. All Area Hospitals and Clinics
3. EMS Providers
Ebola Treatment Centers

The Chicago Ebola Resource Network
Rush University Medical Center, University of Chicago Medical Center, Northwestern Memorial Hospital, Lurie Children’s Hospital of Chicago

- Network of hospitals identified with:
  - Specialty care expertise (infectious disease, intensive care, dialysis),
  - Resources to support usual care as well as care for an Ebola patient
  - Laboratory capacity and systems
  - Advanced infection control systems
  - Waste management systems
  - Willingness to care for Ebola patients

- CDC team assessed hospital readiness and training needs (10/19-10/23)
Summary

- 11 patients evaluated at hospital (5-62 years)
  - 10/21/14-10/23/15
  - 6 of 11 from O’Hare

- Number of travelers: 2,664

- Number of travelers monitored: 160

- Ongoing coordination of infection control training and exercises