



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

July 1, 2013

Mr. Jeff Renk
Senate Chief Clerk
B20 SE Capitol
Madison, Wisconsin 53702

Mr. Patrick E. Fuller
Assembly Chief Clerk
17 West Main St, Room 401
Madison, Wisconsin 53702

Dear Mr. Renk and Mr. Fuller:

The Department of Health Services is pleased to submit to you and the Legislature the report on Wisconsin's Public Health Emergency Preparedness. This report was prepared by the Division of Public Health, as required by s. 250.03(3)(b) Wis. Stats.

Wisconsin's Public Health Emergency Preparedness Program continues to strengthen the foundation of preparedness through planning, workforce competency development training and regional exercises. These efforts among state and local partners ensure both individual agency response capability and strong coordination for regional and statewide response. Highlights from the report, "Prepared - Protecting Wisconsin's Health: Public Health Emergency Preparedness," include:

- Alignment of the Public Health Emergency Preparedness Program with the Wisconsin Hospital Emergency Preparedness Program;
- Achievement of new national standards from the Centers for Disease Control and Prevention and the Assistant Secretary for Preparedness and Response; and
- Testing, evaluating and improving emergency response to public health emergencies, bioterrorism and mass casualty events at the state, regional, local and tribal level.

These successes reflect sustained progress as well as exciting enhancements to Wisconsin's readiness to prevent, detect, investigate, control and recover from public health emergencies.

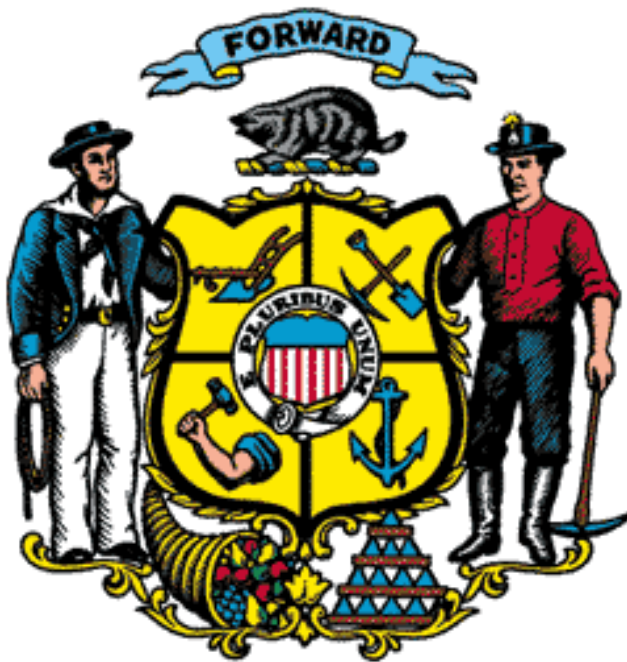
Sincerely,

A handwritten signature in black ink that reads "Kitty Rhoades for...".

Kitty Rhoades
Secretary

**Report to Governor Scott Walker
And the Wisconsin Legislature:**

**Prepared—Protecting Wisconsin's Health:
Public Health Emergency Preparedness**



**July 1, 2013
Division of Public Health
Wisconsin Department of Health Services**

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I. Executive Summary

Wisconsin Public Health Emergency Preparedness System

Over the years, Wisconsin has experienced many naturally occurring and unintended catastrophic events and public health threats. Wisconsin has always risen with determination and vigor in response to emergencies; formalizing response roles and protocols, investing in critical equipment and supplies, and developing plans for communication capacity in emergencies. The Department of Health Services, local public health agencies and hospitals understand that effective emergency planning and response depends upon the entire community. These organizations ensure that information is provided to the public in a swift and clear manner. Connections fostered with first responders, law enforcement, healthcare, community organizations and private industry help to provide local leaders with the tools they need to rebuild more resilient and fortified communities after disaster.

Recently, Wisconsin's Public Health Emergency Preparedness (PHEP) Program, the Wisconsin Hospitals Emergency Preparedness Program (WHEPP) and local public health agencies participated in an assessment process to evaluate the current state of preparedness, determine goals, and prioritize planning activities. The assessment process included a capabilities assessment and a Hazard Vulnerability Assessment completed by using a tool developed jointly by PHEP and WHEPP stakeholders. The collaborative assessments between WHEPP and PHEP have allowed the programs to design and implement complementary five-year plans. Further, Wisconsin's PHEP program and WHEPP are housed in the same section under one Director within the Division of Public Health. Staff coordinate activities and some are jointly-funded between the two programs, fostering a collaborative relationship. National standards and benchmarks applicable to the PHEP program and WHEPP will further promote combined activities in the coming years.

In fiscal year 2013, WHEPP and the PHEP Program will jointly focus on expanding healthcare coalitions to ensure that the broad spectrum of healthcare partners is represented in the planning efforts. These coalitions will ensure Wisconsin is better prepared and coordinated during a public health emergency response. Key initiatives of the healthcare coalitions include providing multi-agency coordination, providing healthcare situational awareness during large emergency events, and serving as an information hub across jurisdictions with key healthcare partners.

WHEPP and PHEP remain committed to improving health preparedness and response across the state by working closely with state and local partners. One potential challenge to the programs is the ongoing threat of decreased federal funding. As federal funding declines, competition for limited resources can impede progress if relationships and collaboration among agencies are not firmly rooted and maintained. Wisconsin's PHEP will continue to strengthen partnerships with Emergency Management, Emergency Medical Services, Military Affairs, Law Enforcement and many other partners on the state and local level to ensure a coordinated and prepared response to emergencies and disasters in Wisconsin.

II. Background of the Programs

When Public Health Emergency Preparedness (PHEP) Program funding first became available (in 2002), public health agencies in Wisconsin had yet to embark upon formal emergency planning. There are 88 local public health agencies in Wisconsin and 11 tribal health agencies. To begin preparedness planning, the Department of Health Services Division of Public Health required local public health agencies to self-select into 12 public health preparedness consortia.

Investments have been made in critical equipment and supplies to ensure that Wisconsin is ready to respond to a diversity of emergencies. Examples of these critical items are:

- A state medical cache containing supplies hospitals need to respond to a surge event;
- State personal protective equipment stockpiles for both public health agencies and hospitals;
- Close to 3,000 health professional volunteers registered in the Wisconsin Emergency Assistance Volunteer Registry (WEAVR);
- A state antiviral cache to assist in pandemic influenza response;
- Technologies to better communicate with a wide-variety of partners; and
- Alerting systems including the Wisconsin Tracking, Resources, Alerts and Communication (WITrac) program.

This investment in Wisconsin's planning and infrastructure proved invaluable. The case studies in Appendix 1 outline responses to public health emergencies between 2000 and 2013 as well as some of the specific successes and lessons learned by the Department of Health Services and local public health agencies and Tribes.

The Wisconsin Hospitals Emergency Preparedness Program (WHEPP) began in 2002 and since then has made significant strides in preparing Wisconsin's healthcare facilities for emergencies and disasters. One of the most impressive benefits of the program is the improved ability of small community hospitals to better manage emergencies locally with their own resources, until resources from other hospitals and emergency responders become available.

WHEPP leadership committee comes from all regions of the state and represents hospitals of various sizes, including representatives from federally-qualified community health centers, public health departments and tribal health clinics. The vast majority of its members remain "charter" members since the group's inception in September 2002.

III. Current Status of the Programs

Alignment of Public Health Emergency Preparedness and Hospital Emergency Preparedness Programs

After a decade of planning and responding to floods, tornados, influenza pandemics and other incidents, Wisconsin's efforts in public health and hospital emergency preparedness have become more sophisticated and inclusive. It has become clear that strong partnerships and clear communication have been the most critical elements in successful emergency planning, response and recovery. Effective planning and response to health-related emergencies requires coordinated partnerships among public health and health care entities. Towards this end, Wisconsin's Public Health Emergency Preparedness (PHEP) Program and Wisconsin Hospitals Emergency Preparedness Program (WHEPP) have aligned goals and objectives. The Department of Health Services (DHS) has aligned these programs into one work unit with one Director. The programs support complementary preparedness capabilities and performance measures; use the same processes for grants administration, technical assistance and data management; use common reporting requirements; and have compatible IT systems. Staff have been "cross-trained" in both programs and are working together with partners on similar initiatives. By aligning the two programs, DHS leadership has reduced duplication of effort and enhanced efficiency and coordination of health preparedness planning and response at the state, regional, local, and tribal level.

Capabilities-Based Planning and Coordination

The Centers for Disease Control and Prevention's (CDC) *Public Health Preparedness Capabilities: National Standards for State and Local Planning* has guided PHEP program planning. In 2011-12, DHS and all local and tribal public health agencies completed an assessment to determine the current status of the 15 national standards. In the winter of 2012, the Assistant Secretary for Preparedness and Response released eight parallel national standards, guiding healthcare entities around the state. Following guidance from the CDC and the Assistant Secretary for Preparedness and Response, WHEPP developed a five-year, strategic plan to close identified gaps in both public health and hospital preparedness. Wisconsin plans programming to meet national standards set by the CDC and the Assistant Secretary for Preparedness and Response.

Wisconsin local and tribal public health agencies also undertook a hazard vulnerability assessment, which identified the top hazards by region and across the state. This information was formatted into an interactive web tool to share information with key planning partners. These assessments were completed in tandem with hospitals. Working together to complete these assessments has allowed public health and healthcare providers to further strengthen their partnerships.

Strategic National Stockpile

CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public in case of a public health emergency severe enough to cause local supplies to run out (e.g. a terrorist attack, a flu outbreak, or a natural disaster). Once federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical

supplies to local communities as quickly as possible. All Wisconsin local health departments and tribes have identified dispensing sites and continue to exercise plans for receiving and distributing pharmaceuticals and supplies from the SNS. The state has also developed distribution plans and identified and trained employees to staff the distribution sites.

The Interim Pharmaceutical Stockpile

The Interim Pharmaceutical Stockpile (IPS) is a supply of antibiotic medications held by medical distributors for hospitals, tribes and local public health agencies for prophylaxis of first receivers and first responders. IPS provides necessary prophylaxis and/or post-exposure treatment to prevent disease and death in healthcare and first responder personnel and their family members. Coordinated at the state level, pharmaceuticals from the IPS will be delivered to any requesting hospital, tribal or local public health department within four hours of a request. When the decision is made to activate the IPS, the current system will deploy to the requesting dispensing sites. Upon the receipt of the IPS, dispensing sites are responsible for activating their internal plans to dispense the pharmaceutical products.

CHEMPACK

The CDC established the SNS CHEMPACK Project as an initiative to augment the nation's ability to respond to a nerve agent terrorist attack by placing caches of specific pharmaceutical antidotes at the community level. The PHEP program has established 31 CHEMPACK cache sites throughout Wisconsin. The pharmaceutical caches are federal assets in place and ready to be used locally or regionally in the event of a nerve agent terrorist attack. The toxic effects of nerve agents require immediate pharmaceutical intervention followed by long-term hospital care.

State Cache of Personal Protective Equipment and Supplies

The PHEP program maintains a cache of personal protective equipment for health care workers for use in the event of a large-scale disaster. The cache includes items such as N-95 respirators, surgical masks, gloves, isolation gowns, face shields, portable cots and hospital room dividers.

Cities Readiness Initiative

The Cities Readiness Initiative (CRI) is funded by the CDC through the PHEP cooperative agreement. The purpose of the funding is to prepare major U.S. cities and metropolitan areas to effectively respond to a large-scale bioterrorist event by dispensing antibiotics to their entire identified population within 48 hours. Wisconsin has eight counties that are part of a CRI Metropolitan Statistical Area (MSA). Pierce and St. Croix counties are part of the Minneapolis CRI and work closely with the Minnesota Health Department and the Minnesota border counties. Kenosha County is part of the Chicago, IL CRI and is engaged in planning with their border counties in Illinois. The Milwaukee CRI consists of Milwaukee, Ozaukee, Racine, Washington and Waukesha counties.

The CRI planning goals include alternate medication dispensing methods such as drive-through clinics or "closed" Points of Dispensing (PODs) where a business dispenses medication internally to their employees. Public information will be extremely important and CRI planners are working together to ensure unified messages are distributed to everyone affected. Annual exercises and drills test each jurisdiction's ability to meet the CRI goal of dispensing to 100% of their population within 48 hours.

Wisconsin Emergency Assistance Volunteer Registry

Wisconsin developed the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) to provide healthcare and behavioral health professionals with an easy way to indicate their interest in volunteer service following a catastrophic emergency incident. Volunteers have the ability to update their individual contact information at any time. The registry also provides DPH with a mechanism to house volunteer information in a central location. WEAVR was the first activated registry of its kind in the nation and has been a model for other states. The WEAVR system not only houses the volunteer registry but also contains credentialing capacity.

IV. Successes

The Public Health Emergency Preparedness (PHEP) Program and Wisconsin Hospitals Emergency Preparedness Program (WHEPP) have increased capacity for planning and responding to disasters across the state. Some of the top initiatives include use of the Wisconsin Tracking, Resources, Alerts and Communication (WITrac) system; development and consistent use of a statewide secure communications and alerting website; increased partnerships with environmental health partners; the Wisconsin Interoperable System for Communications (WISCOM); and joint regional exercises.

Wisconsin Tracking, Resources, Alerts and Communication

The (WITrac) system is a secure, password-protected, database-driven web application. This system has been designed specifically to track hospital bed and pharmaceutical resource availability for Wisconsin hospitals. It also provides a system which allows state leaders to coordinate closely with hospitals to manage patients in large-scale mass casualty incidents.

The WITrac system provides real-time tracking of:

- Hospital bed diversion status
- Availability of other hospital and pharmaceutical resources
- Emergency alert notifications and contingency planning

The system is an integral and active part of emergency response in Wisconsin, and hospitals routinely utilize the system in drills and exercises.

Partner Communications and Alerting Portal

Wisconsin is required under federal guidelines to maintain a secure, web-based platform that contains a public health directory, document storage and alerting capacity. Wisconsin developed the Partner Communications and Alerting Portal to meet these guidelines. The system is also an integral part of state and local communications, as local and tribal health departments can access this site to obtain key program information and resources.

Environmental Health and Emergency Response Preparedness

The Wisconsin PHEP program has a strong relationship with the Wisconsin Bureau of Environmental and Occupational Health (BEOH), allowing thorough coordination and communication during emergency responses involving natural disasters with environmental impacts. The BEOH has recently been awarded a federal grant that will strengthen the Wisconsin Department of Health Services' ability for planning a response to and recovering from future severe weather events in communities throughout Wisconsin.

In 2012, DHS was awarded a four-year CDC Building Resiliency Against Severe Weather and Climate Effects (BRACE) grant. The program seeks to develop adaptation strategies and long-range plans to limit or reduce the effects of Wisconsin's severe weather and climate on the health and wellness of its citizens.

The BRACE program will begin to address climatic and extreme weather events by working through a planning process that:

- identifies anticipated severe weather and climate events through modeling and long-range prediction,
- identifies the most significant impacts on the public's health,
- develops best practices and strategies for adaptation,
- builds climate and weather-related resiliency measures into state and local planning efforts,
- pilots planning efforts with local and state partners, and
- develops evaluation metrics and continual improvement methods to ensure ongoing preparedness for weather and climate events.

BRACE staff are currently working with the City of Milwaukee and the Wisconsin PHEP Programs to develop protocols to respond to extreme heat events. An epidemiological study of heat-related illness and the effect of cooling centers is being considered to assist in better planning for heat events.

Wisconsin Interoperable System for Communications

Effective communication among hospitals, law enforcement, firefighters, emergency medical services and other response organizations is a vital part of an effective emergency response. Yet in a number of high-profile disasters, the efforts of responders have been significantly hampered by communication breakdowns caused by a lack of interoperability between systems. The Wisconsin Interoperable System for Communications (WISCOM) is a statewide radio system designed to support public safety communications across all sectors. The WHEPP program is installing a WISCOM radio in every hospital in Wisconsin. The system will enable communications among hospitals and emergency responders. WISCOM will significantly enhance the range of communication for hospitals that adopt the system as their primary means of communication with emergency medical service staff. The system will be particularly useful for rural access hospitals and air ambulance services.

Joint Regional Exercises Among Emergency Partners

During Spring 2013, Wisconsin's PHEP and WHEPP programs held five regional exercises across the state. A major goal of these exercises was to coordinate the response effort among public health departments, hospitals, and emergency management. Exercise scenarios varied across the state and were developed in response to the results from recent Hazard Vulnerability Assessment. Coordination and cooperation among these three key sectors was strengthened, ensuring a strong response effort in actual situations. Improvement plans from the exercises will assist local agencies in improving their planning and response efforts.

Mass Fatality Management

Across the nation, one of the most significant gaps in health preparedness has been planning for mass fatalities. The PHEP and WHEPP programs have identified Mass Fatality Management as a priority target capability area to address.

To support the further development of mass fatality management capacity, the programs recently provided funding to support the DFIRST Mobile Morgue, an established fatality management

asset that is available statewide. DFIRST was first developed by the Dane County Medical Examiner's office in conjunction with preparedness partners to provide fatality management services when local resources were overwhelmed. The program provided funding for two 16' enclosed mobile morgue trailers. The trailers are designed to store and cool decedents on shelving for short-term or prolonged incidents. This trailer would allow for the simultaneous movement of up to 20 decedents (on shelving) at one time, from a remote scene or could be staged at a hospital or temporary morgue site. These trailers will help to bridge the gap when there are more bodies than cooler storage in a county.

Functional Assessment Service Teams for Emergency Shelters

When Wisconsin residents are displaced from their homes during a disaster and find it necessary to stay in a community emergency shelter, it is essential that community officials, responders, and shelter managers are prepared to provide service and reasonable accommodations to all shelter residents, including those with disabilities or other circumstances that make it necessary to provide additional shelter support.

The Department of Health Services is leading a statewide initiative with many community partners to identify, recruit, and train state, regional, and local teams in support of local and tribal government in sheltering people who have been displaced from their homes during a disaster. Functional Assessment Service Teams provide a system for assessing people who have a need for shelter in an emergency but who may need additional support and services in order to stay safely in a shelter. Functional Assessment Service Teams are trained to assess people's needs upon entering a shelter or reception center to make sure they are sheltered safely during their stay.

Closed Points of Dispensing

When medication needs to be distributed to a large population, a Point of Dispensing (POD) is designated as a location for individuals to receive medication. A "Closed POD" is a point of dispensing designed for a specific population, not the general public. Large employers can plan ahead to organize a closed POD and serve their employees and family, taking the burden off the local public health jurisdiction. The PHEP Program, along with Public Health of Madison and Dane County have been partnering with the University of Wisconsin-Madison on a closed POD plan which will allow it to provide emergency medication to its 60,000 students, faculty, staff, and associated family members; nearly one fifth of Madison's population. Universities offer a number of unique benefits and challenges to the closed POD model, such as well-organized internal police and public health units coupled with a population of a highly transient nature. UW-Madison is the pilot for this project. Universities and businesses across the state have expressed interest in setting up similar programs.

APPENDIX: EMERGENCY CASE STUDIES

2011: Spring Flooding

State health officials responded to predictions of widespread spring flooding by taking a series of proactive measures. A video was produced in-house that highlighted measures the public could take to protect themselves after a flood; the video is posted on the Department of Health Services (DHS) website. The Division of Public Health (DPH) communications toolkit for use by local health officials was updated, and the DPH flood website was revamped to reflect up-to-date information in a consumer-friendly format. DPH developed a webcast that encouraged citizens to take precautions and safety measures to protect themselves from the rising waters. DPH held daily conference calls with local public health agencies in the affected area to address water safety concerns, vector-borne illnesses, and food contamination. This proactive approach provided an organized and coordinated multi-agency emergency response, and is an example of the culture of preparedness established as a result of the increased and targeted funding in Wisconsin.

2012: Prairie Island Alert

At 3:53 AM on January 5, 2012, an alert was issued at the Prairie Island Nuclear Generating Plant, in Minnesota and on the Mississippi River near the City of Red Wing due to a break in a 2-inch pipe leading to a storage tank containing approximately 500 gallons of sodium hypochlorite solution (chlorine bleach). Officials indicated that no radiological material was released and there were no injuries due to the event.

Approximately 500 gallons of chlorine bleach, used to clean river water needed to cool the plant, spilled inside the building that holds the tank. Most of the spill was contained within a concrete berm. Although the State Emergency Operations Center (SEOC) team and DPH staff determined that there was no public health threat, this event still presented a threat to workers on-site from the spilled hazardous material. This event needed to be fully addressed in accordance with Nuclear Regulatory Commission protocol. The alert had to be maintained until site-specific Nuclear Regulatory Commission termination criteria were established and fulfilled.

At 4:16 am the Wisconsin Emergency Management Duty Officer received notification of the incident at the Prairie Island Nuclear Generating Plant. The Wisconsin State Radiological Coordinator was notified and immediately contacted the power plant liaison for details regarding the event. A Wisconsin E-Sponder alert was sent at 5:45AM to Wisconsin emergency response agencies indicating an SEOC activation at level two. The Minnesota Emergency Operations Center and the Pierce County, Wisconsin Emergency Operations Center were also activated. Agencies represented at the Wisconsin SEOC included: Wisconsin Emergency Management, the Wisconsin National Guard, the Department of Health Services and the Wisconsin State Patrol.

At 11:30 AM the Nuclear Regulatory Commission performed a final assessment of the site and approved the termination of the event. At 2:24 PM the SEOC was notified that each of the three termination criteria had been met. The Wisconsin SEOC returned to Level 4 (Wisconsin Emergency Management Duty Officer is on call 24 hours a day).

2012: Extreme Heat Event

In late June and early July of 2012, Wisconsin experienced one of the worst heat waves in recent history. Wisconsin experienced extended and consecutive days of extreme heat advisories and warnings for two-thirds of the state. Wisconsin DHS was asked by Wisconsin Emergency Management to coordinate communication on heat-related fatalities and cooling center processes. Wisconsin DPH activated a limited incident command structure to respond. This heat event was the first response in which DPH utilized the Wisconsin Partners Communications and Alerting Portal, a secure, web-based application for response partners to share information and find resources during an event. DPH's dedication to continually provide information and resources to local and tribal health departments allowed these local responders to effectively provide resources to Wisconsin citizens. DPH further utilized this event to create a Heat-Fatality Reporting Process, working with new partners such as the Wisconsin Coroner and Medical Examiners Association and the National Weather Service.

2013: H3N2v

During Fall 2012, the country experienced an outbreak of H3N2v influenza, a new variant of swine flu often diagnosed in individuals who spent time at county fairs. DPH worked with state and local partners to disseminate information on infection control and antiviral treatment.

2013: Novel Influenza A (H7N9)

Along with the rest of the world, Wisconsin DPH has been keeping a close eye on the Novel Influenza A (H7N9) virus. While there have been no reported cases outside of Asia, Wisconsin has planned response efforts, should they become necessary. DPH has developed an H7N9 Response Plan, and stays in regular contact with the CDC. DPH has provided resources for local and tribal health departments so that these agencies can also be prepared.

2013: Sheboygan Tuberculosis Outbreak

Sheboygan County experienced a large active tuberculosis outbreak among an extended family. As of June 2013, there are eight confirmed active cases of tuberculosis, and testing of contacts is ongoing. DPH has assisted Sheboygan County by providing extra nursing and epidemiological staff. Sheboygan requested and received from the CDC Epidemiologic Assistance, where trained Epidemic Intelligence Officers arrive on scene and assist in containing and tracing outbreaks. Tuberculosis follow-up is lengthy and expensive and therefore Sheboygan County has sought additional funds from the CDC and the state. DPH continues to monitor and provide assistance to the situation as it evolves.

STRATEGIC NATIONAL STOCKPILE

Cache	What is it?	What is in it?	How is it activated?	When does it arrive?
Strategic National Stockpile 12 Hour Push Pack	The Strategic National Stockpile is a national repository of pharmaceuticals, medical supplies and equipment needed for a large scale medical disaster. These items are stored in specially designed containers kept at 10 strategic locations across the country ready to be shipped in 12 hours or less.	Pharmaceuticals, vaccines, medicines, supplies, and medical equipment. These include: antibiotics, chemical antidotes, antitoxins, life support medications, IV administration sets, airway maintenance supplies, and medical/surgical items.	Local officials will contact the Wisconsin Division of Public Health (DPH) or Wisconsin Emergency Management (WEM), who will notify the Governor to request the SNS from the federal government.	The SNS Push Pack arrives 12 hours or less after the federal government decides to release it. The Push Pack is received by the State and then distributed in 2-8 hours.
SNS Managed Inventory	Managed Inventory (MI) is a cache of pharmaceuticals, vaccines, medical supplies, and medical equipment kept by the manufacturer for the Centers for Disease Control and Prevention (CDC), and ready to ship at a moment's notice.	Pharmaceuticals, vaccines, medicines, supplies, and medical equipment. Includes: antibiotics, antivirals, chemical antidotes, antitoxins, life support medications, IV administration, airway maintenance supplies, respirators, and medical/surgical items.	See above.	Managed Inventory arrives 12 hours or less after the federal government decides to release it. Received by the State and then distributed in 2-8 hours.
DTPA	DTPA (Diethylenetriamene pentaacetate) is a chelating agent which binds to radioactive materials that get in the body.	IV Medications: <ul style="list-style-type: none"> • Zinc DTPA • Calcium DTPA 	Hospitals contact DPH directly.	4 to 6 hours after notification.
Antiviral Medications	State-owned antiviral medications purchased at a reduced price for use only during an influenza pandemic.	Antiviral medications: <ul style="list-style-type: none"> • Tamiflu • Relenza 	Authorized by CDC when large clusters of human-to-human spread or a confirmed human outbreak.	24 hours or less after the State's decision to release them.

Cache	What is it?	What is in it?	How is it activated?	When does it arrive?
CHEMPACK	<p>CHEMPACKs are caches of nerve agent antidotes placed in communities for rapid access. This allows responders to begin immediate treatment of individuals exposed to nerve agents.</p> <p>CHEMPACKs are federally owned assets that are pre-positioned in strategic locations throughout Wisconsin.</p>	<p>Auto-injectors and multi-dose vials of oximes, anticholinergics, and anticonvulsants.</p> <ul style="list-style-type: none"> • Atropine sulfate • Pralidoxime chloride (2PAM) • Diazepam 	<p>CHEMPACKs are activated through local emergency dispatch when the On-Scene Commander identifies a nerve agent incident.</p> <p>CHEMPACK host locations open the containers and ready the drugs for use and transport to other hospitals and the incident scene.</p>	<p>CHEMPACK cache locations are strategically located to insure that CHEMPACK material can be delivered in one hour or less.</p>
State Cache	<p>State-owned Personal Protective Equipment and Medical Surgical Supplies. Available when there are shortages in the supply chain or a facility suddenly has an overwhelming outbreak. Cots are for increasing bed capacity and to support nursing home evacuations but may be available to support sheltering.</p>	<ul style="list-style-type: none"> • N-95 Respirators • Surgical masks • Pediatric Surgical masks • PAPR Hoods • Nitrile and Vinyl gloves • Isolation gowns • Face shields • Syringes and needles • Military Cots • Body Bags 	<p>Contact DPH directly.</p>	<p>48 hours or less after the State's decision to release them.</p>
Interim Pharmaceutical Stockpile	<p>The Interim Pharmaceutical Stockpile (IPS) is a supply of antibiotic medications held by a medical distributor for hospitals, Tribes, and local public health agencies for prophylaxis of 1st receivers and 1st responders</p>	<p>Oral antibiotics:</p> <ul style="list-style-type: none"> • Ciprofloxacin • Doxycycline 	<p>Collaborative decision between the hospital, local public health, DPH, and CDC is required to activate the IPS.</p>	<p>12 hours after the decision to activate.</p>