



Auxiliary Distribution Plan (ADP) - Frequently Asked Questions (FAQs)

Q1: What is the Auxiliary Distribution Plan (ADP) and who is eligible to participate?

A1: The ADP is a partnership between the New York City Department of Health and Mental Hygiene (DOHMH) and a broad range of vulnerable populations service providers (VPSPs) who routinely provide services to some of the most vulnerable New Yorkers. Examples of VPSPs include dialysis centers, nursing homes, rehabilitation centers, long term care facilities, and homecare providers. By enrolling in the ADP, participating VPSPs voluntarily agree to receive medical countermeasures (e.g., antibiotic medication or vaccine) from DOHMH and dispense to their patients during certain types of public health emergencies in accordance with guidance from DOHMH.

Q2: What type of public health emergency will trigger the ADP, and how much time will there be to dispense medication?

A2: There are numerous incidents that might give rise to a public health recommendation to dispense countermeasures to some or all New Yorkers. We are currently focused on the consequences of a citywide anthrax release. If anthrax bacteria is released throughout NYC, DOHMH will recommend that New Yorkers take oral antibiotics to prevent a deadly infection. Use of antibiotics to prevent disease in this way is known as antibiotic prophylaxis. In the case of citywide anthrax exposure, the goal of DOHMH is to dispense free antibiotics to the entire population of New York City (NYC) within 48 hours.

Q3: How will New Yorkers acquire medication in an anthrax emergency?

A3: In NYC, the primary method for distributing medication is through community-based Points-of-Dispensing (PODs) that are activated or “stood up” during public health emergencies. At NYC PODs, individuals may rapidly obtain oral antibiotics for themselves and up to five other people. Although NYC has a robust POD plan, DOHMH is exploring additional ways to facilitate rapid access to medication.

Q4: Why are VPSPs and the ADP so important in an anthrax emergency?

A4: As VPSPs are well aware, many individuals have conditions that prevent them from going to a POD, and they may have no one available to pick up medication on their behalf. Other people, such as dialysis patients, have complex medical conditions that require specialized healthcare providers to determine the most appropriate antibiotic doses and regimens. Specialized healthcare providers will not be available at most PODs. In these cases, VPSPs have the best opportunity to ensure that their patients receive appropriate antibiotics.

Q5: How does the ADP work?

A5: Many elements of the ADP (“the plan”) are under development, but the basic vision is well established:

- VPSPs will voluntarily register to participate in the plan.
- In order to register, VPSPs must first enroll in the web-based Advanced Warning System (AWS), which is explained in further detail below in question 6. VPSPs that are not currently enrolled in the AWS are encouraged to do so as soon as possible.
- The AWS will serve as the method by which DOHMH enlists providers and manages the ADP.
- It is important to understand that registration in the AWS at this time does not mean that a provider is a partner in the ADP. However, once the plan is more fully developed, eligible VPSPs who are AWS users will be asked to enroll in the ADP.
- VPSPs must be able to meet certain criteria in order to participate in the ADP, and, at the time of registration, VPSPs must electronically accept the terms of a Memorandum of Agreement (MOA) governing their partnership with DOHMH.

Q6: What is the Advanced Warning System (AWS) and what is its relationship to the ADP?

Q6: Developed by DOHMH in partnership with the New York City Office of Emergency Management (OEM), the AWS is designed to enlist VPSPs to notify individuals with special needs of various hazards and emergencies in New York City that may affect their independence and daily lives. Participating agencies receive public preparedness and emergency information targeted to vulnerable populations, which information can then be relayed by providers to their clients and contracted agencies. Additionally, the AWS website provides an array of resources for agencies that serve vulnerable populations. Hundreds of VPSPs are already enrolled in the AWS. VPSPs who are not already members are encouraged to visit <http://www.advancewarningsystemnyc.org> for more information and to register for this free and important service.

By enrolling in the AWS, providers will receive valuable information now and will be one step closer to being eligible to enroll in the ADP in the future. As indicated above, DOHMH is currently in the process of modifying the AWS so that it can be used to register and manage eligible providers in the ADP. More information will be provided about this process in the future.

Q7: When and how will VPSPs receive oral antibiotics for administration to their patients?

A7: Following a determination by DOHMH that it will activate the ADP in response to a public health emergency, providers will receive notification from DOHMH via the AWS. Antibiotics will be shipped via ground delivery to VPSPs at the address pre-specified by the provider in the AWS. DOHMH will make best efforts to ensure that medication is delivered to VPSPs within 12-24 hours after an anthrax release is determined.

Q8: How much medication will each VPSP receive?

A8: Each VPSP will receive a pre-determined quantity of countermeasures sufficient to prophylax its patient population and staff.

Q9: How does an agency become eligible to enroll in the ADP?

A9: Eligibility will be based upon a variety of factors, including the capacity to:

- Receive notification from DOHMH;
- Rapidly mobilize staff;
- Rapidly notify patients;
- Receive oral antibiotics;
- Secure antibiotics until dispensing is complete; and
- Rapidly dispense/administer oral antibiotics to your patients. Given the inherent delay between “zero hour” when DOHMH activates the ADP, and delivery of antibiotics at least 12 hours later, VPSPs must be able to prophylax their patients in a maximum of 36 hours after receipt of antibiotics. In many cases, VPSPs should assume for planning purposes that dispensing must occur within 24 hours after receipt of antibiotics.

Q10: What else is required to enroll in the ADP?

A10: As indicated above, VPSPs will be required to sign a Memorandum of Agreement (MOA) at the time of registration. By accepting the terms of the MOA, VPSPs provide assurances that they can meet the criteria above. Additionally, the MOA will require providers to agree to routine and emergency responsibilities. Examples of routine responsibilities will or may include periodically:

- Updating point-of-contact and delivery information in the AWS;
- Specifying the type of medication (e.g., doxycycline, ciprofloxacin) and quantity needed to prophylax patients and staff;
- Verifying the continued capabilities specified above; and
- Exercising various elements of the plan in coordination with DOHMH to the extent funding is available to do so.

Emergency responsibilities will include:

- Ensuring that staff are available to receive and secure antibiotics at the time of delivery; and
- Ensuring that patients are prophylaxed within the appropriate timeframe in accordance with guidance from DOHMH. Typically this guidance will be issued at the time of a public health emergency, and will include requirements related to dispensing of countermeasure, facts sheets, etc.

Q11: Will there be some type of technical support or training provided to VPSPs?

A11: DOHMH will provide training and technical support where appropriate. DOHMH seeks the input of VPSPs to ascertain what type of training and technical guidance is needed.

Q12: What legal protection is available for ADP providers who voluntarily agree to assist DOHMH in prophylaxis their patients?

A12: During public health emergencies, various authorities may provide legal protection to those involved in the public health response. For example, under certain circumstances, the Public Readiness and Emergency Preparedness (PREP) Act provides broad immunity under federal and state law from tort liability (*i.e.*, certain civil lawsuits) for claims of loss relating to the administration or use of specific medical countermeasures. DOHMH encourages VPSPs to consult with their attorneys, if applicable, to ascertain what legal protections are available. DOHMH will help address these concerns as planning for the ADP progresses.

Q13: Why should VPSPs agree to participate in the ADP?

A13: VPSPs are strongly encouraged to participate because their patients will be dependent upon them, and because DOHMH does not have the ability to prophylax everyone who is unable to come to a POD. Given this limitation, the role of VPSPs in ensuring their patients' wellbeing following an anthrax release in New York City cannot be overstated.