



CDPH Board of Health Updates – October 2024

October 30, 2024

Fikirte Wagaw, First Deputy Commissioner

Priority Initiatives

- Enhance capacity for early detection, investigation, and response to communicable diseases
- Improve internal systems to achieve equitable delegate pool
- Release a progress report on Healthy Chicago 2025
- Expand Family Connects Chicago
- Expand Crisis Assistance Response and Engagement (CARE) 911 Alternate Response
- Narcan Distribution Strategy
- Treatment not Trauma Clinic Expansion
- Increase vaccine preventable infectious disease vaccination rates in most impacted communities (flu, COVID, MMR, Varicella)
- Plan and prepare for 2024 Democratic National Convention
- Increase public health visibility in marginalized communities
- Tracking PREP and DoxyPEP Prescriptions
- Expand workforce capacity and increase efficiency of hiring process

Commissioner's Update

Fikirte Wagaw, First Deputy Commissioner



Marburg Virus Disease (MVD)

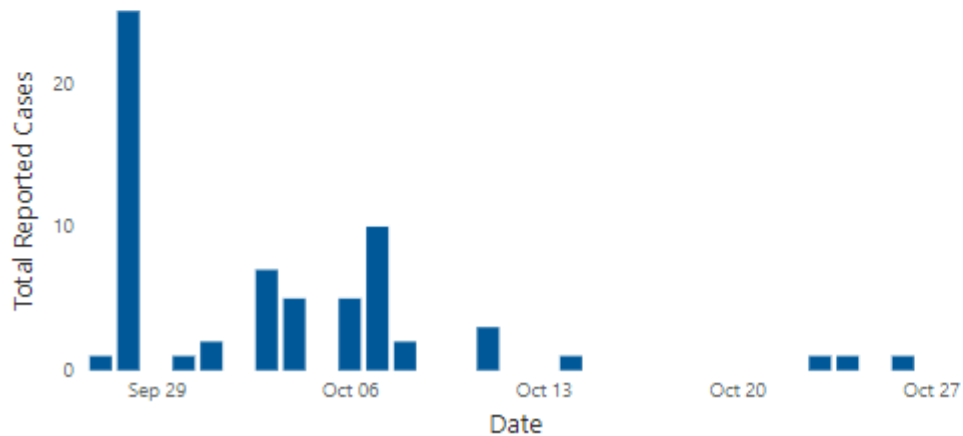
Dr. Stephanie Black

★ Summary of Marburg Outbreak in Rwanda as of 10/29/24

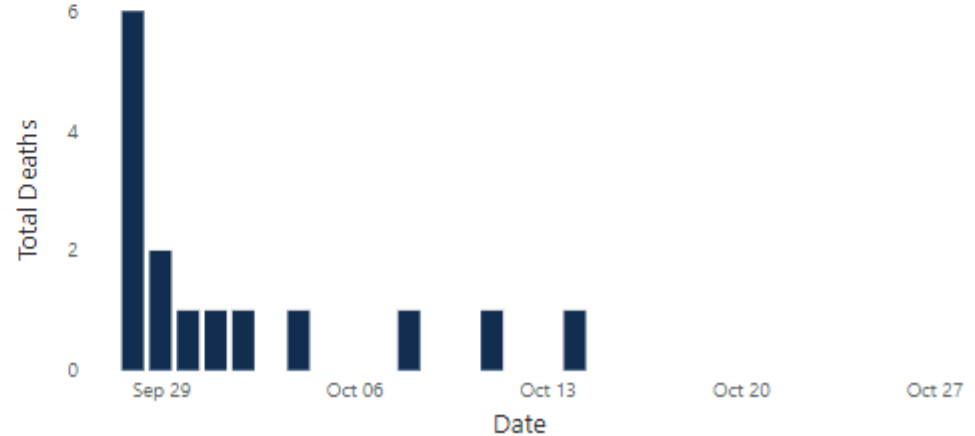
Marburg Virus Disease (MVD) Cases and Deaths

Reported MVD Cases	Confirmed MVD Cases	Suspected MVD Cases
65	65	0
MVD Deaths	Case Fatality Rate*	
15	23.08%	

Reported Cases by Date



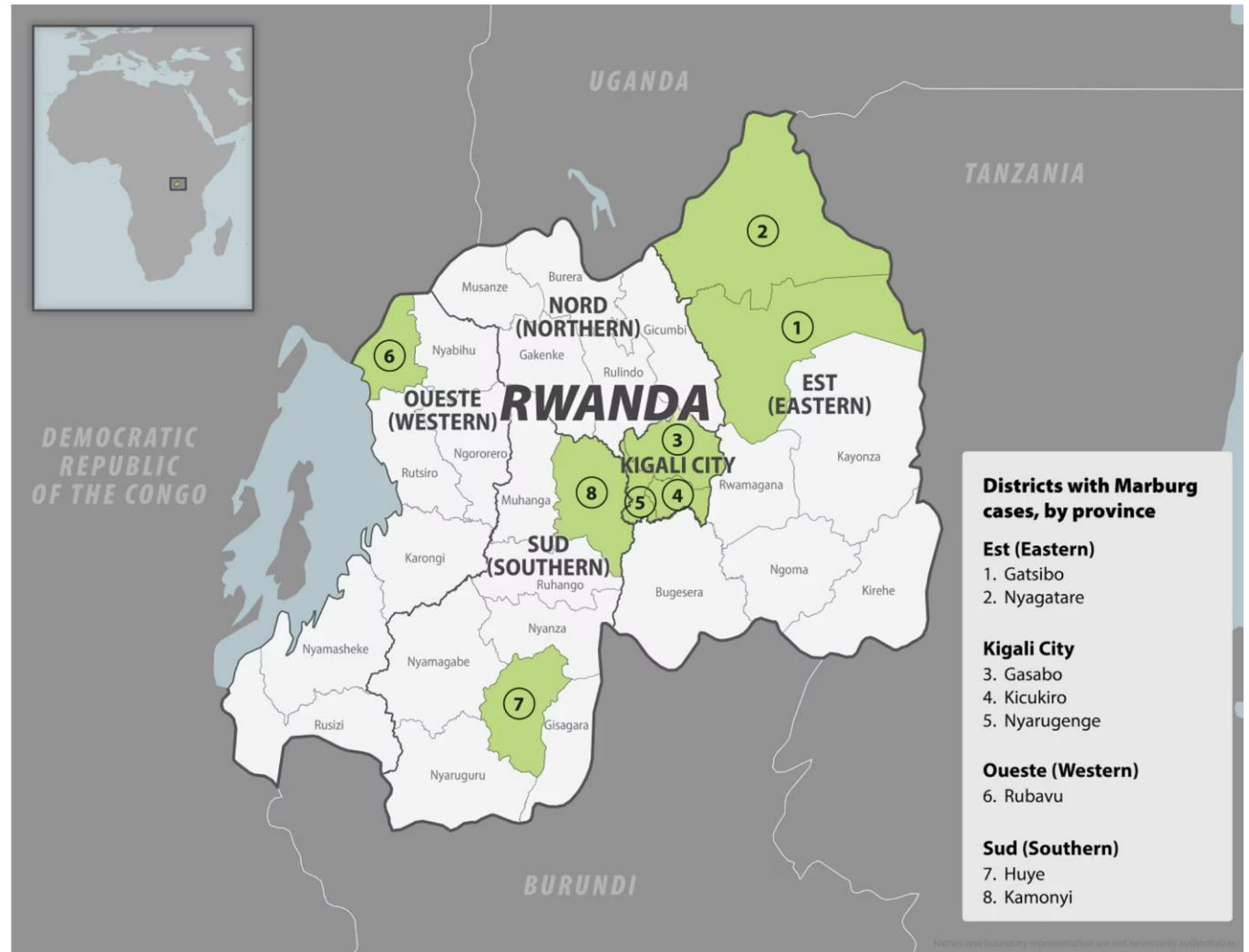
Deaths by Date



*Until this MVD outbreak ends, this metric will be a lagging indicator as fatal MVD cases typically take 8 to 9 days for death to occur.

★ Outbreak

- Index case was a male in his 20s with a history of **exposure to bats** in a cave
- More than 80% of confirmed cases have been in healthcare workers
- **No evidence of community transmission in Kigali**
- Transmission limited to 3 clusters of cases
 - 1 family-associated
 - 2 hospital-associated
- 3 new cases on 10/23, 10/24, 10/25
 - 1 HCW in treatment unit, 1 known contact of a case, 1 miner
 - As of 10/20, **>1100 contacts** still being monitored



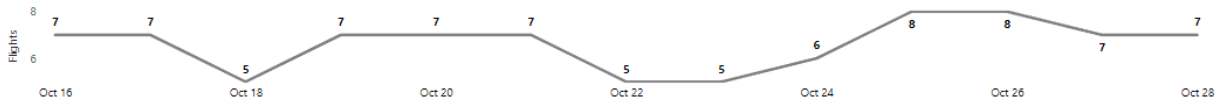
Traveler Monitoring Dashboard, 10/28/24

Rwanda to O'Hare Passenger Screening

Most Recent Day:
10/28/24

Flights Today	Passengers Screened Today	Public Health Assessments Today
7	13	0

Daily Flights from Rwanda



Daily Passengers Screened



Daily Public Health Assessments (Secondary Screening)



Total Flights	Total Passengers Screened	Total Public Health Assessments
86	342	12

Cumulative Chicago Records

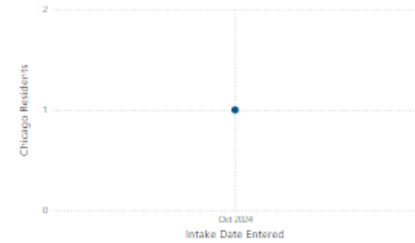
REDCap Data on Illinois Travelers

Cumulative Number of Travelers Staying in Chicago
1

Cumulative Chicago Travelers by Age Group

Age Group	Count
45-64	1
Total	1

Cumulative Number of Travelers Staying in Chicago by Date Entered



Traveler Classification

● Traveler in patient areas of Rwandan HCF

Cumulative Final Outreach Status

● Successfully contacted for interview/monitoring



Chicago Records Under Active Monitoring

Number of Chicago Travelers Under Active Monitoring
0

Table of Records Under Active Monitoring

Contact Made with Traveler?

Traveler Classification



CDPH Disease Control and Health Protection response preparations

- ORD one of 3 airports where passengers are being directed nationally (JFK and Dulles are the others). Fourth time Chicago tapped for receiving passengers.
 - As of 10/25: 86 flights since 10/16/24, 342 passengers, 12 individuals evaluated for either symptoms or risk factor assessment
- Travel monitoring
- Epidemiology global outbreak awareness and data visualizations for monitoring
- Risk assessment tool
- Healthcare system coordination
- *****Chicago remains the ONLY "funneled airport" site without a federally funded Regional Emerging Special Pathogen Treatment Center**
 - HHS selects the Centers and DHS selects the airports



SYSTEM OF CARE

LEVEL 1

LEVEL 2

LEVEL 3

LEVEL 4

What will the System of Care Look Like?

Level 1: Regional Treatment Centers or RESPTCs: Level 1 facilities will serve as resource hubs for regions, providing highly specialized care delivery to patients suspected of or infected by a special pathogen. RESPTCs provide clinical care to patients of all ages and acuity. Level 1 facilities can care for patients for the duration of their illness.

Level 2: Special Pathogen Treatment Centers (SPTCs): Level 2 facilities have the capacity to deliver specialized care to clusters of patients suspected of or infected by a special pathogen and serve as the primary patient care delivery center. Level 2 SPTCs may be pediatric, adult, or both. Level 2 facilities can care for patients for the duration of their illness.

Level 3: Assessment Centers: Level 3 facilities are widely accessible care delivery facilities, able to conduct limited basic laboratory testing and stabilize and coordinate rapid patient transfer to a Level 1 or 2 facility to minimize impact to normal facility operations. Level 3 facilities can care for patients for 12-36 hours.

Level 4: All Other Healthcare Facilities: Level 4 facilities can identify, isolate, inform, & initiate stabilizing medical care; protect staff, and arrange timely patient transport to minimize impact to normal facility operations.



Disease Control Conference

Dr. Stephanie Black



Disease Control Conference

- CDPH hosted the 26th Annual Disease Control Conference on September 10th
- 174 attendees representing federal, state and local leaders in PH discussed trending topics including:
 - Communication and coordination among partners
 - Miraculous measles response
 - New phenomenon of medetomidine toxicology
 - Novel/re-emerging pathogens
 - Changing epi of N. meningitidis
 - Evolution of H5N1
 - Novel surveillance systems
 - Whole genome sequencing
 - SENTRII (Surveillance for Emerging and Novel Threats and Reportable Illnesses and Injuries system)



What did we learn?

- Lessons from NYC:
 - TB screening program with CXR
 - Contracts with clinical vendors (testing, CXR)
 - Funding from the State
 - Asylum Application Help Center (won American Bar Assoc Hodson Award for Public Service)
 - Centralized system to support recently arrived immigrants as they navigate the federal immigration process
 - Collaboration between City, State, Fed governments
 - Co location of health insurance enrollers
 - Challenges
 - Complex with movement of people into and through shelters; transient
 - Complex medical and social service needs
 - Lack of access to telecoms, language and cultural barriers
 - Work and school needs
 - Data management and data coordination





SENTRII

Peter Ruestow

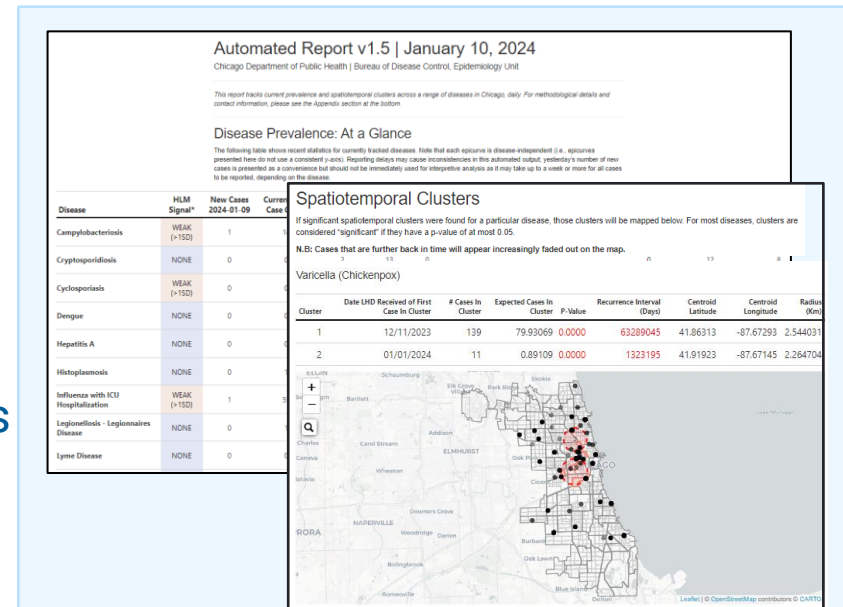
Facilitating Rapid Detection of and Response to Threats:

SENTRI

(Surveillance for Emerging and Novel Threats and Reportable Illnesses and Injuries)

Purpose of this system is to generate situational awareness and intelligence around acute health threats in Chicago to facilitate decision-making at CDPH

- Centralized surveillance data
- Standardized data processing
- Interactive data summaries
- Insights through routine analytics



- Web-based, easy-to-use interface
- Embeds dashboards and summary
- Must be on City network to access
- Flexible, scalable design

System mitigates the following gaps observed during the COVID-19 pandemic:

- Epidemiologists having to spend too much time on routine data processing and cleaning
- Lack of analysis and data insights (beyond simple summary) to inform decision-making
- Delays in detection of acute health threats due to lack of staff bandwidth to monitor data

Data for Action

Example: Democratic National Convention



SENTRI Home
West Nile Virus Surveillance
DNC 2024
Enteric Diseases
Respiratory Surveillance
About SENTRYII

Surveillance for Emerging and Novel Threats and Reportable Illnesses and Injuries (SENTRI)

Active Modules

- West Nile Virus Surveillance

Under Construction

- Enteric Diseases
- Respiratory Surveillance

Archived Modules






- Measles Outbreak

14:44
CDPH
SENTRI
©2024
CDPH
Disease Control Bureau
Epidemiology Program

Alignment with the national Data Modernization Initiative (DMI)



DMI Priorities

 <p>Build the right foundation.</p>	<p>Develop flexible structure compatible with new and existing information technology systems managed by CDPH PHIIT, CoC DTI, and contracted partners</p> <p><i>Examples: create processes that work with existing and future-state infrastructure, code management in Git</i></p>
 <p>Accelerate data into action.</p>	<p>Design data products that promote rapid sharing of intelligence to address public health issues, including health inequities</p> <p><i>Examples: cluster detection, interactive dashboards, highlighting vulnerable populations</i></p>
 <p>Develop state-of-the-art workforce.</p>	<p>Prioritize workforce development initiatives</p> <p><i>Examples: computer programming (R, SAS), data visualization (Tableau, Power BI)</i></p>
 <p>Support and extend external partnerships.</p>	<p>Partner with external experts to fill gaps</p> <p><i>Examples: Rush University Medical Center, Argonne National Laboratory, BlueDot, Discovery Partners Institute</i></p>
 <p>Manage change and governance.</p>	<p>Reorganization and cross-program/bureau collaboration</p> <p><i>Examples: socialize new tools, ensure data security, maintain good documentation</i></p>



Departmental Updates

CDPH Leadership

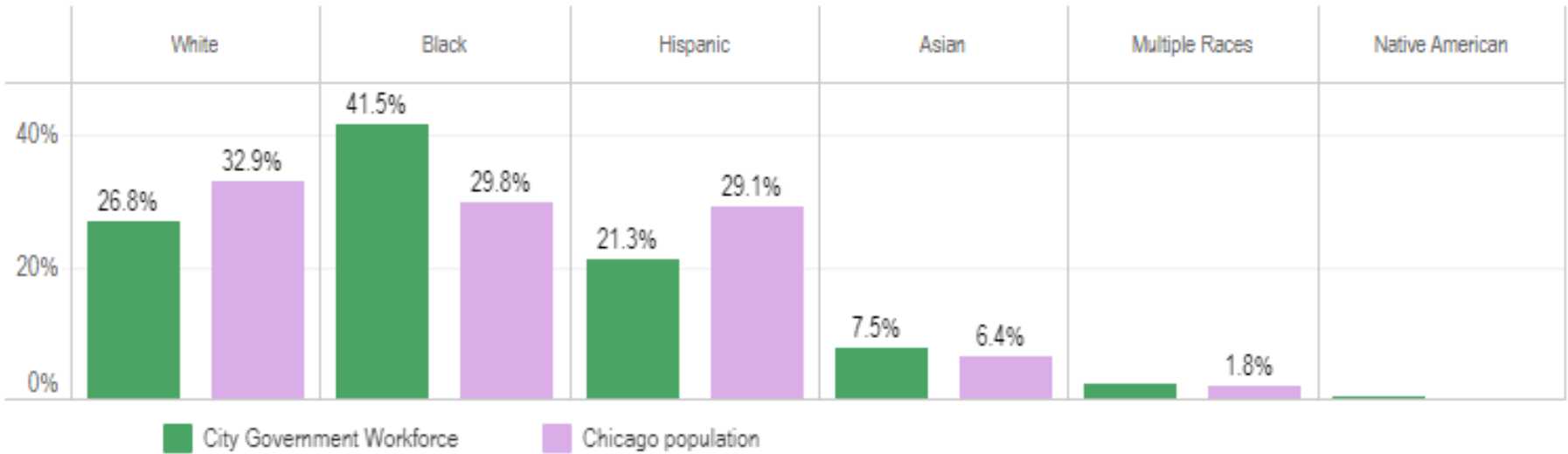


Staffing Updates

Fikirte Wagaw

All Staff Demographic Dashboard

By Ethnicity / Race

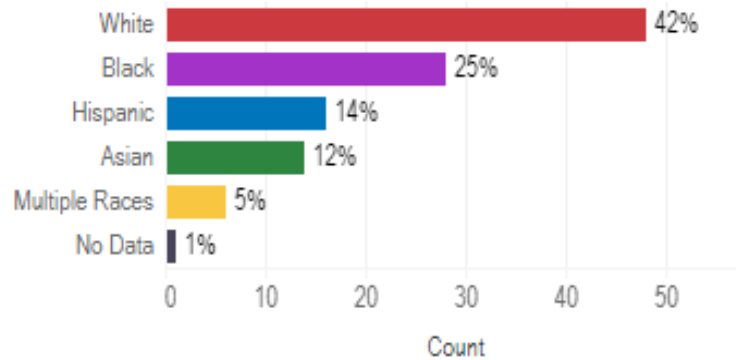


Management Demographics Dashboard

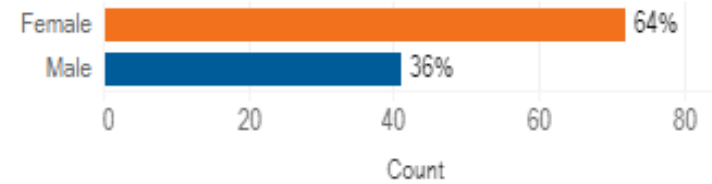
Equity Dashboard: City of Chicago's Workforce Diversity

Total number of management employees in department(s): 113

Ethnicity/Race of Management

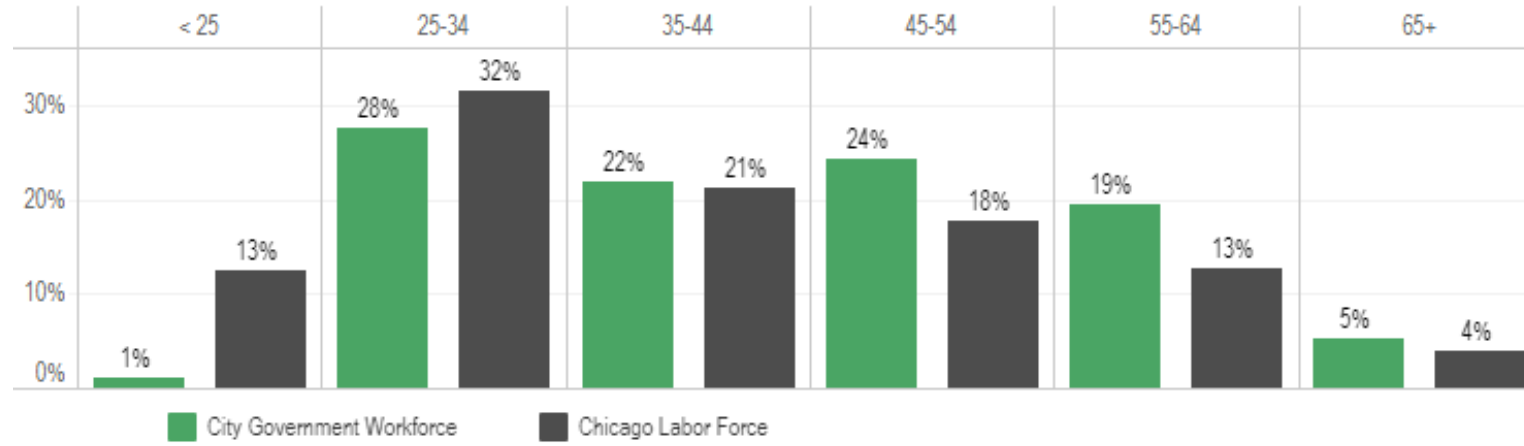


Gender of Management





By Age



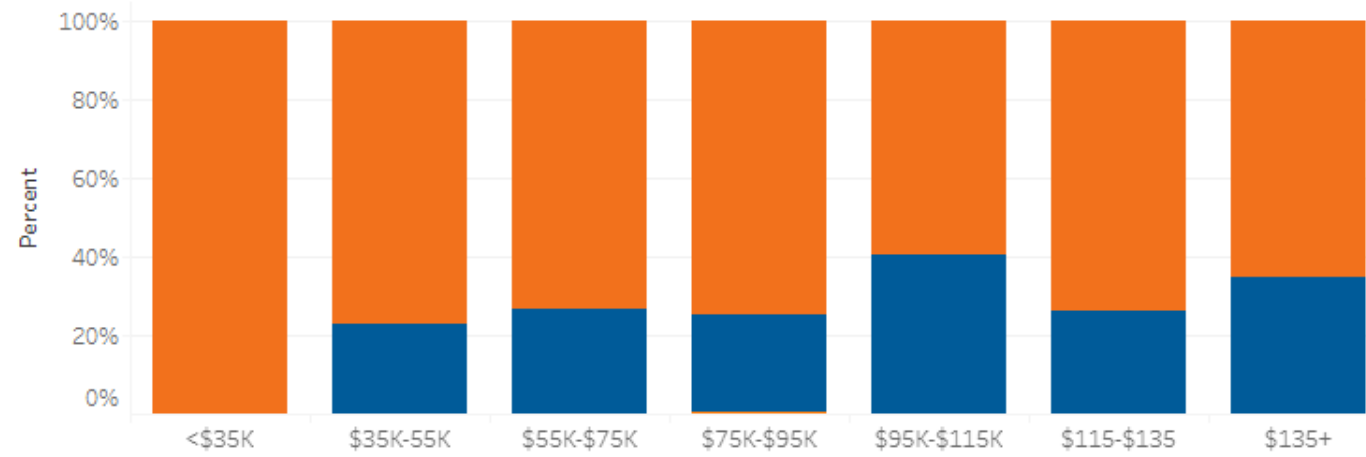
By Gender



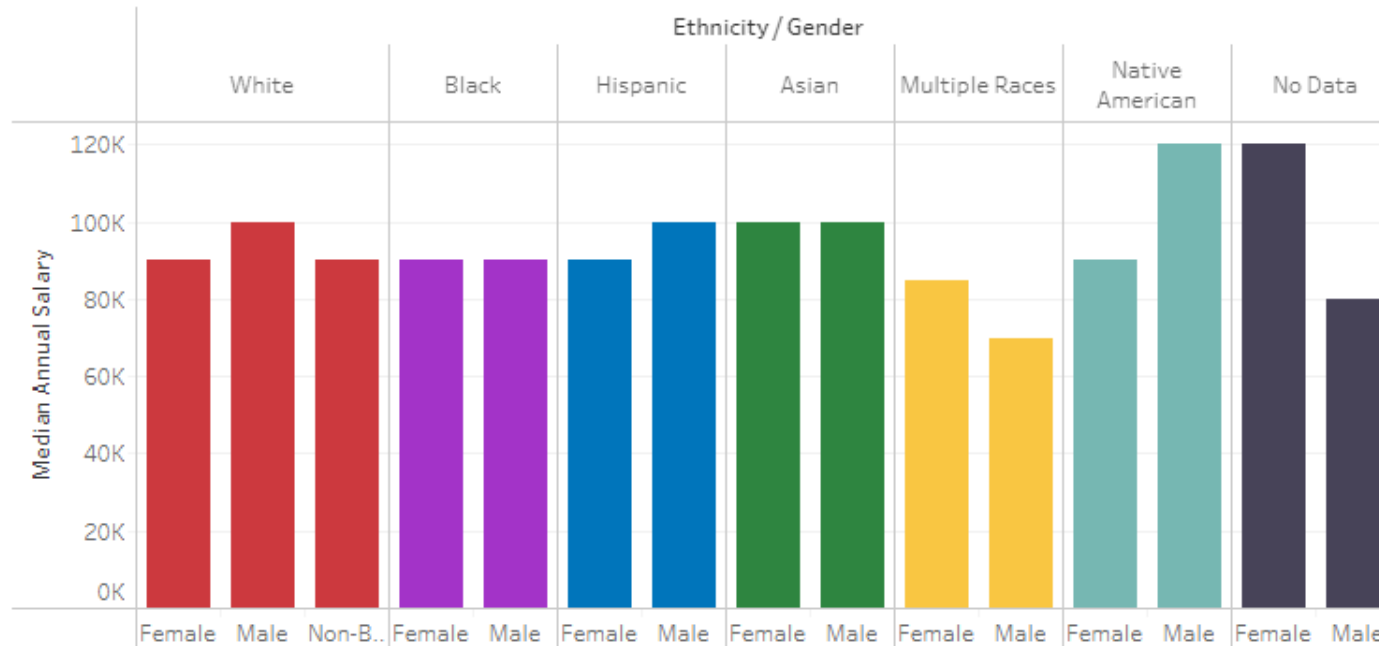
Equity Dashboard: City of Chicago's Workforce Diversity

Total number of employees in department(s): 757

Salary Distribution by Gender

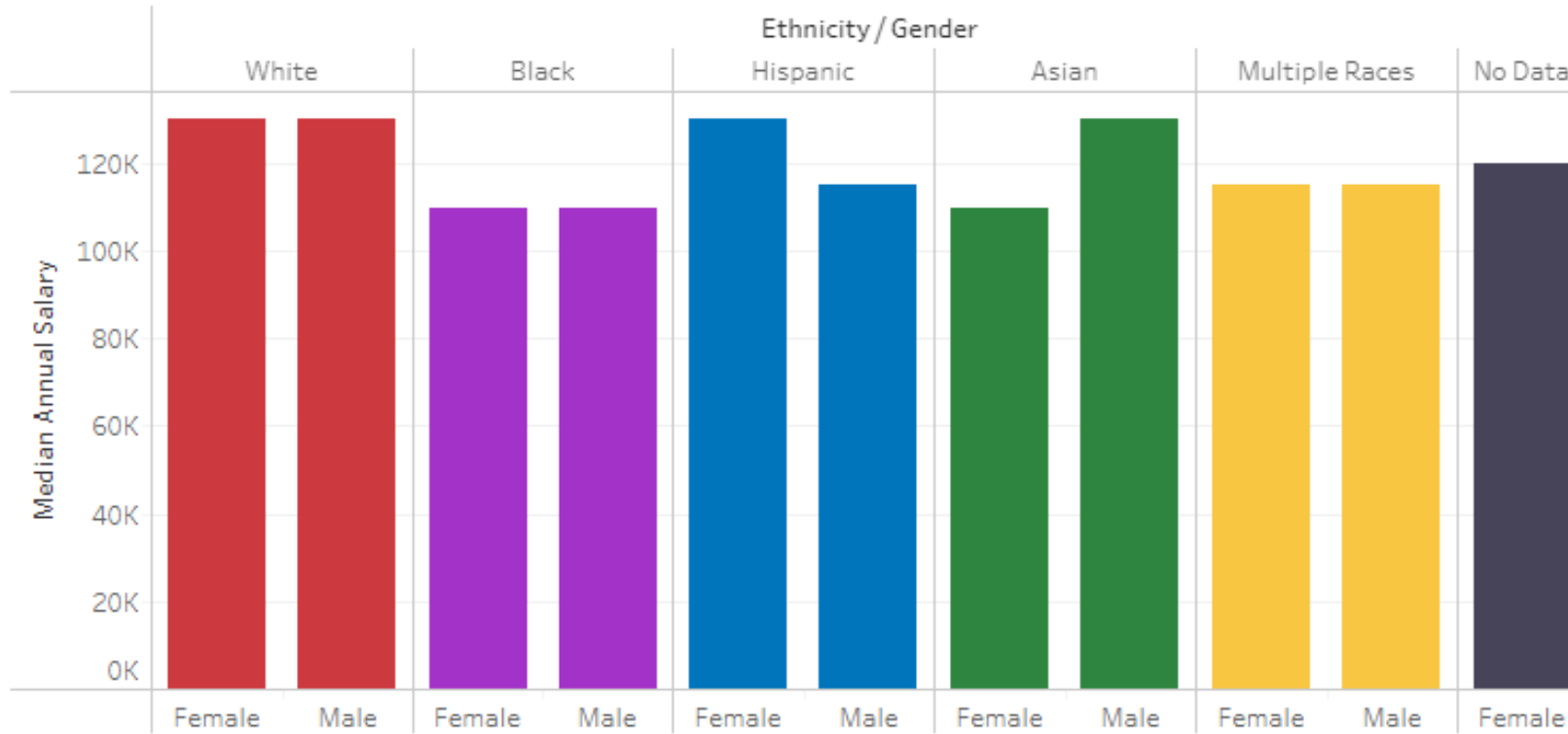


Median Salary by Gender & Ethnicity





Median Salary of Management by Ethnicity & Gender

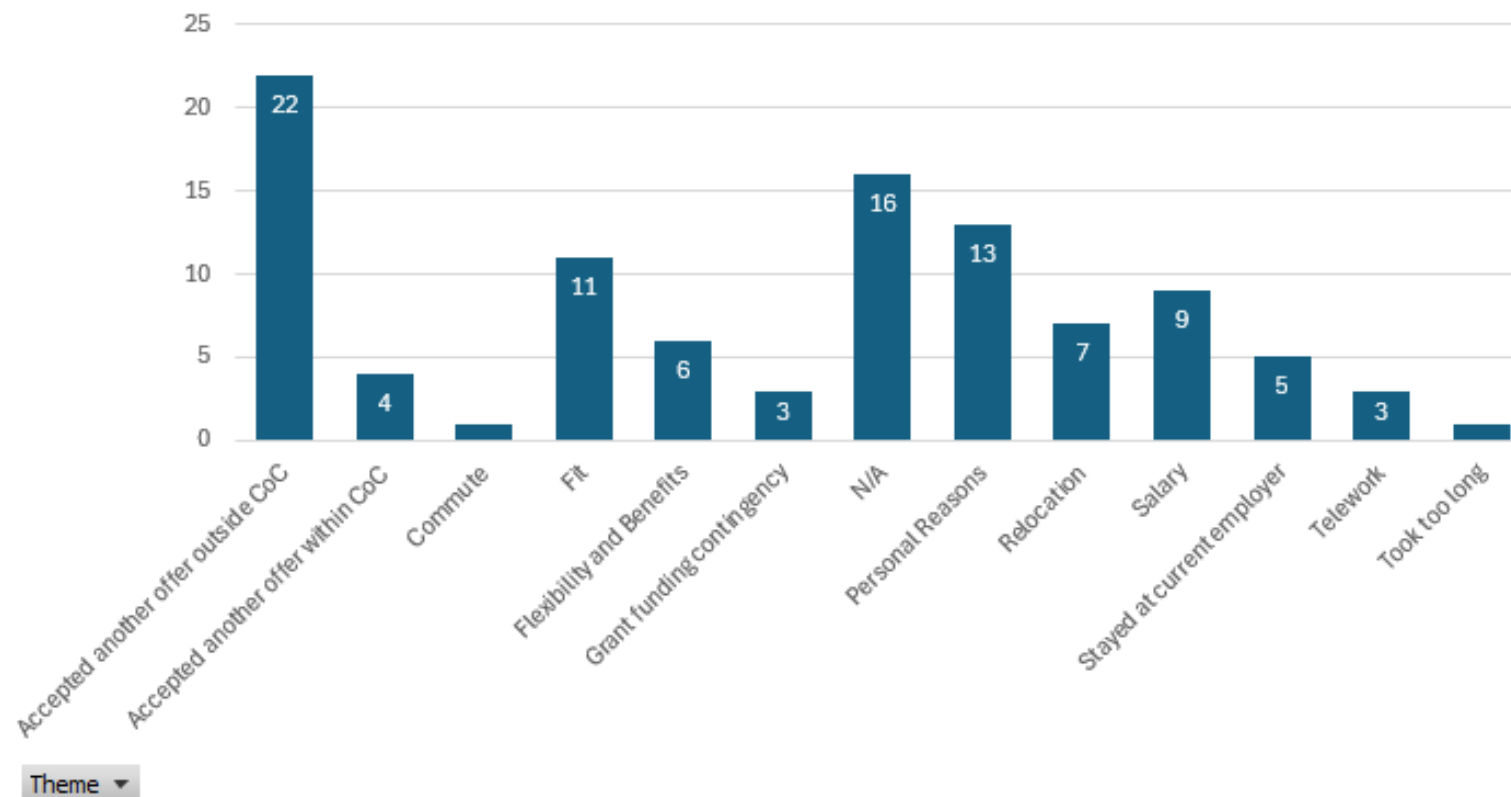


Job Acceptance

Count of Theme

n = 101

Reasons for Declining an Offer, 1/23 - 8/24





Budgetary Updates

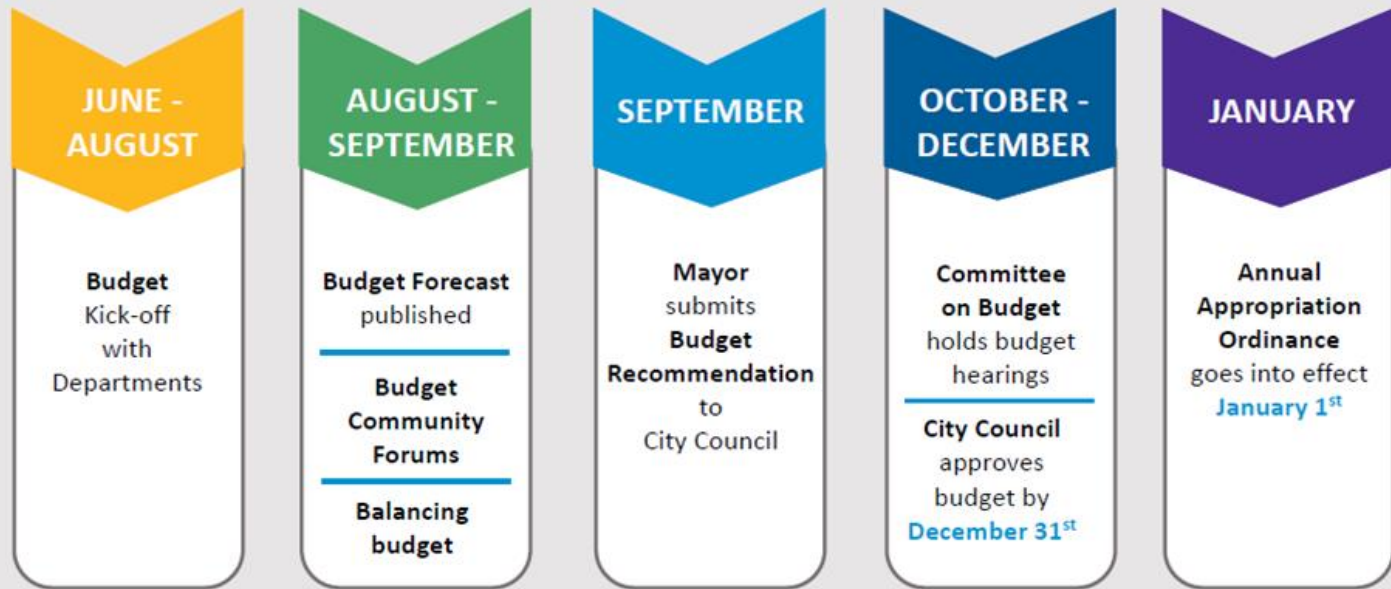
Mary Emmanuel

2024 Budget Season & Budget Restrictions

- Budget hearings have been pushed back to November 6-18
- Budget cuts & impacts on staffing
- Hiring restricted for Corporate and Community Development Block Grant funded positions
 - Impacts ~26% of CDPH positions
 - Exceptions considered for revenue generating positions
- Overtime restricted to public safety reasons
- Only essential travel can be paid for with Corporate funds

★ 2025 Chicago Budget Process Update

CHI BUDGET PROCESS



Revised FY2025 Budget Calendar

Date	Budget Event
10/30/24	Special Council Meeting: Mayor's Budget Speech
11/6/24 – 11/20/24	Department Budget Hearings
11/18/24 – 11/25/24	Budget Amendment Phase
11/25/24 – 11/26/24	Finance and Budget Committee hearings
11/27/24	Council Meeting
11/28/24	Thanksgiving
12/4/24	Council Meeting: Full Council Vote

*Dates are subject to change. OBM will notify Council members of any changes to the schedule.

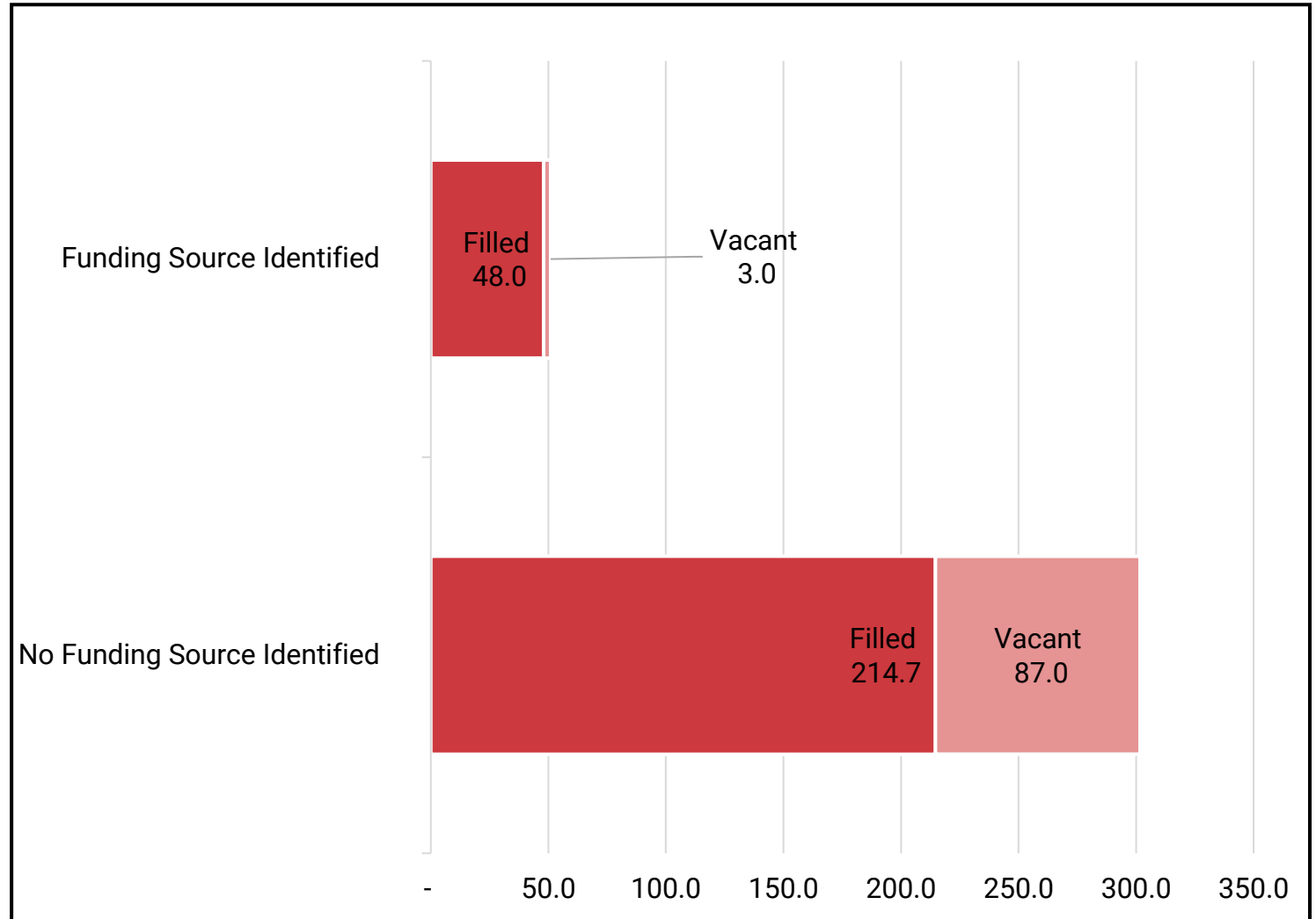
CDPH Budget Hearing = November 7th

Current Filled and Vacant Positions by Future Funding Status for One Time COVID grants

Chicago Department
of Public Health

Future Funding Status	Filled	Vacant	Total
Funding Source Identified	48.0	3.0	51.0
No Funding Source Identified	214.7	87.0	301.7
Grand Total	262.7	90.0	352.7

"Funding Source Identified" means positions that will be retained after 2027 as these positions will be transferred to a recurring grant or corporate.





FY25 Vacancies

FUND TYPE	#
Corporate	70
CDBG	13
Grant	170
Settlement	27
Total vacancies	280



Presentation and Discussion



Community Air Monitoring Network

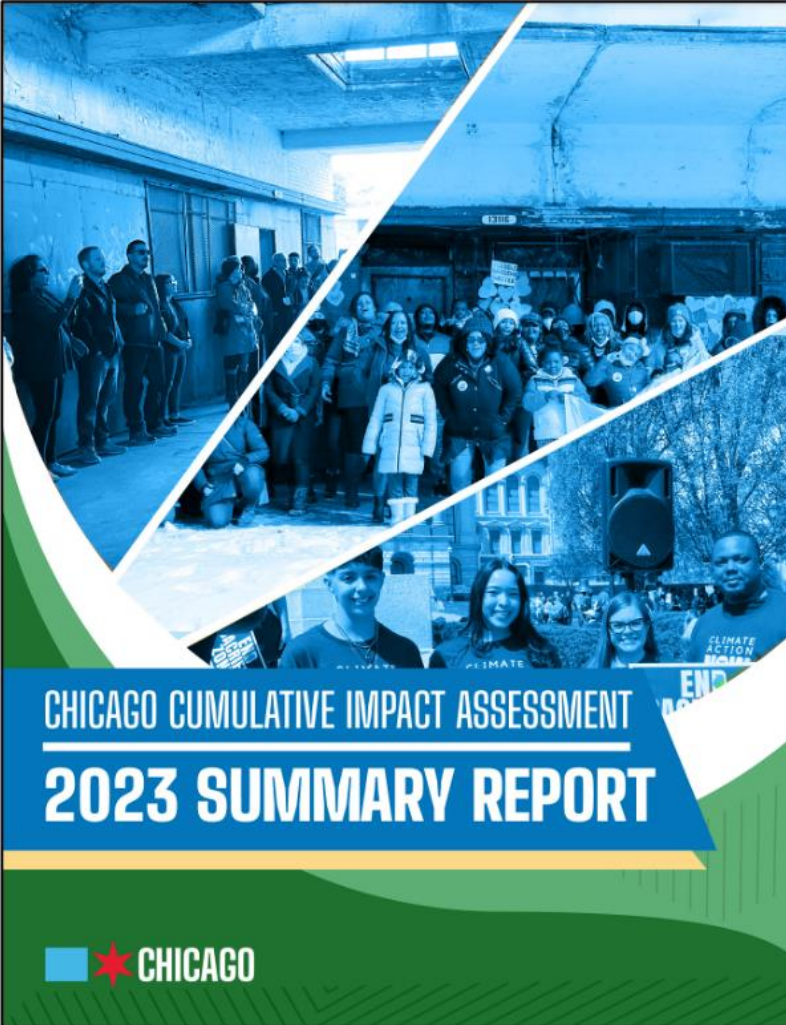
Raed Mansour



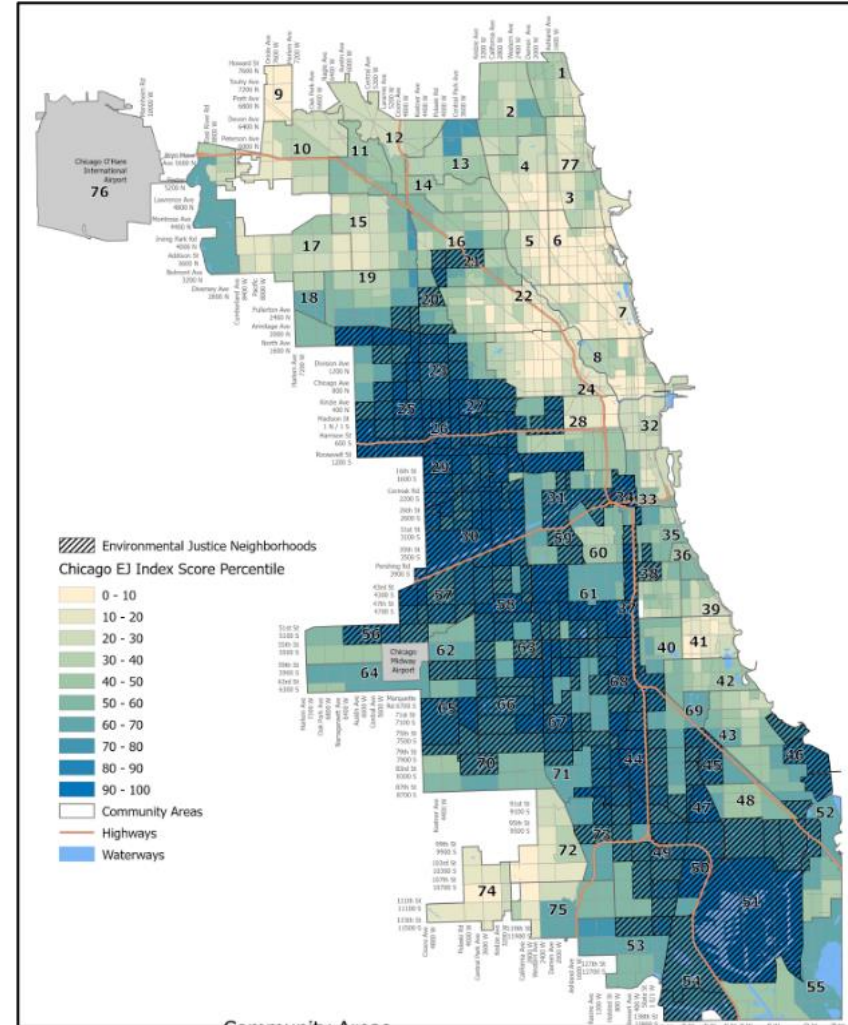
Current State

- AQ data for is derived from many disparate air sensor sources.
- AQ is collected and mapped by various levels of government, researchers, nonprofit organizations, and citizen scientists.
- Fragmentation is a problem for the community and the City: it doesn't consistently add up to a sustainable, usable, comprehensive understanding of ambient AQ – particularly for EJ neighborhoods with concerns about the localized impacts of intensive industry and transportation.
- As a result, the data produced by these sensors are not generally used for enforcement or policy development outside of the EPA's regulatory monitoring network.
- Community groups have also grown frustrated with repeatedly collecting data through pilot initiatives limited by time and funding, which has created a cycle of constantly “starting over” with new data collection.

★ Cumulative Impact Assessment



Community and City of Chicago released the findings and recommendations from a 15-month process to develop Chicago's first Cumulative Impact Assessment, a citywide project to provide data on how environmental burdens and other stressors vary in impact across the City. This Assessment, co-led and co-designed with people and organizations who live with these issues every day, identifies neighborhoods that experience the greatest cumulative impacts.



EJ Index identifies neighborhoods most burdened by pollution and most vulnerable to its effects based on environmental exposures and conditions, sensitive populations and socioeconomic factors at the census tract level.

Environmental Justice Action Plan Strategy

- Expand the City's community air monitoring network to increase the concentration of fence-line monitors and community sensors in Environmental Justice Neighborhoods. This network will be co-developed with organizations representing Environmental Justice Neighborhoods.
- This network will be co-developed with community including organizations representing EJ Neighborhoods.

- City EJ Action Plans: <https://www.chicago.gov/content/dam/city/depts/cdph/environment/CumulativeImpact/IWG-Dept-EJ-Action-Plans-pdf.zip>
- HUD Voluntary Compliance/Conciliation Agreement: https://www.hud.gov/press/press_releases_media_advisories/hud_no_23_095

EJ Planning Award

- With this strategy, CDPH partnered with the Chicagoland Environmental Justice Network, Center for Neighborhood Technology, and UIC School of Public Health to advance EJ through a better understanding of air quality.
- An equitable network design requires citywide coverage with a focus and super-saturation in communities that are most burdened by and vulnerable to air pollution.
- A robust network of community air sensors will have a variety of applications, including efforts to:
 - Determine ‘hot spots’ for future regulatory monitor placement, public education, outreach, and advocacy efforts
 - Assess cumulative impact of air pollutants in a city-wide analysis
 - Improve the prioritization and allocation of inspections and enforcement activities
 - Develop new policies and evaluate the effectiveness of existing policies to improve air quality
 - Create models to predict emission sources and facilitate response

Partnership for
Healthy Cities

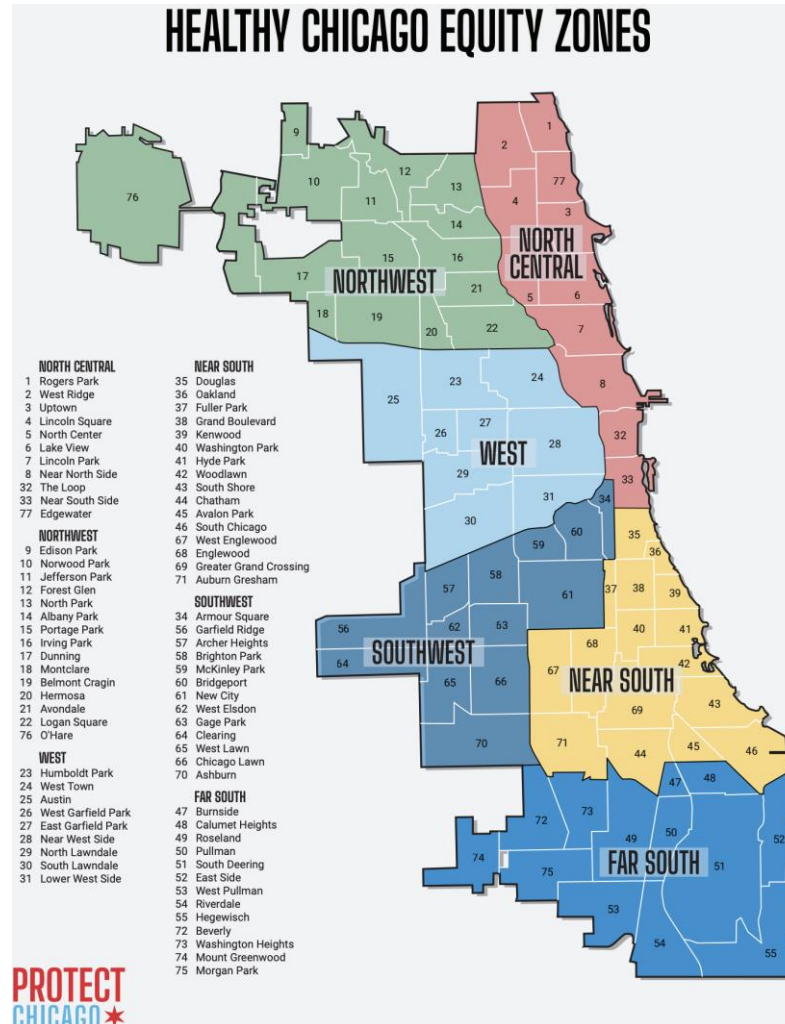
Bloomberg
Philanthropies

 Vital
Strategies

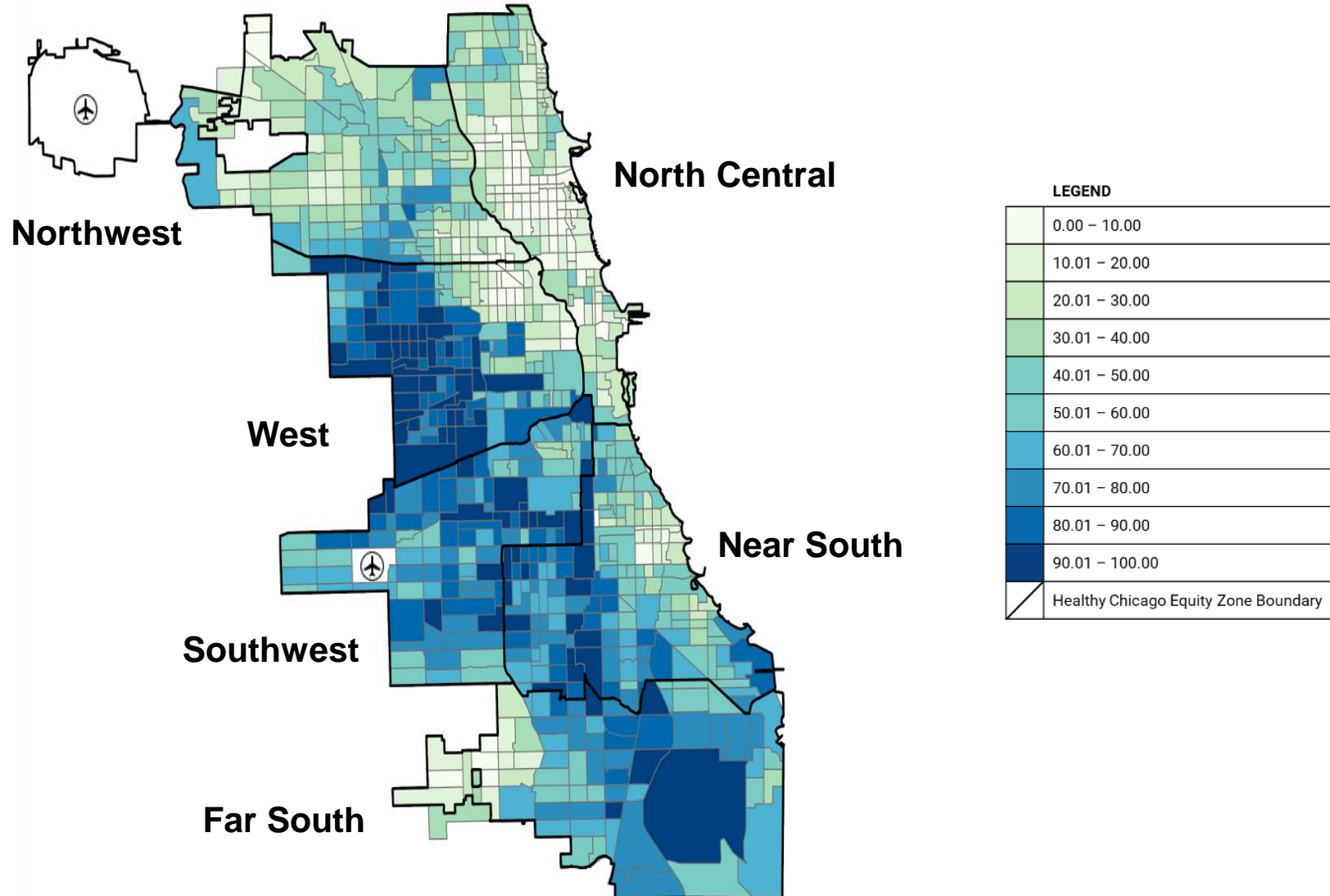
 World Health
Organization

★ Healthy Chicago Equity Zones

The Healthy Chicago Equity Zones (HCEZ) initiative is a network of hyper-local partnerships established to achieve the Healthy Chicago goal of closing Chicago's racial life expectancy gap. HCEZs ensure that community members have the power and resources to identify local assets and develop solutions that meet their most pressing health needs.



★ Environmental Justice Index per Census Tract by Healthy Chicago Equity Zones





Chicago Air Monitoring Network Community Governance Board

Through the HCEZ:

- **6 Regional Leads** will be responsible for developing region-wide program management systems and infrastructure, and for subcontracting with and supporting **12 Community Leads** to carry out program activities in their neighborhoods.
- With advisors from the community, City, academic researchers, and available scientific research, submit monthly **sensor sitting recommendations and justification**, especially over-sampling to prioritize and allocate sensors in neighborhoods with higher EJ index percentile scores.
- Work with the City of Chicago, EPA, IEPA, Cook County Department of Environment and Sustainability, University of Illinois at Chicago, sensor manufacturer, and EJ organizations to **ensure a standard, accessible, and culturally appropriate trainings** are available as a way for residents, communities, and board members to learn how to better understand air quality data.
- Develop a plan on how **sensor data will be accessible, extracted, maintained, and visualized for public access** outside of the primary dashboard for the existing air sensors and beyond any data access protocols already provided by the City (including new and existing sensor data) and a unified, public-facing online platform to support data sharing, data analysis, visualization, and community-driven decision-making.
- **Make recommendations for sustainability.**

★ Clarity Community Air Monitor

- Particulate matter (PM 2.5)
- Nitrogen dioxide (NO₂) monitor
- Self-powered battery with solar
- Cellular technology
- UV-resistant and weatherproof
- Installs onto City light posts
- Cloud data management, visualization and online dashboard
- 5 years





THANK YOU



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LinkedIn



Instagram



YouTube



Nextdoor



TikTok



Threads



Bluesky



X