



Criticality of Medical Countermeasure Distribution and Dissemination Platforms and Capabilities

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Critical Components

- Critical component of state planning is countermeasure distribution
- Critical component of local planning is countermeasure dispensing
 - ◆ Without the ability to distribute and dispense in appropriate time frames, having the countermeasure does not mean we are prepared

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Cities Readiness Initiative

- Cities Readiness Initiative calls for provision of prophylaxis to 100% of the identified population within 48 hours of decision to do so
- Currently 72 cities and metropolitan statistical areas (MSAs)

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Cornerstone of Dispensing

- Traditional points of dispensing (PODs) are cornerstone of local dispensing plans
 - ◆ Medical model
 - ◆ Resource intensive
 - ◆ Facility based

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Alternative Dispensing Methods



- Alternative dispensing methods
 - ◆ Non-medical models
 - ◆ High through-put

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Examples

- Closed PODs –businesses provide prophylaxis to employees
- Federal organizations are working as closed PODs
 - ◆ Atlanta's Federal Executive Board
 - ◆ 76 military installations
 - ◆ Others coming on board

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Examples

- Drive-through PODs
 - ◆ Highway pit-stops
 - ◆ Parking lots
 - ◆ Teller windows
- Mobile dispensing units
 - ◆ Hard to reach populations

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Examples

- Community based organizations
 - ◆ Meals on Wheels
 - ◆ Visiting Nurses
 - ◆ Faith based organizations
- Postal Option
 - ◆ Volunteer mail carriers deliver antibiotics to selected zip codes
 - ◆ Small part of the solution
- Med Kit

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Progress

- 2003 survey of 31 most populous cities identified significant gaps regarding:
 - ◆ PODs
 - ◆ Volunteers
 - ◆ Medical personnel
 - ◆ Management personnel
 - ◆ Equipment
 - ◆ Public information/communication

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Progress

- 2008 progress to date:
 - ◆ over 3500 PODs identified in the 72 MSAs
 - ◆ POD security assessments have been performed
 - ◆ ICS training for POD management
 - ◆ Job action sheets and just in time training
 - ◆ POD equipment kits
 - ◆ POD exercises

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Continued Challenges

- Lack of buy-in at all levels of government
- No evidence of credible threat therefore state/local governments do not believe in need for 48 hour requirement
- Liability issues

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Continued Challenges

- POD staffing requirements
- Public health relationships with law enforcement and emergency management
- Limited health department staffing dedicated to this effort
- High staff turnover
- Difficulty measuring capacity to achieve 48 hour dispensing

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HSPD-21

- Ensure tools and templates are available to enable communities to develop operational plans supporting the distribution and dispensing of countermeasures to their populations within 48 hours
- Ensure performance data is used as metric for public health preparedness grant funding

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Ongoing Collaborative Efforts at CDC



- Field assignees
- Sharing promising practices
- Promoting closed PODs
- Improved access to modeling tools
- Improved preparedness measurement
 - ◆ POD standards
 - ◆ Capability drills

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