

# Countermeasure Distribution and Dispensing



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# AGENDA

- 1 Where we were in 2003
- 1 Cities Readiness Initiative, where we are now
- 1 CRI Current Challenges
- 1 Where we are going

# DSNS Core Functions

- 1 Developing a Plan
- 1 Management of SNS/Command & Control
- 1 Requesting SNS
- 1 Tactical Communications
- 1 Public Information and Communication
- 1 Security
- 1 Receipt, Store, Stage --- Primarily a state function
- 1 Controlling Inventory
- 1 Distribution --- Primarily a state function
- 1 Dispensing --- Primarily a local function
- 1 Treatment Center
- 1 Training, Exercise and Evaluation

# In 2003...

- 1 Technical assistance limited to states with a primary focus on the RSS and Distribution function
- 1 Access to local jurisdictions was limited to directly funded cities
  - u Assessment data from only 4 city health departments
  - u Highly subjective data, unverified
- 1 SNS assessment based on state provided information, not verified
- 1 SNS provided
  - u A Guide for Planners V.9
  - u SNS Overview Course
  - u RSS Site Reviews
  - u SNS List Serv

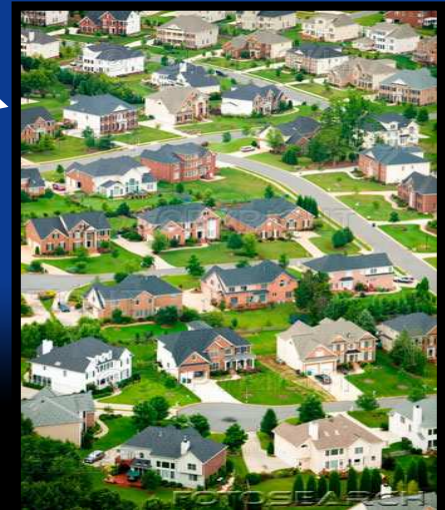
# December 2003 Gap Analysis

- 1 The 31 most populous cities were contacted and identified **significant** gaps with regard to:
  - u Points of dispensing
    - « Few PODs and NO alternative dispensing strategies
  - u Volunteers
  - u Medical Personnel
  - u Management Personnel
  - u Equipment
  - u Public Information and Communication

# Cities Readiness Initiative

- 1 Provide mass prophylaxis to 100% of the identified population within 48 hours of the decision to do so.
- 1 Strengthen preparedness capabilities of 72 U.S. cities and their Metropolitan Statistical Areas
- 1 Decrease the time it takes to dispense prophylaxis by increasing POD capacity and throughput by offering alternate modalities of dispensing, such as:

- u Existing social services
- u Community strike teams
- u Employer-Based PODs
- u Postal Service Option
- u Drive Thru PODs



# Historical Perspective

21 Cities  
Identified for  
CRI

First Expansion  
of CRI 36 total  
cities

Second Expansion of CRI – 36 New  
Cities (72 total)

2004

2005 - 2006

2006 - 2007

# Cities Readiness Initiative - NOW

## 1 **DSNS has access to 72 U.S. cities and their Metropolitan Statistical Areas**

- u 57% of the US Population
- u Assessment data from over 300 county/city health departments
  - « Evidence based, less subjective

## 1 **Strengthening the POD Infrastructure**

- u Over 3,500 PODs identified in the 72 MSAs
- u POD security assessments
- u ICS training for POD management
- u Developed Job Action Sheets and Just-in-Time Training
- u POD go-kits (equipment and supplies)
- u POD exercises

# Cities Readiness Initiative - NOW

1 Increasing POD capacity and throughput by offering alternate modalities of dispensing, such as:

- u Drive thru clinics
- u Employer-based PODs
- u Existing social services- Meals on Wheels, Home Healthcare,
- u Community strike teams
- u Postal Service Option
- u MedKit

# DSNS Support to States and Locals

- 1 Technical Assistance Consultants and State Assignees
- 1 SNS Planners Guide V 10.2
- 1 SNS Extranet
- 1 Modeling Projects
  - u Distribution (2 - CERA and TourSolver)
  - u Dispensing (1) – Georgia Tech
- 1 Sharing Promising Practices
  - u SNS ListServ (2)
  - u SNS Mass Dispensing Satellite Broadcast Series
  - u Regional CRI/SNS Workshops
  - u Fund NACCHO/ASTHO SNS Advisory Groups
  - u Fund NACCHO's STOCK-Box
- 1 SNS Sponsored Training Courses
  - u SNS Prep Course
  - u RSS Course
  - u POD Managers Course
  - u Public Information and Communications Course
- 1 Exercise Support

# TAR Tool Revision

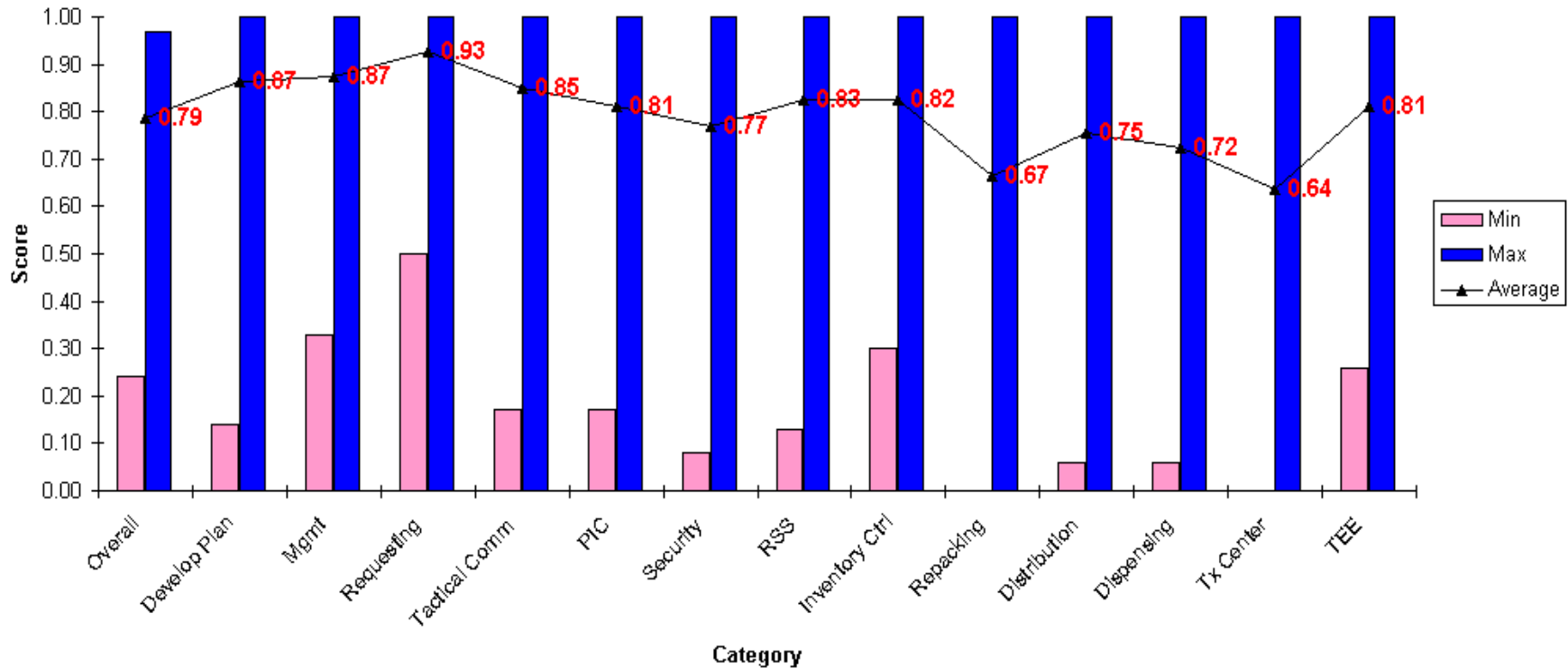
- 1 Collaboration with RAND Corporation to develop a review tool
  - u Decreased subjectivity
  - u Emphasis on documentation
  - u Increased specificity of questions
  - u Departed from color band scoring system
  - u Utilizes quantitative scoring system

| OVERALL SCORE                               |                                      |        |            |                  |        |                |
|---|--------------------------------------|--------|------------|------------------|--------|----------------|
| SECTION                                     | FUNCTION                             | Points | Max Points | Section Fraction | Weight | Weighted Score |
| 1   | Developing a SNS plan                |        | 7          |                  | .03    |                |
| 2   | Management of SNS/Command & Control  |        | 6          |                  | .10    |                |
| 3   | Requesting SNS                       |        | 6          |                  | .03    |                |
| 4   | Tactical Communications              |        | 6          |                  | .03    |                |
| 5   | Public Information and Communication |        | 6          |                  | .07    |                |
| 6   | Security                             |        | 6          |                  | .10    |                |
| 7   | Receipt, Store, Stage                |        | 24         |                  | .14    |                |
| 8   | Controlling Inventory                |        | 6          |                  | .03    |                |
| 9   | Repackaging                          |        | 4          |                  | .02    |                |
| 10  | Distribution                         |        | 8          |                  | .10    |                |
| 11  | Dispensing                           |        | 9          |                  | .22    |                |
| 12  | Treatment Center                     |        | 5          |                  | .03    |                |
| 13  | Training, Exercise and Evaluation    |        | 23         |                  | .10    |                |
| Overall Score = Sum of 13 Function Scores = |                                      |        |            |                  |        |                |

# State TAR Averages

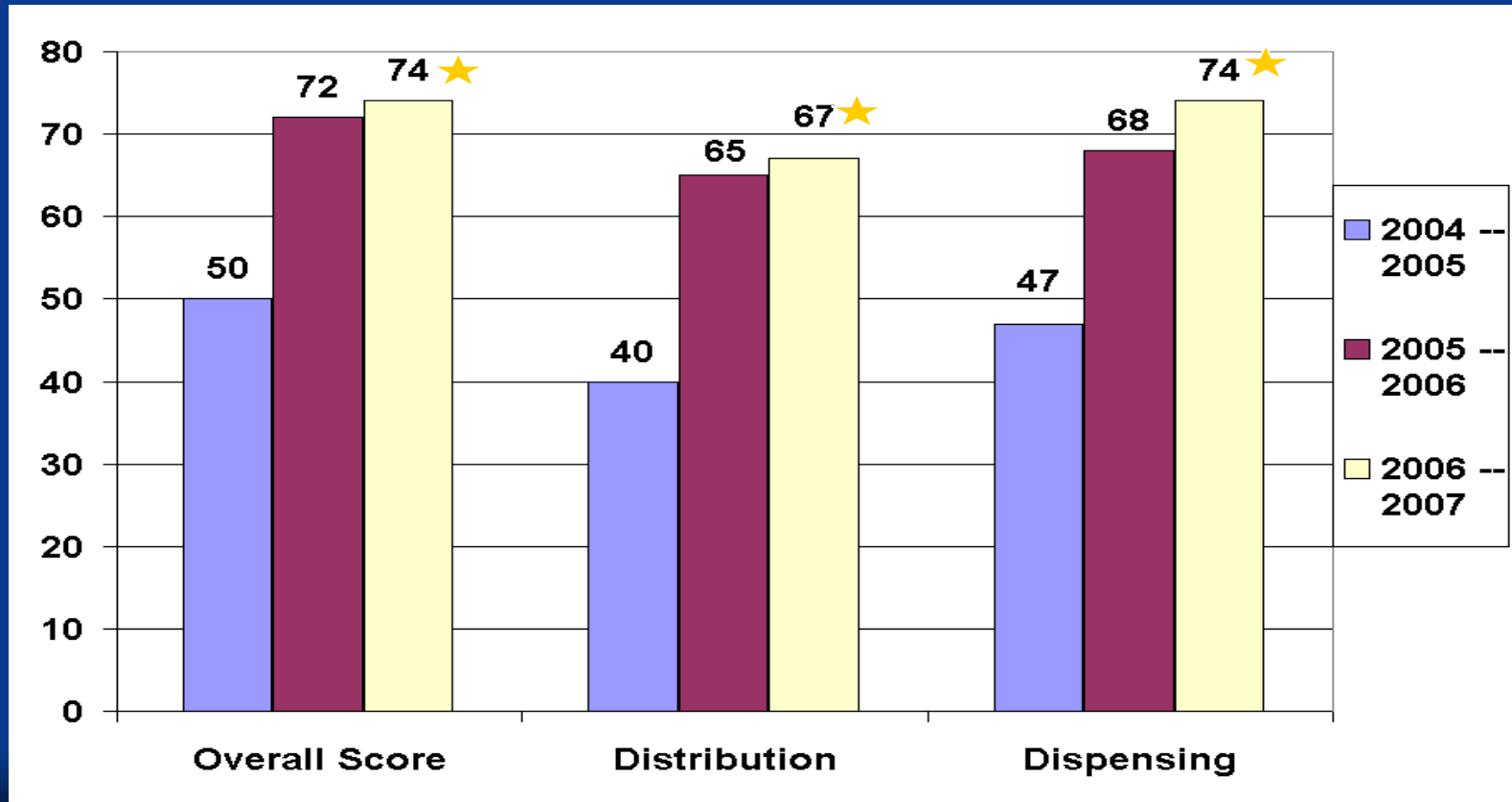
\*Represents 48 States Reviewed with New SNS

State Scores - New TAR Tool  
As of December 17, 2007  
Does not include directly funded cities or territories



# Original 21 CRI Cities

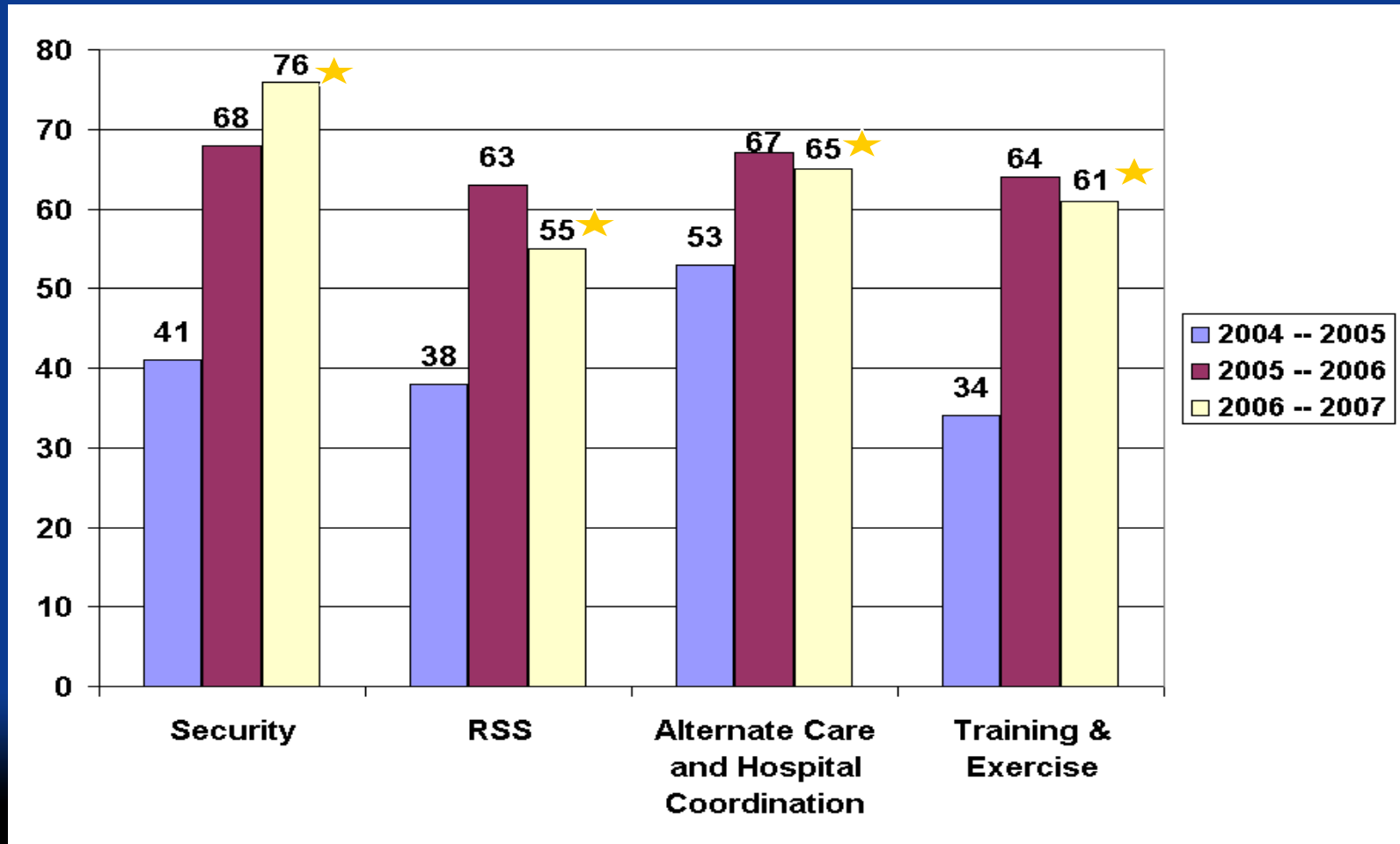
## Aggregate TAR Scores, 2004 - 2007



★ New TAR Tool Implemented September 2006

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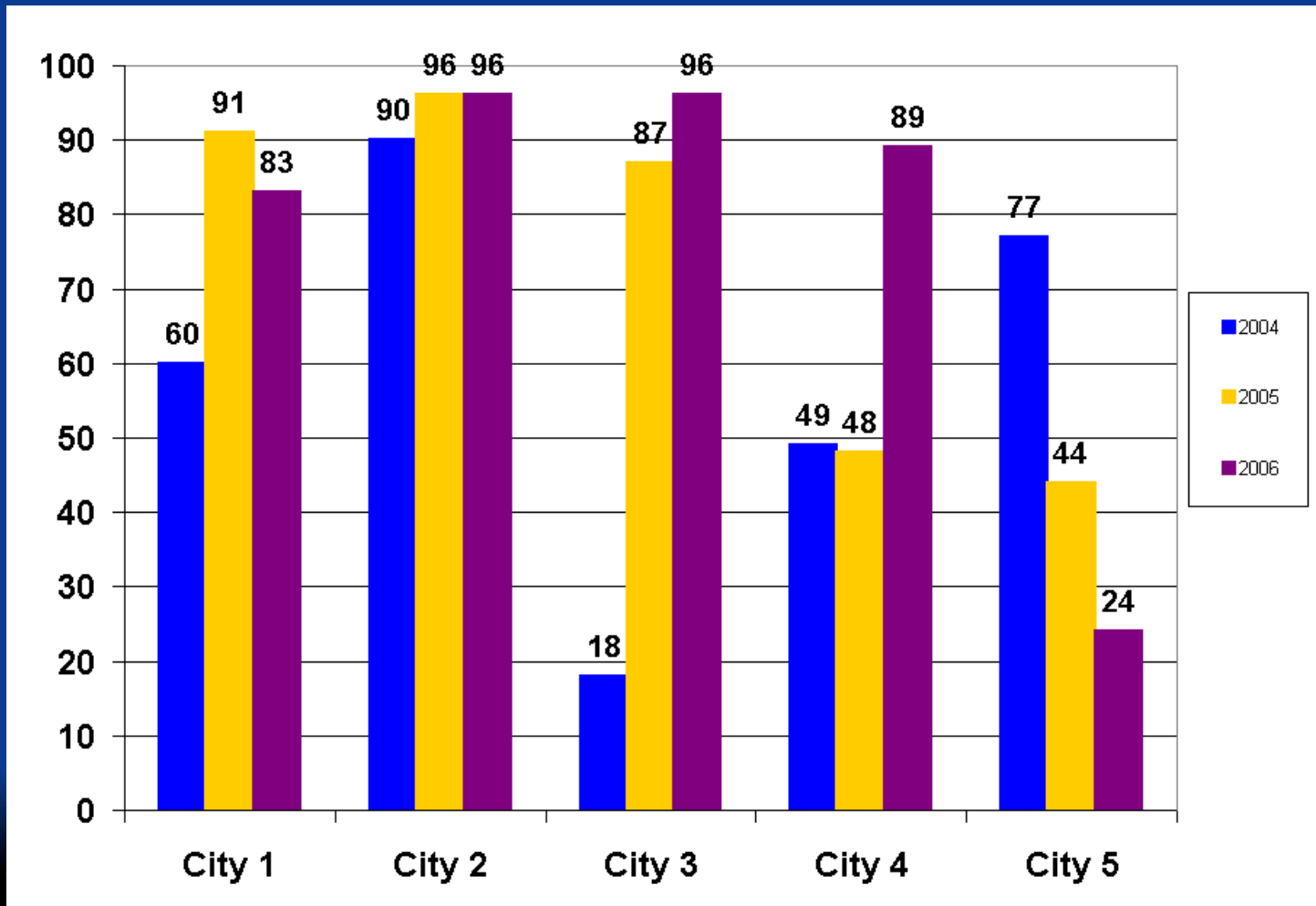
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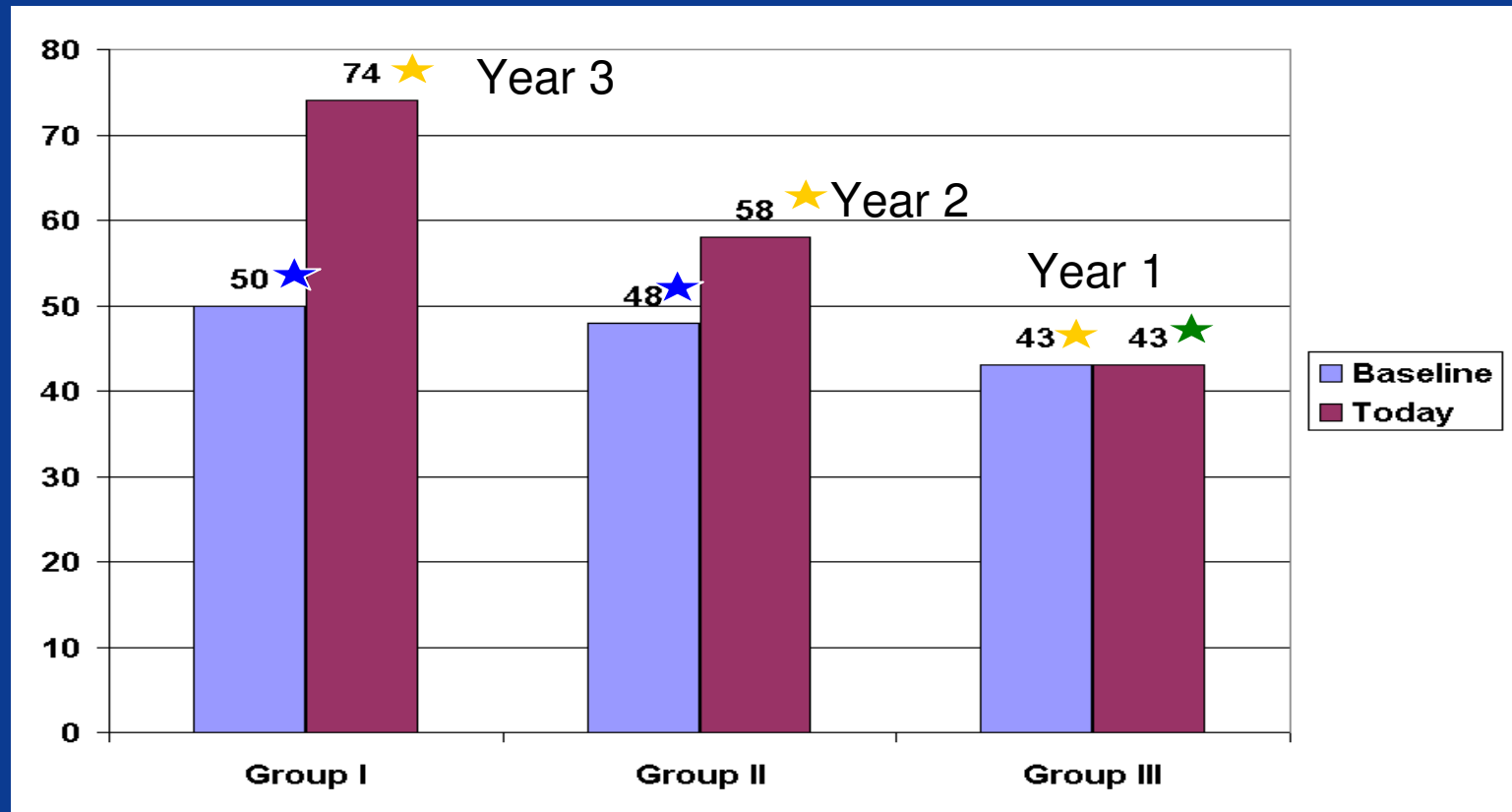
★ New TAR Tool Implemented September 2006

# Overall Scores – Individual Cities

## Random Sample n=5



# Overall Scores by Group



★ New TAR Tool Implemented

★ Baseline review with same TAR Tool

★ Baseline and Today are the same score

# CRI Challenges

- 1 Lack of political buy-in at all levels of government
- 1 There is no evidence of a credible threat. Many state and local governments do not believe the basic premise or requirements
- 1 Liability issues related to employing rapid/non-medical dispensing models
- 1 POD staffing requirements are beyond the capacity of many jurisdictions
- 1 Difficult relations with Emergency Management Agencies and Law Enforcement Agencies
- 1 Limited Health Department staffing at state and local levels dedicated to countermeasure dispensing planning
- 1 High turnover rate at state and local levels
- 1 Difficulty in measuring the capacity to achieve the 48 hour “challenge”

# Engaging the Private Sector

- 1 According to an ASTHO survey in 2008, 85% of state and territorial health agencies reported engagement of private sector entities with respect to countermeasure distribution (RSS functions).
- 1 71% of local health agencies involved with the CRI report that they are actively engaging public/private sector entities with respect to countermeasure dispensing (Closed POD concept).
  - u 41% indicated established relationships and/or existing MOUs with private corporations that have agreed to conduct countermeasure dispensing to their employees and family members
  - u 29% are in the process of either identifying the largest employers in their area to begin negotiations or are currently building relationships and/or in the process of negotiating with them to conduct countermeasure dispensing to their employees and family members

# Where are we going?

- 1 Additional field assignees (5)
- 1 Continue to promote promising practices
- 1 Working to promote “closed PODs”
  - u Private Corporations
  - u Government Agencies
  - u Tribal Nations
- 1 Increase access to modeling tools
- 1 Improved preparedness measurement
  - u POD standards
  - u Capabilities Drills

# Questions?



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