

# Public Health Response to an IND Scenario

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# Presentation Outline

- SNS background information
- Relevant medical materiel available from SNS
- Distribution and dispensing in an IND scenario
- Challenges unique to IND scenario
- Other CDC response activities for IND
- Ongoing RSB activities

# SNS Background

- \$3.8 Billion portfolio (dollars US) of antibiotics, medical supplies, antidotes, antitoxins, antiviral, vaccines and other pharmaceuticals
- Network of strategically located repositories
- Commercial partnerships for storage, maintenance, and rapid transport
- Federal Partnerships for purchasing and security
- Integrated into broader national Public Health preparedness effort

# Formulary Development

- Waselenko JK, MacVittie TJ, Blakely WF, Pesik N, Wiley AL, Dickerson WE, Tsu H, Confer DL, Coleman CN, Seed T, Lowry P, Armitage JO, Dainiak N (2004) Medical Management of the Acute Radiation Syndrome: Recommendations of the Strategic National Stockpile Radiation Working Group. *Annals of Internal Medicine* 140: 1037-51
- HHS Rad/Nuc Requirements Work Group
- HHS Rad/Nuc Integrated Program Team

# Relevant SNS countermeasures

- Bandages and dressings
- IV administration supplies
- Fluid and electrolyte resuscitation
- Airway maintenance supplies
- Antimicrobials
- Antivirals

# Relevant SNS countermeasures (con't)

- Antifungals
- Burn Care
- Pain management and sedation
- Antiemetics
- Trauma and wound care
- Cytokines (Neupogen)

# Distribution and dispensing in an IND scenario

- All states have developed “all hazards” Public Health response plans
- All plans have SNS annex addressing distribution and dispensing of medical materiel
- All states have identified primary and secondary RSS sites
- SNS commercial transport to RSS or alternate remote staging area
- SNS response team for logistics/distribution technical assistance

# Distribution and dispensing in an IND scenario (con't)

- State and local responsibility for sub-distribution and dispensing
- Limited initial capacity for federal assistance
- Due to uncertainty with regards to casualty distribution, and evacuation, initial materiel distributions likely to follow “push” model
- With limited logistics bandwidth into impacted area, prioritization on critical life saving materiel <48 hrs

# Challenges of IND scenario

- Critical staff directly impacted at local/State level
- Infrastructure loss
- Shift of medical/public health response to surrounding jurisdictions
- Communication disruption
  - Command and control
  - Situational awareness
- Displacement of population
- Self directed evacuation
- Potential disruption to civil authority
- Need for medical triage based on dose (presumptive)

# Other CDC/ATSDR Activities for IND

- Pre Event
  - All hazards technical assistance and assessment
  - Rad specific technical assistance and planning guidance to state/local authorities
- Post Event
  - Limited lab capacity for bio-assay
  - Developing long term population monitoring capacity

# Preparedness Activities for CDC Radiation Studies Branch

- Membership on the Federal Radiological Preparedness Coordinating Committee – Guidance for the federal advisory team re: environment food, and health
- Participates in exercises and drills
- Provides radiological training to federal responders
- Provides training and technical assistance to state and local programs
- Developed radiological “tool kits” for clinicians and public health professionals
- Developed draft guidance for state and local health officials on population monitoring
- Held 7 “round table” discussions with medical, emergency services, public health and radiation control and response professionals to identify needs during radiological events

# Questions?



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