

U.S. Strategic National Stockpile



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The Science and Response to a Nuclear Reactor Accident



Office of Public Health Preparedness and Response

Division of Strategic National Stockpile

Strategic National Stockpile Mission

Prepare and support partners and provide the right resources at the right time to secure the nation's health

- Work within the HHS Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) requirements process to ensure we have the most appropriate countermeasures
- Create pathways to move the materiel to the area of need in a timeframe that is clinically relevant
- As initial U.S. medical response is local; must integrate with local planning
- Provide technical assistance to ensure that state/local partners who receive Strategic National Stockpile (SNS) assets are ready to effectively use them
- Maintain materiel in a manner that ensures viability

Background

- ❑ Created in 1999
- ❑ \$5.9 billion portfolio of antibiotics, medical supplies, antidotes, antitoxins, antivirals, vaccines and other pharmaceuticals
- ❑ Network of strategically located repositories
- ❑ Commercial partnerships for storage, maintenance, and rapid transport
- ❑ Federal partnerships for purchasing and security
- ❑ Supports extensive training and technical assistance to state and local officials

SNS Formulary Development: Who makes the decisions?

- **PHEMCE determines MCM requirements**
 - Led by Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response
 - Supported by subject matter experts across U.S. government
 - Centers for Disease Control and Prevention
 - Food and Drug Administration
 - National Institutes of Health
 - Department of Homeland Security
 - Department of Defense
 - Department of Agriculture
 - Veteran's Administration

SNS Formulary Development: Setting Requirements

PHEMCE Functions

- ❑ Defines and prioritizes requirements for public health emergency medical countermeasures
- ❑ Integrates and coordinates research, early and late-stage product development, and procurement activities addressing the requirements
- ❑ Sets deployment and use strategies for medical countermeasures held in the SNS

SNS Annual Review



History of SNS Potassium Iodide (KI) Holdings

- ❑ **2000** - SNS acquires KI 130mg tablets
- ❑ **2002** - Public Health Security and Bioterrorism Preparedness and Response Act of 2002
 - Establishes potential for HHS support of KI distribution for a zone 10 – 20 miles from nuclear power plants
- ❑ **2005** - HHS acquires Thyroshield for SNS to address 10 - 20 mile emergency preparedness zone (EPZ)
- ❑ **2005** – Nuclear Regulatory Commission (NRC) and CDC collaborate to offer Thyroshield to eligible states

History of SNS KI Holdings (cont.)

- ❑ **January 2008** - John Marburger, White House Office of Science and Technology Policy Director, invokes section 127 waiver
- ❑ **2008** - PHEMCE eliminates SNS requirement for strategic storage of KI
- ❑ **2008** - NRC and CDC collaborate to offer SNS's Thyroshield and KI tablets to eligible states
- ❑ **October 2008** – PHEMCE determines final disposition
 - Remaining SNS-held KI tablets transferred to NRC
 - Remaining Thyroshield to be held by SNS until 2012 expiry
- ❑ **2014** - PHEMCE prioritizes acquisition of KI tablets for FY2016

Current National Plans for KI Distribution

- ❑ Currently no national plans for KI distribution beyond 10 mile power plant EPZ
- ❑ Time frame for administration (<4 hrs post exposure) precludes use of strategic storage and distribution models

Challenges of Developing a National KI Distribution and Dispensing plan

- ❑ All states have plans for the receipt, distribution, and dispensing of SNS medical countermeasures
- ❑ These plans would be difficult to adapt for KI
 - Typically based on 48-hour response to biologic scenarios (anthrax) with no planned evacuation
 - Largely reliant on mass-scale dispensing to the “at-risk” populace at fixed points of dispensing in urban areas
- ❑ Development of effective plans for KI distribution and dispensing beyond power plant EPZs would require both national priority and new resources

Questions?



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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