

Cdc and biohazards: the sns program essay



**ASSIGN
BUSTER**

In any kind of disaster, there will be a general need for rapid access to large quantities of pharmaceuticals and medical supplies. Such quantities may not be readily available unless special stockpiles are created.

No one can anticipate exactly where a terrorist will strike and few state or local governments have the resources to create sufficient stockpiles on their own. Therefore, a national stockpile has been created as a resource for all. In 1999 Congress charged the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) with the establishment of the National Pharmaceutical Stockpile (NPS). The mission was to provide a re-supply of large quantities of essential medical materiel to states and communities during an emergency within twelve hours of the federal decision to deploy.

The Homeland Security Act of 2002 tasked the Department of Homeland Security (DHS) with defining the goals and performance requirements of the SNS Program, as well as managing the actual deployment of assets. Effective on 1 March 2003, the NPS became the Strategic National Stockpile (SNS) Program managed jointly by DHS and HHS. With the signing of the BioShield legislation, the SNS Program was returned to HHS for oversight and guidance. The SNS Program works with governmental and non-governmental partners to upgrade the nation's public health capacity to respond to a national emergency.

Critical to the success of this initiative is ensuring that suitable implementation measures are taken federal, state, and local levels to receive, stage, and dispense SNS assets. The SNS is a national repository of

antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U. S.

or its territories. The SNS is organized for flexible response. The first line of support lies within the immediate response 12-hour Push Packages. These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill defined threat in the early hours of an event. These Push Packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

If the incident requires additional pharmaceuticals and/or medical supplies, follow-on vendor managed inventory (VMI) supplies will be shipped to arrive within 24 to 36 hours. If the agent is well defined, VMI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s). In this case, the VMI could act as the first option for immediate response from the SNS Program. To determine and review the composition of the SNS Program assets, HHS and CDC consider many factors, such as current biological and/or chemical threats, the availability of medical materiel, and the ease of dissemination of pharmaceuticals.

One of the most significant factors in determining SNS composition, however, is the medical vulnerability of the U. S. civilian population. The SNS

Program ensures that the medical materiel stock is rotated and kept within potency shelf-life limits. This involves quarterly quality assurance/quality control checks (QA/QC's) on all 12-hour Push Packages, annual 100% inventory of all 12-hour Push Package items, and inspections of environmental conditions, security, and overall package maintenance.

During a national emergency, state, local, and private stocks of medical materiel will be depleted quickly. State and local first responders and health officials can use the SNS to bolster their response to a national emergency, with a 12-hour Push Package, VMI, or a combination of both, depending on the situation. The SNS is not a first response tool. The SNS Program is committed to have 12-hour Push Packages delivered anywhere in the U. S.

or its territories within 12 hours of a federal decision to deploy. The 12-hour Push Packages have been configured to be immediately loaded onto either trucks or commercial cargo aircraft for the most rapid transportation.

Concurrent to SNS transport, the SNS Program will deploy its Technical Advisory Response Unit (TARU). The TARU staff will coordinate with state and local officials so that the SNS assets can be efficiently received and distributed upon arrival at the site. HHS will transfer authority for the SNS materiel to the state and local authorities once it arrives at the designated receiving and storage site.

State and local authorities will then begin the breakdown of the 12-hour Push Package for distribution. SNS TARU members will remain on site in order to assist and advise state and local officials in putting the SNS assets to prompt and effective use. The decision to deploy SNS assets may be based on

evidence showing the overt release of an agent that might adversely affect public health. It is more likely, however, that subtle indicators, such as unusual morbidity and/or mortality identified through the nation's disease outbreak surveillance and epidemiology network, will alert health officials to the possibility (and confirmation) of a biological or chemical incident or a national emergency. To receive SNS assets, the affected state's governor's office will directly request the deployment of the SNS assets from CDC or HHS. HHS, CDC, and other federal officials will evaluate the situation and determine a prompt course of action.