LONG-TERM MEDICAL COUNTERMEASURES DISPENSING

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INSPIRATION FOR TABLE TOP EXERCISE (TTX)

- Local Concerns over resources and staffing
- Studies from 2001 Anthrax Attack of individuals treated
- CDC Focus
  - Version 11 Medical Countermeasures (MCM) Planning Guidance
  - Operational Readiness Review
- Philadelphia Exercise
  - Medical Effects of long-term antibiotic use.
  - Adverse events and side effects from Anthrax Vaccine
  - Drain on the medical community
EXERCISE STRUCTURE

- 3 modules; each group had 1 facilitator and 1 evaluator.

- Module 1(a): Participants grouped by like area of specialty.
  - PIO
  - Epidemiologists (x2)
  - Public Health Planners (x2)
  - Command and Control
  - Hospitals

- Module 1(b): Participants moved to interdisciplinary groups by jurisdiction

- Module 2: Participants remained in interdisciplinary groups
Purpose

• Discuss the challenges regarding the implementation of Long Term MCM dispensing operations and begin development of an outline for a Long Term MCM dispensing Plan.

• Build from lessons learned during 2013 Full Scale Dispensing Exercise
EXERCISE OBJECTIVES

Surv. Epi Investigation:
- Determine the necessity of developing an expanded screening protocol to ensure patient safety, compliance and adverse event tracking during a long term MCM dispensing operations activation.

Countermeasures:
- Discuss the decision making process for implementing the medical vs. non-medical model for the 50 day follow-up process.
EXERCISE OBJECTIVES

Information Sharing:
- Discuss information sharing requirements, by identifying modes and frequency of communication, needed between hospitals and health departments after initial PODs are demobilized.

Public Information and Warning:
- I(a) - Discuss the process for developing coordinated messages across the region in between Phase I and long term MCM dispensing operations Operations.
- I(b) - Determine the need for a Joint Information Center (JIC).
EXERCISE SCENARIO

- The Kansas City MSA experienced an intentional release of aerosolized anthrax at Kaufmann Stadium and the Kansas City Marathon.
- LPHAs initiated a rapid dispensing campaign through both Open and Closed PODs.
- 450,000 community members were provided an initial 10 day supply of antibiotics.
Individuals who may have sustained significant exposure will need immediate prophylaxis for a full 60 days.

CDC has determined that long term MCM dispensing operations for both oral antibiotics and Anthrax vaccinations must be initiated immediately.

Epidemiologists are in intense discussions regarding refining the screening protocol.
RECURRING THEMES

- Regional Point of Dispensing (POD)
- Coordinating Mutual Aid
- How to deliver the 50 day regimen
- Exposed individuals who live outside the region.
- Compliance with the antibiotic and vaccine regime
- Adverse event tracking
- Interfacing technologies
RECOMMENDATIONS

- **Surveillance/Epidemiology Investigation**
  - Develop a Survey Tool
  - Design a new patient evaluation form
  - Identify sequelae/ adverse events.
  - Discuss Vaccine tracking system compatibility between states
  - Develop a local adverse event tracking system
**RECOMMENDATIONS**

- **Medical Countermeasures:**
  - Review Public Readiness and Emergency Preparedness Act (PREP Act) and/or develop agreements for Reciprocity Waivers for sharing staffing resources across the state line.
  - Discuss staffing Regional bi-modal PODs
    - deploying volunteers who may need to cross state/jurisdictional lines.
    - Training, liability, responsible jurisdiction/agency
  - Develop a standardized method for private practitioners to track inventory and patients.
RECOMMENDATIONS

**Information Sharing:**

- Determine the ability to expand the WebEOC system across state lines for a public health emergency.
- Ensure private providers are registered with the Health Alert Network (HAN) and able to access important event information.
RECOMMENDATIONS

- **Public Messaging**
  - Develop pre-event message campaigns to address adverse events.
  - Identify appropriate communication vehicles for message delivery.
  - Explore the benefits of establishing an inter-jurisdictional Public Health Information Center.


Philadelphia Exercise - The 49th Hour: Analysis of a Follow-up Medication and Vaccine Dispensing Field Test, Raymond Puerini, Jessica Caum, Natalie Francis and Steven Allen
What role will the state and locals have in implementing long term MCM dispensing operations?

Whose role/responsibility is it to determine the at-risk population?

How will vaccine protocols be different from your jurisdiction’s vaccination protocol for other incidents?
GROUP DISCUSSION

- How will transportation needs for the delivery of antibiotics change if vaccine is included?
- How will individuals seeking prophylaxis be screened to ensure they are indeed at-risk?
- Assuming that a short medical history was used for the first 10-day regimen, what additional screening questions will need to be asked about contraindications for the extended regimen and vaccine?
GROUP DISCUSSION

- What role(s) will hospitals play in long term MCM dispensing operations operations?
- How will antibiotics be dispensed? (e.g., in a single regimen?)
- Will vaccines and antibiotics be administered/dispensed at the same location?
- What will be the POD structure for the second and third vaccinations? Will your jurisdiction use the same location? Staff? Should this also be regional?
GROUP DISCUSSION

- Will organizations other than Public Health be administering vaccine and/or dispensing antibiotics?
- What demand on healthcare providers can be anticipated as a result of an extended regimen of these antibiotics (e.g., side effects of medications)?
- What role will Public Health play in ensuring the provision of healthcare to its citizens?
- How will adverse events be reported for antibiotic use? For vaccination?
GROUP DISCUSSION

- How will you communicate with healthcare providers about potential adverse events including: 1) potential for breakthrough cases of anthrax infection, and 2) potential for adverse events related to antibiotics or vaccine?

- What strategies will be used to encourage compliance with the recommended protocol for prophylaxis?

- What are some demobilization Unified Command concerns for planners, epidemiologists, and PIOs?