

12-02

STATEMENT OF POLICY

Anthrax Vaccine Response

Policy

The National Association of County and City Health Officials (NACCHO) recommends that the federal government, through the Centers for Disease Control and Prevention (CDC), provide local health departments with technical and financial assistance to enhance current plans to address the threat of an anthrax attack.

To better assist local health departments with responding to such an event, NACCHO makes the following policy recommendations:

- The CDC should support local public health agencies in preparing for this type of response. The CDC's Anthrax Prevention webpage states, "During an emergency the only people who should not get the vaccine after exposure are those who have had a serious allergic reaction to a previous dose of anthrax vaccine."¹ In light of this statement, the 2013 guidance from CDC on Anthrax Vaccine Absorbed (AVA) Post-Exposure Prioritization,² and the current and projected reductions to local preparedness funding, the CDC should provide local public health agencies with assistance (both technical and financial) in developing the capabilities to address this threat. Additionally, the CDC should establish a mechanism, either through stockpiling or vendor agreements, for providing the needed vaccination ancillary supplies (including syringes for subcutaneous injection and needles for administration, bandages, cotton balls, and alcohol swabs) to local public health agencies to support the rapid establishment of operational capacity to administer vaccine to large populations.
- The CDC has developed specific guidance on the prevention and treatment of anthrax in adults and pregnant and postpartum women. The CDC should further clarify the definition of a "true exposure" and provide more guidance on storage and handling of vaccine (cold chain management), administration, planning for concurrent administration of vaccine and dispensing of antibiotics, the management of adverse events associated with the anthrax vaccine, and on Investigational New Drug (IND) and Emergency Use Authorization (EAU) requirements for the vaccine. Federal agencies should also incorporate efficiencies into the current IND requirements for a large-scale anthrax vaccination responses to make those requirements practical for the rapid administration to large populations.
- Additionally, it is critical that local public health agencies continue to receive financial support for these federal programs. Without continued financial support to maintain a minimum level of preparedness capabilities, retain licensed and professional staff, and recruit medical volunteers that can help administer this vaccine, operational readiness for an anthrax event will be greatly diminished.



Justification

The CDC Advisory Committee on Immunization Practices (ACIP) “recommends a postexposure regimen of 60 days of appropriate antimicrobial prophylaxis combined with three SC (subcutaneous) doses of AVA² (administered at zero, two, and four weeks postexposure) as the most effective protection against inhalation anthrax for previously unvaccinated persons aged ≥18 years who have been exposed to aerosolized B. anthracis spores.”³

“Also, in the event of an attack using anthrax as a weapon, people exposed would get the vaccine.”⁴

The intentional release of anthrax over a large area will require a swift response to mitigate loss of life due to the short window in which post-exposure prophylaxis (PEP) is effective to treat the affected population. Current planning for PEP relies on the dispensing of a 60-day course of antibiotics (an initial 10-day course followed by a 50-day course) as the primary method of initial protection. However, guidance from ACIP recommends that, as an additional component of PEP, persons exposed to inhalational anthrax receive three doses of vaccine, with the first dose administered within 10 days of exposure.⁵ Concurrent dispensing of antibiotics and administration of anthrax vaccine in response to an intentional release of aerosolized anthrax will pose significant operational and logistical challenges for local public health agencies. Preplanning and assuring an adequate level of trained and qualified staff are currently foundational mitigating activities available to local health departments to address the issues involved in this type of response. CDC guidance will help local health departments to plan for anthrax vaccinations concurrent with antibiotics dispensing since vaccination supplies are not included in the Strategic National Stockpile for an anthrax response.

NACCHO is concerned that local public health agencies are not adequately prepared or funded to mount a vaccination campaign concurrent with an antibiotic dispensing campaign in the aftermath of an aerosolized anthrax attack. These deficiencies may be due to the challenges local health departments face in how to implement the ACIP and CDC guidance related to anthrax vaccine and lack of support (both technical and financial) dedicated to this area of preparedness.

General guidance from the federal government suggests that vaccine, in addition to antibiotics, is the best response to an intentional release of anthrax. There is now an official statement from the CDC with regard to local preparedness efforts for prioritization of vaccination; however, it does not address pre-exposure preventative vaccinations or long-term exposure to anthrax.⁴ Previous preparedness planning has focused on getting an initial 10-day dose of antibiotics into an exposed population within 48 hours of the decision to do so. If a real response will include providing three doses of vaccine, in addition to an additional 50-day regimen of antibiotics, local public health agencies need the technical and financial support to begin preparing for this now. A response will be substantially more effective if the logistical and operational issues can be adequately addressed prior to an actual event. In addition, without the financial support to maintain an adequate level of licensed and professional staff, public health agencies will find it difficult to deliver these federal medical countermeasures to the public in an emergency.

References

1. CDC. Anthrax Vaccine Home Page. Retrieved December 6, 2016, from <http://www.cdc.gov/anthrax/medical-care/prevention.html>
2. CDC. Considerations for Anthrax Vaccine Adsorbed (AVA) Post-Exposure Prioritization, 2013. Retrieved December 6, 2016, from <https://emergency.cdc.gov/bioterrorism/pdf/AVA-Post-Event-Prioritization-Guidance.pdf>
3. AVA is marketed under the trade name *BioThrax*®. It is currently the only anthrax vaccine approved by the FDA. Additional information available at <http://biothrax.com/whatisbiothrax/>.
4. CDC. (2010). Use of anthrax vaccine in the United State: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. *Morbidity and Mortality Weekly Report*, 59 (RR-6).
5. CDC. Anthrax Prevention webpage. Retrieved December 6, 2016, from <http://www.cdc.gov/anthrax/medical-care/prevention.html>

Record of Action

Proposed by NACCHO Medical Countermeasures Workgroup

Approved by NACCHO Board of Directors March 2012

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