

18-03

STATEMENT OF POLICY

Medical Countermeasures Programs

Policy

The National Association of County and City Health Officials (NACCHO) recommends adoption of the following recommendations at the federal, state, tribal, and local levels to help make medical countermeasure (MCM) distribution and dispensing more efficient, sustainable, and responsive to community needs.

Distribution and Partnerships

- Federal and state agencies should aggressively pursue national partnerships with retail chains, pharmacies, pharmaceutical distributors, and transportation/logistics companies to assist with the movement and dispensing of emergency medication, supplies, and equipment. Local agencies should be engaged throughout the process to ensure the partnerships complement and are coordinated with local planning efforts.
- Federal agencies should identify solutions for everyday supply chain issues for medical products that are regularly utilized by the public health and healthcare sectors and for surge supply chain issues that will occur during public health emergencies.
- Local health departments should partner with healthcare organizations in mass vaccination or mass dispensing planning to reduce strain of opening public points of dispensing (PODs) to serve the entire jurisdiction.
- Local health departments should partner with school districts in their MCM dispensing planning efforts to utilize Americans with Disabilities Act compliant school facilities as public POD sites.
- The Centers for Disease Control and Prevention (CDC) Inventory Management and Tracking System (IMATS) should be continuously improved and enable continuous tracking and monitoring of assets from point of origin to POD. IMATS is freely available to state, local, and tribal agencies but should remain optional for communities that have their own inventory systems, as long as those systems meet established minimum capabilities.¹
- Federal and state agencies should provide additional guidance, support and training around their capabilities and timeframes for how local agencies can access federal MCM resources.
- State and local agencies should work with emergency management to educate the public on their role in MCM dispensing and be an integral partner in planning and exercising.

Data Management and Information Sharing

- Federal, state, tribal, and local agencies and key private partners should support the sharing/dissemination of data and information associated with the MCM deployment through the use of a cross-discipline common operating platform.



- State and local agencies should work with emergency management and coalition partners to ensure interagency and cross-discipline information coordination and data management.
- Federal and state agencies should provide clarity on data collection triggers and requirements for tribal and local agencies during MCM responses.
- Federal agencies should identify and develop state and local best practices, systems, and training opportunities for adverse event reporting and tracking. This system needs to have interagency, bi-directional data-sharing capabilities and reporting functions.
- Federal agencies should identify best practices for affected population tracking (such as state vaccine registries) and long-term surveillance across the public health, healthcare, and pharmacy sectors and across local and state jurisdictional boundaries.
- MCM planning at all levels of government should emphasize creating and maintaining greater safeguards related to the collection, use, and management of personal health information associated with an MCM response

Expanding the Scope of MCM Plans

- Federal agencies should expand MCM program guidance and assessment criteria to move away from anthrax-centric planning towards all-hazard MCM planning, encompassing scenarios such as anthrax, other Category A agents, radiological, chemical, burn/blast, pandemic influenza and other communicable diseases, and natural disaster events.
- Federal and state agencies should evaluate local MCM programs based on the jurisdictional risk assessment for their area. Assessing whether each community is prepared for their high-frequency and/or high-risk scenarios (such as complex coordinated attacks, highly acute infectious diseases, and other risks) allows for better cohesion in public health preparedness and emergency management planning and exercising.

Community Resilience

- Local MCM planning and exercises should emphasize engaging representatives of diverse populations including those with access and functional needs to build relationships and tailor response strategies to the needs and preferences of community members.
- Federal agencies should ensure there is an adequate local public health infrastructure for MCM distribution and dispensing by funding public health preparedness consistently and sufficiently and by recognizing preparedness as an essential public health function. This is essential to maintaining resilient communities and systems capable of responding to MCM events and other disasters.

Justification

Dispensing MCMs is a monumental task for local health departments. Local health departments must develop partnerships with federal, national, regional, and local organizations and businesses to alleviate some of the burden on them. Developing partnerships with national pharmacy chains and leveraging their distribution and logistics networks would allow local health departments to focus on setting-up and running public PODs. Including healthcare organizations and retail pharmacies in dispensing strategies would also alleviate the strain on public PODs. With additional healthcare and pharmacy support, local health departments would be able to open fewer or more targeted public PODs and could put additional focus on those vulnerable populations that may not be able to travel to a public POD or those would need additional

assistance. In addition, local health departments would have increased capacity to continue to support day-to-day operations of the local health department.

A reliable, accessible, secure, and cost-effective inventory management system that can track all assets including vaccine from origin to POD is required to maintain situational awareness and effectively coordinate a response in a large-scale MCM response. The CDC IMATS is a resource that fulfills this need, but many state, local, and tribal agencies have chosen to use their own inventory systems due to either information technology barriers preventing IMATS from operating on jurisdictional computers or existing inventory management systems already in place that are more easily utilized by jurisdictional staff. Due to this variety in inventory management systems, the CDC should provide guidance regarding inventory system requirements to assure that required data is being collected properly and can be easily submitted to the CDC during and after the MCM event. To track and monitor MCM resources effectively, local health departments need improved guidance regarding timelines of the availability of resources and capabilities of the federal and state agencies to provide these resources. Local, state, and tribal agencies cannot develop effective plans for MCM operations unless the whole operating picture is available. In addition, continued expansion and development of IMATS with capabilities to incorporate the latest technologies such as smart phones, tablets, and scanning devices will provide a functional system for health departments to use for efficient and accurate MCM inventory management.

Effectively communicating valid and reliable data as well as critical MCM information are essential for a successful MCM response. Decision-makers and those managing a response need ongoing, real-time information about the event/outbreak and the status of response activities to help identify and resolve problems, evaluate progress toward incident objectives, and redirect resources or response activities. Failure to share data and critical information efficiently and effectively can lead to delays that prevent agencies, individuals, and businesses from receiving critical resources and assistance. Local public health departments are accountable for maintaining safeguards and practices to protect the privacy of personal health and other sensitive information to ensure public trust and to be in compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations (where applicable) and relevant state laws.³

Coordinating information and managing data among a variety of agencies from multiple disciplines requires time, transparency, and collaboration. As a result, the information needs to be shared with response partners on an accessible system to facilitate a common operating picture. The platform should include the ability to handle user surge, ensure secure access, be mobile-friendly, and be accessible just-in-time without pre-registration. The goal is to reduce duplication of effort, promote more effective information sharing and collaboration, and reduce competition for limited resources.

Since the 2001 anthrax attacks, MCM planning efforts have often been anthrax-centric, but over the last decade it has become apparent that many public health threats are not related to anthrax. In 2009, the H1N1 pandemic occurred and MCM materiel was requested and distributed nationwide.⁴ The Ebola outbreak that began in West Africa in 2014 is yet another example of a reemerging threat. Most recently, MCM materiel was deployed to prevent and protect further

transmission of the Zika virus.⁴ The aforementioned examples demonstrate the expanded capability of MCM assets and the need for all-hazard MCM planning efforts.

After a century of effectively preventing illness and premature death and thereby increasing the length and quality of life in communities across America, the public health system still faces many challenges in today's ever-shrinking world due to new diseases, wars, lack of health insurance, and decreased funding for core public health services. In 2016, 34% of local health departments saw decreases in their preparedness staffing while the frequency and magnitude of disasters have not decreased; natural disasters caused over \$300 billion in damages in 2017 alone.^{5,6} Vulnerabilities to health consequences, occurring before, during, and after emergencies, are firmly rooted in established structural and systemic barriers. Experiences during past crises provide evidence of the damaging effects of inadequate response capacity and planning. Collaboration and on-going dialogue about community issues, options and alternatives, especially when coupled with community ownership, increases the effectiveness of health improvement efforts. Disasters like Superstorm Sandy have highlighted both successes and continued challenges with engaging vulnerable and at-risk populations.⁷

The adoption of these recommendations at all jurisdictional levels will help make responses involving MCM distribution and dispensing more effective and sustainable, while being responsive to community needs.

References

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Record of Action

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