

Readiness Snapshot: Local Health Department Stockpiles



OVERVIEW

To increase state and local efficiencies related to preparedness, ongoing discussions about the contents and distribution of medical countermeasures and the Strategic National Stockpile assets remain essential. Implementing any new model, however, necessitates a prior understanding of the current local stockpiling infrastructure, including identification of limitations and key advantages. This report provides insight into those areas, and other summarized information gathered during listening sessions with local health departments (LHDs). The report concludes with operational considerations to improve jurisdictional stockpiling, recognizing that strengthening LHD capacity to receive and distribute assets prior to the next public health emergency is critical to local readiness and national health security.

BACKGROUND

With support from the Administration for Strategic Preparedness and Response (ASPR), the National Association of County and City Health Officials (NACCHO) conducted qualitative assessments with LHDs on their stockpiling capabilities between November 2025 and February 2026. These sessions sought not only validate data from NACCHO's 2024 Preparedness Profile but to further understand the needs and gaps in stockpiling for LHDs through a facilitated discussion on current efforts and resource needs for local and state readiness.

To participate in the listening sessions, LHD representatives were required to have direct involvement with local, regional, or state stockpiles and understand how their jurisdictions would operationalize federal assets during public health emergencies. The following articulates the themes derived from the sessions and provides actionable considerations for public health decision makers.



DRIVEN BY DATA

NACCHO's 2024 Preparedness Profile found that 70% of LHDs reported having a local stockpile, which is 7% less than reported in 2022. Among those with a stockpile:

- 99% stored personal protective equipment (PPE)
- Fewer than 28% have a reserve of antitoxins and chemical medical countermeasures (MCMs)
- 26% have radiological/nuclear MCMs on hand

This data raised questions as to why so few LHDs were storing medical countermeasures. The listening sessions provided insights into the various decisions that drive stockpiling strategies, avenues of how LHDs interact with their state and local partners, and what limitations exist at the local level to even stockpile public health response assets at all.

KEY TAKEAWAYS

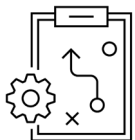
The following high-level takeaways emerged from the listening sessions.



Current Strengths: Strong local partnerships aid in distribution of response assets and deep understanding of community needs. Some LHDs noted active personal protective equipment rotation practices with local partners.



Diverse Coordination Mechanisms: Requests for assets can vary from one jurisdiction to another. Requests for resources can flow through county or state Emergency Management via systems such as WebEOC, [RR-213 forms](#), and state request portals. Partnerships with Health Care Coalitions (HCCs), pharmacies, and regional health districts were identified as critical for acquiring or distributing assets.



Decision Drivers: Funding limitations and risk-based prioritization strongly influence local stockpile composition. PPE is favored due to ease of management, rotation, and overall lower cost. Vaccines and antivirals pose storage and shelf-life challenges, and in general, medical countermeasures require subject matter experts (SMEs) on not only use but for storage and rotation. Participants noted that the cost to maintain a stockpile at the local level produces a much higher overhead cost than jurisdictions can sustain.



Ideal Stockpile Model: Ideal stockpile components include climate-controlled shared warehouses that complement LHD capabilities; dedicated staff for inventory management, distribution, and rotation; policies to support inventory management system (IMS) implementation and sustainability; integration of IMS in drills and exercises; and regional or multi-state purchasing agreements for cost efficiency.



“ For anything besides PPE, [there are] stricter storage requirements. It [requires] more expensive equipment to maintain it. You have to have dedicated staff managing it. ”

THEMATIC FINDINGS

The following themes emerged during the listening sessions.

Coordination and Partnerships

Effective stockpile management depends on coordination across local, regional, state, and federal partners, yet LHDs report wide variation in how these relationships are structured and maintained. Existing practices reflect a patchwork of communication methods, agreements, and emerging collaborations that shape how resources are requested, managed, and distributed.

- LHDs often interact with regional, state, and federal partners via WebEOC, submitting resource request forms through legacy systems such as Microsoft or Google Suites, or other inventory management systems. Few LHDs have formal MOUs with local partners and pharmacies.
- Many LHDs still rely on communication with local and state partners via phone calls (including use of landlines), email, and fax.
- LHDs expressed the need for role clarity between state versus local responsibilities as it relates to stockpile composition and coordination.
- Regional mutual-aid agreements and coalition structures vary from LHD to LHD, or state to state. These agreements were said to be both formal and informal.
- New collaboratives are forming for shared stockpiles across local jurisdictions that prove beneficial in cost-sharing and shared inventory management access (i.e. partnering with emergency management agencies and/or healthcare partners).
- Some local jurisdictions reported relying on neighboring state stockpiles due to closer proximity, which enables quicker distribution times to the impacted community members.



Influences on Stockpile Readiness Strategy

Participants described how LHD stockpile models reflect a balance between resource limitations and localized strengths, with readiness influenced by funding structures, storage capabilities, and past emergency responses. While many current inventories stem from just-in-time purchasing during prior events, LHDs highlight flexibility, rapid distribution, and strong partnerships as key advantages of local stockpile management.

- Primary factors influencing LHD stockpile readiness include purchasing power, having access to temperature-controlled storage, product shelf life, access to stockpile SMEs, and hazard risks.
- Various braided funding streams that have specifications on what can be purchased for stockpiles have been reported as main decision drivers. These intricacies have led to instability in funding to maintain assets on hand at LHDs.
- Many LHDs report current caches having assets that are residual from previous responses to public health emergencies.

“*We resorted to having relationships with the pharmacy board who could help us obtain the antibiotics if we needed an enlarged dose and if we needed to have it moved around the state. We do have a list [of response assets] based on our Hazard Vulnerability Analysis and we know what we would love to have. We just can't figure out the mechanism to rotate it.*”

The inventory was determined by the “just-in-time” purchasing needs of the community. PPE is actively stockpiled as it requires little to no maintenance, is the most event agnostic, and can be utilized within LHD clinics and across various local partners.

- Strengths of local models include quick distribution, flexibility to adapt to the needs of their community, collaborative working partnerships, and ability to rotate supplies to local partners.

Solutions and Resource Needs

Participants identified several characteristics shared by successful local and regional stockpile models, including appropriate storage infrastructure, secure and accessible inventory systems, and clearly defined management procedures. LHDs also highlighted gaps in guidance, staffing, funding, and technical support needed to sustainably operationalize these models.

- Successful models of local or regional stockpiles have climate-controlled warehouses that have established mechanisms for requesting and rotating stockpile assets, and easy-to-use inventory systems, with both physical and cybersecurity plans.
- LHDs identified a need for clear guidance on bulk purchasing agreements, MOUs, templates of stockpiling models and contracts, and access to SMEs on stockpile management.
- Additional resources identified included access to free or low-cost inventory management systems that are user-friendly, increased preparedness staffing to support stockpiling measures, and technical support.
- Several LHDs noted that advocacy and planning efforts are underway, including state plan updates, FEMA funding access, and regional dialogue.

KEY CONSTRAINTS IMPACTING STOCKPILE READINESS AND SUSTAINABILITY

Local stockpile operations face persistent challenges related to data standardization, funding sustainability, workforce capacity, and supply chain reliability. These gaps limit the efficiency and effectiveness of stockpile management and resource distribution. In response to questions about concerns and challenges related to their current stockpiling model, participants shared the following points.

- The lack of standardized data practices for public health response assets creates barriers to timely inventory reconciliation and effective bi-directional information sharing in disaster response.
- With limited funding at the local level, the cost of purchasing, storing, maintaining, managing, and rotating assets is not a fiscally efficient use of taxpayers’ dollars.
- Stockpiling necessitates dedicated personnel for MCM lifecycle management and sustainment, coupled with advanced proficiency in MCM handling and related assets.
- Global disruptions and dependency on single-source suppliers pose continued risks for timely resupply.
- Unclear responsibilities between federal, state, and local entities during stockpile activation can lead to inefficiencies operationally and in distribution of response resources.



ACTIONABLE CONSIDERATIONS FOR STATE AND LOCAL HEALTH DEPARTMENTS

- 1. Efficient stockpiling for LHDs prioritizes high-use assets.** LHDs can manage longer-shelf-life, high-use items (e.g., PPE). They can also engage in rotation plans with local and regional partners for perishable MCMs and other public health response assets when coordination is best led by state, regional, and the healthcare distribution sector.
- 2. Build a shared stockpile infrastructure.** Explore a comprehensive and complimentary stockpiling system with the state, local, tribal, and territorial (SLTT) community and establish infrastructure that takes into consideration local capabilities to manage assets. For example, if local capability to manage and store temperature sensitive MCMs is limited, then state or regional stockpiles can address the gap. Examples of partners include emergency management, healthcare, and the healthcare distribution sector.
- 3. Pursue shared buying power and stable funding streams.** Establish multi-state collaboratives and seek federal shelf-life extensions, build partnerships with group purchasing organizations, and establish pricing agreements with vendors in advance of disasters. Ensure secure stable funding (e.g., CDC Public Health Emergency Preparedness Program funds), and local resources for staff, training, and space for jurisdictional stockpiling.
- 4. Adopt a robust and user-friendly inventory management system.** If a shared jurisdictional stockpile is built, securing and implementing a user-friendly IMS is required for streamlined inventory management. There is a need to create clear roles and responsibilities at the SLTT level for asset management and distribution. Examples include building complete and easy-to-use inventory processes, security standards for stockpiles and IMS, and standardized language for data sharing on response assets.

CONCLUSION

Insights from local health department preparedness professionals illustrate the complex network that makes up U.S. public health asset infrastructure. Disparities exist across local jurisdictions in procuring and maintaining emergency response assets, which complicates efforts to increase efficiencies. These findings point to a need for policy decisions in support of the considerations above. NACCHO acknowledges that the concerted effort by all stakeholders at the federal, state, local, tribal, and territorial levels is required to operationalize these action steps to improve jurisdictional stockpiling readiness.

NACCHO encourages local health department preparedness leaders to talk within their own state and local communities to determine how to integrate this report's considerations across their jurisdictions.

- Provide feedback to NACCHO by emailing preparedness@naccho.org and including "Jurisdictional Stockpile" in the Subject Line.
- Join NACCHO's Medical Countermeasure Workgroup to contribute to ongoing public health preparedness projects related to stockpiling and other concerns.

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