

CBRNE Preparedness Biodefense - Medical Countermeasures

Special Report & Survey Results



Emergent BioSolutions Inc.

2273 Research Boulevard, Suite 400 • Rockville, MD 20850 • USA

Phone: 301-795-1800 • Fax: 301-795-1899 • www.emergentbiosolutions.com

DomPrep Survey

Medical Countermeasures for Large-Scale Biological Attacks

Prepared by Robert Kadlec, Former Special Assistant to the President for Homeland Security & Senior Director for Biological Defense Policy, DP40



Following a large-scale biological attack, the rapid delivery of effective medical countermeasures to the affected population is vital for saving lives and preserving the public's confidence in the federal government's ability to respond effectively. The Department of Health and Human Services (HHS) launched the Cities Readiness Initiative (CRI) in 2004. The CRI objective is to prepare major U.S. cities and metropolitan areas to respond effectively to large-scale biological attacks by, among other things, dispensing antibiotics to the targeted population within 48 hours. However, despite more than five years of federal funding and support, few if any CRI jurisdictions can meet this 48-hour goal.

Because of the perceived shortfalls, President Obama signed an executive order (EO 13527), in December 2009, "Establishing Federal Capability for the Timely Provision of Medical Countermeasures Following a Biological Attack." This EO explicitly acknowledges the urgent necessity of establishing a federal response capability to augment existing state and local plans for the distribution and administration of oral antibiotics. In addition, the Advisory Committee on Immunization Practices (ACIP) published recommendations, also in 2009, governing use of the anthrax vaccine (anthrax vaccine adsorbed) in the United States.

Anthrax is considered to be the most likely agent to be used in a potential biological attack. Studies and modeling indicate that pre-exposure vaccination with the anthrax vaccine approved by the U.S. Food and Drug Administration (FDA) or the immediate administration of oral antibiotics can reduce the likelihood of morbidity and mortality in exposed individuals. The U.S. Strategic National Stockpile holds sufficient quantities of anthrax vaccine and oral antibiotics to treat up to 60 million persons.

In a recent Harris poll – conducted in December 2010 – 54 percent of respondents said they believe that a terrorist attack in the United States is likely to happen within the next 10 years, with 29 percent of respondents believing it will be a chemical or biological attack. The Harris poll serves as an important backdrop to the results that were obtained when DomPrep40 (DP40) members and DomPrep readers responded to a survey about the appropriateness of: (a) enhancing current mechanisms to deliver medical prophylaxis in the event of a biological attack; and (b) possible approaches to provide or pre-position such countermeasures before an attack.

Key Findings: The results show a generally strong concordance between responses by DP40 members and DomPrep readers. The majority of respondents believe both that pre-event anthrax vaccinations should be provided to persons at risk and that there should be pre-positioning of antibiotics to prepare for a bioterrorist attack. The respondents also believe that other establishments should be enlisted to assist in the delivery and distribution process, but do not support making these antibiotics available to the general public for stockpiling at home.

Survey Results

Approximately two-thirds of both DP40 members and readers ([Q1] 66.7 and 66.9 percent, respectively) who responded expressed doubt about the effectiveness of the current Points of Distribution (POD) approach to rapidly administer oral antibiotics to persons at risk within the 48 hours following a large-scale bioterrorism attack. In addition, both groups ([Q2] 95.8 and 79.4 percent, respectively) strongly support plans for the federal government to provide pre-event anthrax vaccinations for at-risk first responders. Similarly, the majority of DP40 members and readers ([Q5] 79.2 and 62.7 percent, respectively) support enlisting the U.S. Postal Service for residential delivery of the initial doses of oral antibiotics in the event of a large-scale bioterrorism attack.

Both groups ([Q3] 75.0 and 82.2 percent, respectively) also significantly support the suggestion of providing pre-event anthrax vaccinations to eligible at-risk federal and local first responders.

Responses to the question about providing first responders and their immediate families' home-based antibiotic stockpiles were more varied. DP40 members are split almost evenly ([Q4] 33.3 vs. 37.5 percent) in supporting the provision of home antibiotic stockpiles for designated individuals, plus immediate family – vs. all local and federal first responders, plus immediate family. In contrast, 58.0 percent of DomPrep readers favor providing home stockpiles to all local and federal first responders plus their immediate families.

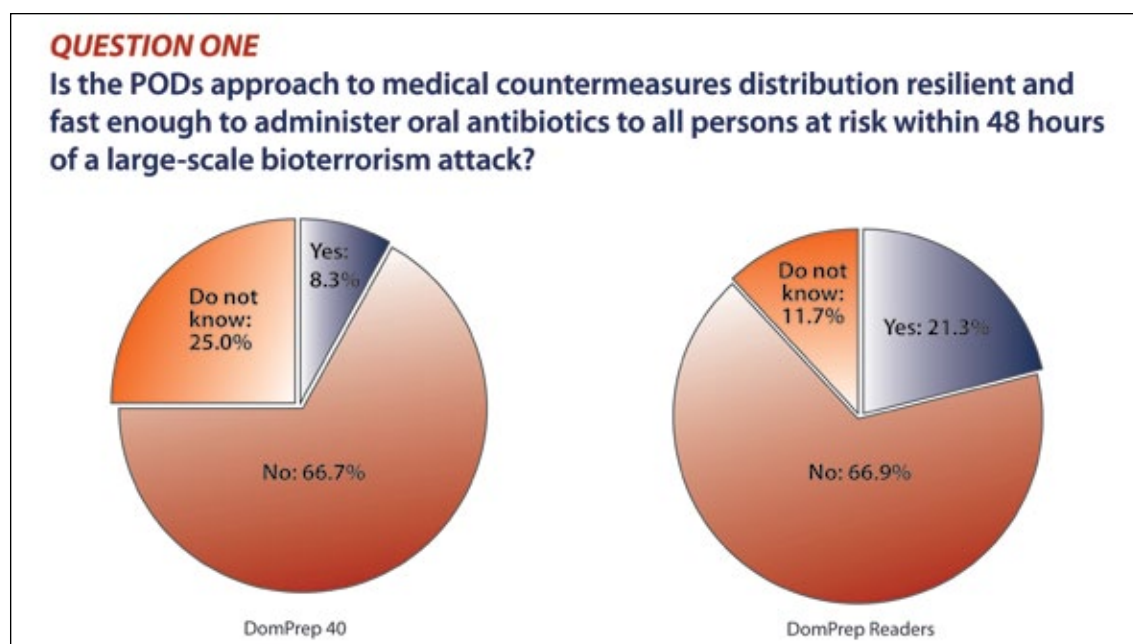
Both DP40 members and readers strongly endorse ([Q6] 87.5 and 73.7 percent, respectively) enlisting pharmacies and similar establishments to augment existing PODs in distributing oral antibiotics and administering vaccinations. A small but significant percentage of respondents (8.3 and 13.5 percent, respectively) support the use of pharmacies and similar establishments for distributing oral antibiotics only.

Both groups strongly endorse the idea of pre-positioning oral antibiotics in metropolitan areas, mirroring the practice of forward-deploying CHEMPACKS – a component of the Federal Strategic National Stockpile (SNS) to provide state and local governments sustainable drug and medical supplies. The DP40 members are almost evenly split ([Q7] 41.7 percent vs. 45.8 percent) on pre-positioning oral antibiotics for emergency responders vs. the entire population that is potentially at risk. The majority of readers (52.2 percent) support pre-positioning oral antibiotics for the entire population vs. limiting distribution to the emergency responders (34.2 percent).

The overwhelming majority of both DP40 members and readers support pre-positioning oral antibiotics in all CRI cities. Only [Q8] 4.2 and 4.5 percent, respectively, of the two response groups did not endorse at least some pre-positioning of oral antibiotics.

In response to the final question, a majority of both DP40 members and readers ([Q9] 50.0 and 48.5 percent, respectively) do not support the idea of making oral antibiotics for bioterrorism available to the general public. In addition, only about one-fourth of DP40 members and readers (25.0 and 22.3 percent, respectively) said they think that pre-event home stockpiling oral antibiotics should be made available to all Americans.

Survey Results





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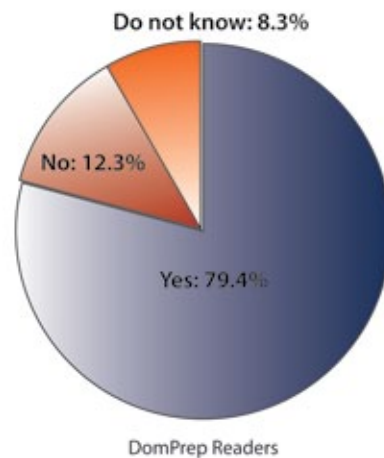
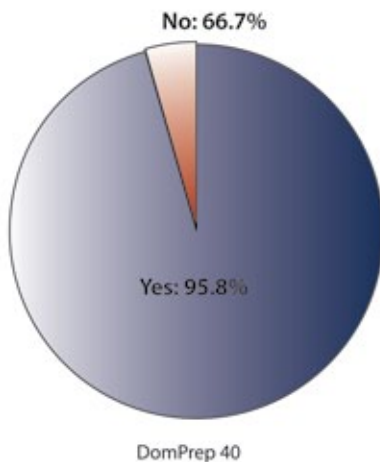
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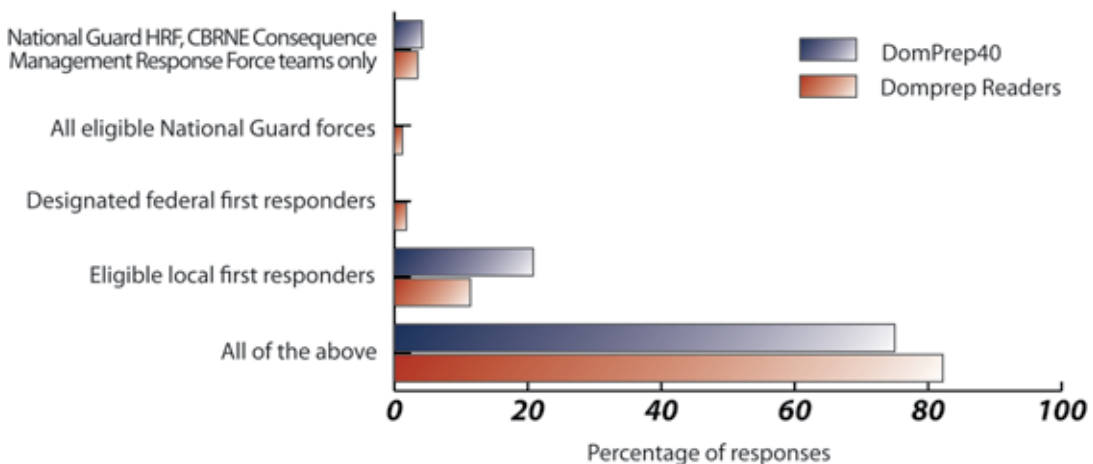
QUESTION TWO

Should the federal government provide pre-event anthrax vaccination for first responders and those who may be at risk following a large-scale bioterrorism attack?



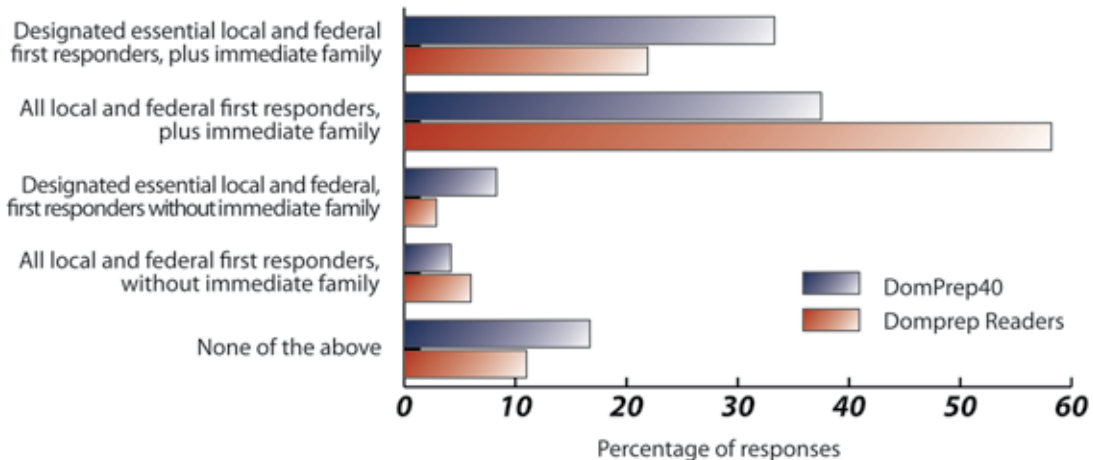
QUESTION THREE

If first responders entering areas contaminated with anthrax spores are eligible, which of the following groups should be considered for pre-exposure vaccination?



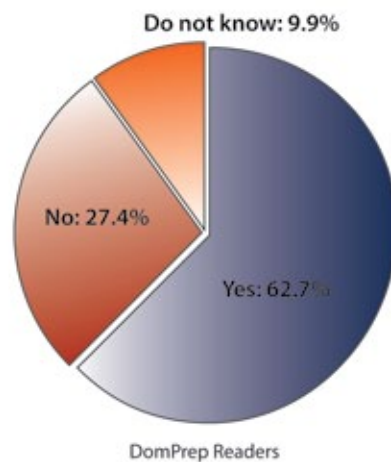
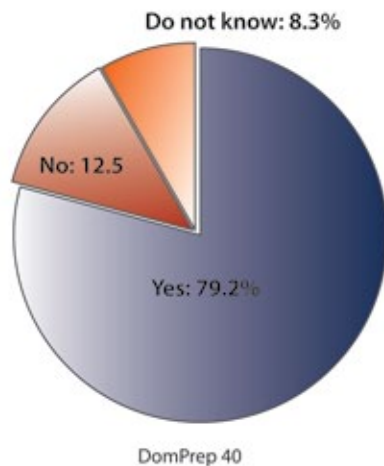
QUESTION FOUR

To reduce potential logistical challenges, would you support the provision of antibiotics in home-positioned medical kits to any of the following groups?



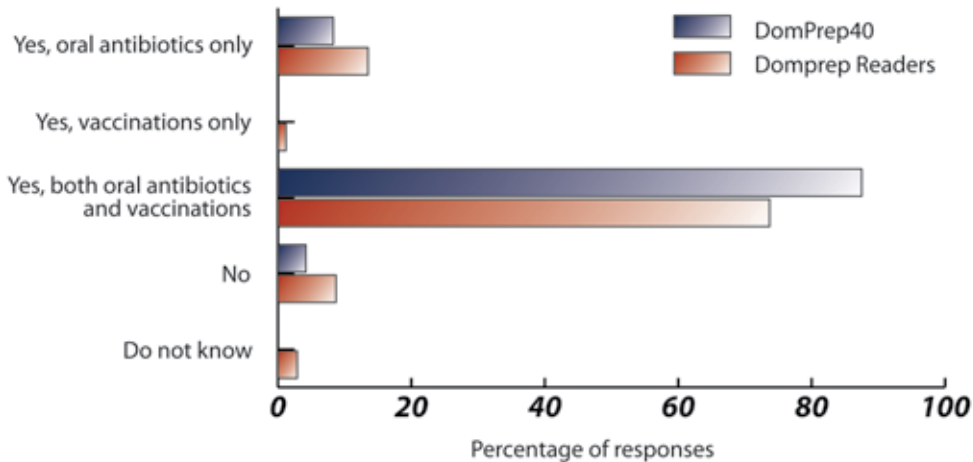
QUESTION FIVE

Do you endorse enlisting the U.S. Postal Service for residential delivery of initial doses of oral antibiotics to rapidly distribute medical countermeasures in the event of a large-scale bioterrorism attack?



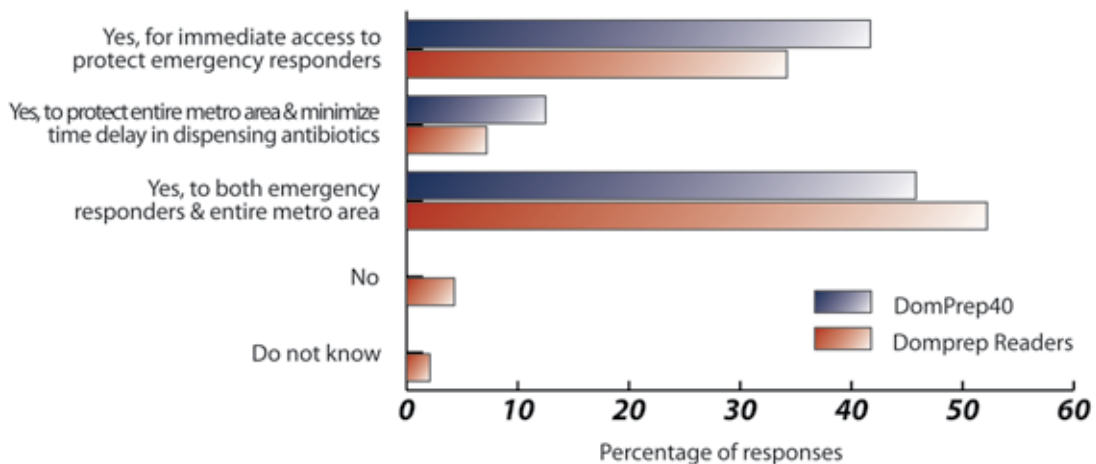
QUESTION SIX

Do you endorse enlisting retail pharmacies and similar establishments - to augment PODs in rapidly distributing medical countermeasures - in the event of a large-scale biological attack?



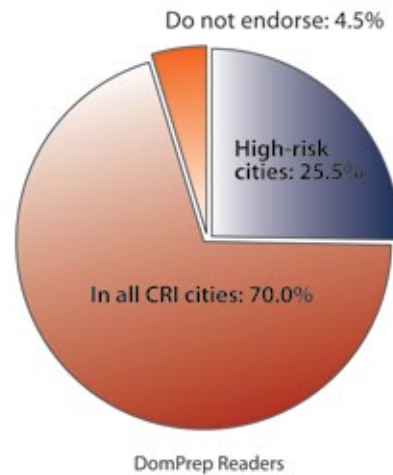
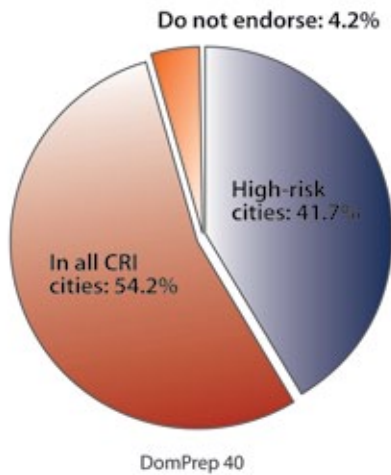
QUESTION SEVEN

Should oral antibiotics be pre-positioned - i.e., forward deployed - similar to the current practice of CHEMPACKs to ensure immediate availability in the event of a large-scale bioterrorism attack?



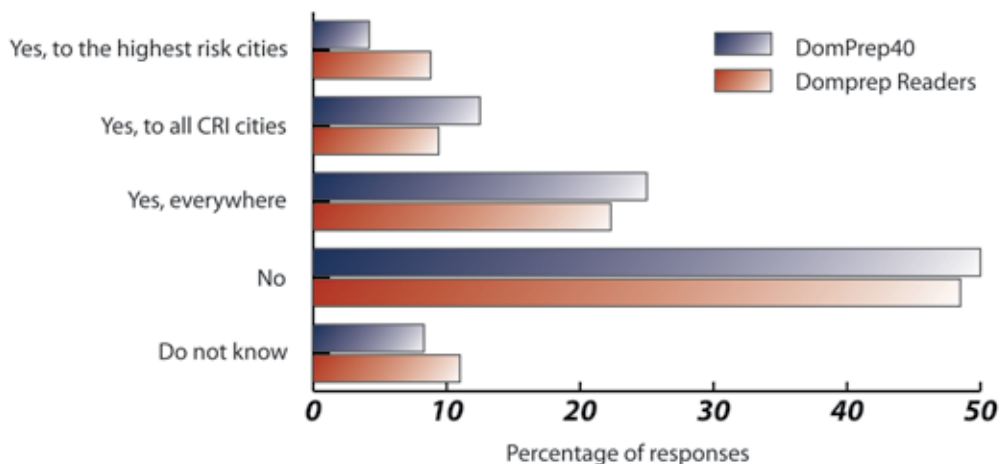
QUESTION EIGHT

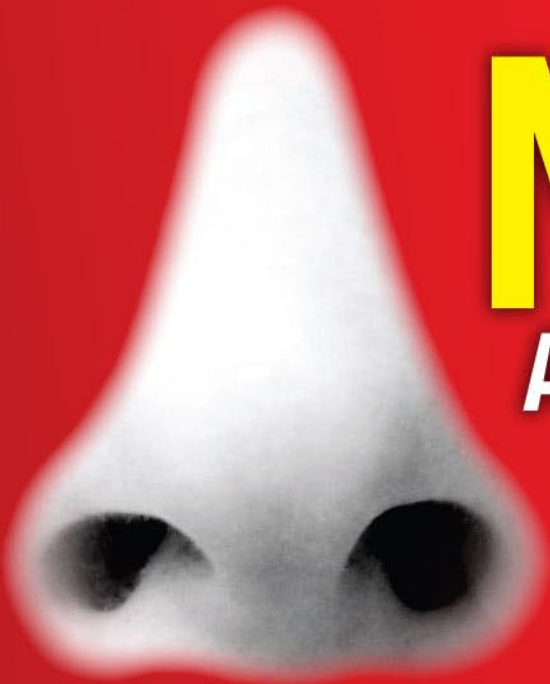
If you endorse pre-positioning of antibiotics, where should the priority be placed?



QUESTION NINE

Should home stockpiling of oral antibiotic prophylaxis for possible bioterrorism exposure be made available to the general public?





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