The Strategic National Stockpile

- The nation’s repository of medical countermeasures (MCM) such as: antibiotics, chemical antidotes, antitoxins, vaccines, antiviral drugs and other life-saving medical materiel
- Materiel is intended to support national health security
- Managed by Office of Public Health Preparedness and Response’s (OPHPR) Division of Strategic National Stockpile (DSNS)

Mission: Prepare and support partners and provide the right resources at the right time to secure the nation’s health.
In the Beginning…
The National Pharmaceutical Stockpile

- **FY 1999 Omnibus Appropriations Act (P. L. 105-277)**
  - “...the amount provided under this heading [Public Health and Social Services Emergency Fund], $51,000,000, to remain available until expended, shall be for pharmaceutical and vaccine stockpiling activities at the Centers for Disease Control and Prevention...”

- Partnership with VA National Acquisition Center
- No new federal warehouse space
- Partnerships with third party logistics and transportation providers
Selected Historical Events
December 1999 - First Deployable NPS assets

Y2K
First Deployable Assets ready for Y2K

- Preliminary Formulary Acquired
- Single Storage Site
- Transport Contracts in Place
Pre-packed and configured materiel assembled for rapid deployment to resupply overwhelmed local medical supplies

Specialized air cargo containers for rapid loading and air delivery

Pre-positioned in multiple secure facilities near major transportation hubs
June 2001 – First Stockpile Deployment
Houston Medical Center Flooding, Tropical Storm Allison

- **Product Deployed**
  - ~200 Mechanical Ventilators and ancillary supplies

- **Staff**
  - 2 Technical Assistance Staff
August 2001

- Louisville Exercise
Louisville Exercise – First Large Scale SNS (NPS) Exercise

- Partners Involvement
  - Commercial transport
  - 3PL
  - State & Local PH and EM

- Product Deployed
  - 1-12 Hour Push Package

- Staff
  - Technical Assistance Team
Sept 2001

- Response to NYC and Washington DC
SNS Deployment – 2001 World Trade Center Attacks

- Product Deployed
  - 1-12 Hour Push Package
  - 314-Portable Ventilators and circuits
  - N95's, gloves, Tyvek suits, surgical masks, and hoods

- Staff
  - Technical Assistance Staff to NY and DC
October 2001

- Anthrax Letters
SNS Deployment – 2001 Anthrax Letters

- **Product deployed**
  - 30,000 regimens of post exposure prophylaxis antibiotics
  - 14,000 regimens of anthrax vaccine
  - Shipped to sites in 14 states including FL, NY, NJ, MD, VA and DC

- **Staff**
  - Technical Assistance Staff to FL, NC, NY and DC
Expansion of Missions and Funding

- Following 9/11, SNS was expanded to increase capabilities
- Funding trend followed to support new acquisitions
- SNS Program codified in Public Health Service Act in 2002
- Push package capability was expanded from 8 to 12
- Product in SNS managed inventory was expanded to protect greater numbers from priority threats
  - Prophylaxis requirements for biological threats expanded from 10 million regimens in 2001 to 60 million regimens by early 2004
- Formulary expanded to cover emerging threats and include available medical countermeasures
- Development of CHEMPACK Program
November 2003

- Anacostia Naval Station Postal Facility
Cities Readiness Initiative (CRI)

- Developed in 2004
- Strengthen preparedness capacity in major metropolitan statistical areas (MSAs)
- Mass prophylaxis to the population within 48 hours
- Promotes alternate dispensing methods:
  - Postal Service
  - Drive through dispensing
  - Employer-based dispensing
  - Community strike teams
  - Community based organizations
Cities Readiness Initiative (CRI)

- Federally funded by CDC’s Public Health Emergency Preparedness cooperative agreement
- 2004 Pilot in 21 MSAs
- Currently 72 participating MSAs
September 2005

- Hurricane Katrina
SNS Deployment – 2005 Hurricane Katrina

- **Product deployed**
  - 16 Federal Medical Stations (FMS)
  - 1-12 Hour PPG
  - Managed Inventory MCM
  - Prime Vendor rapid delivery

- **Staff Deployed**
  - 33 staff members supporting FMS and Technical assistance activities in FL, AL, MS, TX
Spring and Fall 2009

- Spring and Fall Waves H1N1 Pandemic Influenza
SNS Deployment – 2009 H1N1 Pandemic Influenza

- **Product deployed**
  - Antiviral regimens
    - 12.5M domestic
    - 300K Int’l
  - 19.6M pieces of other PPE
  - 85.1M N95 Respirators
  - 2,129, regimens of peramivir IV

- **Staff Deployed**
  - 1 staff member to Mexico

Image credit: Photos.com
October 2012

- Superstorm Sandy
SNS Deployment – 2012 Hurricane Sandy

- **Product deployed**
  - 7 FMS sets
- **Staff deployed**
  - 25 FMS Strike Team members
  - 4 Liaison Officers
Ebola Outbreak

Top 10 Things You REALLY Need to Know about EBOLA

1. You can't get Ebola from a handshake or a hug. Ebola is spread through direct contact with infected body fluids. Direct contact means that blood or body fluids (urine, saliva, sweat, feces, vomit, breast milk, semen) from an infected person (alive or dead) have touched another person's eyes, nose, or mouth or an open cut or wound.

2. Ebola is only spread from one person to another after symptoms begin. Symptoms of Ebola can appear anywhere from 2 to 21 days (average 8 to 10 days) after being exposed. A person infected with Ebola cannot spread it to others until symptoms begin. It is possible that Ebola virus can be spread through the semen of men who have survived Ebola. The risk of getting Ebola this way is very low and likely decreases over time.

3. The Ebola outbreak is not affecting the safety of airline travel. Airline travelers in the United States are extremely unlikely to become infected with Ebola. All travelers coming from Liberia, Sierra Leone, or Guinea, arrive at one of five airports in the United States where entry screening by Customs and Border Protection and CDC is taking place.

4. Ebola is not airborne. Ebola is not a respiratory disease and is not spread through the airborne route. There is no evidence that Ebola is spread by coughing or sneezing. Ebola might be spread through large droplets (splashes or sprays) but only when a person is very sick. That's why hospital workers must wear personal protective equipment to stay safe around people with Ebola.
SNS Deployment – 2014 Ebola Outbreak

- **Product deployed**
  - Excess FMS assets issued to USAID for West Africa response
  - Added new PPE to SNS for rapid response to domestic requirements
  - Coordinated commercial supply chain

- **Staff deployed**
  - Deployments ongoing in support of:
    - West Africa response
    - US Quarantine Stations
Observations

- None of the Historic SNS Responses Matched Pre-Event Planning or Expectations
- Several of the Responses Were Completely Unanticipated
- Staff Were Able to Adapt and “Make It Happen” Anyway

Lessons
- Continue to Empower Staff to Overcome Barriers
- Continue to “Design In” Flexibility to Address the Unexpected. The Next Crisis The SNS Responds to Will Be Different Than What We Planned For!
Observations

- 3 Greatest Strengths 1999
  - Clear and Unifying Mission
  - Selfless and Dedicated Staff
  - Absence of “Sacred Cows”

- 2 Greatest Strengths 2015
  - Clear and Unifying Mission
  - Selfless, Dedicated and Extremely Professional Staff

- Biggest 2015 Challenge – Willingness to:
  - Guard Against Complacency,
  - Embrace Culture of Improvement
  - Avoid “Sacred Cows”
SNS Organizational Structure
Division of Strategic National Stockpile Structure

- **Logistics Branch**
  - Procures, manages and maintains all SNS assets

- **Program Planning and Analysis Branch**
  - Supervises the design, implementation, and day-to-day execution of processes and systems to improve cost analysis, cost evaluation, quality systems, planning and financial management for DSNS

- **Response Branch**
  - Coordinates and integrates all aspects of DSNS training, exercises and operations, manages SNS activities during a public health emergency, and provides information for SNS leadership to make strategic decisions
Division of Strategic National Stockpile Structure

- **Science Team**
  - Provides medical, pharmaceutical and scientific oversight of the SNS formulary

- **Community Resilience Activity**
  - Facilitates planning partnerships between state and local health jurisdictions and other federal agencies and private partners for medical countermeasure distribution and dispensing
Evolution of Funding
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*FY16 listed at the President’s Budget level, pending final appropriation.
Questions?

For more information please contact Centers for Disease Control and Prevention

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E-mail: cdcinfo@cdc.gov  
Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.