



# Opportunities and Levers for Successful Partnerships for MCM Distribution

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# Health System COVID MCM Distribution Challenges

- Confusion regarding health system's role in community testing, prophylaxis
- Lack of awareness of monoclonal antibody availability at dispensing sites
- Insufficient staff to manage burden of testing, prophylaxis, and non-acute care, on top of the acute care surge



# ...But it Could Have Been Worse

## *(FICTIOUS SCENARIO)*

- Drone dispersal of aerosolized anthrax at an outdoor concert, with approximately 10,000 in attendance, two days prior to a large sporting event. Sensors detected event within 6 hours. Sporting event is a NSSE/SEAR Level 1; SNS assets were pre-deployed.
  - 60% (6,000) present to community prophylaxis sites for oral antibiotics in first 48 hours
    - 10% (600) of those will become ill despite prophylaxis, requiring treatment
  - 4,600 become ill
    - 1,600 require acute care treatment/hospitalization
    - 3,000 present with early symptoms, requiring monoclonal antibody treatment + antibiotics within ~24-48 hours to prevent some additional hospitalizations



# Opportunities for Enhancing Partnerships

- Health system awareness of SNS assets
- Development of order sets for SNS assets
- Visibility of consent forms and other documentation
- Standardized indications and administration guidelines
- Integration of health systems into “last mile” planning
  - Locations for MCM dispensing
  - Supply chain requirements
  - Referral process
  - Staffing (due to concurrent demands)
  - Patient follow-up and tracking





# Thank you

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