



Session VIII

Lessons Learned and Future Considerations for Smallpox Preparedness and Readiness

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Who is ASTHO?

- ASTHO members are the chief health officials from each of the 50 states, DC, and 5 U.S. territories and 3 freely associated states.
- Primary functions:
 - Develop strong and effective public health leaders.
 - Improve public health through capacity building, technical assistance, and thought leadership.
 - Advocate for resources and policies that improve the public's health and well-being.

Lessons Learned: Resource Allocation

- Concerns about whether the Strategic National Stockpile (SNS) was able to handle the rapid demand for distribution of the smallpox vaccine for mpox response.
- Demand very quickly outpaced supply and there were lags in the development of additional vaccine.
- Vaccine was shipped to only one site per jurisdiction creating an ordering burden on states.
- Adequate supplies were needed for mass vaccination clinics – ensuring there are enough needles, gloves, alcohol wipes, bandages, etc. in SNS.
- Early recommendations to hold a second dose in reserve rather than giving all first doses and then waiting for another shipment for 2nd dose. This caused additional waiting lists for first doses.

Lesson Learned: Vaccination

- Need for very clear guidance/communication to public about vaccination site care if using ACAM2000.
- Concerns about contraindications, autoinoculation, and possible spread from use of ACAM2000.
- During mpox, there was a dose sparing strategy which involved a lower amount of vaccine so more doses could be drawn from vial. There were concerns/questions about the efficacy of a smaller dose. Also concerns that the smaller dose was being given to communities of color.
- Delayed shipping of available vaccine doses.
- Underestimation of demand.

Lesson Learned: Equity

- Racial and ethnic disparities in vaccine access persisted, affecting Black and Hispanic communities.
- Medical mistrust and vaccine hesitancy influenced lower vaccine uptake among specific populations.
- Appointment systems were barriers which caused additional equity issues — eventually another system was set up to specifically get vaccine to communities of color, etc.
- Early and sustained engagement with gay and bisexual men in the response was crucial.
- Communications about risk behavior versus identity was important to ensure messages reached populations at greatest risk.

Lesson Learned: Funding

- No specific funding to support rollout/implementation.
- Prohibition on COVID funds being used and took several months for CDC to allow flexibility of other funding sources (HIV, STI, preparedness) to be used for mpox.
- The response highlighted the need for continued federal funding, research, and improved public health infrastructure.

Recommendation

A clear understanding of mission, purpose, leadership, and function of the SNS.

- SNS was never intended to ship to providers continuously.
- SNS was developed to be able to ship to a few locations within a state for the state to take over the receipt, staging, storing, and local distribution of product.

Recommendation

A clear and consistent ordering platform across USG for medical countermeasures.

- The current HPOP system was initially developed to allow federal entities and pharmacy partners to order COVID-19 vaccines.
 - Expanded to handle COVID-19 diagnostics and therapeutics ordering.
 - Leveraged to allow the rapid ordering of the mpox medical countermeasures.
- An enhanced HPOP should make ordering and distribution of MCMs and other resources prompt and efficient for current users and quickly adaptable for users during future public health emergencies.

Recommendation

State and local leaders/planners must be involved in SNS planning.

- State and local health agencies are responsible for the “last mile and inch” of SNS distribution. The inclusion of state and local planners and leadership in all stages of SNS planning and decision-making will assist with a smoother transition of materiel from federal to state to local distribution and management.
1. What is in the formulary?
 2. How is it packaged?
 3. How and when are materials delivered?

Communications

- Federal entities must solicit and consider input from State, Local, Tribal, and Territorial public health departments.
- Direct to jurisdictions.
- National organizations.
- Leadership vs. subject matter experts.

Recommendation to Congress

Improve the capacity and outputs of the PHEMCE.

- ASTHO appreciates that Congress included language in the previous reauthorization that requires ASPR to solicit and consider input from State, Local, Tribal, and Territorial public health departments or officials, as appropriate. To strengthen this provision, we recommend deleting the provision “as appropriate.”
- The requirement for inclusion and representation of SLTT public health officials on the PHEMCE ensures the inclusion of SLTT public health officials’ considerations of the Strategic National Stockpile (SNS) products and distribution plans from the beginning. This will improve the efficiency of countermeasure distribution by ensuring end-to-end logistical factors.
- The need for a "boots on the ground" perspective regarding medical countermeasures during the COVID-19 response was apparent, and Congress should codify this representation in the PHEMCE. We, therefore, recommend the following addition: In 42 U.S. Code § 300hh–10a, include section (b), the following: (11) state, local, territorial, and tribal health officials.

Recommendation to Congress

Improve the functionality and transparency of the Strategic National Stockpile.

- ASTHO supports increased transparency in the SNS's inputs, processes, and activities to public health officials to improve the system's integration and use. With adequate annual funding, SLTT health agencies can continue coordinating and distributing SNS assets that support public health and healthcare needs during known and unknown chemical, biological, radiological, or nuclear threats and emerging infectious diseases.
- Continued funding to SLTT health agencies (through CDC and ASPR) to support their logistical, warehouses, and tracking systems to ensure they can readily receive and distribute critical medical countermeasures and materials during emergencies to public health, healthcare, and first responder partners and communities.
- A thoughtful review of the SNS to examine how the nation determines stockpile inventory through distribution by establishing a national advisory committee on countermeasures.
- The advisory committee or other appropriate body should comprise a diverse group of individuals representing SLTT public health practitioners, private industry, academia, and more.