



Weill Cornell Medicine

Scenario Planning and MCM Stockpiling Strategies

NAS Session IV

Panel - Meeting 3 of the Committee on the Current State of Smallpox MCMs

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<https://phs.weill.cornell.edu/research-collaboration/our-divisions/disease-disaster-preparedness>

Some Basic Disease Modeling

$$\begin{aligned} R_0 &= \text{basic reproduction number} \\ &= p \, c \, D \\ &= \{\text{probability of infection given a contact}\} \\ &\quad * \\ &\quad \{\text{number of contacts}\} \\ &\quad * \\ &\quad \{\text{duration of infection}\} \end{aligned}$$

No Equivalent Basic Response Modeling, but...

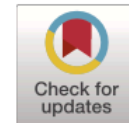
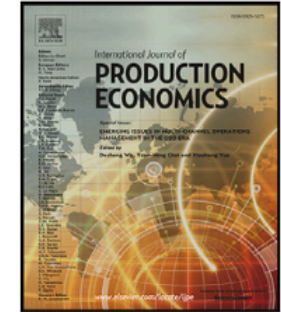
- Imagine if there were a V_0 = basic vaccination number
- What would it consist of?
- Components:
 1. Supply
 2. Demand
 3. A system to EFFICIENTLY AND EFFECTIVELY join the two at the level of the individual
- We have such systems all around us, *just not in public health*



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Efficient and effective large-scale vaccine distribution

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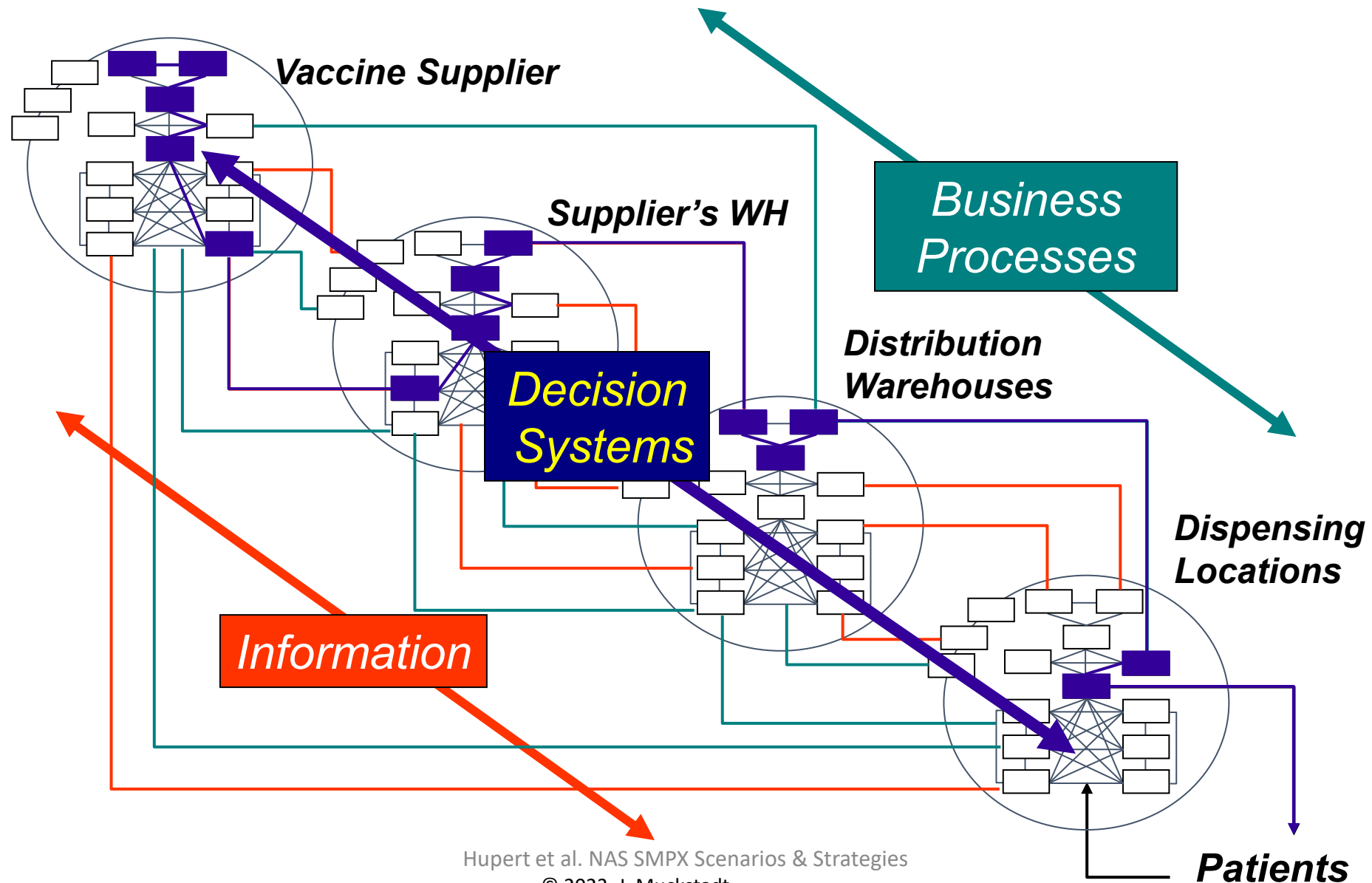
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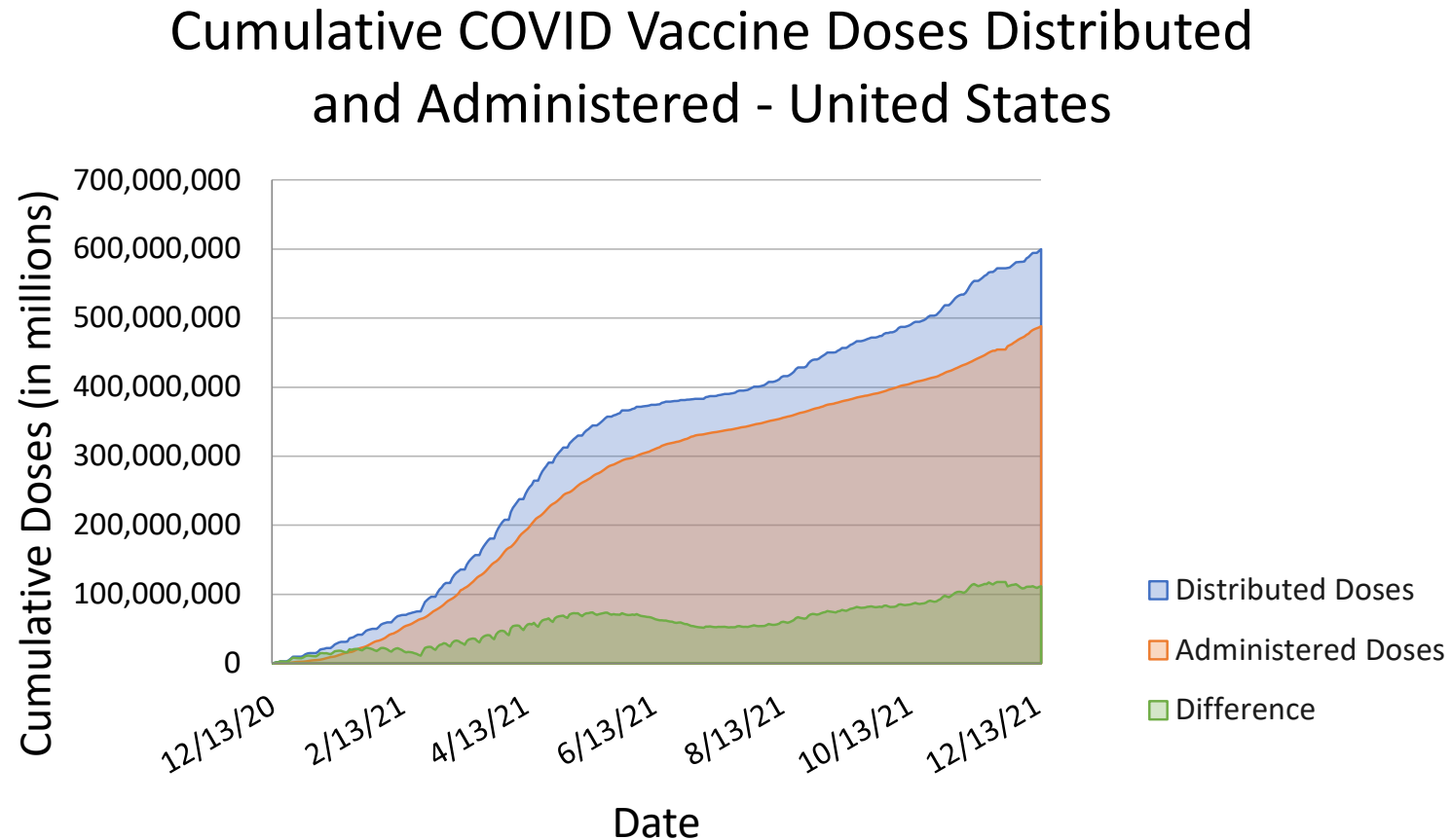
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Interdependent Vaccine Supply / Allocation System Components

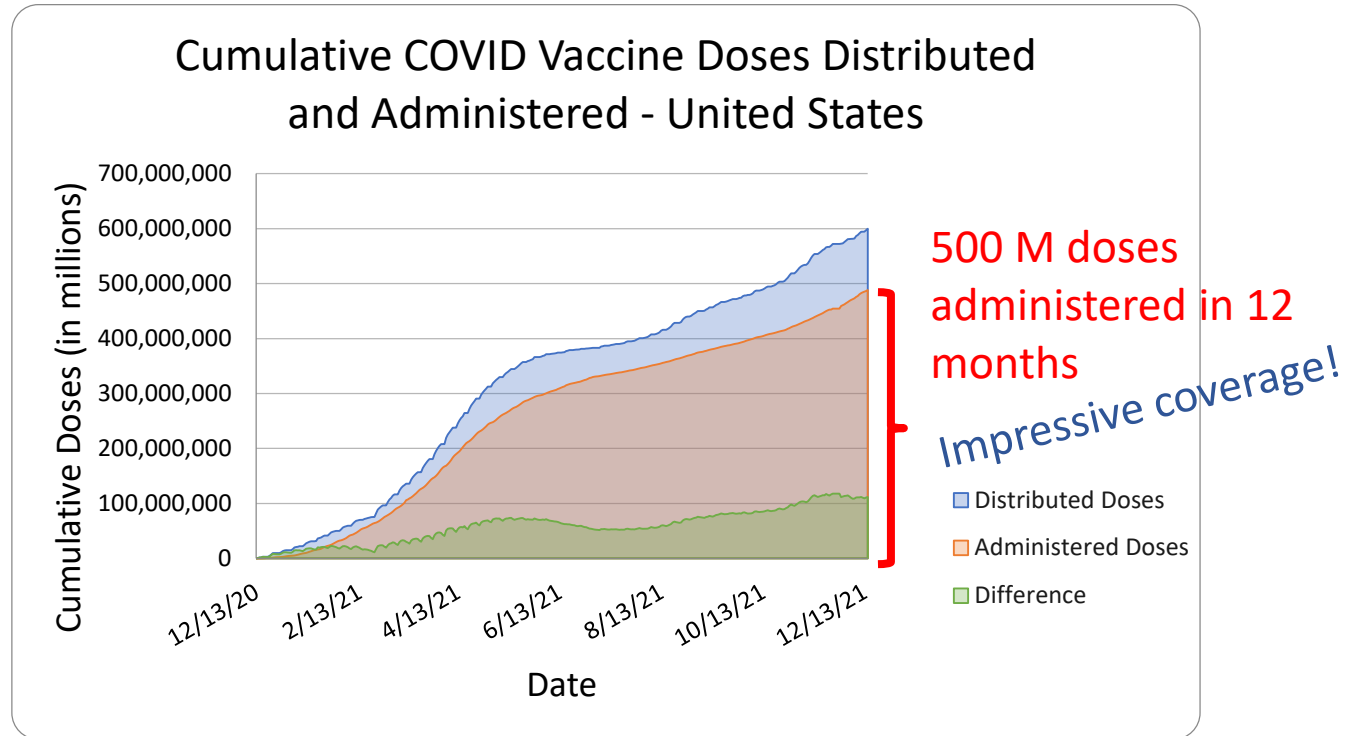


How Well Did the U.S. Distribution System Perform During the COVID-19 Pandemic?

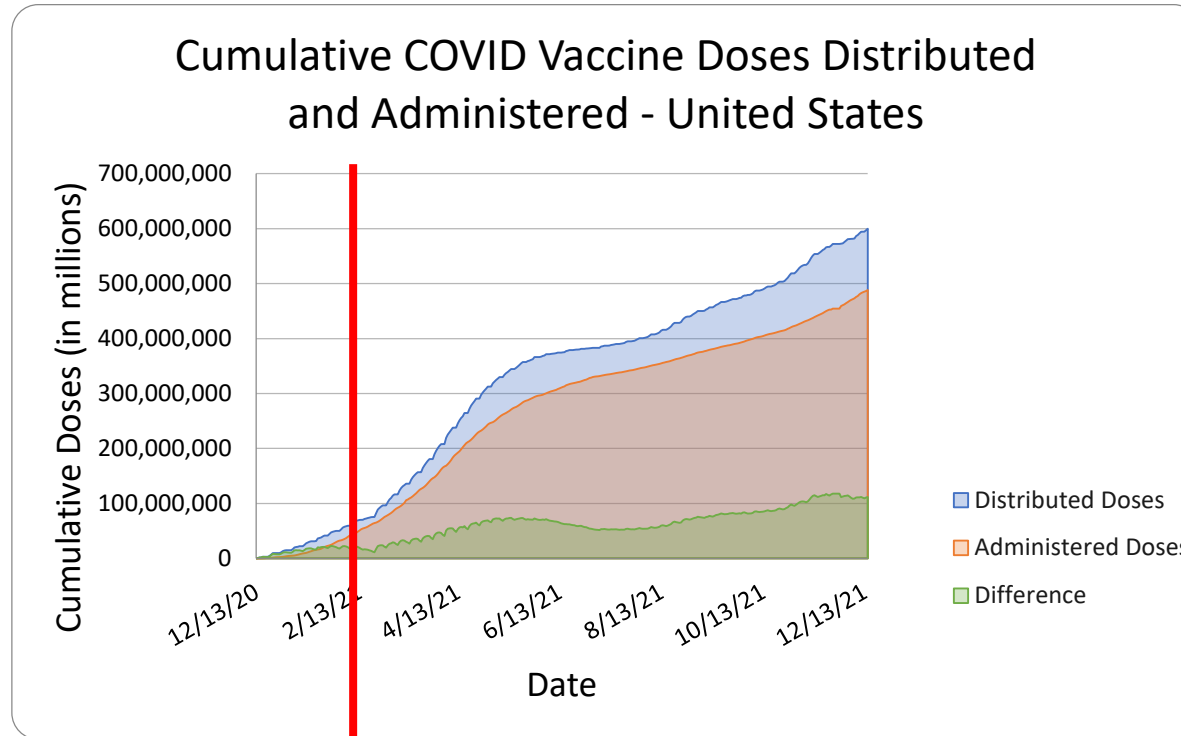
Data Source:
U.S. Centers
for Disease
Control and
Prevention
(CDC)



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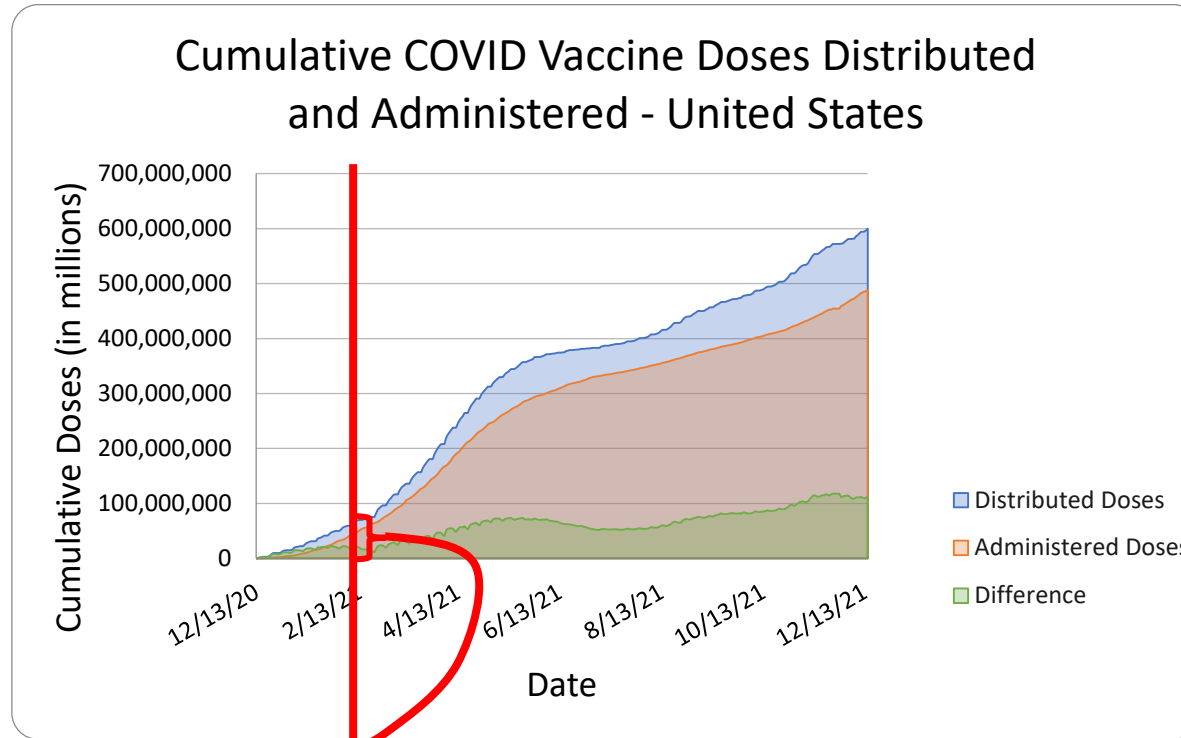
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First phase

Targeted populations: first responders, healthcare workers, elderly, fire and police

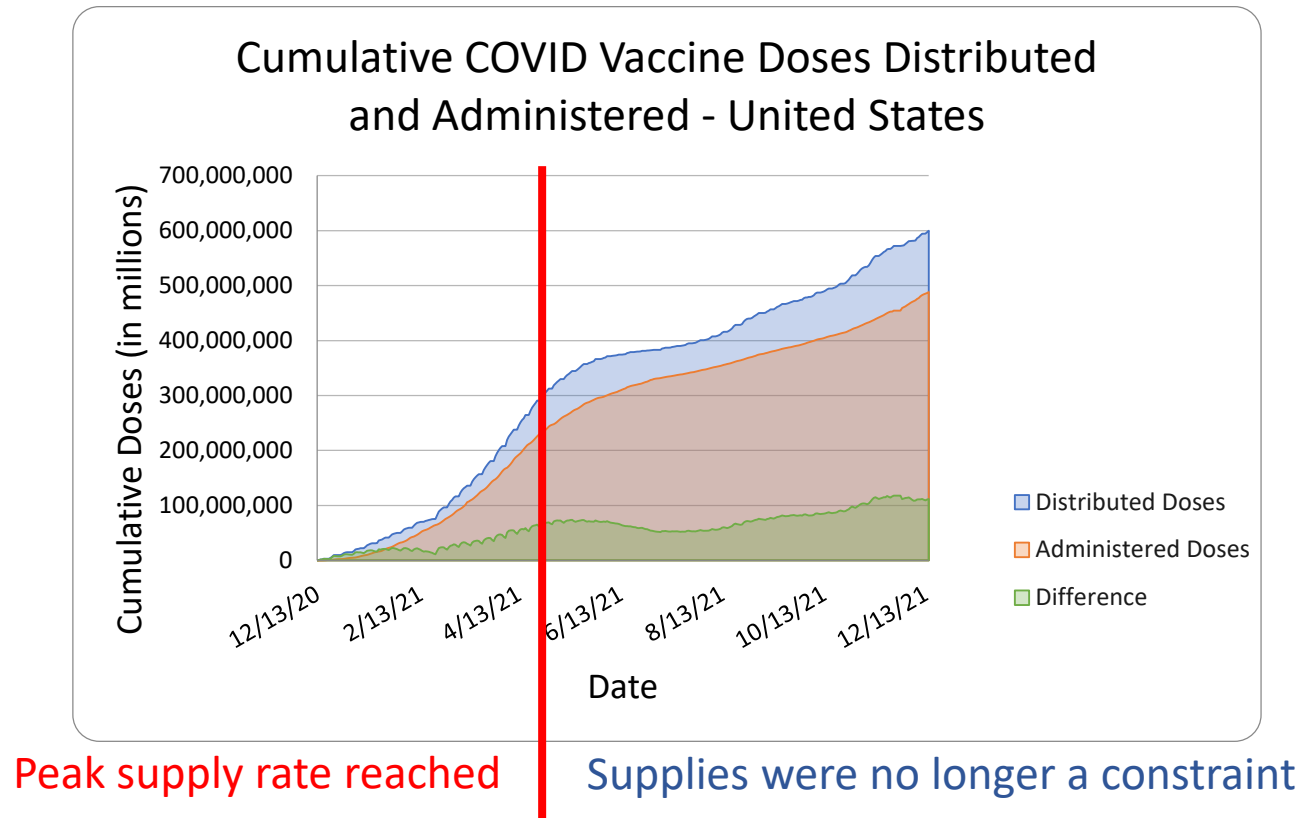
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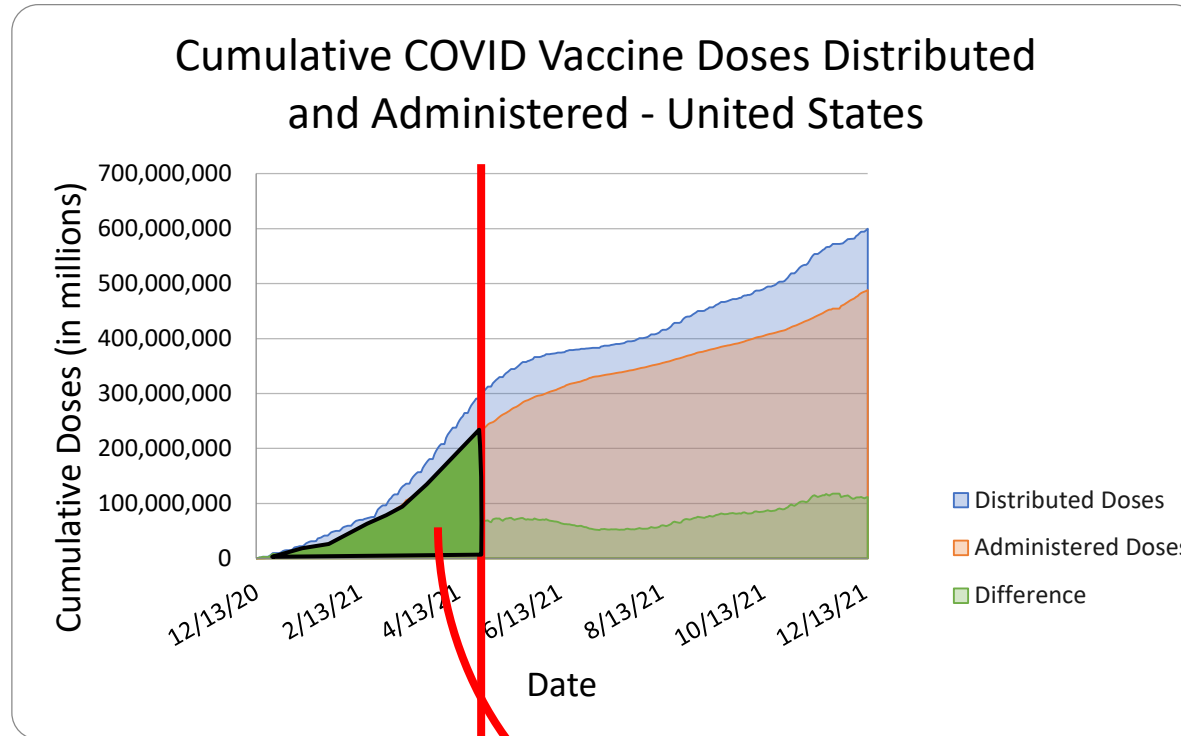
Doses distributed: 80,000,000
Doses administered: 58,200,000
Doses unused: 21,800,000

27% of production
still in distribution

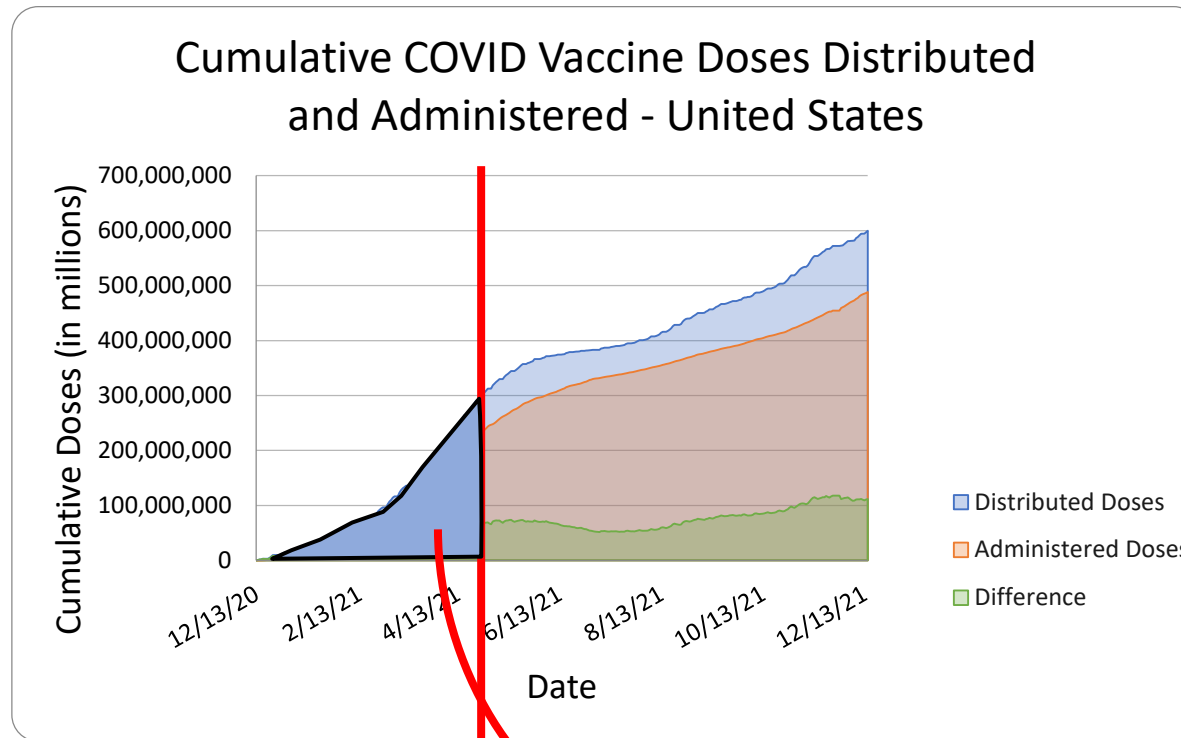
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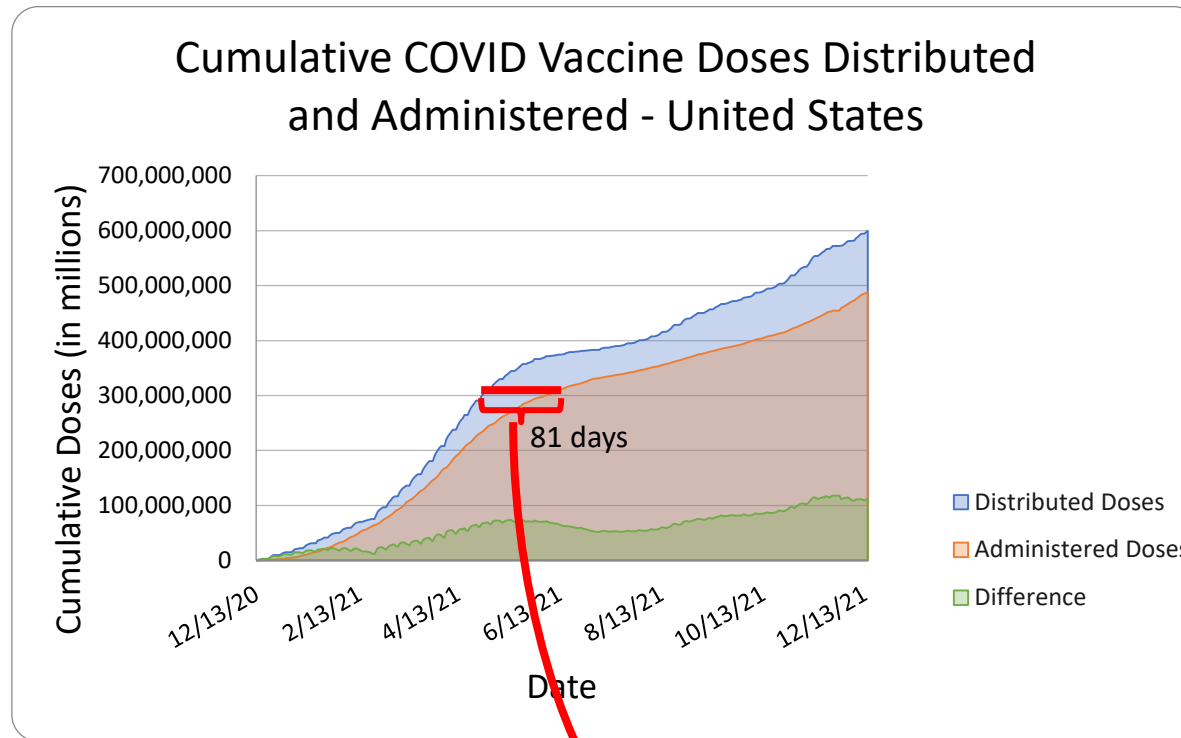


Vaccination person days achieved =
area in green ≈ 11.4 billion vpd's



~18% increase
in vpd available
from more
effective
distribution
system

Vaccination person days possible =
area in blue $\approx$ 13.5 billion vpd's (with
allowance for 6-day lead time)



After peak supply rate is reached, days in distribution increases from starting point of **81 days “on the shelf”**

Supply received by May 20 is not consumed until Aug. 9: **81 days**

How Well Did the U.S. Distribution System Perform During the COVID-19 Pandemic?

- By the middle of October 2022, approximately 883 million doses had been distributed to states but only 633 million had been administered. That is, about 71% of the available supply had been administered nationally.
 - The excess supply would more than **doubly vaccinate** the entire populations of Canada and the UK
- For NY state, 872 million VPDs were missed, which was about 50 lost VPDs for each of the 17.2 million persons who were vaccinated in the state. About 77% of the supply was administered.

Particular Concerns with Smallpox Response

- Combined public health and national security emergency
- Concerns about disease (lethality, contagion)
- Rise of anti-vax sentiment (modeling project: moth-eaten ring vax)
- Concerns about vaccine (esp. side effect profile of prior generation)



 **Free Access**

Anticipating Demand for Emergency Health Services due to Medication-related Adverse Events after Rapid Mass Prophylaxis Campaigns

Nathaniel Hupert MD, MPH , Daniel Wattson BS, Jason Cuomo MPH, Samuel Benson BA, AEMT-P

First published: 28 June 2008 | <https://doi.org/10.1197/j.aem.2006.08.017> | Citations: 9

Summary and Conclusion

- There is a difference between **who** should be vaccinated and **how** the supply chain architecture should be designed.
- Focus on maximizing vaccinated person-days – earlier is better
- Therefore: aim for fewer and larger scale dispensing locations
- Create the dispensing system before the event, and exercise it
- Optimization models and associated algorithms are not the goal but a means to an end:

To allocate vaccines throughout the supply chain so as to ensure fairness and effectiveness.