

STRATEGIC NATIONAL STOCKPILE

WHAT IS THE PUBLIC HEALTH ISSUE?

- An act of terrorism (or large-scale natural disaster) targeting the U.S. civilian population will require rapid access to large quantities of pharmaceuticals and medical supplies.
- Such quantities of pharmaceuticals and medical supplies may not be readily available unless special stockpiles are created.
- Few state or local governments have the resources to create stockpiles on their own. In addition, this would be inefficient due to the shelf life of medical supplies, requiring ongoing logistics management.
- No one can anticipate exactly when, where, or how a terrorist will strike.

WHAT HAS CDC ACCOMPLISHED?

In 1999, Congress charged the Department of Health and Human Services (HHS) and CDC with establishing the National Pharmaceutical Stockpile (NPS). In March 2003, NPS became the Strategic National Stockpile (SNS), managed jointly by the Department of Homeland Security (DHS) and HHS. The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration supplies, airway maintenance supplies, and medical/surgical items. The SNS supplements and re-supplies state and local public health agencies within 12 hours of federal deployment. The SNS program works with governmental and nongovernmental partners to upgrade the nation's public health capacity for responding to a national emergency and manages and distributes SNS assets.

Example of Program in Action

The SNS program delivers 12-hour push packages to locations in the United States or its territories within 12 hours of federal deployment. Concurrent with the transportation of SNS assets, the SNS program will deploy its Technical Advisory Response Unit (TARU). The TARU staff will coordinate with state and local officials to ensure SNS assets are efficiently managed and used upon delivery. If additional pharmaceuticals and/or medical supplies are required, follow-on vendor managed inventory (VMI) supplies are shipped to arrive within 24 to 36 hours. If well-defined, VMI can be tailored to provide pharmaceuticals, supplies, and/or products specific to the suspected or confirmed agent(s).

WHAT ARE THE NEXT STEPS?

The CHEMPACK Project is an initiative to augment the nation's ability to respond to a chemical or nerve agent terrorist attack. While many states have been preparing for such an attack, CHEMPACK places federally owned antidote and symptomatic treatments in cities across the nation. It will remain federal property and remain in secure, monitored, and environmentally-controlled storage, unless locally needed for use in a chemical or nerve agent incident. As long as CHEMPACK material remains federal property, the material may be included in the Shelf-Life Extension Program (SLEP) of the Food and Drug Administration. Provided SLEP testing continues to certify its effectiveness, CHEMPACK provides readiness capability for a fraction of its replacement cost.

What Does This Mean For States?

The emergency response concept enhances state and local first response activities in an emergency. The SNS team arrives within 12 hours of federal deployment, with pharmaceuticals and other medical material and equipment. The state receives, per established priorities, support for as long as required. The SNS Logistics team will constantly update what is kept in stock to ensure it supports the needs of states. Additionally, the SNS program purchases items not stocked and provides training and technical assistance to states, major cities, and U.S. territories.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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