
Review of State Antiviral Distribution Plans

Paul E. Jarris, MD, MBA

Executive Director

Association of State and Territorial Health Officials



About ASTHO

- n ASTHO is the national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia.
- n ASTHO's 57 members are the chief health officials of these jurisdictions.

State Antiviral Plans: Data Collection

- n Initiated a phone interview survey with 13 states, chosen as a representative sample
- n Preliminary report presented today includes information from 7 states: IA, MO, ND, NM, VA, WA, WY
 - q ASTHO has provided 4 of these 7 plans to the Committee for review

General Themes

- n Very wide variety in planning: some states have developed plans specific to antivirals, others are relying on their SNS plans which in some cases include Point of Distribution sites (PODs)
- n Significant partnership with local health agencies
- n All 7 states are planning for distribution of treatment courses; little planning for prophylaxis courses
- n Priority groups for treatment: 2005 HHS Pandemic Influenza Plan

SNS-Associated Plans: Washington, New Mexico, Iowa, Wyoming, Missouri

n Washington

- q SNS Drug Distribution Plan is designed to cover all pharmaceutical countermeasures
- q State level plan is integrated with 35 local plans; locals have primary responsibility for distribution once state delivers allocation to them
- q Four distribution models currently being considered:
 - n Alternate care facilities (primary care triage sites)
 - n Hospitals
 - n Home health agencies
 - n Drive-through sites

SNS-Associated Plans, cont'd.

n New Mexico

- q Distribution is strongly associated with SNS plan, and includes PODs
- q Majority of the population resides in Albuquerque; considering alternative methods such as drive through clinics, large institutional settings, and Native American casinos
- q Distribution in rural and frontier areas is focused on PODs because the population is very diffuse

SNS-Associated Plans, cont'd.

n Iowa

- q Initial distribution to 23 distribution nodes; counties will pick up their pre-designated allotment at these sites
- q Discouraging use of PODs due to designation for treatment; will position caches at doctors offices and hospitals
- q Local agencies have previous success with drive through clinics; all local plans have specific plans to reach special needs populations
- q State has hotlines to resolve public and clinical questions, but not considering mail delivery

SNS-Associated Plans, cont'd.

n Wyoming

- q Stockpiles are grouped at state RSS site and distributed to ten centers around the state; Counties pick up their allotments at these site
- q Several counties have used drive-up dispensing as well as "closed" or "private" PODS
- q 5% of allotment held back by state for prophylaxis of critical personnel

SNS-Associated Plans, cont'd.

n Missouri

- q Initial SNS distribution from central site to regional locations, and then to local communities; portion reserved by state for containment, prophylaxis, and use in state-run institutions
- q PODs and drive through are being discouraged; state is partnering with physicians, pharmacists, and other clinicians to dispense for treatment
- q Hotlines available for persons with adverse reactions to antivirals

Private Sector Distribution Model: North Dakota

- n Plans to use existing commercial supply distribution chain; vendor is under contract with state and will distribute state/federal stockpile once existing supply runs out
 - q Private vendor uses commercial shipping such as Parcel Post and UPS
- n Primary recipients will be pharmacies, hospitals, and clinics
- n Back-up plan utilizes local health agencies instead of private vendor
- n Exploring telephone triage and prescription system, drive-through distribution at banks

Pharmacy-Based Dispensing: Virginia

- n Pharmacies will be primary dispensing sites, with community health centers, health departments and other healthcare facilities
 - q Supplies will be pre-positioned, with schedules for restocking; underserved supported by local health departments
- n Virginia Department of Medical Assistance Services will track dispensing and avoid abuse of the system; oversight plan for ensuring timely dispensing is still needed
- n Plan developed under guidance of state Pandemic Influenza Advisory Committee / subcommittee on Antiviral Distribution
- n Major barrier identified: access to care and requirement for a provider prescription

Security

- n Stockpile and distribution security is a major planning element for states

- n Reliance on SNS security plans and procedures:
 - q Risk Assessment
 - q Access Control (e.g. badging and credentialing)
 - q Law Enforcement Escort During Transport
 - q Controlling Crowds
 - q Force and Asset Protection

Exercises

- n All states have exercised their SNS plans at all levels: table-top, functional, and full-scale
- n Most have only exercised antiviral distribution at executive table-top or facilitated discussion level

Challenges and Barriers

- n Treatment model vs. prophylactic model
- n Lack of guidelines on best practices
- n Confusion regarding which priority groups will be the responsibility of state and local public health, which will be covered by federal government
- n Lack of consensus on administration guidelines
- n Concern over ability to diagnose infected patients before administering treatment

Barriers and Controversies

- n Capacity of the clinical system for triage, screening, assessment, and prescribing
- n Capacity of Pharmacies for distribution
- n Wisdom of aggregating people during a pandemic
- n Value of a clinical encounter vs. prescribing based on symptoms

Questions?