NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

12-02

STATEMENT OF POLICY

Anthrax Medical Response

Policy

The National Association of County and City Health Officials (NACCHO) recommends that the federal government, through the Centers for Disease Control and Prevention (CDC), provide local health departments (LHDs) with technical and financial assistance to enhance current plans to address the threat of an anthrax attack.

To better assist local health departments with responding to such an event, NACCHO makes the following policy recommendations:

- **The Centers for Disease Control and Prevention (CDC) should support local public health agencies in preparing for this type of response.** CDC's *Anthrax Vaccine Home Page* states "…in the event of an attack using anthrax as a weapon, people exposed would get the vaccine."[1] In light of this statement, the 2010 guidance from ACIP noted above, and the current and projected reductions to local preparedness funding, the CDC should provide local public health agencies with assistance (both technical and financial) in developing the capabilities to address this threat.

- The CDC should develop, with consultation from local public health authorities, an addendum to the *Guide to SNS Preparedness - Version 11* that provides local public health planners with the necessary technical advice and guidance to incorporate anthrax vaccine dispensing into their local response plans. Specific guidance should include information on storage and handling of vaccine, administration information, guidance on planning for concurrent administration of vaccine and dispensing of antibiotics, and guidance on Investigational New Drug (IND) and Emergency Use Authorization (EAU) requirements for the vaccine.

- Additionally, it is critical that local public health agencies continue to receive financial support for these federal programs. Without continued financial support to maintain a minimum level of preparedness capabilities, retain licensed and professional staff, and recruit medical volunteers that can administer this vaccine, operational readiness for an anthrax event will be greatly diminished.

Justification

"ACIP recommends a postexposure regimen of 60 days of appropriate antimicrobial prophylaxis combined with three SC (subcutaneous) doses of AVA[2] (administered at zero, two, and four weeks postexposure) as the most effective protection against inhalation anthrax for previously unvaccinated persons aged ≥18 years who have been exposed to aerosolized B. anthracis spores." [3]

"Also, in the event of an attack using anthrax as a weapon, people exposed would get the vaccine." [4]

The intentional release of anthrax over a large area will require a swift response to mitigate loss of life due to the short window in which to provide post-exposure prophylaxis (PEP) to the affected population. Current planning for PEP relies on the dispensing of a 60-day course of antibiotics (an initial 10-day course followed by a 50-day course) as the primary method of protection. However, guidance from the Advisory Committee on Immunization Practices (ACIP) recommends that, as an additional component of PEP, persons exposed to inhalational anthrax receive three doses of vaccine, with the first dose administered within 10 days of exposure.[5] Concurrent dispensing of antibiotics and administration of anthrax vaccine, in response to an intentional release of aerosolized anthrax, will pose significant operational and logistical challenges for local public health agencies. Preplanning and assuring an adequate level of trained and qualified staff are currently the only mitigating activities available to local public health to address the issues involved in this type of response.

NACCHO is concerned that local public health agencies are not adequately prepared or funded to mount a vaccination campaign concurrent with an antibiotic dispensing campaign in the aftermath of an aerosolized anthrax attack. These deficiencies may be because LHDs are unaware of ACIP and CDC guidance related to anthrax vaccine and lack support (both technical and financial) dedicated to this area of preparedness.

General guidance from the federal government suggests that vaccine, in addition to antibiotics, is the best response to an intentional release of anthrax spores. However, there is no official statement from the CDC with regard to local preparedness efforts for such a response. In the absence of such a statement, public health agencies are either left to prepare on their own, or to delay this important work. Past response preparedness has focused on getting an initial 10-day dose of antibiotics into an exposed population within 48 hours of the decision to do so. If a real response will include providing three doses of vaccine, in addition to an additional 50-day regimen of antibiotics, local public health agencies need the technical and financial support to begin preparing for this now. A response will be substantially more effective if the logistical and operational issues can be adequately addressed prior to an actual event. In addition, without the financial support to maintain an adequate level of licensed and professional staff, public health agencies will find it difficult to deliver these federal medical countermeasures to the public in an emergency.

References

1. CDC. Anthrax Vaccine Home Page. Available at http://www.cdc.gov/vaccines/vpd-vac/anthrax/default.htm. Accessed August 26, 2011.
2. Anthrax Vaccine Adsorbed (AVA) is marketed under the trade name *BioThrax*®. It is currently the only anthrax vaccine approved by the FDA. However, it is only approved for pre-exposure use, not post-exposure prophylaxis. Additional information available at http://biothrax.com
3. CDC. Use of Anthrax Vaccine in the United State: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. MMWR 2010; 59 (RR-6)
4. CDC. Anthrax Vaccine Home Page. Available at http://www.cdc.gov/vaccines/vpd-vac/anthrax/default.htm. Accessed August 26, 2011.

5. CDC. Use of Anthrax Vaccine in the United State: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. MMWR 2010; 59 (RR-6)

Record of Action

Proposed by NACCHO Strategic National Stockpile Workgroup
Approved by NACCHO Board of Directors March 2012