

PANDEMIC INFLUENZA ANTIVIRAL STOCKPILING

Pandemic influenza poses a tremendous threat to the United States and to the world, with the potential to impact not only the health of the population, but society overall. Antivirals are one of several measures to control the impact of pandemic influenza, and their use must be balanced with other countermeasure and containment options. The Department of Health and Human Services' (HHS) Pandemic Influenza Plan, released in November 2005, calls for stockpiling antivirals to treat 25% of the U.S. population during a pandemic – approximately 81 million treatment courses. This represents a significant investment of resources, including time and money, at both the state and federal levels.

The current antiviral stockpiling proposal, announced by the federal government in early 2006, is a joint activity primarily between the states and the federal government, with the federal government purchasing a total of 50 million doses and the states purchasing up to 31 million doses at a subsidized price through federally-negotiated contracts with two drug manufacturers. This countermeasure must be managed and used in the most efficient and equitable manner to ensure maximum impact.

Financing

Financing systems must provide for the rapid, efficient, and complete purchasing, management and distribution of an adequate supply of the drugs, regardless of a state's financial situation.

- Stockpiling and managing adequate amounts of influenza antivirals should be a federal responsibility to ensure protection for all Americans.
- The federal government should assume full financial responsibility for this component of our national preparedness goal.
- The federal government should provide funding to states beyond the proposed 25% subsidy to purchase antiviral drugs, consistent with the Congressional Conference Report language for the Emergency Supplemental Funding for Pandemic Preparedness appropriated in June 2006. Increased federal funding will reduce the possibility of inequities among the states and help ensure that the place in which one lives does not determine whether an individual has access to antivirals during a pandemic.

In their report, the Appropriations Committee Conferees noted that the legislation authorizing the subsidy "is flexible and does not require, nor limit, the amount of the subsidy." Further, the Conferees "encourage[d] the Secretary to consider subsidizing these purchases beyond 25 percent for States whose finances have been severely affected by Hurricane Katrina and other hurricanes of the 2005 season. The conferees believe that access to lifesaving drugs should be based on public health need, not the finances of the State in which an individual resides."

- Grant guidance for the Emergency Supplemental Funds should include antiviral purchase and inventory management as an allowable expense.
- In the absence of dedicated federal funding, applicable federal grant programs should provide across the board consistency and flexibility in allowing for antiviral purchase and

stockpile management. In fiscal years 2006 and 2007, three grant programs included the flexibility for limited antiviral purchase as an allowable expense: the Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness Cooperative Agreement, the Health Resources and Services Administration's (HRSA) National Bioterrorism Hospital Preparedness Program Cooperative Agreement, and the Department of Homeland Security's (DHS) Homeland Security Grant Program. This practice should be broadened to the fullest extent possible. However, due to the tremendous demands on this funding and continued cuts to the federal appropriations for these grants, they together are insufficient sources of funding for antiviral purchase and inventory management.

Stockpile Management

Efficient management of antiviral stockpiles is essential to reduce waste and ensure that maximum benefit is derived from this countermeasure. State Health Officials, working collaboratively with local health departments, are best suited to guide allocation of limited supplies of antivirals within their jurisdictions to ensure a coordinated statewide response.

- The Strategic National Stockpile (SNS) should be available as an option to store and manage all state allocations of antivirals. The CHEMPACK model should be investigated as a possible approach to antiviral storage; emulating this model would lift the burden of storage from the SNS, allow for prepositioning of the drugs in the states, and afford the benefits of shelf-life extension.
- States must have the ability to rotate stocks of antivirals purchased off the federal contracts with stocks used for annual influenza response. Stock rotation will reduce waste and ensure maximum utilization of funds used to purchase the drugs.
- Antivirals stored outside of the SNS, including those maintained in the states, should be eligible for the Food and Drug Administration's (FDA) Shelf-Life Extension Program.
- If stock rotation and shelf-life extension are not adequately addressed, state-purchased antivirals will expire five years after purchase if not used, and a new financial investment will be required to re-stockpile the drugs. Every effort must be made to extend the safe and efficacious use of the antivirals.

Approval History

ASTHO Position Statements relate to specific issues that are time sensitive, narrowly defined, or are a further development or interpretation of ASTHO policy. Statements are developed and reviewed by appropriate Policy Committees and approved by the ASTHO Executive Committee. Position Statements are not voted on by the full ASTHO membership.

*Infectious Disease Policy Committee Review and Approval on **August 18, 2006.***

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*Policy expires on **September 12, 2009.***

For further information about this Position Statement, please contact ASTHO Infectious Disease



POSITION STATEMENT

Policy staff at infectiousdiseases@astho.org. For ASTHO policies and additional publications related to the Position Statement, please visit www.astho.org.

Related Position Statements:

Vaccine Supply, Immunization Infrastructure & Emergency Vaccine Shortages

Other ASTHO Publications:

Nature's Terrorist Attack: Pandemic Influenza Preparedness Planning for State Health Officials

Fact Sheet – Pandemic Influenza: State Public Health Agency Preparation and Response

ASTHO Public Health Preparedness Policy

ASTHO Infectious Disease Policy

ASTHO Immunization Policy

Other Resources:

ASTHO Comments on the National Pandemic Influenza Response and Preparedness Plan

ASTHO Comments on the HHS Pandemic Influenza Plan

ASTHO Pandemic Influenza Web page