



United States Department of  
**Health & Human Services**

Office of the Secretary

Office of Public Health Emergency Preparedness (OPHEP)

# **Bioshield Stakeholders Workshop**

## **September 26, 2006**

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**OPHEP**



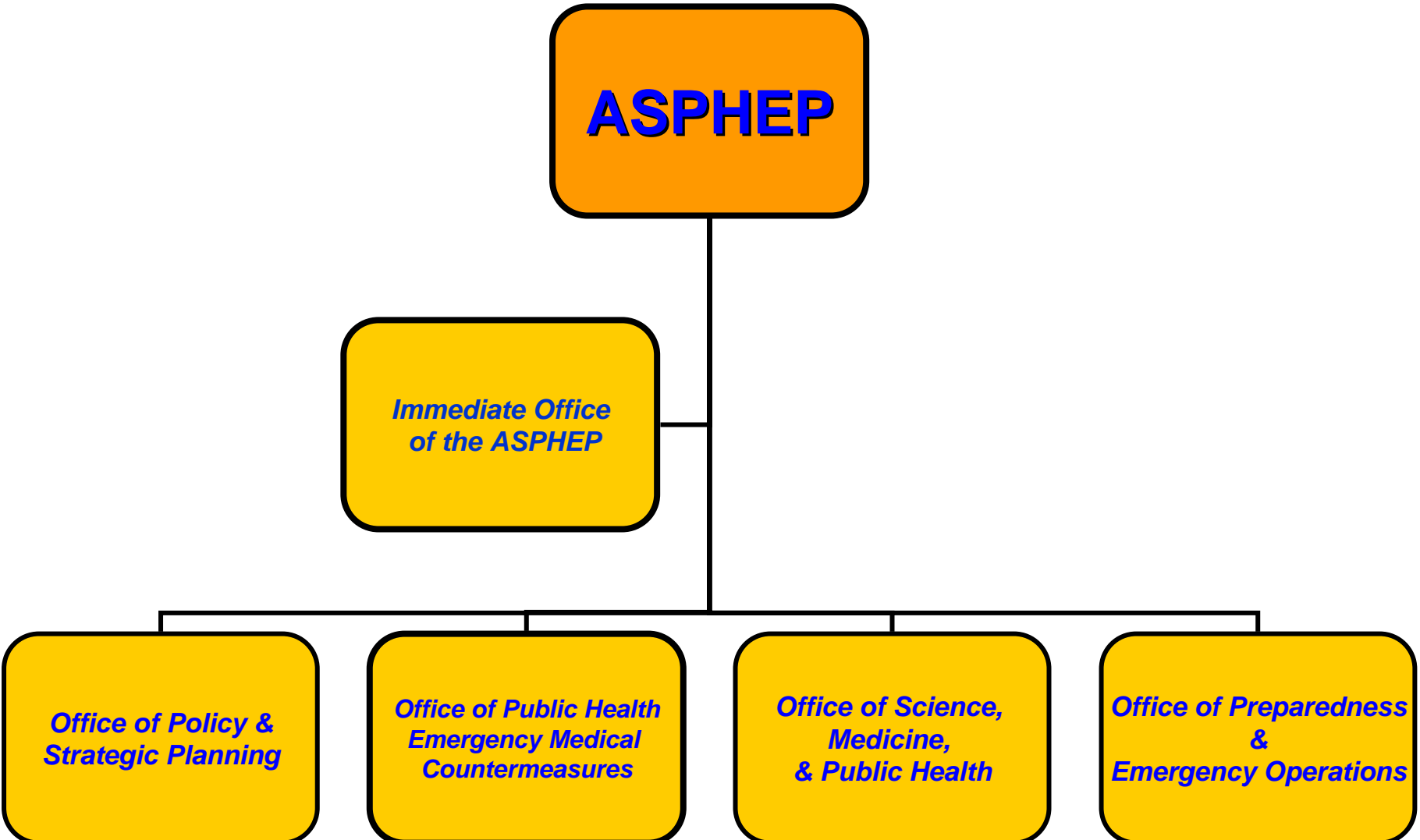
OPHEP

# Office of Public Health Emergency Preparedness

- Introduction to OPHEP
- Emergency Preparedness and Response in HHS
  - ESF #8
  - Regional Emergency Coordinators
  - Spectrum of Services
- Countermeasure Utilization
  - Considerations
  - How to make it work
  - Lure of the possible

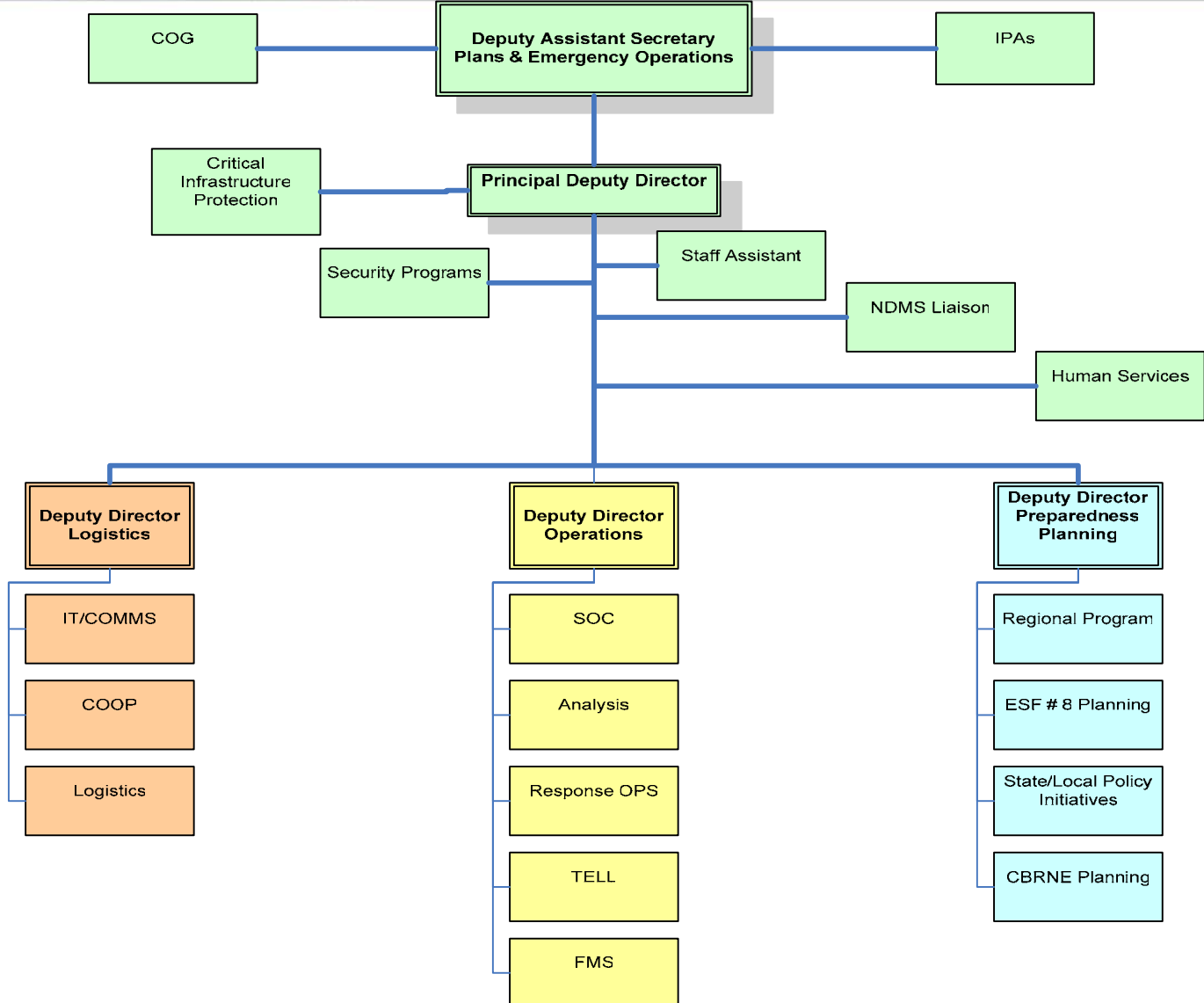


# Office of Public Health Emergency Preparedness: Restructured





# Office of Preparedness & Emergency Operations - OPEO



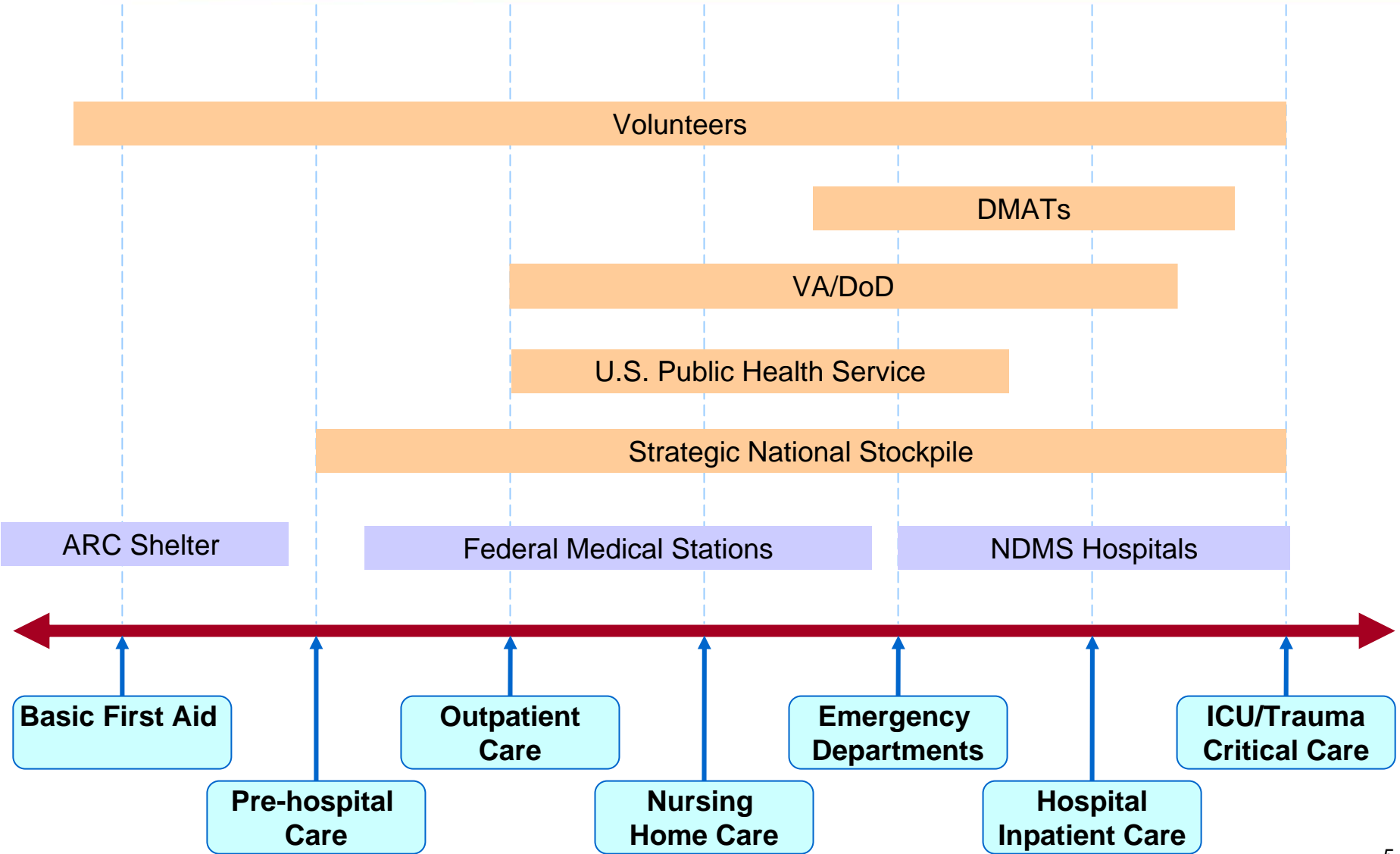


# Spectrum of Services

- Develop Department and Interagency-level operational playbooks for the Federal public health and medical response to National Planning Scenarios
- Lead ESF#8 of the National Response Plan
  - Medical
  - Public Health
  - Mental Health
  - Mortuary Services
- “Redundancy without duplication”



# The Spectrum of Care & Federal Medical Resources

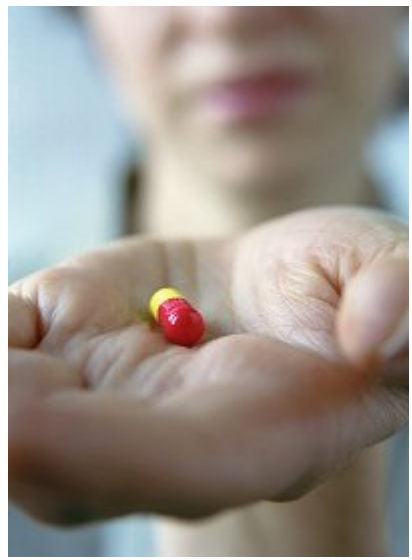
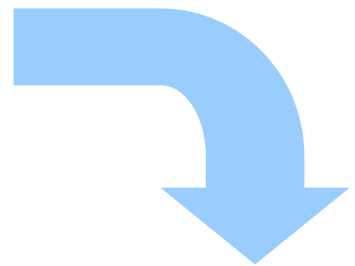
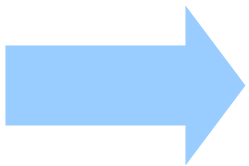




# Regional Emergency Coordination

- Emergency Coordinator in each region
- Work with States and localities to develop preparedness plans
- Integrate local plans with the Federal playbooks
- Lead ESF #8 response in conjunction with Senior Health Official

# Countermeasure Procurement – Utilization Issues







# Utilization Issues

- Questions that need to be asked about potential countermeasures:
  - Who should receive it?
  - Does it have a role pre-event, day of, and/or post-event?
  - How soon should it be given for maximal effectiveness?
  - How many doses required?
  - What is the method of delivery: IV, IM, PO
  - What are the storage requirements?
  - How long will it last?

**Practical considerations are paramount. You can't say it works if you can't get it to people who need it in time.**



# Examples

- DPTA
  - Oral
  - Narrow window of effectiveness (6 hours)
  - Needs to be available in the community
- Antibiotic prophylaxis
  - Oral
  - Increased morbidity/mortality the longer it takes (48 hours optimal)
  - Medical (PODs) or non-medical model (CRI), trained volunteers
- Smallpox vaccine
  - Intradermal
  - Narrow window of effectiveness (4 days)
  - Need to start PEP campaign as early as possible (2 days)

# Summary



## Conscience

# Questions

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