

Strategic National Stockpile

The CDC's Strategic National Stockpile (SNS) is a national repository of large quantities of medicines, vaccines, and other medical supplies stored in strategic locations around the nation. These assets are designed to supplement state and local public health departments in the event of a large-scale public health emergency that causes local supplies to run out. At all times, the SNS maintains specific minimum capabilities for responding to a variety of situations including: deployable teams with all required personnel and equipment, contracted aircraft with surge capability, properly configured and ready materiel, appropriate warehouse staff to conduct contingency operations, and two complete shifts of response staff. The SNS may deploy assets for the following reasons:

- Credible threats, imminent attacks, or acts of terrorism.
- Major disasters or emergencies.
- National Special Security Events (NSSEs).
- Declared Public Health Emergencies.
- Special Support Missions.

SNS acquires and maintains the necessary countermeasures to effectively respond to an incident. This is accomplished by:

Identifying countermeasures. The Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) is a coordinated interagency effort which is responsible for:

Identify, create, develop, manufacture, and procure critical medical countermeasures.

Establish and communicate clear regulatory pathways to facilitate medical countermeasure development and use.

Develop logistics and operational plans for optimized use of medical countermeasures at all levels of response.

Address medical countermeasure gaps for all sectors of the American civilian population. (An annual review determines countermeasure preparedness gaps. The PHEMCE prioritizes these gaps to help shape future procurements and budgetary needs.)

Acquiring Countermeasures. DSNS coordinates with HHS, agency SMEs, the Department of Veterans Affairs (VA) National Acquisition Center (NAC), the Procurement and Grants Office, and vendors to acquire countermeasures in a judicious and cost effective way.

Conducting deliberate planning. The DSNS plans group conducts planning based on tasks and capabilities as they relate to the national planning effort. The DSNS plans group collaborates with DSNS SMEs and produces plans for a variety of contingencies. When the planning process is complete, DSNS conducts training and exercises to validate and improve the plan.

Strategically locating resources. DSNS maintains redundant systems to respond to multiple incidents. For security purposes, DSNS does not disclose the location of its operational facilities. DSNS has also coordinated with the SLTT jurisdictions to preposition nerve agent and radiation antidotes that require response times less than 12 hours to be effective.

Coordinating with SLTT partners. DSNS is part of a nationwide preparedness program for state and local public health care providers, first responders and governmental partners. Additionally, DSNS professionals offer assistance and advice to state and local governments on how to best request, receive, manage, distribute, and dispense SNS assets. DSNS and CDC staff members provide guidance on ways state and local governments can better respond to public health emergencies. DSNS officials also provide training on a myriad of topics to include warehouse design, distribution site layout and preparedness as well as provide SLTT exercise support including subject matter expertise and replica SNS materiel.

Conducting response exercises. DSNS routinely exercises its response capabilities.

During a public health emergency, state and local public health systems may be overwhelmed. The SNS is designed to supplement and re-supply state and local public health agencies within the United States or its territories in the event of an emergency.

The decision to deploy SNS assets may be based on evidence showing the overt release of an agent that might adversely affect public health. It is more likely, however, that subtle indicators, such as unusual morbidity and/or mortality identified through the nation's disease outbreak surveillance and epidemiology network, will alert health officials to the possibility (and confirmation) of a biological or chemical incident or a national emergency. To receive SNS assets, the affected state's governor's office will directly request the deployment of the SNS assets from CDC or HHS. HHS, CDC, and other federal officials will evaluate the situation and determine a prompt course of action.

During an emergency, project area officials determine the requirement for federal assistance and request it through CDC, HHS, or emergency support function #8. Discussions between state and federal organizations are initiated and a decision is made at the federal level to deploy assets. DSNS works with federal, state and local health officials to determine what assets are needed. The material is shipped to the state's Receipt, Stage and Store (RSS) site where state and local authorities will further distribute the countermeasures.

HHS will transfer authority for the SNS materiel to the state and local authorities once it arrives at the designated receiving and storage site. State and local authorities will then begin the breakdown of the 12-hour Push Package for distribution. SNS technical advisors will remain on site in order to assist and advise state and local officials in putting the SNS assets to prompt and effective use.

DSNS has both materiel and personnel assets available for rapid response and in coordination with the agency will select the most appropriate SNS resource to meet the identified needs. This includes:

12-hour push packages (PPG) – so called because they can be delivered anywhere in the United States and its territories within 12 hours of the federal decision to deploy - are 50-ton caches of pharmaceuticals, and medical supplies designed for rapid deployment. Each push package is stocked with a broad spectrum of materiel to combat any number of public health threats. DSNS can augment the response with larger quantities of medical supplies once the specific threat is identified.

Managed Inventory (MI) is maintained at facilities throughout the United States and can be used in the primary response or used to provide additional quantities of assets deployed in 12-hour push packages. MI can be expected to arrive within 24 to 36 hours of a federal deployment decision, but often sooner. In some circumstances, SNS MI assets can be delivered as rapidly as PPGs.

Federal Medical Stations (FMS). Under current HHS guidance, DSNS delivers FMS sets within 48 hours of notification to deploy. HHS directs the deployment of FMS assets via the CDC EOC. During pre-event operations, HHS may directly task DSNS to pre-deploy FMS sets when a hurricane or tropical storm threatens the United States or its territories. A four-person FMS Strike Team accompanies the FMS to provide technical assistance with setup.

Special Support Missions. DSNS may provide specialized life-saving pharmaceuticals for individual use. In conjunction with the local authorities, CDC, HHS, and DSNS SMEs gather information on the situation and determine the best course of action.

Deployable Personnel. DSNS may deploy personnel simultaneously with the shipment of SNS assets. DSNS deployable personnel provide expertise and assistance to SLTT authorities on receiving, distributing, and dispensing SNS materiel. Deployed personnel maintain communications with the DSNS team room but may receive command and control instructions from the field teams they support such as the IRCT.

For more information on the Strategic National Stockpile visit: <http://www.cdc.gov/phpr/stockpile/stockpile.htm>

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