

Adapting SNS distribution planning into a Maryland Public Health Distribution Model for Zika Prevention Kit dissemination across the state

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OBJECTIVES

1. Identify current priority areas in public health and healthcare preparedness at the local, state, tribal, and national levels.
2. Identify existing SNS planning infrastructure to adapt for distribution of state assets and utilize quality assurance checks to ensure operational efficiency.
3. Define roles and responsibilities during operations utilizing key partners' strengths.

BACKGROUND

Zika virus disease (Zika) is a disease caused by the Zika virus, which is spread to people primarily through the bite of an infected *Aedes* species mosquito, but also through sexual transmission. Zika virus infection during pregnancy can cause microcephaly and other severe fetal brain defects as well as Guillain-Barré Syndrome. In an effort to bring greater awareness of this disease to the public, the Maryland Department of Health and Mental Hygiene (DHMH) created a Zika Awareness Campaign to be launched during Zika Awareness Week (April 24-30, 2016).

To kick-start this Awareness Campaign, DHMH leadership requested 10,000 Zika Prevention Kits (ZPKs) be assembled and transported to Local Health Departments (according to a population-based formula). The ZPKs were distributed to local partners to raise awareness, particularly among vulnerable populations such as pregnant women, of prevention measures all people should take to prevent Zika.

METHODS

Maryland, like all other U.S. states and territories, is responsible for the request and distribution of Strategic National Stockpile (SNS) assets during emergencies. Maryland has created and exercised a SNS plan, distribution networks, and dispensing competencies for medical materiel in accordance with CDC guidance and best practices. Maryland has 13 Cities Readiness Initiative counties, but requires that all 24 local jurisdictions are able to meet the operational readiness obligations of this program, thereby ensuring that 100% of Maryland's population is covered for public health emergencies.

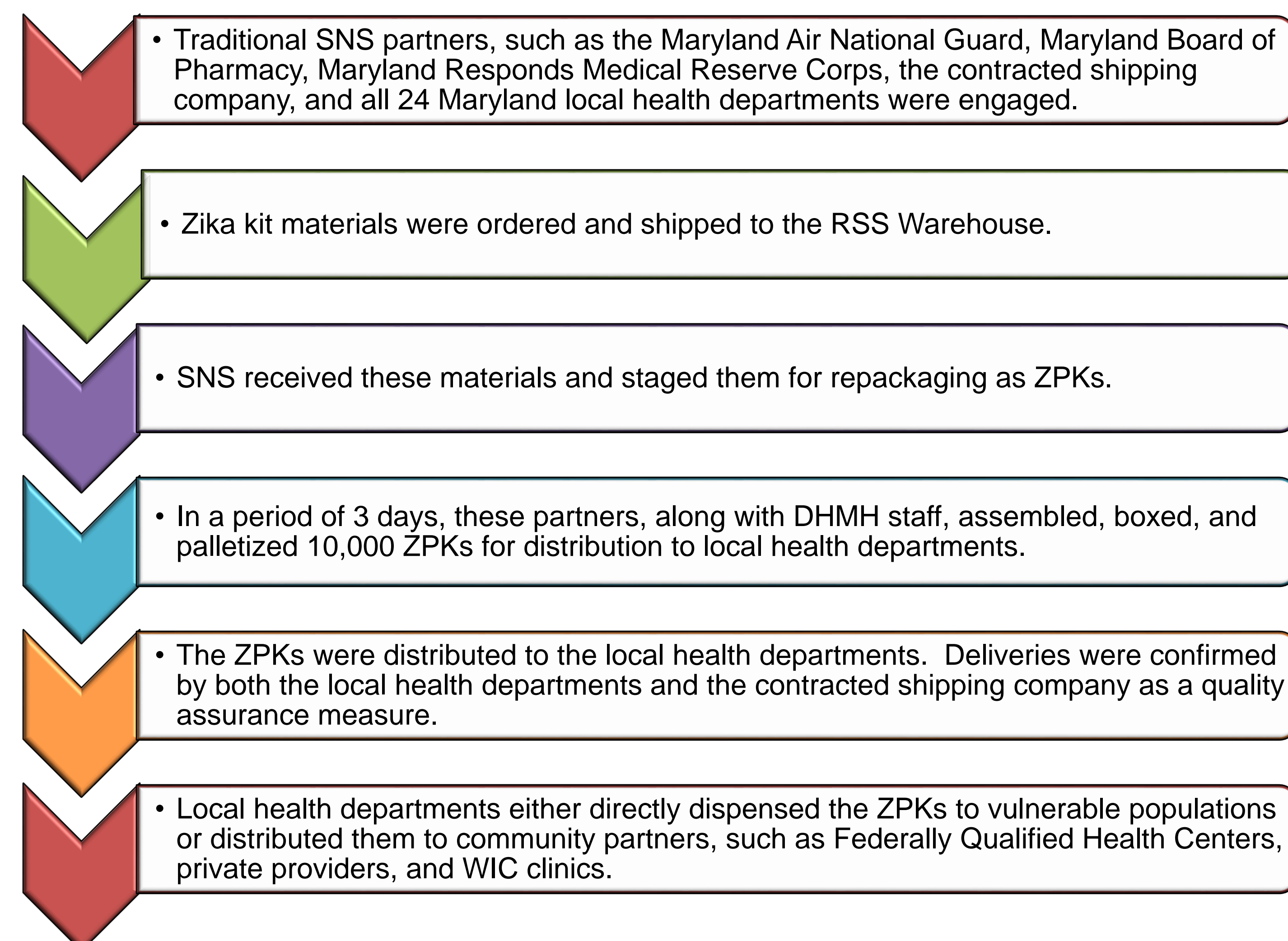
METHODS CONT.

To build upon these capabilities to meet other public health needs, Maryland has used the SNS infrastructure to expand beyond the distribution and dispensing of medical countermeasures. Examples include the receipt, repackage, and redistribution of food and water from FEMA to requesting Maryland jurisdictions in 2011 and naloxone to community partners in 2015.

Additional benefits of expanding the SNS model to a Public Health Distribution Model have been the ability to test parts of the SNS plan in a non-emergency setting, build and maintain skill sets with state and local partners, reinforce relationships with key partners, and focus/scale operations and partners necessary to implement needed activities.

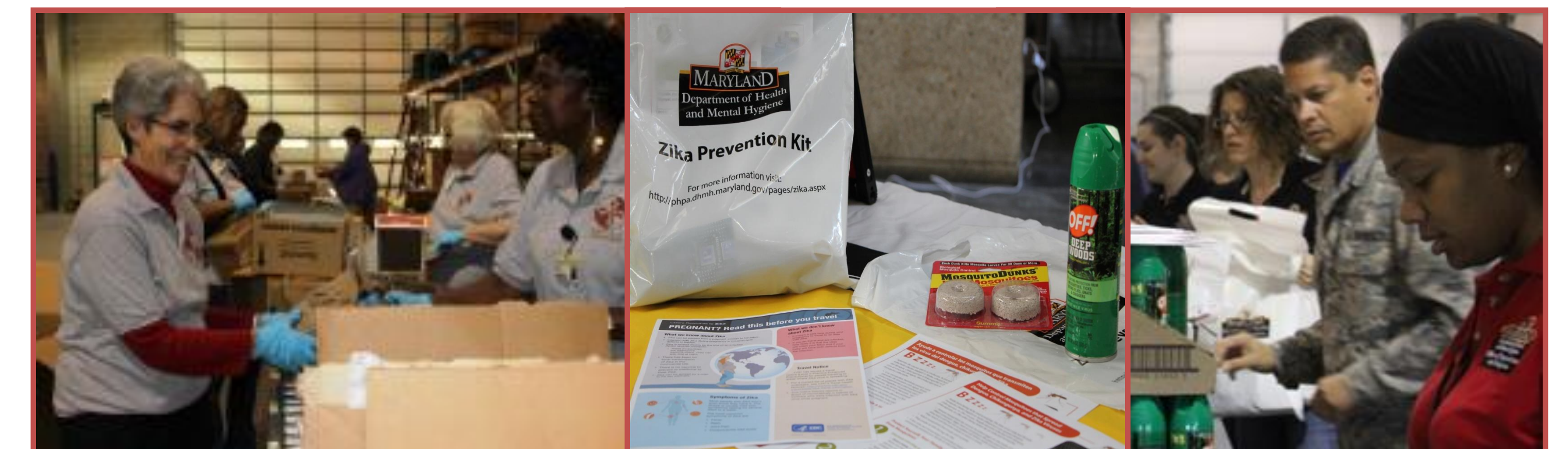
Below is the process used to assemble, distribute, and dispense ZPKs to vulnerable populations in Maryland.

Using the Public Health Distribution Model for ZPK dissemination



RESULTS

Since the completion of this operation, local health departments have distributed these ZPKs to local providers, who have disseminated them to vulnerable populations. Additionally, some local health departments have opted to make their own ZPKs. DHMH conducted a second warehouse operation to assemble 5,000 more ZPKs and build upon the lessons learned from the first ZPK operation.



CONCLUSION

This operation assembled and supplied local partners with Zika Prevention Kits to help kick-off Zika Awareness Week and general awareness of Zika prevention in Maryland. This operation utilized existing SNS systems, planning, and processes in a broader Public Health Distribution Model, thereby providing partners with valuable practice of medical materiel management and distribution beyond medical countermeasures. This broader model will continue to be used by Maryland as a best practice to continue to engage key partners, reinforce skill sets, and maximize asset use to further public health prevention and response activities.

ACKNOWLEDGEMENTS

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