

US Preparedness for Biological Terrorism

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Overview

- Background and History
- September 11 and Anthrax Letters
- Preparedness Post-September 11

Background and History

- 1996 Nunn-Lugar-Domenici Domestic Preparedness Program
- 1998 White House Initiative
 - Pharmaceutical Stockpile
 - Grants to State Public Health Agencies
 - Metropolitan Medical Response System
 - Research & Development

Figure 1. HHS Spending on Bioterrorism Preparedness and Research, 1998-2002

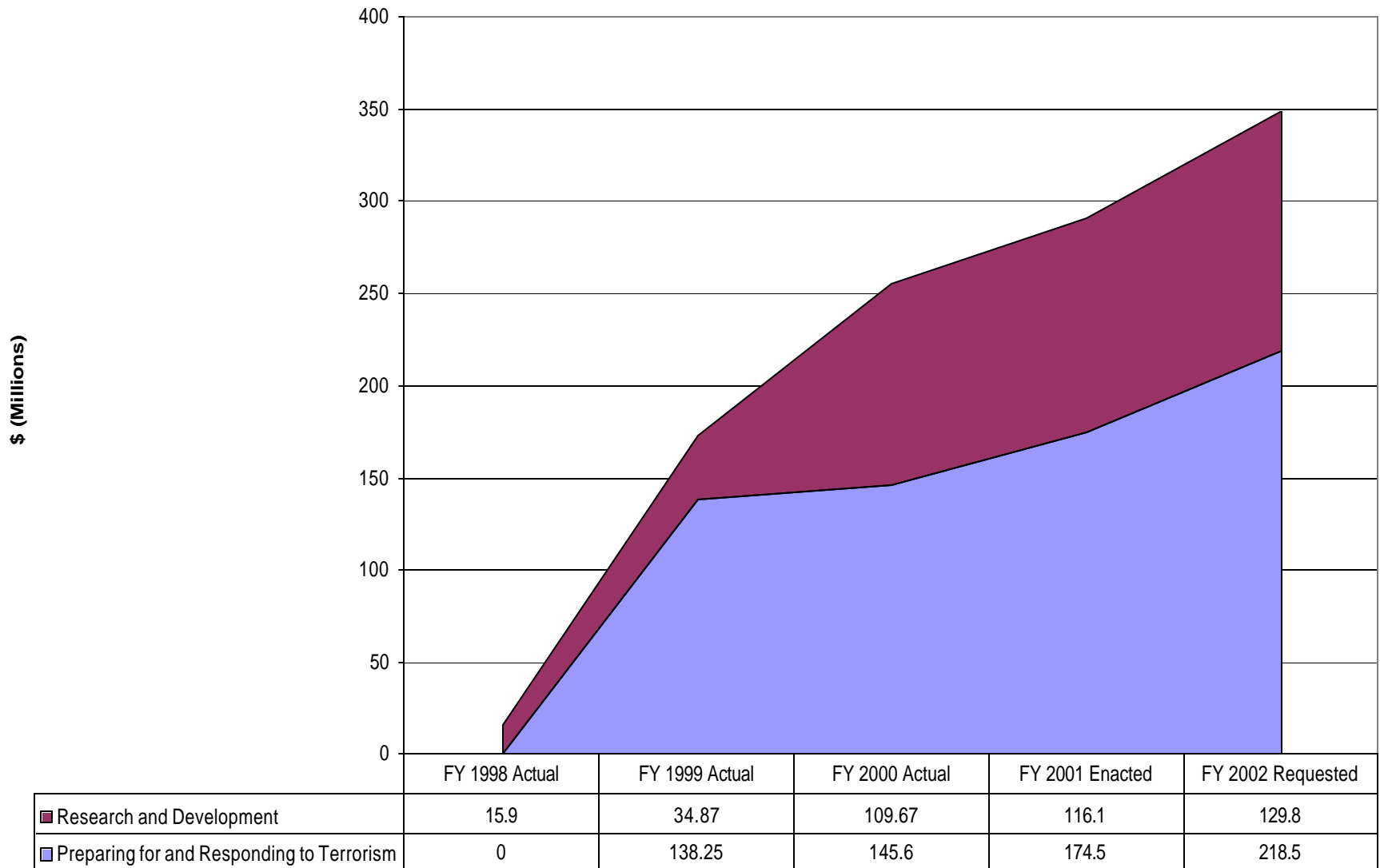
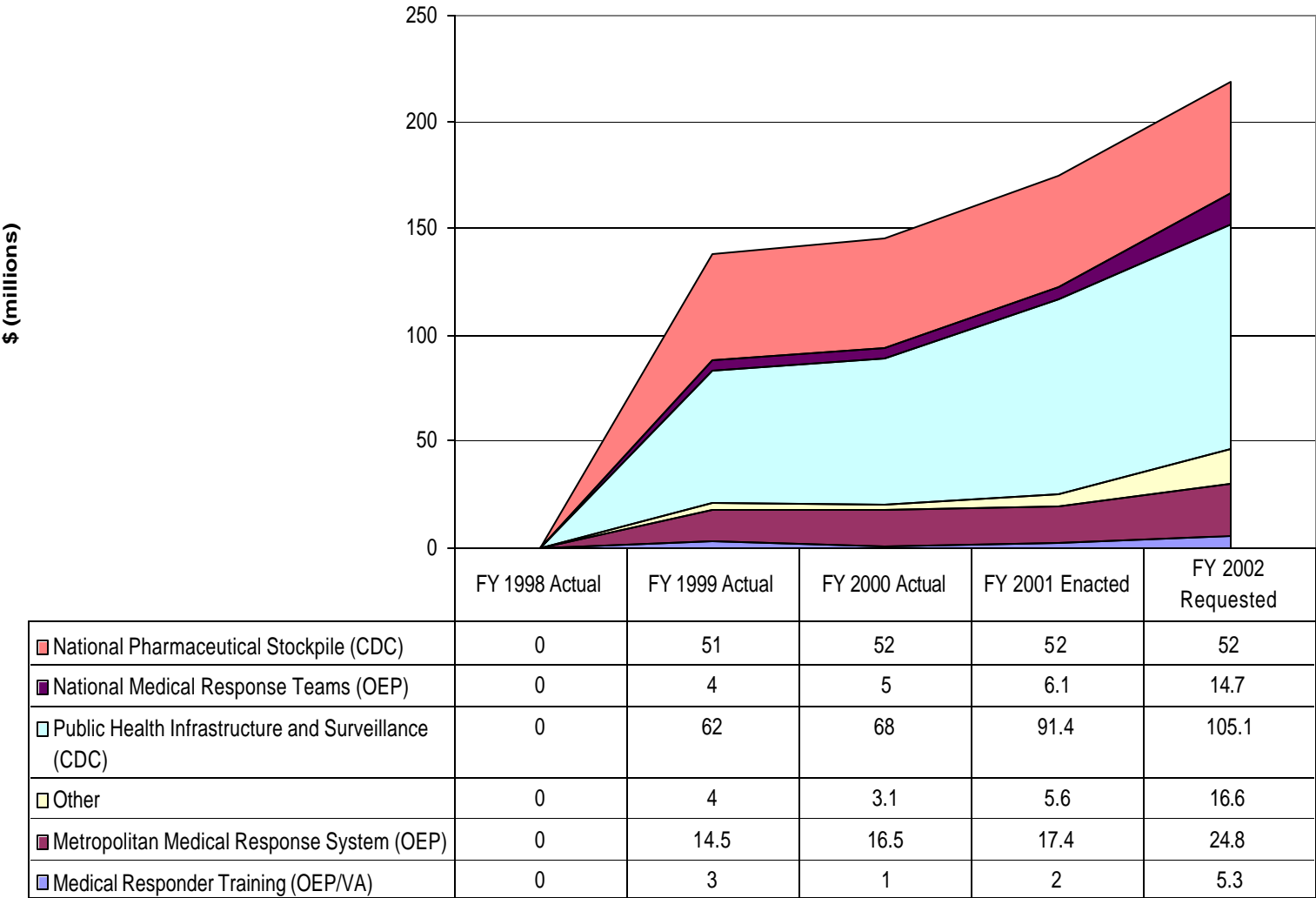


Figure 2. HHS Spending on Bioterrorism Preparedness, 1998-2002

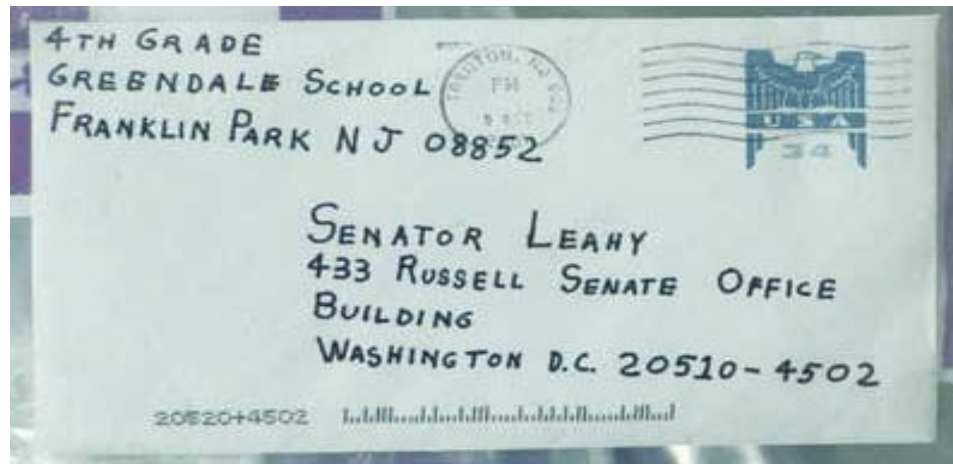


Bioterrorism Preparedness Prior to September 11

- State and Local Laboratory, Surveillance and Epidemiological Capabilities Improving Slowly
- Pharmaceutical Stockpile in Place
- Hospitals and Healthcare Providers Neglected

The Anthrax Letters

- 5 letters each with ~2 grams of anthrax
- 23 confirmed cases: 5 fatalities
- > 10,000 on antibiotic prophylaxis
- Cost of response: \$250 million



Lessons Learned

1. Expect the Unexpected
2. Doctors are the First Line of Detection
3. Early Treatment is Key
4. Lab Capacity Needs to Be More Robust
5. Coordination and Communication Problems
6. Flawed Knowledge Assessment
7. Importance of Forensics

Figure 3. HHS Spending on Bioterrorism Preparedness and Research, 1998-2003

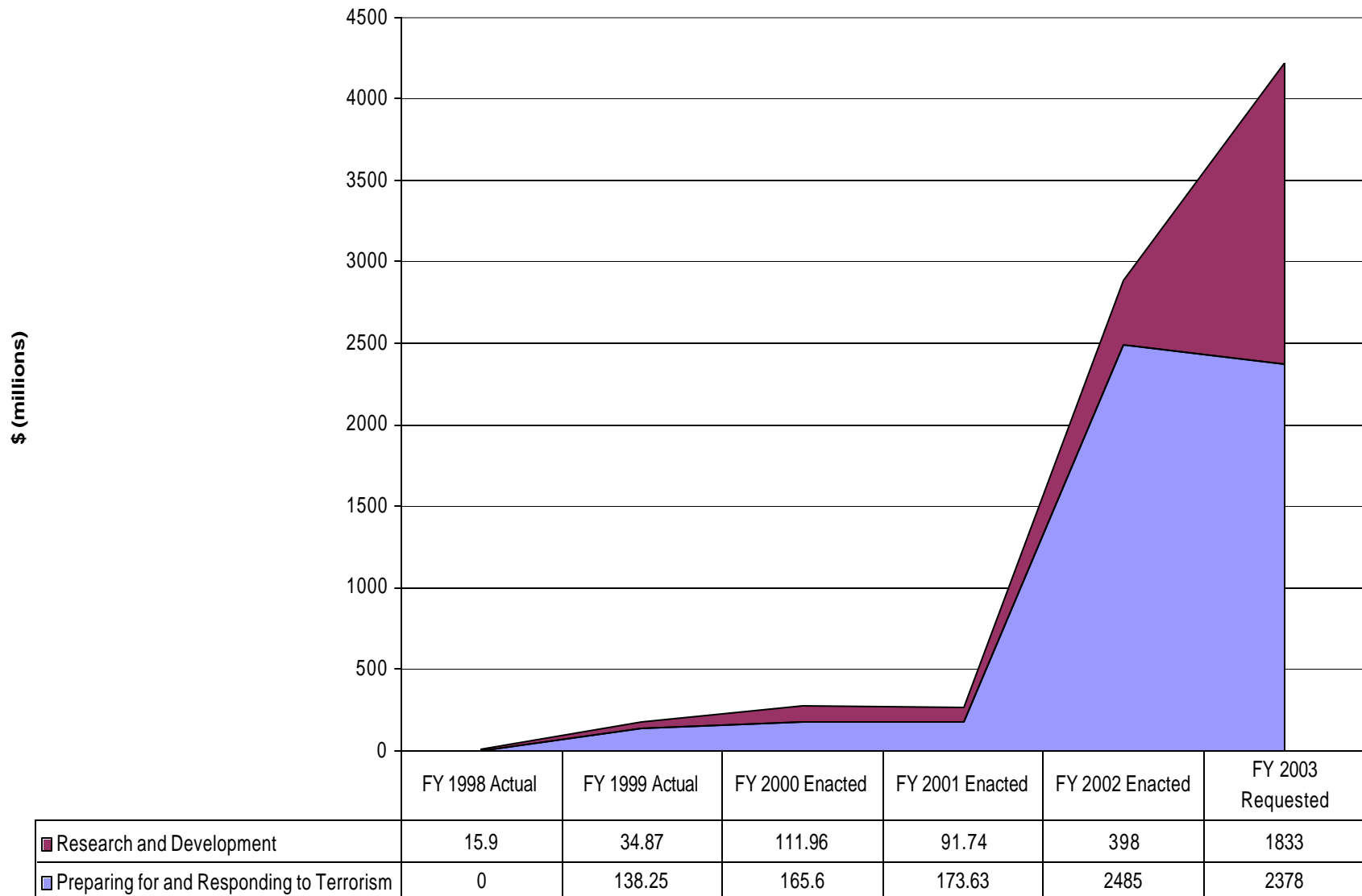
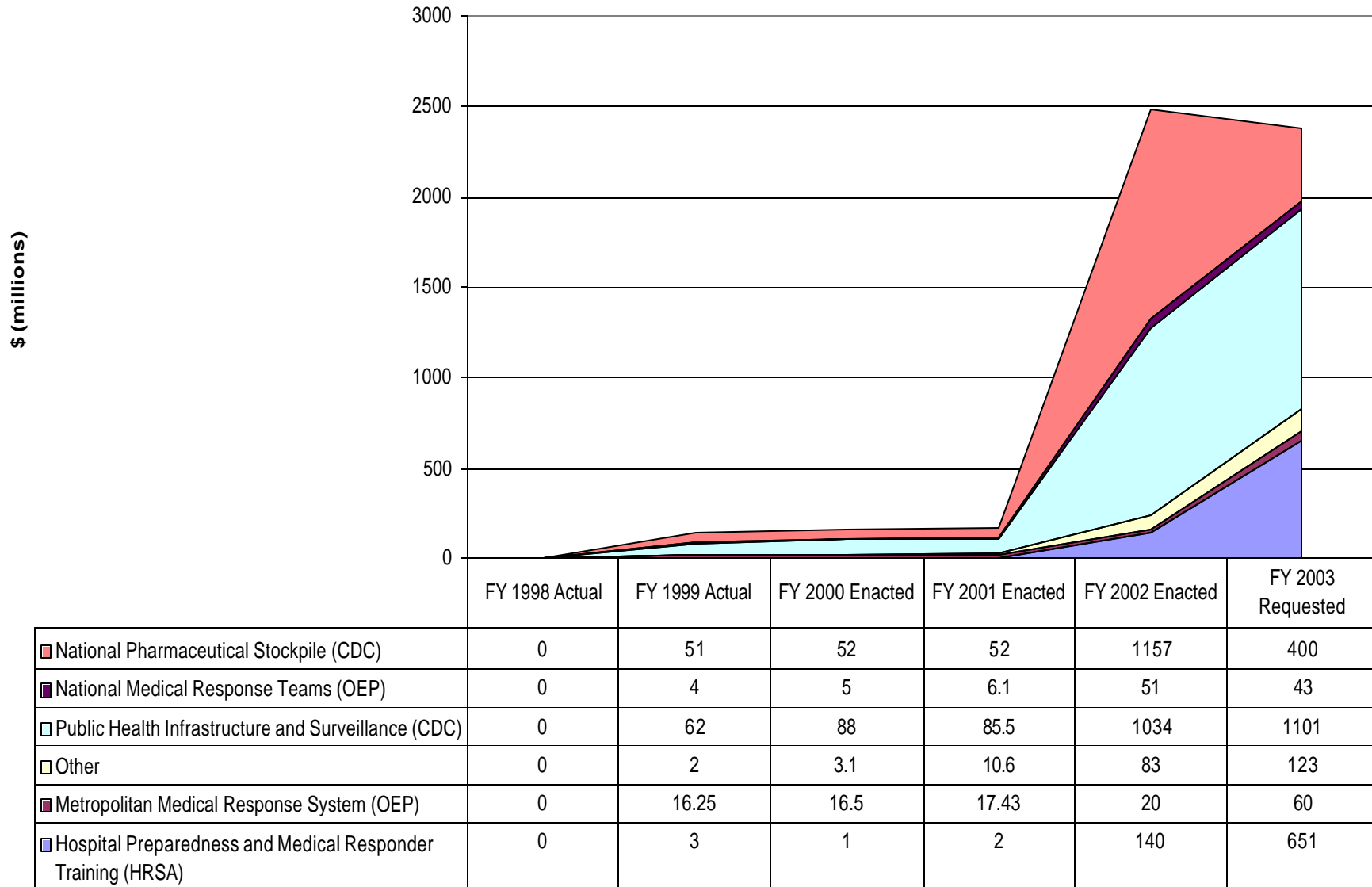


Figure 4. HHS Spending on Bioterrorism Preparedness, 1998-2003



Post-September 11 Preparedness

- Existing Programs Expanded and/or Accelerated
 - Public Health Infrastructure
 - Pharmaceutical Stockpile
 - Metropolitan Medical Response System
 - Research and Development
- New Programs Established
 - Hospital Preparedness
 - Medical Responder Training

Assessment of Post-September 11 Preparedness

- National Strategy is Required
 - Interagency
 - Intergovernmental
 - Interdisciplinary
 - Public-Private
- Bioterrorism is NOT Another Emerging Infectious Disease
 - Mother Nature vs. Bin Laden
 - Criminal and National Security Implications