December 2, 2013

Dear Occupational Health Directors or Equivalent Professional:

This letter relates to increasing the preparedness of our first responder community in advance of a public health emergency involving anthrax. Specifically, it includes information about actions you can take to help enable first responders to immediately support the public during an anthrax attack.

The Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR) oversees the federal activities associated with planning, response and recovery for all major public health and medical emergency hazards, such as from disasters, pandemic disease, or incidents of intentional use of biological, chemical, or radiological/nuclear materials against our nation. Our primary mission is to assist state and local governments to build capabilities to effectively respond to and recover from these major events. The Department of Homeland Security (DHS) helps build resilience and provides coordinated responses to terrorist attacks, natural disasters, or other large emergencies while working with public and private sector partners. The DHS Office of Health Affairs (OHA) provides health and medical expertise in support of the DHS mission to prepare for, respond to, and recover from all hazards impacting the Nation's health security. ASPR and OHA work in concert to enhance our collective preparedness against a number of health threats.

One example is an attack involving anthrax, which would present our nation and our communities with many challenges to meet emergency management, public health, and medical needs. Among the many recognized challenges is assuring that first responders are able to quickly support the substantial and immediate efforts to protect and provide medical care to the public. One proposed action that could enhance first responder preparedness is to encourage them to keep an initial (10-day) supply of suitable antibacterial drugs at home to prevent the development of anthrax infection and disease in the event of an anthrax attack. Therefore, we encourage Occupational Health Directors, or equivalent authorities that oversee workers' health and safety, and who are authorized to prescribe in their state(s) of practice, to provide prescriptions for a 10-day antibacterial drug supply for these workers to be kept at home. This first 10-day supply is consistent with national plans to initially distribute a 10-day supply to the entire affected population following an anthrax attack. But we feel it may be beneficial for first responders to have more immediate access to antibacterial drugs during an anthrax emergency, thus helping them devote immediate attention to the needs of the community. The intention is that these medications

would be used by first responders only as directed by State or Local public health authorities after an anthrax event. Workers would receive their remaining 50-day supply of antibacterials through State or Local public health authorities via distribution plans from the Strategic National Stockpile.

Three oral antibacterial drugs (ciprofloxacin, doxycycline, and levofloxacin) currently have indications approved by the Food and Drug Administration for 60-day courses of post-exposure prophylaxis to reduce the incidence or progression of disease following exposure to aerosolized *Bacillus anthracis* for 60-day regimens. Adult doses for these indications are 500 mg every 12 hours for ciprofloxacin, 100 mg twice a day for doxycycline, or 500 mg every 24 hours for levofloxacin. Providers should consult the FDA-approved product labeling and the emergency use instructions (when they become available) for additional information, including about adverse events. Our recommendations for pre-event availability of antibacterial drugs do not extend beyond the immediate need of first responders at this time, and family members would still receive their medication with the general public.

It is critical that instructions for appropriate storage and use of these medicines be provided to the first responders who receive them. Instruction letters intended for the clinician as well as the first responder are included with this letter for prescribing doxycycline. We anticipate also providing instruction letters for any alternate antimicrobial drugs . HHS/ASPR and DHS/OHA are working with the Centers for Disease Control and Prevention (CDC) and others on emergency use instructions to assist (1) health care providers in properly, effectively, and safely prescribing these antibacterial drugs and (2) first responders in appropriately storing and using these antibacterial drugs. We will work with organizations such as DHS and the CDC to post additional emergency use instructions, as well as information about product prescribing, storage, and use for and during an anthrax emergency and would be made available in addition to the FDA-approved labeling information. They would also specify that the product should only be used by the first responder under specific public health or medical direction when a suspected or actual anthrax release has been identified. One concern with this pre-event availability approach is the potential for misuse of the antibacterial drugs, so clinicians should remind prescription recipients, in particular before the special emergency use instructions become available, of the importance of keeping materials safely stored for proper use and out of the reach of children.

It is also important to understand that the cost for the medicines would be voluntarily borne by the first responder, unless jurisdictions choose to absorb these costs. Costs may vary, and both brand-name and generic versions are available. We also recognize that communities may differ in defining the population of first responders, but traditionally this has included emergency medical services personnel, fire, and police, and could also include first-line clinical care and public health providers, emergency management, and others.

We recognize that each locality approaches planning for emergencies such as an anthrax incident in different ways according to the needs of its constituents. Our intent is not to interfere with any planning you may already have for rapid dispensing of medical countermeasures, including plans to dispense from locally-managed caches. Rather, we hope that you will consider this option to augment your current plans.

As this work continues to improve our preparedness capabilities, we will keep public health agencies and state and local public health authorities informed through associations like the Emergency Services Coalition, the National Association of County and City Health Officials, the National Association of State EMS Officials, and the Association of State and Territorial Health Officials.

Sincerely yours,

Nicole Lurie, MD, MSPH
Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services

Kathryn Brinsfield, MD, MPH
Acting Assistant Secretary for Health Affairs and Chief Medical Officer
U.S. Department of Homeland Security

Attachments