



Rx Response Report:

Summer 2010 Update

Pandemic & Emergency Preparedness Seminar Planned to Boost Public Health Readiness

Rx Response and other organizations involved in responding to the 2009 H1N1 influenza pandemic commend the helpful cooperation between the public and private sector during the response. However, Rx Response and others recognize that more can be done to drive enhanced response capabilities for the next pandemic or other disaster.

To that end, Rx Response is partnering with the Healthcare Distribution and Management Association (HDMA) and other Rx Response Coordinating Body partners to sponsor a two-day seminar from July 13 - 14 at the Omni Shoreham Hotel in Washington, D.C. The Pandemic & Emergency Preparedness Seminar will bring together federal and state health officials and supply chain participants to discuss lessons learned from the 2009 H1N1 influenza pandemic and identify risks and potential solutions to increase preparedness in the event of a pandemic or other risks to the supply chain.

Seminar participants will:

- Learn about preparedness and response mechanisms in the public and private health sectors and explore how to forge and strengthen partnerships during a crisis;
- Gain the insight needed to run your own preparedness exercise;
- Explore vaccine production trends and hear a panel discussion on Strategic National Stockpile deployment and distribution issues;
- Understand issues related to product reimbursement and physical security;
- Learn about preparedness in the commercial supply chain.

This seminar is strongly recommended for:

- Distributor, manufacturer, retail and hospital executives responsible for business continuity, risk management, operations and crisis communication.
- Government officials with responsibility for preparedness and response for public emergencies.

REGISTER NOW!

Pandemic & Emergency Preparedness Seminar Omni Shoreham Hotel, Washington, D.C. July 13 - 14, 2010

To register for this conference, please visit <https://www.rxresponse.org/Newsroom/Pages/2010EmergPrepSeminar.aspx>. If you are unable to attend the conference but would like information about conference outcomes, please email contactus@rxresponse.org to be placed on a mailing list for post conference reports.

Rx Response Assesses its Contributions and Lessons Learned from the H1N1 Pandemic



When the 2009 H1N1 pandemic finally subsided, Rx Response officials had the opportunity to assess its official response to the national medical emergency and identify the lessons learned to help enhance response in a future pandemic or other disaster.

Among the key assessments: the H1N1 pandemic triggered unprecedented cooperation between the private and public sectors in managing the largest vaccination campaign in human history. Rx Response was a focal point of this coordination, earning the program a trusted and expanded voice in influencing emergency protocols and procedures impacting the private sector biopharmaceutical supply system.

Rx Response played a critical role in facilitating discussions between the Association of State and Territorial Healthcare Officials (ASTHO), the National Association of Community Pharmacists (NCPA), the National Association of Chain Drug Stores (NACDS) and government agencies around creation of an operational framework for state public health departments to engage pharmacies in the administration of H1N1 vaccine. All of the groups working together were successful in this endeavor, and participated in discussions to solve other issues such as challenges associated with how community pharmacies would bill for vaccinations, a medical service that is not normally covered by prescription insurance plans.

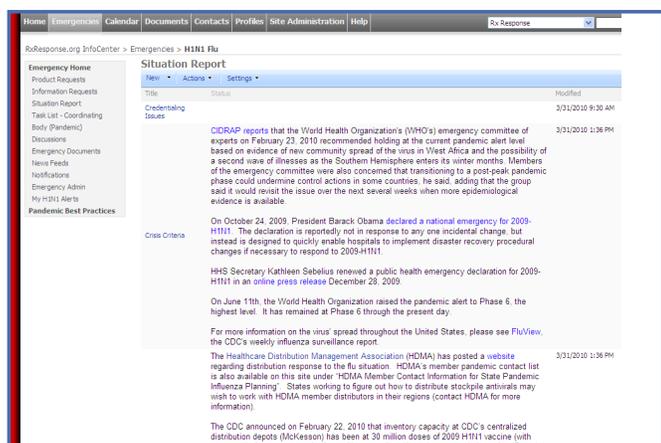
Another Rx Response contribution was its role in encouraging state public health officials to stop the practice of polling individual pharmacies to assess quantities of antiviral inventory at the pharmacy level. This practice can overwhelm pharmacy staff and distract from the critical role of meeting health needs through filling prescriptions and, in some cases, administering the H1N1 vaccine. Rx Response succeeded on this front by recommending appropriate resources that could provide more valuable and meaningful information to state public health managers. As a result, some states gradually but steadily began turning to these sources, which included the state's regional private sector pharmaceutical

(continued from page 1)

distributors and Department of Health and Human Services (HHS), which monitors critical medicines through the Food and Drug Administration's Drug Shortage Program, as well as the Biomedical Advanced Research and Development Authority (BARDA). To augment the work of HHS and help avoid the polling of community pharmacies about anti-viral levels in future emergencies, **Rx Response** also advocated for and later participated in the implementation of the CDC "Dashboard Project" to track countermeasure levels across the biopharmaceutical supply system.

"Our role in bridging gaps during the H1N1 pandemic and connecting the right people to the information they needed was clearly among our greatest contributions," said **Rx Response** Director Erin Mullen, R. Ph., Ph.D. "A key take away for future pandemics or other disasters is the need to work harder before a public health emergency to educate key stakeholders on the resources that exist. This is our best hope for avoiding situations where time and resources are wasted by people pursuing information in the wrong places."

Yet another important pandemic role for **Rx Response** was assuaging both public and private sector fears of antiviral shortages by communicating that the biopharmaceutical supply system was functioning normally and that any end user shortages of legitimate prescription needs were most likely due to "end of flu season" low inventory levels, hoarding, or other localized and temporary causes.



Finally, **Rx Response** also leveraged its trusted position among its private and public sector partners to successfully advocate for effective solutions to a number of challenging issues through frequent communications with state emergency operations centers, state departments of health, and pharmacy representatives. Among the most valued communications was the **Rx Response** Situation Report, issued daily in the immediate period after the H1N1 outbreak. **Rx Response** also frequently

posted important private sector preparedness topics on **InfoCenter**, **Rx Response's** online information-sharing portal. This information sharing encouraged others to share vital information with **Rx Response**, including government agencies which provided **Rx Response** with timely notices about changes in Medicaid policies and other emergency health policies triggered by the pandemic. **Rx Response**, in turn, widely distributed the information to its Coordinating Body members and other affected parties. "The entire public health community learned really valuable lessons during the H1N1 pandemic," concluded Mullen. "Thankfully, the virulence of the first two waves of H1N1 was less than expected which gave everyone a little bit of breathing room. It's now up to all of us to remain vigilant in adhering to the lessons learned as we gear up for the next disaster, whether it be a more virulent emerging infectious disease or some other threat."

Rx Response Ready for Active 2010 Hurricane Season



After the 2008 hurricane season, in which **Rx Response** activated twice and deployed its executive director to Louisiana in response to Hurricanes Gustav and

Ike, the 2009 season offered a reprieve with no named storms making U.S. landfall.

Based on the most recent hurricane forecasts, it appears that 2010 will be more like the 2008 season. Regardless of how many hurricanes come ashore, **Rx Response** will be more than ready.

"While we got a break last year, the lessons from 2008 are still fresh in our mind," said **Rx Response** Director Erin Mullen. "One of the reasons we're in good shape for this hurricane season is that we are a better known entity among state emergency management agencies. In 2008, some of the Gulf states were slower to embrace our offers of assistance because they hadn't learned about **Rx Response** yet. This situation has changed and so we expect better coordination between **Rx Response** and states impacted by a hurricane."

While some state officials were slow to tap **Rx Response** in 2008, key federal officials took quick notice of the critical contributions made by the program. For the first time ever, **Rx Response** provided federal health officials with visibility into the biopharmaceutical supply system. This new perspective

(continued from page 2)

reassured federal officials that the system was robust and would not be stretched by either Hurricane Ike or Gustav.

Among the key lessons learned from Hurricane Ike that will pay dividends if a major hurricane hits this year is how emergency managers prioritize facilities for power restoration or rationed fuel deliveries. At one healthcare distributor's warehouse facility in the zone impacted by Ike, maintaining power from back-up generators was critical to ensure the safety of key medicines such as insulin and vaccines that require constant temperature control. "We immediately alerted **Rx Response** to the request, which facilitated a valuable series of connections with emergency response officials," explained Perry Fri, Senior Vice President of Industry Relations for HDMA. The protection of critical medicines in an area already dealing with widespread pharmacy closures prompted quick action by **Rx Response** officials. **Rx Response** Director Erin Mullen immediately notified Texas and federal officials and sought expedited assistance, allowing continued delivery of critical medicines and healthcare products to an area hospital in time for it to reopen to serve patients in need.

With this lesson from the 2008 season fresh at hand, **Rx Response** will now be monitoring distribution facilities that lose power due to hurricanes to help ensure they receive prioritized power restoration or back up fuel supplies.

While Mullen is comfortable with **Rx Response's** state of readiness as the 2010 hurricane season gets underway, she offered caution to a public that may have been lulled into a false sense of security by last year's quiet season. "It only takes one major hurricane to threaten lives and do enormous damage," said Mullen, who encourages the public to visit the **Rx Response** website at www.rxresponse.org to review emergency preparedness tips including those relating to medications. In addition to bringing your medications if you are evacuating, Mullen urges the public to download **Rx Response's** free, wallet size prescription medication card. Filling out this card in advance of any storms will make it easier for pharmacists to refill prescriptions, especially if you have evacuated to an area away from your normal pharmacy.

Rx Response Launches Efforts to Assist with Haiti Earthquake

While **Rx Response** is solely focused on U.S. disasters, the massive Haiti earthquake in January 2010 triggered a multi-level reaction by **Rx Response** and its Coordinating Body Members, including the deployment of **Rx Response** Director Erin Mullen to the quake ravaged country.

Two days after the quake, **Rx Response** took part in a conference call with the US Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) regarding pharmaceutical donations to assist Haiti. At that time, there had already been a great outpouring of offers of assistance, both for material resources and volunteers. As the offers poured in, needs were still being assessed and one of the greatest challenges was ensuring that donations were usable once received and delivered. **Rx Response** was able to relay important guidelines from the World Health Organization and the Partnership for Quality Medical Donations to those offering support outlining how to best provide pharmaceutical supplies and other assistance. **Rx Response** member companies appropriately responded with donations of medicine, medical supplies and cash in excess of \$35 million dollars.



Rx Response Director Erin Mullen and fellow LRAT member Dalfin Blaske delivering medicines and medical supplies to Lov-A-Child Orphanage

Erin's deployment to Haiti was through her service as a member of the HHS Logistics Response Assistance Team (LRAT), where she serves as a Pharmacy Unit Leader. In this capacity, she worked in the Incident Management Coordination Team (IRCT), responsible for the logistics of pharmaceuticals between HHS headquarters in Washington, D.C and the teams in the field.

While in Haiti, Erin was based at the U.S. Embassy but living outdoors in a tent overseeing the pharmacy logistics. She was responsible for processing incoming shipments of pharmaceutical relief supplies and ensuring that the pharmacy supply needs for emergency medical clinics and field hospitals were met.

Erin's deployment to Haiti provided some important lessons for future disaster response and **Rx Response**.

"The greatest take away from my experience in Haiti was a complete validation of the World Health Organization (WHO) guidelines for pharmaceutical donations to disaster-stricken areas," said Mullen. "Everyone wanted to help which was appreciated but we had many offers of medicine that were close to the expiration date, not properly labeled or not sorted. Accepting these offers would have required a lot of time and



(continued from page 3)

effort to inventory – time and resources that would be better spent providing care to those who needed it most.”

For future large scale disasters, Mullen’s recommendation is that all organizations and companies wishing to make donations work with designated disaster relief agencies that have the infrastructure to process donated supplies and cash and make sure they are directed to where they are most needed. The Red Cross, Disaster Relief International, Americares and MAP International, which works to address the medical needs of disaster victims, are some of the organizations that can fill this need.

While Erin was deployed to Haiti for three weeks, and removed from any operational involvement with **Rx Response**, the organization realized another important lesson: its chain of command proved to be well equipped to step in and manage **Rx Response** in the absence of its day-to-day leader.

Rx Response consultants and PhRMA staff were clear on the duties and responsibilities set forth by their contingency planning.

“As a disaster response organization, succession planning is a critical part of our operational readiness,” said Mullen. “Should I need to be deployed somewhere in the U.S. as the **Rx Response** Director to help respond to a major disaster, we’ve shown that our support team in Washington, D.C. can manage operations very effectively.”



Rx Response Director Erin Mullen is pictured with two members of a federal Disaster Medical Assistance Team (DMAT MA-2) deployed to Haiti. On Erin’s left is Emelio (Mel) Mastrodomenico, a pharmacist whose assignment to Haiti marked his 28th deployment as a DMAT member. To Erin’s right is Kevin McEnaney, also a pharmacist and member of the Massachusetts DMAT 2. Both Mastrodomenico and McEnaney were serving as pharmacists at a temporary medical facility providing clinical care. Among Erin’s roles was ensuring that her two pharmacist colleagues had the necessary supplies to support the operation of their medical facility. During this visit, she was visiting the field hospital to check on the availability of pharmaceutical supplies.

Icelandic Volcano Triggers Alert at Rx Response



As the Iceland volcano disrupted air travel for tens of thousands of passengers, **Rx Response** officials quickly took notice of the eruption’s potential to interrupt the flow of medicine between Europe and the United States.

Rx Response organized a call with its manufacturer crisis owners and communicators to provide a forum where people could report any challenges their company was having in getting medicine from one point to another in the aftermath of the volcanic eruption and benchmarking against each others’ response efforts in order to enhance their preparedness operations for future events.

For several PhRMA member companies, the incident was an unexpected test of existing business continuity (BC) and crisis management (CM) plans. For the most part, companies reported positive outcomes in mitigating the impact of travel restrictions on the flow of pharmaceuticals in and out of Europe. One company realized a single point of failure in their reliance on air travel as the only means of shipping product in and out of the affected areas of Europe. A quick back up plan using alternative shipment methods prevented any real impact on the supply chain. Also, a common challenge reported by the companies was the unanticipated issue of having hundreds of employees in the field at one time, many of whom were impacted by the flight restrictions.

“Thankfully there was no significant disruption to the flow of medicine as a result of the volcanic eruption,” said **Rx Response** Director Erin Mullen. “I’m pleased that **Rx Response** was able to serve its role as a key information sharing hub for a group of its members on an event that produced a number of important lessons learned.”

Rx Response Coalition Partners:

